



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**MEDICAL ADVISORY BOARD (MAB) MEETING**

**June 7, 2023 – 10:00 A.M.**

**MEMBERS PRESENT**

Mike Barnum, MD, AMR (Chairman)  
Chris Fisher, MD, RTAB Rep.  
Jessica Leduc, DO, HFD  
Jeff Davidson, MD, MWA  
Chief Frank Simone, NLVFD  
Nate Jenson, DO, MFR  
Walter West, BCFD  
Chief Stephen Neel, MVFD  
Chief Kim Moore, HFD  
Chief Scott Phillips, LVFR

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  
Mark Calabrese Chief  
Silvio Flores, AMR

**MEMBERS ABSENT**

Scott Scherr, MD, GEMS  
Chief Jorge Gonzalez, MCFD

Daniel Rollins, MD, BCFD  
Michael Whitehead, MWA

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director  
Laura Palmer, EMSTS Supervisor  
Rae Pettie, Recording Secretary  
Edward Winder, Associate General Counsel  
Jacques Graham, Administrative Secretary

John Hammond, EMSTS Manager  
Scott Wagner, EMSTS Field Rep.  
Roni Mauro, EMSTS Field Rep.  
Fermin Leguen, District Health Officer

**PUBLIC ATTENDANCE**

Sandra Horning, MD  
Richard Mora  
James Loman  
Jennifer Wayne  
Rikki Murray  
Bryan Gines  
Oliver Meza  
Capone Wade  
Michael Crossan  
Matthew Dryden  
Aaron Goldstein  
Jim McAllister  
Clay Shurtleff  
Jason Perlmutter  
Sawyer Epstein

Todd Ford  
Jeremy Brenneman  
Alexus Pada  
Sekander Sawes  
Nataly Ramirez  
Akahi Pinkerton  
Jessica Grant  
Catherine Abaldo  
Christopher Dobson  
Andrew McWhorter  
Michael Schafer  
Rebecca Carmody  
Jimi Vargas  
Bud Adams  
Benjamin Hartnell

David Alonzo

Dylan Musil-Carlson

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

Dr. Mike Barnum called the meeting to order at 10:19 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. Laura Palmer, EMSTS Supervisor, 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.

Brett Olbur, EMS Liaison for Dignity Health, stated there was a rumor that the Labor & Delivery department at St. Martin Hospital was closed down. He noted the rumor is not true.

Mr. Olbur announced that St. Rose Dominican Siena's new Pediatric Emergency Department will be completed by June 12<sup>th</sup>. He will apprise everybody of the Grand Opening date as it nears.

### **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

Dr. Barnum asked if there was any opposition to approving the February 1, 2023 meeting minutes. As there was no one in opposition, the motion was carried unanimously to approve the Consent Agenda as written.

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

No report.

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

#### **A. Discussion of Change in the Scope of Practice to Allow EMTs to Perform Vascular Access**

Mr. Hammond reported that a request was made by Boulder City Fire Department to allow their EMTs to perform intravenous cannulation as part of their expanded scope of practice. He noted that Henderson Fire Department (HFD) has been doing so since the early 2000s under a previous agreement with SNHD. In discussions with Dr. Leguen about formalizing the process, it was agreed it would be prudent to add an endorsement to the EMT's license, along with specific provisions. Any agency that desires to allow their EMTs to perform IV cannulation must provide training pre-approved by the OEMSTS. He suggested they mirror HFD's training since it's been in place for many years. The actual cannulation is the only skill that will be approved for the expansion of scope of practice and will be performed only under the direct observation and direction of a paramedic while physically on scene. The EMT will be starting cannulation for either a saline lock or for fluid but will not adjust the flow rate or administer through an IV. Exclusions will include no external jugulars or IOs. Each agency will need to develop and submit a QI program for monitoring the new expansion to the OEMSTS. Mr. Hammond stated that for the time being there will be no application fee for adding the endorsement. Documentation of successful completion of the training will be required prior to endorsement. The endorsement will expire upon expiration of the license, at which time the EMS provider will need to apply for renewal of the endorsement.

Chief Neel asked if the skill could be observed by an AEMT since it's included under the National EMS Scope of Practice Model for AEMTs. Mr. Hammond stated he was basing the decision on the success of HFD's program of utilizing Paramedics to provide oversight. Dr. Morgan stated she was also in favor of allowing AEMTs to observe the skill in light of the shortage of paramedics, especially in the rural areas. She noted the risk to the patient

is relatively minimal. Mr. Hammond replied he didn't have an objection provided the Board is in agreement.

*A motion was made by Mr. Hammond, seconded by Chief Neel, and carried unanimously to allow EMTs who hold an endorsement issued by the OEMSTS to perform intravenous cannulation under the direct observation of a Paramedic or AEMT that is physically on scene.*

B. Committee Report: Education Committee (5/01/2023, 5/22/2023, and 6/07/2023)

1. Discussion of SNHD Paramedic Mentorship/Internship Program

Chief Simone stated there was a need to revisit the SNHD Paramedic Mentorship/Internship Program. He referred the Board to the draft document and asked them to review the changes.

*A motion was made by Chief Simone, seconded by Chief Neel, and carried unanimously to endorse the revised SNHD Paramedic Mentorship/Internship Program.*

2. Discussion of Education for AEMTs Performing Pediatric IOs

*A motion was made by Chief Simone, seconded by Chief Neel, and carried unanimously to endorse the Vascular Access protocol outline to allow AEMTs to perform IOs on unconscious/unresponsive pediatric patients.*

3. Discussion of Education for AEMTs Administering Epinephrine 1:10,000 in Adult Cardiac Arrest

Chief Simone reported the DDP included two revisions to the draft protocol outline: 1) Add "concentration" under Emphasizing Points; and 2) Add the mixing instructions for Epinephrine 1:1000 to 1:10,000.

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

C. Committee Report: Drug/Device/Protocol Committee (6/07/2023)

1. 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.*

2. Discussion of AEMTs Performing Pediatric IOs on Unconscious/Unresponsive Pediatric Patients

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

3. Discussion of Adult and Pediatric Ventilation Management Protocols

Dr. Holtz reported the DDP discussed removing the medication section from the Endotracheal Intubation protocol and reordering the medications listed on the Adult and Pediatric Ventilation Management protocols. They added Midazolam as an option for induction at 0.1 mg/kg IV/IN/IO up to a max of 10 mg with repeat doses by physician order for adult ventilation management. Ketamine was also added as an option for post-intubation sedation for adult ventilation management.

*A motion was made by Dr. Holtz, seconded by Chief Neel, and carried unanimously to make the following revisions:*

*1. Remove the medication options from the Endotracheal Intubation protocol and reorder the medications listed on both the Adult and Pediatric Ventilation Management protocols;*

*2. Add "Midazolam 0.1 mg/kg IV/IO/IN, max single dose of 10 mg; repeat doses with physician order only" to both the Adult and Pediatric Ventilation Management protocols; and*

*3. Add Ketamine as a post-intubation sedation medication option for adult Ventilation Management.*

4. Discussion on the Use of Mechanical CPR Devices in Pregnancy - Tabled

V. **INFORMATIONAL ITEMS/ DISCUSSION ONLY**

A. ED/EMS Regional Leadership Committee Update

Mr. Scheller stated that Tony Greenway is looking for a co-chair for the meeting and asked for all interested parties to contact him via email.

B. QI Directors Committee Update

Dr. Young reported the committee continued its review of the Termination of Resuscitation and Prehospital Death Determination protocols. After listening to the telemetry audio, it was identified there is a need to provide education to the physicians who take the calls on what the current protocols are, along with the capabilities of the EMS crews.

Dr. Young stated there was also discussion on high-risk refusals, and looking at different options for documentation, and determining a patient's capacity when they are able to sign out AMA or when additional interventions need to be taken. They will continue to look at scoring/decision tools that are available to address this issue.

C. Legislative Update

Mr. Hammond gave a summary of the following bills submitted to the NV State Assembly:

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. Outcome: Signed by Governor Lombardo

AB52 – Makes various changes to the Nevada Open Meeting Law related to what constitutes quorum, and meeting processes. Outcome: Signed by Governor Lombardo. Mr. Hammond will be notifying the committees on what the changes entail for them.

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. Outcome: Passed by both houses and sent back to the Assembly because the Senate made some changes. Mr. Hammond will work with SNHD's legal counsel to determine what needs to be done to remain in compliance.

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. Outcome: Stuck in the Committee on Ways and Means.

AB358 – Revises provisions governing emergency medical services; creating the Bureau of Emergency Medical Services in the State Fire Marshal Division of the Department of Public Safety; transferring to the Bureau certain duties related to emergency medical services; revising the membership of the Committee on Emergency Medical Services; requiring the State Fire Marshal to appoint a Chief of the Bureau; making various other changes relating to emergency medical services; and providing other matters properly relating thereto. Outcome: Did not pass

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

SB156 – Outlines requirements for public meetings being held during an "Emergency Declaration." Outcome: Did not pass

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; and providing other matters properly relating thereto. Outcome: Did not pass

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. Outcome: Enrolled and will be sent to the Governor for signature

D. Emerging Trends

Dr. Morgan stated she is currently in Atlanta, Georgia, working with overdose action colleagues to address the

treatment for opioid use disorder. There has been a lot of traction through some conversations with both SNHD and the Dept. of Health at the CDC about trying to figure out how EMS can be part of the solution by helping to work on the opioid crisis. Dr. Morgan asked the Board for assistance in asking anybody who wants to be part of the solution to help with arriving at ideas to make it happen. She noted it will probably be a 3-5-year process, but there are a lot of funding opportunities and a chance to find some very unique solutions in the prehospital setting. She asked all those interested to contact her for further details.

**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 10:52 a.m.