



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

August 2, 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
Chief Athur Perillo, LVFR
Samuel Scheller, GEMS

Kelly Morgan, MD, NLVFD
Chief Kim Moore, HFD
Mike Holtz, MD, CCFD
Chief Jennifer Wyatt, CCFD
Chief Shawn Tobler, MFR
Walter West, BCFD

MEMBERS ABSENT

Nate Jenson, DO, MFR
David Obert, DO, CA
Mark Calabrese, CA
Scott Scherr, MD, GEMS
Jorge Gonzalez, MCFD

Daniel Rollins, MD, BCFD
Ryan Hodnick, DO, Moapa
Silvio Flores, AMR
Michael Whitehead, MWA
Chief Stephen Neel, MVFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Fermin Leguen, District Health Officer
Edward Wynder, Associate General Counsel
Nicole Charlton, EMS Program/Project Coordinator
Jacques Graham, Administrative Secretary

John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Rep.
Stacy Johnson, Administrative Secretary
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Daniel Perez
Jim McAllister
Rebecca Carmody
Dustin Allen
James “Bud” Adams
Kim Escobar
Derek Cox
Joe Digaetano

Brett Olbur
Jason Perlmutter
Maya Holmes
Eric Dievendorf
Aaron Goldstein
Dustin Allen
Lisa Rogge
Stephanie Teague

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Dr. Mike Barnum called the meeting to order at 10:16 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. Nicole Charlton 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: June 7, 2023

Dr. Barnum asked if there was any opposition to approving the June 7, 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

Dr. Leguen stated that back to school activities have been ongoing at SNHD.

Mr. Hammond reported he contacted Mike O'Callahan Hospital to inquire about their pediatric capabilities. He spoke with John Recicar, program manager, who stated they are accepting only pediatric patients of individuals on active duty at this time.

IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (7/05/2023 and 8/02/2023)

- 1. Discussion of SNHD Paramedic Mentorship/Internship Program - Tabled**
- 2. Discussion of At-Large Member Nomination**

Chief Simone reported that Chief Tobler submitted a nomination form to consider Spencer Lewis to fill the vacant seat for an At-Large Member on the Committee. The committee approved the nomination.

- 3. Discussion of Education for Adult and Pediatric Ventilation Management**

Chief Simone reported the committee discussed the educational outline for both the Adult and Pediatric Ventilation Management protocols. The outline was approved with the addition of adding to emphasizing points: 1) Consider hemodynamic issues; and 2) Exercise caution when using multiple induction agents.

- 4. Discussion of Education for Change in the Scope of Practice to Allow EMTs to Perform Vascular Access**

Chief Simone reported the committee discussed the initial educational outline for EMT-IV endorsement. It was clarified that the endorsement is tied to the EMT's license. It is the agency's preference whether to utilize the EMT-IV endorsed individual in this capacity. It was emphasized that the EMT-IV endorsed EMT may not start an IV unless he/she is under the direct direction/observation of a licensed AEMT or Paramedic. The outline was approved with the following revisions:

- 1) Change 3.d to read, "5 successful sticks either live or simulated in a laboratory setting; and
- 2) Change 4.f to read, "Cannot be the primary patient care attendant on the call.

A motion was made by Chief Simone, seconded by Dr. Holtz, and carried unanimously to approve A 1-4 above.

B. Committee Report: Drug/Device/Protocol Committee (8/02/2023)

1. Discussion of the Use of Mechanical CPR Devices in Pregnancy

Dr. Holtz reported the draft pearls included an addition for the providers to utilize the “pit crew” approach for cardiac arrest. The committee approved the draft pearls with the exception of removing the line, “if a device is not approved for use in pregnant patients, it may not be utilized” because the FDA doesn’t approve the device specifically for a pregnant patient.

A motion was made by Dr.Holtz, seconded by Chief Simone, and carried unanimously to approve the draft pearls as written, with the exception of the line “if a device is not approved for use in pregnant patients, it may not be utilized.”

2. Discussion of Change in the Scope of Practice to Allow EMTs to Perform Vascular Access

Dr. Holtz reported the committee approved the following revisions made to the Vascular Access protocol:

- 1) Add “C. EMTs with an IV endorsement, only when directed by an AEMT or Paramedic on scene.” Under “Indications for Peripheral Vascular Access.”
- 2) Revise the first line to read: “Level: AEMT/Paramedic, EMTs holding an EMT IV endorsement (only when directed by a licensed AEMT or Paramedic on scene.”

Mr. Perillo asked why there is a need to allow EMTs to start IVs in the field. Mr. Hammond stated they have already approved the change in scope of practice in a previous meeting. Henderson Fire Department has been doing so since the early 2000’s under a previous agreement with SNHD. 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. In his research he found that other states also allow this practice; sometimes it’s done based on licensure, and sometimes it’s based on endorsement. He met with Dr. Leguen, the District Health Officer, the individual ultimately responsible for the clinical practice of EMTs, AEMTs and Paramedics, who agreed with the safety guidelines we’re putting in place for this particular activity and endorsement. The Education Committee is currently in the process of developing the educational outline for the endorsement. The DDP will discuss the appropriate revisions that need to be made to all related protocols, starting with Vascular Access. They will need to integrate the EMT with IV endorsement to indicate that an EMT can provide that function of cannulation only. Any agency that desires to allow their EMTs to perform IV cannulation must provide training pre-approved by the OEMSTS. 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 an AEMT or 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 clarified that the education needs to be in place in time for the January protocol rollout.

A motion was made by Dr. Holtz, seconded by Dr. Davidson, and carried unanimously to approve the revisions made to the Vascular Access protocol.

3. Discussion of Bi-Level CPAP Masks – Tabled

4. Discussion of the Trauma Field Triage Criteria Protocol (TFTC)

Dr. Holtz reported the DDP reviewed page 1 of the TFTC protocol that was promulgated by the ACS Committee on Trauma for TFTC patients.

A motion was made by Dr. Holtz, seconded by Dr. Davidson, and carried unanimously to approve the revisions made to page one of the TFTC protocol.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update – Tabled (Next meeting is scheduled for September 6th)

B. QI Directors Committee Update

Dr. Young reported the committee is continuing its discussion of 1) Termination of Resuscitation protocol;

- 2) Prehospital Death Determination protocol; 3) Review of the protocol manual as it relates to QI metrics; and
- 4) Case-based reviews.

C. Emerging Trends

None.

VI. SECOND PUBLIC COMMENT

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Brett Olbur reported the following:

- 1) St. Martin has discontinued NICU services.
- 2) Kim Dokken is no longer with Dignity Health. They are currently recruiting to fill the position.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:52 a.m.