



**MINUTES**  
**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**  
**DIVISION OF COMMUNITY HEALTH**  
**MEDICAL ADVISORY BOARD (MAB) MEETING**  
**December 6, 2023 – 10:00 A.M.**

**MEMBERS PRESENT**

Mike Barnum, MD, AMR (Chairman)	Kelly Morgan, MD, NLVFD
Jessica Leduc, DO, HFD	Jeff Davidson, MD, MWA
Mike Holtz, MD, CCFD	Chief Kim Moore, HFD
Aric Seal, NLVFD (Alt)	Chief Jennifer Wyatt, CCFD
Chief Stephen Neel, MVFD	Chief Derek Cox, LVFR (Alt)
Mark Calabrese, CA	Michael Whitehead, MWA (Alt)
David Obert, DO, CA	

**MEMBERS ABSENT**

Chris Fisher, MD, RTAB Rep.	Daniel Rollins, MD, BCFD
Ryan Hodnick, DO, Moapa	Nate Jenson, DO, MFR
Jorge Gonzalez, MCFD	Chief Shawn Tobler, MFR
Walter West, BCFD	Samuel Scheller, GEMS

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Manager
Fermin Leguen, District Health Officer	Laura Palmer, EMSTS Supervisor
Roni Mauro, EMSTS Field Rep.	Jacques Graham, Administrative Secretary
Edward Wynder, Associate General Counsel	Rae Pettie, Recording Secretary
Stacy Johnson, EMSTS Regional Trauma Coordinator	

**PUBLIC ATTENDANCE**

Sandra Horning, MD	Todd Ford
Andria Cordovez Mulet	Ashley Tolar
Benjamin Hartnell	Braiden Green
Christopher Burr	Deborah Kuhls
Janice Hadlock-Burnett	Jim McAllister
John Osborn	Justin Anderson
Lisa Rogge	Maya Holmes
Ryan Tyler	Skylar Riggs
Christian Ross	Sheree Goins
Matthew Dryden	Sun Kang
Stacy Pokorny	Kady Dabash Meninger

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

Dr. Mike Barnum called the meeting to order at 10:10 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 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. Seeing no one, Dr. Barnum closed the Public Comment section 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 October 4, 2023 Medical Advisory Board Meeting**

The October 4, 2023 Medical Advisory Board Meeting minutes were approved with no one in opposition.

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

Dr. Leguen reported SNHD received reports of seven new cases of Mpox in Clark County residents during the month of October. The last reported case was in August; reports were significantly declining at that time. The first case of Mpox, formerly known as Monkey Pox, was reported in Clark County in June 2022. As of November 7, 2023, the total number of cases reported by the Health district is 304. Dr. Leguen stated that a total of 11,322 Mpox vaccines have been administered. Those who have received their first dose of the vaccine should get their second dose 28 days later, or as soon as possible if it is past 28 days, to receive the maximum protection the vaccine can provide. Health District and community location information is available at [www.snhd.info/monkeypox](http://www.snhd.info/monkeypox).

Dr. Leguen stated that SNHD identified that a local supplement manufacturer, Harmonic Innerprizes, sold products made with ingredients that were not food grade, and with ingredients from unapproved sources. Subsequent testing of products from the facility found lead at levels that may be a health concern for certain people in three of the products. The facility currently has a suspended health permit. The Health District's Environmental Health Division has placed conditions for reopening the facility, including a requirement of additional training, the hiring of a food safety consultant, ongoing tests, and enhanced record keeping and documentation. The product sold under the label "Etherium Red Decision Powder," and may pose a health concern for children ages 6 and younger.

Dr. Leguen reported there were 549 drug overdose deaths among Clark County residents in 2022, an increase of 31.3% from 2019. SNHD staff participated in the Southern Nevada Harm Reduction Alliance 7<sup>th</sup> International Overdose Awareness Day event on Thursday, August 31, at the Chuck Minker Sports Complex. The event was open to the public and included testimonials from community members discussing their overdose-related experiences. Naloxone (Narcan) training was offered, and participants received free overdose prevention kits provided by the Health District. Information about fentanyl, including fentanyl test strips, was also available, as well as recovery resources, provider booths, a silent auction, and free food for attendees.

Dr. Leguen stated that in honor of International Awareness Day, the Health District and Impact Exchange showcased their newest public health vending machine, a key component of an innovative intervention program that minimizes the risks of HIV and hepatitis C transmission. The machine, which provides a variety of harm reduction products geared toward people who use drugs, was unveiled on August 31<sup>st</sup> at the Health District's Fremont Public Health Center. Each vending machines provides harm reduction resources such as sterile syringe kits, hygiene kits, wound care kits, hormone injection kits, safer sex kits, pregnancy tests, and nasal naloxone free of charge. He noted the Fremont location is the seventh public health vending machine in Southern Nevada. Similar machines are in other local venues including the Health District's main public health center, opioid treatment centers, community centers, and primary care clinics. The machines are operated by the Trac-B/Impact Exchange Harm Reduction Program, which is the Las Vegas Valley's only syringe services program. Nasal naloxone and fentanyl test strips are available to the public at the Health District's Pharmacy and self-collected HIV tests are available by mail via the Collect 2 Protect website at <https://www.southernnevadahealthdistrict.org/programs/collect-2-protect/>.

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

##### **A. Discussion of Nominations for Chair and Vice Chair**

A motion was made by Dr. Barnum, seconded by Dr. Davidson, and carried unanimously to elect Dr. Michael Holtz as Chair of the Medical Advisory Board for the 2024 calendar year.

A motion was made by Chief Neel, seconded by Dr. Obert, and carried unanimously to elect Dr. Kelly Morgan as Vice Chair of the Medical Advisory Board for the 2024 calendar year.

##### **B. Discussion of Handtevy System - Tabled**

##### **C. Committee Report: Education Committee (12/06/2023)**

###### **1. Discussion of the Use of Bi-Level CPAP Masks**

Dr. Holtz reported the DDP met in November to discuss this agenda item. There was discussion about the desire to utilize BiPap at the agency level. There's a non-ventilated dependent BiPap mask option that is pneumatically powered through the typical oxygen supply. He stated that the changes proposed and passed at the DDP level were as follows:

1. Change the title of the protocol to "Non-Invasive Positive Pressure Ventilation (NIPPV)" and throughout the protocol manual as appropriate.
2. Combine D. and E. to read, "Gradually increase the flow rate, slowly reaching the desired CPAP pressure. Secure face mask onto patient face using the head harness."
3. Add a new E. to read, "If using BiPAP, switch the device into BiPAP mode and select the appropriate BiPAP."
4. Revise H. to read, "If patient develops any of the contraindications or requires definitive airway control, discontinue NIPPV and provide necessary airway control."

A motion was made by Dr. Holtz, seconded by Dr. Morgan, and carried unanimously to adopt the above revisions to the Continuous Positive Airway Pressure (CPAP) Protocol.

###### **2. Discussion of Sodium Bicarbonate Use in Hyperkalemia**

Dr. Holtz reported the DDP discussed changing the dose of Sodium Bicarbonate to 50 mEq single dose to bring it in line with standard practice.

A motion was made by Dr. Morgan, seconded by Dr. Davidson, and carried unanimously to change the Sodium Bicarbonate dose to a 50 mEq single dose in the Hyperkalemia (Suspected) protocol.

###### **3. Discussion of Changes in the Adult Cardiac Arrest Pearls**

Dr. Holtz stated this agenda item was deemed moot as it was already discussed in a previous meeting, and action was taken.

###### **4. Discussion of Push Dose Pressors Across all Related Protocols**

Dr. Holtz reported the DDP discussed changing the Push Dose Epinephrine dosage to 10 mcg as a baseline in all protocols to bring it in line with recommended practice, as well as ease of dosing. He noted that this is a change from the current 5-10 mcg dosing. Phenylephrine was changed to push dose Epinephrine in the Bradycardia protocol out of concern about the phenylephrine side effects, and push dose Epinephrine just being a better drug in Bradycardia. Dr. Holtz stated the DDP also removed Dopamine from the adult Allergic Reaction and Pediatric Shock protocols, and added push dose Epinephrine.

A motion was made by Dr. Morgan, seconded by Dr. Davidson, and carried unanimously to make the following revisions:

1. Remove dopamine from the adult Allergic Reaction and pediatric Shock protocols;
2. Remove phenylephrine from the adult Bradycardia protocol;
3. Add push dose Epinephrine to the adult Bradycardia and Pediatric Shock protocols;
4. Change the adult push dose epinephrine to 10 mcg IV/IO across all protocols;
5. Change the pediatric push dose epinephrine to 1 mcg/kg, max 50 mcg, titrate to SBP >70 mmHG + 2x age in the pediatric Shock protocol.

5. Discussion of Nominations for Chair and Vice Chair

A motion was made by Mr. Seal, seconded by Chief Neel, and carried unanimously to approve the election of Dr. Morgan as Chair, and Dr. Leduc as Vice Chair of the Drug/Device/Protocol Committee for the 2024 calendar year.

6. Discussion of the Addition of Tranexamic Acid (TXA) to Protocol and Formulary

Dr. Holtz stated this agenda was tabled to allow future discussions with the local trauma centers and to review further evidence and research studies on TXA.

7. Discussion of the Bradycardia Protocol

Dr. Holtz stated the DDP discussed changing the Atropine dosing from 0.5 mg to 1.0 mg in all relevant protocols to bring it in line with ACLS guidelines. They also suggested revising the last bullet under QI metrics to address whether the pacing procedure was being followed appropriately.

A motion was made by Dr. Morgan, seconded by Mr. Seal, and carried unanimously to make the following revisions to the Bradycardia protocol:

1. Change the Atropine dose from 0.5 mg IV/IO to 1.0 mg IV/IO throughout the protocol; and
2. Revise the last bullet point under QI Metrics to read, "If paced, pacing procedure performed correctly."

8. Discussion of Non-Invasive Positive Pressure Ventilation Across all Protocols and Scope of Practice – Tabled

9. Discussion of Pressors Across all Related Protocols and Scope of Practice

Dr. Holtz stated there was a previous motion that was passed by DDP to make Dopamine an optional item on the inventory. After further discussion at the DDP, the decision was made to remove Dopamine from all protocols, including the formulary. There was also further discussion about the Pediatric Allergic Reaction protocol to add IV Epinephrine to align with the Adult Allergic Reaction protocol. The discussion was tabled for a future meeting.

A motion was made by Dr. Davidson, seconded by Dr. Obert, and carried unanimously to remove Dopamine from the formulary and all related protocols.

**V. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

A. ED/EMS Regional Leadership Committee Update – No report

B. QI Directors Committee Update

Dr. Young reported the committee is continuing its discussion of patient competency and QI metrics in protocols and case-based reviews. There were no case presentations, and no emerging issues discussed.

C. Emerging Trends – No report

**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.

Chief Neel reported that the Moapa Valley Fire District had two ROSCs in the past thirty days since AEMTs were allowed to give Epinephrine 1:10,000.

Dr. Morgan stated she would be interested in hearing comments about IV Tylenol. She noted it may be a discussion for the QI Directors Committee.

Dr. Davidson thanked Drs. Barnum and Holtz for their contributions as Chair for the DDP and MAB meetings.

**VII. ADJOURNMENT**

There being no further business, the meeting was adjourned at 10:34 a.m.