



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

June 23, 2021 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Matthew Horbal, MD, MCFPD
Chief Jennifer Wyatt, CCFD
Walter West, BCFD (Alt)
Douglas Fraser, MD, RTAB Rep.
Jessica Goldstein, MWA (Alt)
Samuel Scheller, GEMS
Gerry Julian, CA (Alt)

Mike Holtz, MD, CCFD
David Slattery, MD, LVFR
Frank Simone, NLVFD (Alt)
Stephen Neel, MVFD
Chief Shawn Tobler, MFR
Chief Kim Moore, HFD
Joe Richard, LVFR

MEMBERS ABSENT

Mark Calabrese, CA
Walter West, BCFD
Alexander Malone, MD
Ryan Hodnick, DO, Moapa

Jeff Davidson, MD, MWA
Mike Holtz, MD, CCFD
Jessica Leduc, DO, HFD
Jarrod Johnson, DO, MFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Christie Kindel, Assoc. General Counsel
Candace Toyama, EMSTS Field Rep.

John Hammond, EMSTS Manager
Michelle Stanton, Recording Secretary
Scott Wagner, EMSTS Field Rep.

PUBLIC ATTENDANCE

Rebecca Carmody
Ryan Fraser
Dale Branks
Jim McAllister
Tyler Shaw

Brett Olbur
Daniel Llamas
Kate Schneider
Maya Holmes
Kimberly Escobar

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Mike Barnum called the Medical Advisory Board meeting to order at 11:06 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 Laura Palmer, EMSTS Supervisor, 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. Chairman Barnum 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. Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chairman Barnum 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

Dr. Barnum 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/Medical Advisory Board Meeting: April 7, 2021
- B. Discussion of the Target Temperature Management & Post Resuscitation Protocol for Referral to DDP (for possible action)
- C. Discussion of a Change in the Scope of Practice for Providers to Include Monitoring Already Established Saline Locks During Interfacility Transports for Referral to DDP and Education (for possible action)

A motion was made by Dr. Slattery, seconded by Ms. Goldstein, and carried unanimously to approve the consent agenda as written.

III. CHIEF HEALTH OFFICE REPORT

No report.

IV. EMS MANAGER REPORT

John Hammond reported the following statistics from the Office of EMS & Trauma System for the time period January 1, 2021 - May 31, 2021:

Certificates Issued:	138 (certification only)
Licenses Issued:	1,000
Licensure Exams Taken:	120
Agency Audits:	22
Training Center Audits:	10

There have been five submissions for QA investigation, with seven cases that are ongoing. The OEMSTS sent out eight correction action notices and is currently reviewing one agency disciplinary case. No certificates/licenses were suspended or revoked. During this time period there have been 20 protocol deviations processed with feedback sent back to the agencies.

Mr. Hammond stated the OEMSTS is going to revise the training center section on the SNHD website to include only training centers who hold a Letter of Authorization issued by the OEMSTS. The primary reason is the OEMSTS cannot provide appropriate oversight of non-authorized training centers. In addition to authorized training centers, the OEMSTS will continue to accept provider cards from the following outside training centers to be included on the webpage: American Heart Association, American Red Cross, American Safety & Health Institute, American Academy of Orthopedic Surgeons, Emergency Academy of Emergency Physicians, and the Military Training Network.

Mr. Hammond noted the emergency declarations issued by Governor Sisolak have ended. All COVID-19 guidance will be archived and saved for possible future use. A letter will be drafted that outlines the processes

that were modified during this time period. Approval for the continued use of Terbutaline and multi-dose inhalers will be placed on the MAB agenda for discussion. He noted the revised clinical process for paramedics seems to be working out very well and will be included on a future agenda for referral to the Education Committee.

Mr. Hammond stated the draft Trauma System Regulations are completed and will be reviewed by the OEMSTS and legal counsel. There will be three requisite public meetings to be presented to the Board of Health for approval.

V. REPORT/DISCUSSION/ACTION

Committee Report: Drug/Device/Protocol (DDP) Committee (6/23/2021)

A. Discussion of Pediatric Cardiac Arrest Resuscitation Management

Dr. Young stated that pediatric cardiac arrest management was referred to the Education Committee for further discussion, with the goal of optimizing the care of pediatric arrest patients.

B. Discussion of Suggested Protocol Changes Based on 2020 American Heart Association Guidelines

Dr. Young referred the MAB to the revision related to witnessed arrest made to the adult Cardiac Arrest (Non-Traumatic) protocol to align with the 2020 AHA guidelines.

A motion was made by Dr. Slattery to accept the revision to the adult Cardiac Arrest (Non-Traumatic) protocol. The motion was seconded by Chief Tobler and carried unanimously by the Board.

C. Discussion of Communication of Termination of Resuscitation of Trauma Patients

Dr. Young stated there was consensus to have EMS providers contact the trauma center that the patient would be transported to for medical direction when they have a traumatic patient that meets TFTC protocol, as opposed to the closest facility.

A motion was made by Chief Kim Moore to revise the Termination of Resuscitation protocol to separate patients who are in medical arrest from patients who are traumatic arrest. For traumatic arrest, the verbiage will be revised to read, "For traumatic arrest, contact the trauma center based on the catchment area for telemetry physician order." The motion was seconded by Dr. Slattery and carried unanimously by the Committee.

D. Discussion of Draft Protocol Changes Involving Phenylephrine

Dr. Slattery referred the MAB to the matrix he and Laura Palmer developed that includes a list of all the protocols that include the use of pressors, including indications/contraindications. There was an interest to use Phenylephrine, which is a pure alpha agent, in place of Dopamine as an option for agencies that don't want to carry Dopamine. Essentially, any time Dopamine can be used, Phenylephrine can be used, except for shock and bradycardia unresponsive to pacing, atropine, fluids, and no suspected ACS/STEMI. He explained the formulary now includes the specific protocol for the indication for which pressor, but also the mixing instructions. He noted that Nephron makes prefilled Phenylephrine push dose pressors, which makes it a lot easier.

A motion was made by Dr. Slattery to approve the use of Phenylephrine as an optional pressor agent. The motion was seconded by Ms. Goldstein and carried unanimously by the Committee.

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update - Tabled

B. QI Directors Committee Update

Dr. Young reported the receiving facilities have been submitting STEMI data for the purpose of tracking/trending. He noted there are ways to improve, such as time to getting an EKG after arriving on scene and notifying the receiving facility of those patients en route as soon as that STEMI EKG is identified.

Dr. Young noted the emergency departments are seeing an increase of patients who may have Cannabinoid Hyperemesis Syndrome, a condition that leads to repeated and severe bouts of vomiting. The OEMSTS is considering a protocol for treating nausea in patients who may not necessarily have abdominal pain.

C. Emerging Trends

No report.

VII. 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 Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Second Public Comment portion of the meeting.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:30 a.m.