



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### DIVISION OF COMMUNITY HEALTH

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

October 1, 2025 – 9:00 A.M.

#### MEMBERS PRESENT

Kelly Morgan, MD, Chair  
Jessica Leduc, DO, HFD  
Chief Stephen Neel, MVFD  
Chief Kim Moore, HFD  
Chief Jennifer Wyatt, CCFD  
Kady Dabash-Meininger, MW  
John Osborn, CA  
Sydni Senecal, OptimuMedicine  
Spencer Lewis, MFR (Alt)

Mike Barnum, MD, AMR  
Michael Holtz, MD, CCFD  
Jeff Davidson, MD, MW  
Chief John Lansing, NLVFD  
Derek Cox, LVFR  
Jim McAllister, LVMS  
Brandon Miles, Mercy Air (Alt)  
Michael Whitehead, AMR

#### MEMBERS ABSENT

Capt. James Whitworth, BCFD  
Samuel Scheller, GEMS  
Stephen DuMontier, DO, NLVFD

Nate Jenson, DO, MFR  
Mario Perkins, Guardian Flight

#### SNHD STAFF PRESENT

John Hammond, EMSTS Manager  
Laura Palmer, EMSTS Supervisor  
Stacy Johnson, EMSTS Regional Trauma Coordinator  
Kristen Anderson, EMSTS Senior Admin. Assistant  
Rae Pettie, Recording Secretary

Christian Young, MD, EMSTS Medical Director  
Dustin Johnson, EMSTS Field Representative  
Roni Mauro, EMSTS Field Representative  
Nicole Charlton, EMSTS Program/Project Coordinator

#### PUBLIC ATTENDANCE

Sandra Horning, MD  
Mark Calabrese  
Brett Olbur  
Thomas Welch

Kat Fivelstad, MD  
Daylon Woolbright  
Jason Perlmutter  
Chris Dobson

### 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, October 1, 2025. Chair Kelly Morgan, MD, called the meeting to order at 9:08 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. 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 295 373 181. To provide public comment over the telephone, please press \*5 during the comment period and wait to be called on. To provide public comment over Teams 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 OCTOBER 1, 2025 AGENDA**

*A motion was made by Mr. Cox, seconded by Chief Neel, and carried unanimously to adopt the October 1, 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.

A. Approve Minutes: September 3, 2025 Drug/Device/Protocol Committee Meeting (for possible action)

*A motion was made by Chief Simone, seconded by Mr. Whitehead, and carried unanimously to approve the September 3, 2025 minutes as written.*

B. Nominations for Chair and Vice-Chair of Drug/Device/Protocol Committee

Ms. Palmer stated the deadline for the submission of nominations for Chair and Vice-Chair of the DDP is Wednesday, November 12<sup>th</sup>. Dr. Morgan encouraged anyone who has an interest in protocol development and a desire to continue to push our system forward to apply; prior experience in chairing a meeting is not a requirement.

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

Discussion of the Addition of Emergency Medical Responder as a Level of Certification Including Scope of Practice

Mr. Hammond stated that the Emergency Medical Responder (EMR) can provide immediate, life-saving care at the scene of an emergency until more advanced help arrives. They have basic skills and minimal equipment to perform interventions like controlling bleeding, managing airways, and providing CPR. He stated the OEMSTS utilized the scope of practice from [ems.gov](http://ems.gov) to review the established national curriculum. The plan is to integrate the EMR clinical guidelines into the existing protocol manual. He asked the DDP whether they want to take the finished product directly to the MAB for approval or review the individual draft protocols in committee first. The committee agreed to review the draft protocols prior to forwarding them to the MAB for final approval. They agreed the EMR level will be illustrated in the protocol manual by the letter "R" within a blue-shaded box.

Mr. Hammond stated that he sent a questionnaire out to all the training centers to see who is interested in offering initial/renewal EMR training courses. He noted the application process will mirror the other provider levels, with National Registry as the initial pathway of certification utilizing their national exam and skills competency requirement.

*A motion was made by Dr. Davidson, seconded by Chief Neel, and carried unanimously to add Emergency Medical Responder (EMR) to the protocol manual as an approved level of certification with the following provisions:*

- *The OEMSTS will utilize the EMR guidelines based on the National EMS Education Standards, which are used to create state-approved EMR courses and certification examinations.*
- *The EMR will be illustrated in the Emergency Medical Care Protocols by the letter "R" and shaded in blue.*
- *The finalized draft protocols will be reviewed by the Drug/Device/Protocol committee prior to going to the Medical Advisory Board for final approval.*

## **VII. BOARD REPORTS**

Dr. Morgan stated there is interest in discussing the following agenda items for future meetings:

- Pediatric behavioral emergencies
- Amiodarone vs Lidocaine
- Refusal of care protocol and the capacity to refuse transport

Stacy Johnson, OEMSTS Regional Trauma Coordinator, noted that the Regional Trauma Advisory Board is going to discuss interfacility transports that includes a review of the definition. The next meeting is scheduled for Wednesday, October 15<sup>th</sup>. She will report back to this committee on the outcome of that discussion.

## **VIII. SECOND 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.

- Mr. Cox announced that Randal "Randy" Wilbanks is the new Assistant Chief of EMS at Las Vegas Fire & Rescue.

## **IX. ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 9:26 a.m.