



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

February 5, 2025 – 8:00 A.M.

MEMBERS PRESENT

Frank Simone, Chairman, NLVFD
Chris Stachyra, CA
Matthew Dryden, LVFR
Ryan Young, PIMA
Mike Whitehead, AMR
Todd Ford, HFD

Rebecca Carmody, CCFD
Braiden Green, CSN
Debra Dailey, EMSTC
Spencer Lewis, MFR
Troy Tuke, MVHPI

MEMBERS ABSENT

Lynn Lozada, Mercy Air

Troy Biro, Guardian Flight

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director
Roni Mauro, EMSTS Field Representative
Stacy Johnson, EMSTS Regional Trauma Coordinator
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor
Edward Wynder, Associate General Counsel
Dustin Johnson, EMSTS Field Representative
Kristen Anderson, EMSTS Senior Admin. Assistant

PUBLIC ATTENDANCE

Sandra Horning, MD
Victor Montecerin
Erik Grismanauskas
Rae Niedfeldt
Stacy Pokorny
Timothy Gunderson

Kat Fivelstad, MD
Kady Dabash-Meinger
Johnny Lansing
Samuel Scheller
James Whitworth
John Osborn

I. CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday February 5, 2025. Laura Palmer, EMSTS Supervisor, called the meeting to order at 8:02 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. Ms. Palmer noted that a quorum was present.

II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS

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

IV. ADOPTION OF THE FEBRUARY 5, 2025 AGENDA

A motion was made by Mr. Tuke, seconded by Mr. Lewis, and carried unanimously to adopt the February 5, 2025 agenda.

V. CONSENT AGENDA

Ms. Palmer 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 by Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Education Committee Meeting: December 4, 2024

A motion was made by Mr. Lewis, seconded by Mr. Tuke, and carried unanimously to approve the Consent Agenda.

VI. REPORT/DISCUSSION/POSSIBLE ACTION

A. Nomination and Election of Chair and Vice-Chair

A motion was made by Mr. Tuke, seconded by Mr. Stachyra, and carried unanimously to accept the nominations for Chair and Vice Chair.

Nominations for Chair were submitted for Troy Tuke and Ryan Young. Mr. Tuke received six votes; Mr. Young received three votes. Mr. Tuke accepted the position pending final approval by the Medical Advisory Board.

A nomination for Vice Chair was submitted for Mr. Dryden. Mr. Dryden accepted the position pending final approval by the Medical Advisory Board.

B. Discussion and Approval of Changes to the SNHD Paramedic Mentorship/Internship Program

Chief Simone referred the committee to the handout so they could discuss the grading component of the Program (SNHD Paramedic Mentorship/Internship Program). Mr. Young related the committee has spent a lot of time discussing different facets of the Program. They agreed there was further work to be done on the Event Evaluation Form. They met several times subsequently where lengthy discussions had ensued. He noted that the intent was to make minimal changes to align the daily and event evaluations with what the Program states without having to alter the work that was done in 2024.

The committee discussed the need to make further adjustments to the tool. Chief Simone stated that if what they have is not working, do they want to redesign the point system to better reflect on the front end, because the end product desired is an entry-level paramedic where they have documentation of competency in each of the eight categories. They want an objective scale that is consistently applied, and it's reproducible, meaning this is a competent individual ready to go to the next scale. If that's not what they're producing, then that's a problem. His recommendation was to redo the grading scale. They can keep the point system without a set percentage. Competency is based on performance, and that performance needs to be measurable.

Ms. Carmody stated they shouldn't just keep making one tweak, then two months later make another tweak. It makes it hard for the preceptors to keep in line with the changes. After much discussion, the committee agreed to table the discussion and meet offline as a group to arrive at a tool that properly evaluates objective performance of the paramedic students, so at the end they have quantitative documents that is consistent between student to student and applied equally across the board.

C. Discussion and Approval on the Use of Acetaminophen at the EMT and AEMT Levels

The committee reviewed the draft Pediatric Pain Management protocol and accompanying education outline. Chief Simone stated the outlines provide the minimum content to use for the purpose of system-wide standardization.

Mr. Dryden stated LVFR typically does very little med math at the EMT level, so making the calculation to kilograms and having them multiply by 15 to arrive at the milligrams is going to be something new. The committee agreed to table the pediatric discussion until the next meeting.

The committee reviewed the draft Adult Pain Management protocol and accompanying education outline. Chief Simone stated his agency would like to include the five routes of drug administration to both education outlines as an emphasizing point, and to review the pharmacologic calculations.

A motion was made by Mr. Lewis, seconded by Mr. Whitehead, and carried unanimously to include review of the pharmacologic calculations, and the five routes of drug administration to the adult Pain Management protocol.

D. Discussion and Approval of Education on the Patient Restraint Protocol

Dr. Young asked if the emphasizing points, especially from an E.D. perspective, and seeing how everything can be scrutinized, is the role for prudent documentation at the level of micromanaging the education or is it something that should be a specific point as to how to document appropriately.

Chief Simone stated his agency arrived at a statement to include to state, “EMS providers can face significant legal liability when using restraints on patients. An improper application or unnecessary use of restraints can lead to patient injuries, potential lawsuits alleging negligence and acquisition of false imprisonment, especially if not done in accordance with established protocols and proper medical justification. It is crucial to only use restraints when absolutely necessary and to follow proper techniques to minimize risk of harm to the patient.”

Dr. Young suggested they get a law enforcement perspective in terms of the process since we don't provide any oversight. Mr. Lewis stated that Mesquite's city attorney asked Mesquite Fire & Rescue to do education with their police department. The discussion was very useful, and he highly recommends they do the same, and meet with the city attorney, if possible. Dr. Young related that patient restraint tends to be more publicized, and unfortunately there will be more to come, especially with cell phones and social media. He noted the article Dr. Holtz provided includes an author, Eric Jaeger, who has spoken nationally at the EMS Physicians Conference. He was a paramedic who later went to law school. He is very experienced and has a good interface with law enforcement on a national level. He encouraged everyone to take a look at the education Mr. Jaeger provides.

Mr. Dryden asked whether there is a restraint or use of force training course available for EMS providers. Mr. Ford stated Chief Vivier put together continuing education for an hour-long class that is extremely informational based off of a case study. Henderson's city attorney and Henderson Police Department officers took the class as well. He stated he will ask Chief Moore if they can share the training in a public forum. Dr. Young agreed the highest level of training really comes when you have EMS providers and law enforcement personnel together doing a myriad of scenarios. It develops a common approach, so everyone is on the same page.

The committee agreed to table the discussion.

E. Discussion and Approval of Education on Changes to the Pain Management, Electrical Therapy: Synchronized Cardioversion, and Electrical Therapy: Transcutaneous Pacing Protocols

Mr. Dryden pointed out that the protocol still recommends paramedics study overdrive pacing for tachycardias refractory to drug therapy. He stated it creates confusion with the paramedic students. The committee agreed to table the discussion and send the protocol back to the Drug/Device/Protocol committee to have it removed.

VII. INFORMATIONAL ITEMS

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. Victor Montecerin will be taking over as an Administrative Captain.

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.

Chief 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.

IX. ADJOURNMENT

There being no further business to come before the committee, Chief Simone adjourned the meeting at 9:05 a.m.