



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

February 7, 2024 – 10:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Jessica Leduc, DO, HFD
Mike Holtz, MD, CCFD
Chief Frank Simone, NLVFD
Chief Stephen Neel, MVFD
Michael Whitehead, MWA (Alt)
Ryan Hodnick, DO, Moapa

Kelly Morgan, MD, NLVFD
Jeff Davidson, MD, MWA
Chief Kim Moore, HFD
Chief Jennifer Wyatt, CCFD
Mark Calabrese, CA
Arthur Perillo, LVFR
Chief Shawn Tobler, MFR

MEMBERS ABSENT

Chris Fisher, MD, RTAB Rep.
Scott Scherr, MD, GEMS
David Obert, DO, CA

Daniel Rollins, MD, BCFD
Nate Jenson, DO, MFR
Samuel Scheller, GEMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Fermin Leguen, District Health Officer
Edward Wynder, Associate General Counsel
Stacy Johnson, EMSTS Regional Trauma Coordinator
Nicole Charlton, EMS Program/Project Coordinator

John Hammond, EMSTS Manager
Scott Wagner, EMSTS Field Rep.
Roni Mauro, EMSTS Field Rep.
Jacques Graham, Administrative Secretary
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
John Osborn
Andrea Cordovez Mulet
Bobbie Sullivan
Danny Perez
Daylon Woolbright
Fabrizio Maggio
Faye Gagnon
Kady Dabash Meininger
Kevin Haywood
Lisa Rogge
Matthew Perryman
Michael Bologlu
Patrick Bavaro

Todd Ford
Ryan Felshaw
Ashley Tolar
Connor Muir
Deborah Kuhls
Deborah Kuhls
Jim McAllister
Joel Hunt
Katie Kuehne
Kimisha Causey
Mark Mikhail
Maya Holmes
Najee Harris
Sean Collins

PUBLIC ATTENDANCE (Cont.)

Stacy Pokorny
Sydni Senecal

Stephanie Teague
Patrick Watson

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

Dr. Michael Holtz called the meeting to order at 10:03 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting by teleconference and the roll call was administered by Nicole Charlton who 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. Seeing no one, Dr. Holtz closed the Public Comment section of the meeting.

II. CONSENT AGENDA

Dr. Holtz stated the Consent Agenda consists of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approve Minutes December 6, 2023 Medical Advisory Board Meeting

The December 6, 2023 Medical Advisory Board Meeting minutes were approved with no one in opposition.

III. CHIEF HEALTH OFFICE REPORT

Dr. Leguen reported that SNHD’s COVID investigation surveillance team identified several cases of tuberculosis (TB) at the Clark County School District (CCSD). The latest one was in December where a person was diagnosed with active TB, and it was affecting 26 schools. So far they have initiated testing people who may have been exposed through close contact with the initial case; that investigation is still ongoing. Dr. Leguen noted we are working with the Nevada Division of Public and Behavioral Health and looking for assistance in terms of how to put stronger regulations in place related to screening and monitoring of TB among CCSD personnel.

Dr. Leguen reported that we are in the middle of the flu season. As of last week we had a total of 685 influenza-related admissions at Clark County hospitals. That number is less than a year ago at this time where we had 890 cases. In terms of influenza-related mortality, we have had a total of 49 deaths, which is similar to last year’s data. Activity in Nevada is considered moderate according to what’s going on across the country. The Health District is following the CDC recommendations to strongly encourage everybody that is six months or older to get the flu vaccine. He noted that is has been very protective for the most part, and we continue to look at mortality and complications due to the flu.

Dr. Leguen noted that December 1st is World’s AIDS Day for SNHD and many community partners across the country. Clark County presently has more than 11,000 people living with HIV. Last year a total of 1,288 new cases were diagnosed in Clark County, so HIV continues to be a problem. SNHD offers HIV testing at our facilities. In addition, we offer rapid HIV testing as an option for individuals who can’t come in. The home HIV test is accessible on our website, and will be sent to the individual’s residence. Once they collect the specimen, our public health lab will come to their residence to pick it up. At-home test kits for Chlamydia and Gonorrhea testing are available for a fee.

IV. REPORT/DISCUSSION/ACTION

A. Communication Between EMS and Facility Staff for Patients with Multi-Drug Resistant Organisms

Kimisha Causey, Health Care Associate and Infection Coordinator for the State of Nevada, stated she works within

the division of Nevada Division of Public and Behavioral Health (DPBH). She gave an overview on Candida auris (C. auris) in Nevada and how our programs can collaborate to assist each other, and what they hope to accomplish. She discussed some of the challenges we face with public health response and she would like to brainstorm about ways DPBH and EMS can support each other to reduce transmission.

Ms. Causey reported that C. auris is an emerging fungus that presents a serious global health threat according to the CDC. It's concerning for three main reasons:

- It's a multi-drug resistant organism that colonizes or infects a patient;
- It can cause severe illness and spreads easily among patients within healthcare environments;
- Infections can occur in various parts of the body such as the bloodstream and wounds; and
- It can live on surfaces for weeks and requires special disinfectants.

The first case was reported in August 2021 by an acute care hospital. As of January 22, 2024, we've seen 1,683 colonized cases (no signs and symptoms, but do have C. auris growing on their skin, and still able to transmit C. auris within a healthcare environment), and 1,021 clinical cases (have signs and symptoms of an infection and have positive specimens collected from their blood, urine, wounds, or other clinical body sites).

Ms. Causey presented an Epidemic Curve graph from August 21, 2021 to April 2022 showing a big increase. She stated that's when they began surveillance and sending education to healthcare facilities throughout the state. Their surveillance has continued through 2022 and 2023, and there are 42 facilities continuing to do surveillance. That doesn't mean that C. auris is only present within these facilities. These facilities only represent those that have reported cases to the Healthcare Associated Infection Program.

Ms. Causey stated that some of the challenges they face was with staff education. There was a misunderstanding of what C. auris was and that it was multi-drug resistant, and they weren't related to other Candida species. So patients were being removed from contact precautions or not placed on precautions at all. Poor interfacility communication when discharging patients from one level of care to another, varied compliance with reporting and/or colonization testing, poor compliance with prevention practices (hand hygiene, PPE use), and appropriate cleaning and disinfection using special products required (EPA List P or K). She stated DPBH is available to provide training to EMS staff on environmental cleaning, PPE and infection prevention practices, in addition to development of resources that will be useful for EMS providers and those handling patients. From her side they can support interfacility communication and proper utilization of the transfer form. What they've seen so far is that this information is not being communicated, or it's buried in the patient's file and staff doesn't have time to go through everything to find that information. This patient may be active in the general population and have a roommate who can then be exposed. She agreed to forward her presentation and any other informative materials to Mr. Hammond.

B. Discussion of the Addition of Buprenorphine to Formulary (for Referral to Drug/Device/Protocol Committee)

Dr. Morgan reported she attended the NAEMSP last month in Austin, Texas. There were several presentations on how EMS was using Buprenorphine in the prehospital setting. She noted she has been working pretty closely with the state on a lot of opiate projects, and requested they consider adding Buprenorphine for possible institution in the future and make it available for our prehospital providers to use for patients suffering from opiate use disorders.

C. Discussion of Handtevy System

Nicole Brown, paramedic instructor for MountainView Paramedic Institute, reported they were rewarded a grant through Emergency Medical Services for Children (EMSC) and the State. She introduced Patrick Bavaro, VP of Business Development at Handtevy, to present an idea of the dollar breakdown so the agencies know what to expect. Mr. Bavaro stated that all agencies are not obligated to participate. Mr. Tuke noted that Handtevy's done a great job in giving us the opportunity to be fiscally responsible, and to get Handtevy in the back of their trucks. He is hopeful we can jump in together as a system and approve the concept, and continue to look for other grant monies that will support us moving forward.

D. Committee Report: Education Committee (2/07/2024)

1. Discussion of Education on Non-Invasive Positive Pressure Ventilation Protocol

Chief Simone reported the Education Committee added a few emphasizing points to the education component

for the Non-Invasive Positive Pressure Ventilation protocol.

A motion was made by Dr. Holtz, seconded by Mr. West, and carried unanimously to add the following emphasizing points to the Protocol Outline for Non-Invasive Positive Pressure Ventilation (NIPPV):

- *Using continuous monitoring of nasal cannula End Tidal CO₂ to trend improvement before increasing pressure.*
 - *Recommend starting inspiratory IPAP and EPAP at 10 and 5 for obstructive patients.*
 - *For patients that are acutely altered due to hypoxia but are still able to follow commands, NIPPV is not a contraindication and is a preferred treatment and the patient may benefit from its use.*
2. Discussion of Education on Hyperkalemia Protocol - Tabled
 3. Discussion of Education on Changes in Push-Dose Pressors Across all Related Protocols - Tabled
 4. Discussion of Education on Bradycardia Protocol – Tabled

E. Committee Report: Drug/Device/Protocol Committee (2/07/2024)

1. Discussion of the Addition of Tranexamic Acid (TXA) to Protocol and Formulary - Tabled with the caveat that a protocol will be presented for adding the medication to the fomulary for review next month.

2. Discussion of the Adult Shock Protocol

Dr. Morgan stated that Todd Ford provided a great draft protocol that removed phenylephrine from the Adult Shock protocol and replaced it with push-dose epinephrine in the same dosage that had been previously listed.

A motion was made by Dr. Morgan to replace Push Dose Phenylephrine with Push Dose Epinephrine for cardiogenic shock to read, “Push Dose Epinephrine 10 mcg IV/IO, may repeat q 2-5 min to maintain SBP >90 (1 ml of a 1:100,000 solution). The motion was seconded by Chief Neel and carried unanimously.

3. Discussion of Adult Bradycardia Protocol – Tabled

4. Discussion of Use of Sodium Bicarbonate in Adult and Pediatric Overdose Protocols

Dr. Morgan stated that several meetings earlier the committee agreed to change the Sodium Bicarbonate dose to a standard dose throughout the protocols.

A motion was made by Dr. Morgan, seconded by Chief Neel, and carried unanimously to make the following revisions to the Adult and Pediatric Overdose protocols:

- *Revise the adult Overdose/Poisoning protocol to read, “50 mEq of Sodium Bicarbonate IV/IO; may repeat in 3-5 min if QRS remains wide;” and*
 - *Revise the pediatric Overdose/Poisoning protocol to read, “1 mEq/kg of Sodium Bicarbonate IV/IO, max of 50 mEq; may repeat in 3-5 min if QRS remains wide,” and remove the neonate dose.*
5. Discussion of Pressors in Pediatric Allergic Reaction – Tabled
 6. Discussion of Pediatric Drowning Protocol - Tabled

V. **INFORMATIONAL ITEMS/ DISCUSSION ONLY**

A. ED/EMS Regional Leadership Committee Update

Sean Collins reported they have been working to clean up EMResource to make it more efficient and look a little better for both crews and hospital staff. They are also continuing to work on how to de-conflict issues that arise between the EDs and the field crews.

B. QI Directors Committee Update (12/06/2023)

Dr. Young stated there were no major discussions or system issues to discuss. The committee will continue to work back to the routine of case presentations and start to look at trying to aggregate some of their data with time-sensitive emergencies such as stroke and stemi. The goal is to get to a point where they can bring the aggregated data back to the MAB to track and trend. He stated it’s a big ask for a lot of the facilities to compile

and present that data to our office. He is appreciative of the cooperation from the facilities.

C. Emerging Trends – No report

VI. 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.

Mr. Hammond announced the passing of Dr. Michael Johnson, SNHD's Director of Community Health. He stated he was a good friend, mentor and boss. He cared about the Office of EMS & Trauma system and the agencies, and he will be sorely missed.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:58 a.m.