



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE**

**February 5, 2025 – 9:00 A.M.**

**MEMBERS PRESENT**

Kelly Morgan, MD, Chair  
Jessica Leduc, DO, HFD  
Chief Frank Simone, NLVFD  
Chief Kim Moore, HFD  
Mark Calabrese, CA (Alt)  
Sean Collins, CCFD  
Stacy Pokorny, MWA  
Chief Shawn Tobler, MFR  
Jim McAllister, LVMS  
Chief Shawn Tobler, MFR

Mike Barnum, MD, AMR  
Michael Holtz, MD, CCFD  
Erik Grismanauskas, CCFD (Alt)  
Chief Stephen Neel, MVFD  
Sydni Senecal, OptimuMedicine  
Todd Ford, HFD  
David Obert, DO, CA  
Derek Cox, LVFR  
Capt. James Whitworth, BCFD  
Michael Whitehead, AMR  
John Osborn, CA

**MEMBERS ABSENT**

Alicia Farrow, Mercy Air  
Jeff Davison, MD, MW  
Nate Jenson, DO, MFR

Troy Biro, Guardian Flight  
Jerad Eldred, MD, NLVFD

**SNHD STAFF PRESENT**

John Hammond, EMSTS Manager  
Christian Young, MD, EMSTS Medical Director  
Stacy Johnson, EMSTS Regional Trauma Coordinator  
Roni Mauro, EMSTS Field Representative  
Kristen Anderson, EMSTS Senior Admin. Assistant

Laura Palmer, EMSTS Supervisor  
Edward Wynder, Associate General Counsel  
Dustin Johnson, EMSTS Field Representative  
Rae Pettie, Recording Secretary

**PUBLIC ATTENDANCE**

Sandra Horning, MD  
Jason Perlmutter  
Marcellas Zamora  
Rebecca Carmody  
Kady Dabash-Meininger  
Daniel Shinn  
Braiden Green  
Christian Mockler  
Lola Carbonetti  
Ashley Tolar  
Colton Toms  
Rachel Lamb

Kat Fivelstad, MD  
Thomas Welch  
Korbin Jennings  
Louis DeZarn  
Nicole Brown  
Matthew Dryden  
Matthew Lee  
Daylon Woolbright  
Christopher Dobson  
Dylan Albrecht  
Thomas Jones  
Tihani Dolan

Timothy Gunderson  
Tanner Johnson  
Christopher Williams  
Rogie De Leon  
John Gonzalez

Catherine Nicholls  
Ebonne Young  
Bryce Wilcox

## **I. CALL TO ORDER AND ROLL CALL**

The Drug/Device/Protocol (DDP) Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday February 5, 2025. Chairman Kelly Morgan, MD, called the meeting to order at 9:12 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some committee members joined the meeting via teleconference. Dr. Kelly Morgan noted that a quorum was present.

## **II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS**

Members of the public may attend and participate in the Drug, Device, and Protocol Committee meeting over the telephone by calling (415)655-0001 and entering access code 2556 178 0455. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on. To provide public comment over Webex, please click on the hand icon to raise your hand during the comment period and wait to be called on.

## **III. FIRST PUBLIC COMMENT**

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Morgan asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, she closed the public comment portion of the meeting.

## **IV. ADOPTION OF THE FEBRUARY 5, 2025 AGENDA**

*A motion was made by Chief Simone, seconded by Dr. Holtz, and carried unanimously to adopt the February 5, 2025 Agenda as written.*

## **V. CONSENT AGENDA**

Items for action to be considered by the Drug/Device/Protocol Committee which may be enacted by one motion. Any item may be discussed separately by Committee Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

*Approve Minutes December 4, 2024 Drug/Device/Protocol Committee Meeting (for possible action)*

*A motion was made by Dr. Holtz, seconded by Chief Simone, and carried unanimously to approve the Consent Agenda with an amendment to the wording under Agenda Item C.*

## **VI. REPORT / DISCUSSION / ACTION**

### **A. Discussion and Recommendation to Revise the Pediatric Pain Management Protocol**

Dr. Morgan referred to the Pediatric Pain Management protocol and accompanying pediatric oral dosing chart for discussion. Chief Simone stated the Education Committee would like approval from the DDP prior to sending it to the MAB for final approval, and then back to the Education Committee for development of the education outline. Dr. Morgan proposed they add the oral dosing chart to the protocol.

After some discussion about where to place the oral dosing chart, the Committee agreed to add a reference to the chart to the first page of the protocol at the EMT level, and to add the chart to page 2 of the protocol, and also to the formulary. The Committee agreed to include "for children 3 months of age and older" to the front of the protocol, along with the reference to the oral dosing chart on page 2. Dr. Young suggested they adjust the title of the quick reference where it states 160 mg/5 ml for the acetaminophen concentration to correspond to 15 mg/kg. The Committee discussed whether to remove the current verbiage at the EMT level that states, "Acetaminophen

15 mg/kg PO, max single dose 1g. Dr. Holtz stated the dose should be left in just for clarity since that's the standard dose for pediatrics.

A motion was made by Dr. Morgan, seconded by Chief Tobler, and carried unanimously to revise the Pediatric Pain Management protocol with the following revisions under Acetaminophen:

1. Add "for children 3 months of age and older" at the EMT level that includes a reference to the Pediatric Oral Dosing Chart; and
2. Add the Pediatric Oral Dosing Chart to both the Pearls and Formulary.

**B. Discussion and Recommendation to Revise the Obstetrical Emergency Protocol**

Dr. Holtz stated that after reviewing the Childbirth/Labor and Obstetric Emergency protocols he feels it would be helpful to incorporate the information from both and rename it Childbirth/Obstetric Emergencies protocol so all the information can be found in one place. He explained that he separated normal uncomplicated childbirth from complicated childbirth with obstetrical emergencies. Dr. Holtz referred to the draft Childbirth/Labor-Normal protocol which includes a redirect to the Childbirth/Obstetric Emergencies protocol for more guidance for what imminent delivery is, and then more specific guidelines about how to deal with an intact amniotic sac, managing delivery, postpartum care, etc. To the pearls he added that a delay in clamping and cutting the cord for up to 30 to 60 seconds is recommended unless the newborn needs immediate resuscitation. He noted that that is referenced by ACOG (American College of Obstetrics Gynecology).

Dr. Morgan related that Dr. Lloyd Jensen, neonatologist at Sunrise Hospital, recommends placing the baby on the mom's abdomen to dry and stimulate, and to delay clamping. Look for good tone and heart rate. Clear the airway only if an obstruction is present or in respiratory distress. Suctioning the mouth and then the nose as the head's delivered has fallen completely out of favor in NRP 2011. There's no benefit in suctioning the mouth and nose on the perineum while the baby is just at the head. He asked that EMS providers don't do that anymore. It's likely not going to do any harm but probably shouldn't be taught. Don't worry about clamping with a vigorous baby; wait for about 30-60 seconds. Dr. Morgan recommended the DDP look at all related protocols as a bundle because everything needs to be overhauled.

Mr. Cox suggested the Committee set up a workgroup to review pre-term, viability, and prevention of hypothermia related to pregnancy. Also to include information for EMS providers on where to go when they get to the E.D. He stated that they are asking for guidance, and it would be helpful to meet with the leadership at the hospitals as well. These are low-frequency, high-risk endeavors and they need to ensure they address it purposefully with a high level of engagement. Dr. Leduc agreed and stated that they should include a perinatologist in the conversation. Dr. Young noted that different hospitals have different setups so it should be an interface with both the E.Ds and EMS from an operational standpoint.

After much discussion, the Committee agreed to table this agenda item and invite Dr. Jensen to the next meeting. The Committee would also like to research current literature on this subject.

**C. Discussion and Approval of the Recommendation to Revise the Neonatal Resuscitation Protocol - Tabled**

**VII. BOARD REPORTS**

**VIII. SECOND PUBLIC OPINION**

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Morgan asked if anyone wished to address the Board regarding items listed on the agenda. Seeing no one, she closed the public comment portion of the meeting.

1. Chief Simone reported that the North Las Vegas Fire Department did a little restructuring of the EMS Division. He was promoted to Assistant Chief of EMS Operations. John Lansing is the EMS Division Chief over EMS.

2. Dr. Morgan stressed the importance of the Committee review of the protocols in a systemic method and manner. She will send out another survey so they can set their priorities for the near future. She would like to group the protocols together that need addressing so they can make systematic changes at the same time.
3. Mr. Dryden suggested the Committee utilize the EMS Education Standard for verbiage and direction. He related that The Prehospital Guidelines Consortium for NAEMSP is the brainchild of the National Association of EMS Physicians that groups literature, research, and terminology that's common throughout EMS, and not just specialty based. He stated it's difficult for an educator when we branch off into a lot of sub-specialties because our providers don't have that education.

**IX. ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 9:46 a.m.