



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

June 3, 2026 – 8:00 A.M.

MEMBERS PRESENT

Mike Whitehead, AMR
Braiden Green, CSN
Chris Stachyra, CA
Ryan Young, PIMA

Matthew Dryden, LVFR, Vice Chair
Debra Dailey, EMSTC
Justin Peck, CCFD
Kim Moore, HFD

MEMBERS ABSENT

John Lansing, NLVFD
Mario Perkins, Guardian Flight
Troy Tuke, MVHPI

Terran Leavitt, MFR
Brandon Miles, Mercy Air

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director
Roni Mauro, EMSTS Field Representative
Kristen Anderson, EMSTS Program/Project Coordinator

Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMSTS Field Representative
Stacy Johnson, EMSTS Regional Trauma Coordinator
Devin Atwood, Senior Admin. Assistant

PUBLIC ATTENDANCE

Tim Gundersen
Karen Dalmaso-Hughey
Derek Cox
Sam Scheller
Todd Ford

Sandra Horning, MD
Chris Dobson
Jon Wiercinski
John Osborn

I. CALL TO ORDER AND ROLL CALL

The Education Committee convened via Teams on Wednesday, June 3, 2026. Laura Palmer, EMSTS Supervisor, called the meeting to order at 8:23 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. 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 two (2) 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. Vice Chair Dryden 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.

III. ADOPTION OF THE June 3, 2026 AGENDA

A motion was made by Ms. Dailey, seconded by Mr. Whitehead, and carried unanimously to adopt the June 3, 2026 agenda.

IV. CONSENT AGENDA

Vice Chair Dryden 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: February 4, 2026

A motion was made by Ms. Dailey, seconded by Mr. Whitehead, and carried unanimously to approve the Consent Agenda.

V. REPORT/DISCUSSION/POSSIBLE ACTION

- A. Discussion of the SNHD Mentorship Program and Preceptor Education – Tabled.
- B. Discussion and Approval of Education on the Pediatric Behavioral Emergency Protocol

Mr. Dryden referred to Dr. Sandra Horning and asked if she had any comment on the materials presented to the Committee for review. Dr. Horning noted that the significant change to the protocol included the introduction of the IMC-RASS scale for agitation and the use of Droperidol for sedation if needed. Dr. Young stated that he knew there was a bit of trepidation with the addition of Droperidol because of concerns with QT prolongation, but that the protocol calls for its use at very low doses. He acknowledged that there is an educational component with this since the medication will be new to the majority of providers. The medication has been in use safely for over 20 years, and the original black box warnings that came out with the medication have since been debunked. Droperidol has been found to be safe and effective. Dr. Horning agreed and noted that the drug is commonly used in pediatric emergency departments not only for pediatric behavioral emergencies but for other medical concerns. She noted that it is used with fewer issues than those that come from the use of Benadryl and benzodiazepines at higher doses.

A motion was made by Mr. Young, seconded by Ms. Dailey, and carried unanimously to approve the education outline for the Pediatric Behavioral Emergency protocol.

- C. Discussion and Approval of Education on the Chest Pain (Non-Traumatic) and Suspected ACS/STEMI Protocol
Mr. Dryden said upon reviewing the education on the amended protocol, he wanted to add an emphasizing point that Ketamine should not be administered to patients with cardiac chest pain. He also added that Nitroglycerin should not be the primary intervention for chest pain, and that either Morphine or Fentanyl need to be utilized. Ms. Dailey questioned how this might affect the rural areas, where a paramedic with narcotic medications for pain management is not always available. Mr. Young said that the protocol itself considers that, and that EMTs would know that the pain management portion of the protocol did not apply to them, and continue on down to Nitroglycerin.

A motion was made by Mr. Young, seconded by Ms. Dailey, and carried unanimously to approve the education outline for the Chest Pain (Non-Traumatic) and Suspected ACS/STEMI protocol with the following emphasizing points:

1. Ketamine is not to be utilized for cardiac chest pain

2. Nitroglycerin is not the first-line medication for relief of chest pain. Consider Morphine or Fentanyl.

D. Discussion and Approval of Education on the Adult Cardiac Arrest Protocol

A motion was made by Mr. Young, seconded by Ms. Dailey, and carried unanimously to approve the education outline for the Adult Cardiac Arrest protocol.

E. Discussion and Approval of Education on the Pediatric Cardiac Arrest Protocol

A motion was made by Mr. Young, seconded by Ms. Dailey, and carried unanimously to approve the education outline for the Pediatric Cardiac Arrest protocol.

F. Discussion and Approval of Education on the Pediatric Respiratory Distress Protocol

Mr. Dryden noted that there are several changes to the Pediatric Respiratory Distress protocol. The protocol itself has now been broken into three separate protocols: Pediatric Respiratory Distress-Stridor, Pediatric Foreign Body Airway Obstruction, and Pediatric Respiratory Distress-Wheezing/Bronchospasm. Qi metrics have been added to all three protocols, and medication doses were changed to allow for multiple doses at one time. Non-invasive positive pressure has been introduced at the pediatric level as long as there is a mask available that will properly fit. Magnesium is also now part of the algorithm for wheezing and bronchospasm. Mr. Peck voiced concerns that providers don't immediately give Epinephrine to these patients and instead administer bronchodilators in concurrence. The committee agreed. Mr. Young felt an emphasis should be made that the patient should be in extremis when receiving Epinephrine. Mr. Dryden added that it is important to differentiate between lethargy from hypoxia versus an altered mental status, as those patients who are lethargic from hypoxia would very much benefit from non-invasive positive pressure ventilation.

A motion was made by Mr. Young, seconded by Mr. Peck, and carried unanimously to approve the education outline for the Pediatric Respiratory Distress protocols with the following emphasizing points:

1. Intramuscular Epinephrine should be reserved for patients in extremis as evidenced by severe fatigue, altered level of consciousness, silent chest, or cyanosis in conjunction with other bronchodilator treatments as indicated in protocol.
2. Lethargy secondary to hypoxia does not indicate altered mentation. If the patient is able to follow simple commands, non-invasive positive pressure ventilation is still indicated.

G. Discussion and Approval of Education on the Adult Respiratory Distress Protocols

A motion was made by Mr. Youn, seconded by Ms. Dailey, and carried unanimously to approve the education outline for the Adult Respiratory Distress protocols.

H. Discussion of Pediatric Continuing Medical Education Course

Dr. Horning stated that after discussion at the last Education Committee meeting, she developed a proposal for a library of resources for pediatric education for Clark County agencies. There are a total of 24 different topics. Each topic includes a 20-minute lecture and a 20-minute scenario activity based on the current EMS protocols that can be utilized by any agency. She included an example of two of the courses in her submitted materials, but she is willing to build out all 24 if there is an interest from the group. Mr. Dryden expressed his appreciation of the work involved, and stated that agencies often struggle with having validated scenarios that are both relevant and medically sound.

A motion was made by Ms. Dailey, seconded by Mr. Green, and carried unanimously to accept the proposed pediatric continuing education materials as an educational opportunity for Clark County EMS.

VI. BOARD REPORTS

No report.

VII. SECOND PUBLIC COMMENT

A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Committee's jurisdiction will be held. Comments will be limited to two (2) minutes per speaker. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chair or the Committee by majority vote. Mr. Dryden called for public comment. Seeing no one, he closed the Public Comment portion of the meeting.

VIII. ADJOURNMENT

There being no further business to come before the committee, the meeting was adjourned at 9:00 a.m.