



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

**April 5, 2023 – 10:00 A.M.**

**MEMBERS PRESENT**

Mike Barnum, MD, AMR (Chairman)  
Douglas Fraser, MD, RTAB Rep.  
Jessica Leduc, DO, HFD  
Jeff Davidson, MD, MWA  
Chief Frank Simone, NLVFD  
Nate Jenson, DO, MFR  
Derek Cox, LVFR (Alt)  
Chief Stephen Neel, MVFD  
Todd Ford, HFD (Alt)  
Mark Calabrese

Kelly Morgan, MD, NLVFD  
David Obert, DO, CA  
Mike Holtz, MD, CCFD  
Chief Jennifer Wyatt, CCFD  
Chief Shawn Tobler, MFR  
Ryan Hodnick, DO, Moapa  
Mark Calabrese, CA  
Samuel Scheller, GEMS  
Nigel Walton, BCFD  
Chief Scott Phillips, LVFR

**MEMBERS ABSENT**

Scott Scherr, MD, GEMS  
Jessica Goldstein, AMR  
Evan Befus, MWA

Daniel Rollins, MD, BCFD  
Chief Jorge Gonzalez, MCFD

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director  
Laura Palmer, EMSTS Supervisor  
Rae Pettie, Recording Secretary  
Stacy Johnson, EMSTS Regional Trauma Coordinator

John Hammond, EMSTS Manager  
Scott Wagner, EMSTS Field Rep.  
Roni Mauro, EMSTS Field Rep.  
Edward Winder, Associate General Counsel

**PUBLIC ATTENDANCE**

Sandra Horning, MD  
Benjamin Hartnell  
Fernando Juarez, RN  
Aaron Goldstein  
Jim McAllister

Michael Denton  
James “Bud” Adams  
Rae Niedfeldt  
Rebecca Carmody  
Kenneth Chang, DO

**CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

Dr. Mike Barnum called the meeting to order at 10:08 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 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. Dr. 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.

Approve Minutes/Medical Advisory Board Meeting: February 1, 2023

A motion was made by Chief Simone, seconded by Dr. Holtz, and carried unanimously to approve the Consent Agenda as written.

## **III. CHIEF HEALTH OFFICE REPORT**

No report.

## **IV. REPORT/DISCUSSION/ACTION**

### **A. Discussion of the Removal of Glucagon from the Official EMT/AEMT Drug Inventory**

Mark Calabrese

Mr. Hammond stated that Glucagon is a safe and effective drug for treating hypoglycemia. There is currently no shortage of the drug, unlike every single Dextrose preparation. Mr. Hammond noted that although he understands Mr. Calabrese's position, he is not in support of removing the drug because of cost-related issues. He noted that he is also not in support of making it an optional item.

Dr. Obert noted that in the hospital setting a large number of providers have limited utilization of Glucagon. There are some indications for potential esophageal impaction because you can have complications. He stated that most of the physicians reserve it for the potential involvement of toxidrome with a beta blocker, maybe with a calcium channel blocker. As far as managing a hypoglycemic event, most physicians are now turning to a D-10 infusion with a lack of access to a lot of D-50. He explained that this is where some of the discussion stemmed from, to create options. Dr. Obert noted that D-10 is being used on a regular basis, but Glucagon ends up expiring and they're having to throw it away. There may also be some benefit to having options and given the ability to use something equivalent, but not inferior. He added that it's an expense to all the EMS agencies and hospital systems. Mr. Hammond asked what the options would be. Dr. Obert replied that you could do an oral dose of Glucose if the patient is awake/alert and you have a low blood glucose. If you can't get an IV in to administer D-10, an IO to administer D-10, then you have options relative to doing IM Glucagon. Especially if the Glucagon is wasting its life away on a shelf. Mr. Hammond noted that every Dextrose preparation for sterile injection is on shortage. He agreed that D-10 is great, but you can't get it, so we don't want to remove Glucagon. Dr. Obert stated that they don't want to eliminate it, but rather make it an optional item. Mr. Hammond stated that if he made it an optional item nobody would order it.

Dr. Young noted that we added IV Tylenol as an option, which is expensive when we have other pain medication that's available. Mr. Hammond stated that Inapsine and Zofran, which are probably not life-saving medications, are required to be carried on EMS vehicles. Dr. Young asked if anyone looked into the nasal preparation for Glucagon. Chief Wyatt stated she read all the information on it, but the price was actually higher. Dr. Davidson suggested each agency look at their par levels to try to understand their usage, and maybe they can find a middle ground.

Dr. Barnum summarized that the Health District has concerns about making such a change based on the cost analysis, but there is thought that the actual medicine behind it has changed as well. It was agreed to table the discussion until they research the literature about how Glucagon is changing from a medical standpoint.

B. Discussion of the Use of Levalbuterol as an Alternative to Albuterol

Dr. Barnum stated that based on shortage issues we are looking at adding Levalbuterol as an equivalent to Albuterol. The Levalbuterol dosage for both adults and pediatrics will be 1.25 mg in 3 ml SVN. The dosage will be given every 20 minutes for up to three doses. He noted that Levalbuterol is more expensive than Albuterol but gives us an option in response to the shortages they are experiencing. He thanked Dr. Horning for all her efforts in obtaining the information for children. Chiefs Tobler and Wyatt commented that when they looked into the supply chain Levalbuterol is currently being placed on back-order. Dr. Barnum noted that there may be a big surge to buy Levalbuterol since there are shortages in its drug class but having it as an option in the formulary will help us.

Chief Wyatt asked Mr. Hammond whether he knew of a way to mass purchase through the hospitals since the EMS agencies are all buying from the main three vendors and aren't able to obtain Albuterol. Mr. Hammond suggested they contact the EMS liaison for further information.

A motion was made by Dr. Barnum, seconded by Chief Simone, and carried unanimously to approve Levalbuterol as an equivalent to Albuterol for both adults and pediatrics at a dosage of 1.25 mg in 3 ml SVN, to be given every 20 minutes for up to three doses.

C. Committee Report: Education Committee (4/05/2023)

Chief Simone reported the Education Committee is seeking nominations to fill two At-large member positions. He noted the seats are open to anyone affiliated with either an EMS permitted agency or an Authorized EMS Training Center. The deadline to submit nomination forms is March 22, 2023.

Chief Simone stated the committee also discussed placing the Paramedic Mentorship/Internship Program on its next agenda. There have been several requests to review the metrics since the program was launched in 2017.

D. Committee Report: Education Committee (4/05/2023)

1. Nominations for At-Large Members

A motion was made by Chief Simone, seconded by Dr. Morgan, and carried unanimously to approve Rebecca Carmody to serve as an At-Large Member on the Education Committee.

2. Discussion of Education for Adult/Pediatric Pain Management Protocols

A motion was made by Chief Simone, seconded by Dr. Holtz, and carried unanimously to accept the education outline for the Adult/Pediatric Pain Management protocols.

3. Discussion of Education for Adult/Pediatric Overdose Protocols

A motion was made by Chief Simone, seconded by Mr. Walton, and carried unanimously to accept the education outline for the Adult/Pediatric Overdose Protocols.

4. Discussion of SNHD Paramedic Mentorship/Internship Program - Tabled

E. Committee Report: Drug/Device/Protocol Committee (4/05/2023)

1. Discussion of Pediatric Respiratory Distress Protocol - Tabled

2. Discussion of Adult/Pediatric Ventilation Management Protocols

A motion was made by Dr. Holtz, seconded by Dr. Morgan, and carried unanimously to add Midazolam 0.1 mg/kg up to a max dose of 10 mg for post-intubation sedation to the Pediatric Ventilation Management Protocol, and make the following revisions to the Adult Ventilation Management Protocol:

1. Add Midazolam 0.1 mg/kg up to a max dose of 10 mg for post-intubation sedation;

2. Add Ketamine for post-intubation sedation;

3. Add Fentanyl 100 mcg; and

4. Remove the pearl that states, "Cricoid pressure and BURP maneuver may assist with difficult intubations. They may worsen view in some cases."

3. Discussion of AEMTs Performing Pediatric IOs

A motion was made by Dr. Holtz, seconded by Chief Neel, and carried unanimously to allow AEMTs to perform pediatric IOs.

**[Note: It was later identified that there was no vote in the DDP Committee following the amendment to the initial motion. This agenda item will be placed on the next meeting's agenda for discussion.]**

4. Discussion of AEMTs Administering Epinephrine 1:10,000

A motion was made by Dr. Holtz, seconded by Chief Neel, and carried unanimously to allow AEMTs to administer Epinephrine 1:10,000 to adults for cardiac arrest.

**[Note: It was later identified that there was no vote in the DDP Committee following the motion and second. This agenda item will be placed on the next meeting's agenda for discussion.]**

**V. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

A. ED/EMS Regional Leadership Committee Update

No report.

B. QI Directors Committee Update

No report.

C. Legislative Update

Mr. Hammond summarized the following bills that are going through the State legislature:

AB24 – Revises the membership of the Committee on Emergency Medical Services to include one member who is employed by or volunteers with an agency, organization or other operator that provides emergency medical services on tribal land.

AB52 – Makes various changes to the Nevada Open Meeting Law related to what constitutes quorum, and meeting processes.

AB158 – Revises provisions relating to emergency medical services; ratifying the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact; and providing other matters properly related thereto.

AB178 – Revises provisions related to permit renewals that extends the length of the permit from one year to two years and requires operators to notify the permitting health authority about any change in ownership or control within 90 days after the change.

AB219 – Makes various changes to the Nevada Open Meeting Law related to public comments added for each action item.

SB156 – Outlines requirements for public meetings being held during an “Emergency Declaration.”

SB372 – Prescribes procedures for determining the amount that certain third parties are required to pay to an out-of-network private ambulance service for medically necessary emergency services provided to a covered person.

SB445 – Authorizes the use of certain money to create and maintain an information system containing the records of persons who have completed certain training programs; providing that money collected from certain fees must be accounted for separately and does not recert to the State General Fund at the end of any fiscal year.

Mr. Hammond noted there is one other bill that is attempting to move the State EMS Office from the Division of Public and Behavioral Health to the State Fire Marshall's office.

D. Emerging Trends

Dr. Barnum reported that all DEA-registered practitioners must complete eight hours of substance use disorder training within the next two months in order to maintain their DEA certificate. He noted that this creates an opportunity to create educational materials since it appears there is going to be an even greater ongoing educational mandate. Dr. Morgan stated they are working to put together a curriculum for physicians. She will

keep the MAB updated on upcoming opportunities.

Mr. Hammond stated the OEMSTS is looking at streamlining certain processes. Some of the processes may require revisions to EMS Regulations, rather than just procedures. He will keep everyone updated as the end of the legislature session wraps up in another 60 days.

**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. Dr. 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.

**VII. ADJOURNMENT**

There being no further business, the meeting was adjourned at 10:44 a.m.