



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

August 2, 2023 – 8:00 A.M.

MEMBERS PRESENT

Chief Frank Simone, Chairman, NLVFD
Sarita Lundin, CSN (Alt)
Nathan Root, HFD (Alt)
Chris Stachyra, CA

Ryan Young, PIMA
Debra Dailey, EMSTC
Bud Adams, AMR
Matthew Dryden, LVFR

MEMBERS ABSENT

Chris Notaro, Mercy Air
Troy Tuke, RN (Alt)

Ryan Fraser, AirMed
Rebecca Carmody, CCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Representative
Rae Pettie, Recording Secretary

Christian Young, MD, EMSTS Med. Director
Nicole Charlton, EMSTS Program/Project Coordinator
Stacy Johnson, EMSTS Regional Trauma Coordinator

PUBLIC ATTENDANCE

Sandra Horning, MD
John Osborn
Spencer Lewis
Derek Cox
Sean Collins
John Osborn
James “Bud” Adams
Derek Cox
Michael Schafer

Mike Barnum, MD
Walter West
Sam Scheller
Nate Jensen, DO
Stephanie Teague
Aaron Goldstein
Chris Dobson
Michael Denton
Rae Niedfeldt

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Frank Simone called the meeting to order at 8:04 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some committee members joined the meeting by teleconference. Nicole Charlton noted that a quorum was present.

I. 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.

Chairman Simone asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Simone stated the Consent Agenda consisted of matters to be considered by the Education Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Education Committee Meeting: July 5, 2023

Chairman Simone asked for a motion to approve the July 5, 2023 minutes of the Education Committee meeting. A motion was made by Ms. Dailey, seconded by Mr. Scheller, and carried unanimously to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Training for the SNHD Paramedic Mentorship/Internship Program – Tabled

B. Discussion of At-Large Member Nomination

Chief Simone announced that Chief Tobler submitted a nomination form to consider Spencer Lewis to fill the vacant seat for an At-Large Member on the committee.

A motion was made by Mr. Young, seconded by Mr. Adams, and carried unanimously to approve Spencer Lewis to serve as an At-Large Member on the Education Committee.

C. Discussion of Education for Adult and Pediatric Ventilation Management Protocols

Chief Simone referred the committee to the educational outline and asked for suggestions. Mr. Dryden suggested they add an emphasizing point to consider hemodynamic issues and the possible need for push dose pressors such as phenylephrine or epinephrine in a medical patient prior to using a sedative such as Midazolam. Dr. Young commented that he has recently noticed patients are being given multiple doses of a sedative. Upon questioning, the rebuttal has been, “Well, we were beginning the post-intubation sedation with Ketamine.” He stated the provider needs to give the medication some time to work and not double up on the medications. The protocol is clear and states Midazolam OR Etomidate OR Ketamine. So when we have patients that are getting pretty big doses of both Midazolam and Ketamine before an intubation attempt is made, that’s problematic.

A motion was made by Mr. Dryden and seconded by Ms. Dailey to add the following emphasizing points to the Adult and Pediatric Ventilation Management protocols: 1) Consider hemodynamic issues; and 2) Exercise caution when using multiple induction agents.

D. Discussion of Education for Change in the Scope of Practice to Allow EMTs to Perform Vascular Access

Mr. Hammond explained the endorsement will be tied to the provider’s license. He will leave the training aspect to the agencies who wish to have their EMTs endorsed for this change in scope of practice. Since the endorsement is tied to the license, the agencies will need to decide whether to allow the activity, but the liability will be theirs.

Dr. Young noted that our system has currently expanded some of the practices and skills for the AEMTs (already included in their National Scope of Practice). The initiation of IV access for an EMT is not in their scope of practice; it’s something that’s delegated through the Medical Advisory Board and EMS Regulations here in Southern Nevada. What is being proposed is a little bit of a departure from the National Scope of Practice Model. Dr. Young noted they need to ensure there is specific, dedicated training, and provide oversight for this endorsement model where the provider has clearly exhibited the skills and there’s been deliberate practice. If they set up the architecture appropriately, they should be able to provide answers in the event of an adverse outcome. The deployment of the educational process may vary slightly from agency to agency depending on what resources they have. You can’t always teach the providers when to start the IV, but it’s a matter of ensuring we can vouch that we are

authorizing the procedure to do so. If they provide the education, they need to be able to vouch that the individual knows how to do it safely and competently. Mr. Hammond noted that the endorsement itself does not offer independent action. The requirement will be that the EMT needs to be under the direct direction/observation of a licensed AEMT or Paramedic. As requested by several agencies, this will free up another resource to do other things other than concentrating on starting an IV. Ms. Dailey stated the educational component already exists, so it can easily be adapted to the EMT level.

Mr. Hammond noted that the document presented is a broad education outline that can be utilized for development of the training. Mr. Adams asked whether the requirement for five successful sticks can be performed either live or simulated. Mr. Hammond stated it would be in a lab setting, which should be clarified in the final outline. Mr. Scheller asked if an IV certificate from CSN would suffice. Mr. Hammond stated they make that determination after the final educational outline has been completed. Mr. Scheller suggested they look at CSN's curriculum to see what they have developed to teach IV therapy for ER Technicians.

Mr. Adams proposed they change "4f" to read "cannot be the primary patient care attendant on the call" for clarification.

A motion was made by Ms. Dailey, seconded by Mr. Adams, and carried unanimously to accept the initial educational outline for EMT IV Endorsement with the following revisions:

1. Change 3.d to read, "5 successful sticks either live or simulated in a laboratory setting;" and
2. Change 4.f to read, "Cannot be the primary patient care attendant on the call."

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

1. Mr. Dryden congratulated LVFR's Community Paramedic Program for not receiving any citations on their site visit. The site visitor stated that having completed over 70 site visits, he can count on one hand how many culminate with zero citations.
2. Ms. Dailey stated EMS Training Center is holding AEMT/Paramedic NREMT psychomotor testing on September 28th. She invited anyone interested to let her know at least three weeks in advance so they can get a PATT number.
3. Mr. Young noted their design tech is putting together a new graphic for the front of the Paramedic Mentorship/Internship handbook. He will bring the clip art to be voted on at the next meeting.

V. 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. Chairman Simone asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chairman Simone adjourned the meeting at 8:50 a.m.