Draft Minutes of Meeting – Subject to Change Upon Approval by the Medical Advisory Board at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

April 3, 2024 – 10:00 A.M.

MEMBERS PRESENT

Mike Holtz, MD, CCFD (Chairman)
Jessica Leduc, DO, HFD
Mike Barnum, MD, AMR
Chief Frank Simone, NLVFD
Chief Stephen Neel, MVFD
Michael Whitehead, MWA (Alt)
John Osborn, CA
Samuel Scheller, GEMS
Kelly Morgan, MD, NLVFD
Jeff Davidson, MD, MWA
Chief Kim Moore, HFD
Chief Jennifer Wyatt, CCFD
Nate Jenson, DO, MFR
Arthur Perillo, LVFR
Chief Shawn Tobler, MFR

MEMBERS ABSENT

Chris Fisher, MD, RTAB Rep.
Scott Scherr, MD, GEMS
Ryan Hodnick, DO, Moapa
Daniel Rollins, MD, BCFD
David Obert, DO, CA

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Ailyn Risch
Braiden Green
Dan Shinn
Eric Dievendorf
Kevin Haywood
Matthew Dryden
Oscar Monterrosa
Stacy Pokorny
Sydni Senecal
Bobbie Sullivan
Kady Dabash-Meininger
Paul Stepaniuk
Andria Cordovez Mulet
Brian O'Neal
Danny Perez
Janice Hadlock-Burnett
Kim Escobar
Michael Bologlu
Sean Collins
Stephanie Teague
Ashley Tolar
Deborah Kuhls
Lisa Rogge

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

Dr. Michael Holtz called the meeting to order at 10:07 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 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. Seeing no one, Dr. Holtz closed the Public Comment section of the meeting.

II. ADOPTION OF THE APRIL 3, 2024 AGENDA

A motion was made by Chief Simone, seconded by Dr. Morgan, and carried unanimously to adopt the April 3, 2024 Medical Advisory Board agenda.

III. CONSENT AGENDA

Dr. Holtz 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 February 7, 2024 Medical Advisory Board Meeting

The February 7, 2024 Medical Advisory Board Meeting minutes were approved with no one in opposition.

IV. CHIEF HEALTH OFFICE REPORT

Dr. Leguen reported that we are celebrating National Public Health Week, a nationwide recognition to public health workers and organizations. Yesterday, SNHD had an event where we highlighted the impact of congenital syphilis and the opioid epidemic in our community. A large number of local and state elected officials participated in the event.

SNHD called attention to the global impact on tuberculosis (TB) as it commemorated World TB Day on Sunday, March 24th. In 2021, across the globe, 1.6 million people died of TB and another 10.6 million became ill with the disease. Dr. Leguen noted the US has one of the lowest TB disease case rates in the world, but data indicate the number of TB disease cases nationwide grew 5% in 2022, to 8,300 cases. Nevada has reached a 10-year high in TB disease cases, with a 40% increase in TB incidence from 2022 to 2023. In Clark County, the Health District investigated 76 active cases of TB in 2023, up from 54 in 2022, and reported six TB-associated deaths. The Health District tested 1,656 people for the disease, nearly triple the 584 tested in 2022. As the leading provider of TB services in Southern Nevada, the Health District's Tuberculosis Treatment and Control Clinic offers comprehensive care to ensure that people with active TB disease or LTBI are treated and that those exposed to someone with active TB disease are properly evaluated. For more information about World TB Day, visit https://www.cdc/gov/tb/worldtbday/.

Dr. Leguen reported that influenza surveillance in Clark County includes data collected from local acute care hospitals and other health care providers. In Clark County, as of March 2, 2024, there have been 949 influenza-associated hospitalizations and 72 deaths reported. The percentage of emergency department visits and urgent care visits for influenza-like illness (ILI) decreased from 4/2% in week 8 to 3.9% in week 9. Influenza A has been the dominant type circulating. Of the patients reported through the US Outpatient Influenza-like Illness Surveillance Network (ILINet), 4.1% were due to respiratory illness that included ILI. This percentage was above the national baseline of 2.9%. Among 55 states and jurisdictions, the respiratory illness activity level in the state of Nevada is low. Dr. Leguen noted the flu surveillance in Clark County for the 2023-2024 influenza season begins October 1 and runs through May 18. The weekly influenza Surveillance Snapshot and Influenza Report by Age Group is available on the Health District's website.

V. REPORT/DISCUSSION/ACTION

A. Discussion of the Utilization of the Emergency Medical Responder Level for Certification and Licensure

Chief Brian O'Neal, CCFD Rural Ambulance Coordinator, stated that EMR licensure, although a National Standard, hasn't been adopted recently by the Health District. He reported they are having difficulties managing the rural services outside the urban areas in Clark County. Over the past three years they have started 26 individuals in an EMT course. Most of the individuals are volunteer firefighters that are retired and live in rural communities. Their ages usually average in the 50's, and they're willing to provide assistance in their community. Of those 26 individuals, they have only licensed two of them as EMTs. Consequently, they have 24 individuals who have not yet completed their training; they just can't get through the course although they offer multiple modalities in instruction, including in-person, hybrid, and online.

Chief O'Neal stated that adopting the EMR standard will leave them with roughly a 50-hour class time for initial certification versus the almost 120 hours currently required to meet the EMT standard, with a continuing medical education requirement of only 16 hours. The EMR standard will allow them to have providers in the rural areas that are an EMS provider at some level. They will have a defined and limited scope of practice, but they would be able to manage trauma scenes, provide basic airway control, administer opioid reversal agents intranasally, and will have a much greater knowledge of A&P and of the EMS system in general so they can provide compassionate care for the individuals that they interact with. Chief Neel agreed there is a nationwide issue of procuring volunteers, especially in Nevada. He stated he is in full support of this endeavor.

Mr. Hammond noted there will need to be regulations, procedures, protocols, and examinations put in place prior to creating a new licensure level. If directed by the Board, he will initiate the process. As for now, there is the absence of EMR in legislation, so while it's recognized in other states, we're going to need to mirror what's out there and create a viable method for onboarding these individuals.

Ms. Sullivan stated that EMRs are utilized in rural communities statewide through her office. She would need to research, but stated there are a couple hundred EMTs credentialed through the State office, and they are currently working with administration to include the EMR credential into the Nevada Revised Statutes.

B. Committee Report: Education Committee (4/03/2024)

1. Discussion of Education on the Hyperkalemia Protocol

Chief Simone reported there was a suggestion to add a statement that when labs are available, use them to confirm hyperkalemia to guide your treatment.
A motion was made by Frank Simone, seconded by Dr. Morgan, and carried unanimously to accept the revised education on the Hyperkalemia Protocol.

2. Discussion of Education on the Changes in Push Dose Pressors Across all Related Protocols

A motion was made by Chief Simone, seconded by Dr. Morgan, and carried unanimously to accept the changes with the emphasizing point, "In the absence of known hypokalemia, don't delay the administration of push pressors in the symptomatic patient."

3. Discussion of Education on the Bradycardia Protocol

A motion was made by Chief Simone, seconded by Dr. Morgan, and carried unanimously to accept the education outline as presented.

4. Discussion of Education on the Adult and Pediatric Overdose Protocols
A motion was made by Chief Simone, seconded by Dr. Morgan, and carried unanimously to accept the education outline as presented.

C. Committee Report: Drug/Device/Protocol Committee (3/13/2024)

1. Discussion and Approval of Recommendation to Revise the Adult and Pediatric Behavioral Emergency Protocols

Dr. Morgan stated there was a lot of discussion at today's meeting and the last meeting. The protocol was completely revised to include the different levels of severity that includes different pathways for treatment.

The agenda item was tabled in March and discussed again this morning.

A motion was made by Dr. Morgan, seconded by Dr. Holtz, and carried unanimously to make the following revisions to both the Adult and Pediatric Behavioral Emergency Protocols:

a. *Add the IMC-RASS scale for categorizing patient agitation;*
b. *Add the breakdown of patients into mild, moderate, and severe agitation levels;*
c. *Add the treatment for moderately agitated patients to read, "Midazolam 2.5 - 5 mg IN/IM/IV/IO, may repeat x 1 at 2.5 mg OR Droperidol 2.5 - 5 mg IV/IO or 5 mg IM."*
d. *Add the treatment for severely agitated patients to read, "Ketamine 3 - 4 mg/kg OR Midazolam 2.5 - 10 mg IM and/or Droperidol 5 - 10 mg IM."*
e. *Add the following language in red to the top of the Pearls section, "Pharmacological sedation is a medical procedure that results from a medical assessment. Sedation is never to be utilized for controlling behavior for the purpose of law enforcement initiatives or assistance."*
f. *Add the following language to the Pearls section,"Under no circumstances are patients to be transported in the prone position" and "Patients also may not be transported with their arms restrained behind their back or in ankle-to-wrist (hog-tied) manner."*

2. Discussion and Recommendation to Approve the Addition of Buprenorphine to Formulary and Protocol - Tabled

3. Discussion and Recommendation to Revise the Adult and Pediatric Heat-Related Illness Protocols

   Dr. Morgan reported that a pearl was added to continue cold water immersion that was initiated, until the patient's temperature goes below 102°.

   A motion was made by Dr. Morgan, seconded by Dr. Barnum, and carried unanimously by the Board to add a pearl to the Adult and Pediatric Heat-Related Illness Protocols to continue cold water immersion that has been initiated until the patient's temperature goes below 102°.

4. Discussion and Recommendation to Revise the Adult Bradycardia Protocol

   A motion was made by Dr. Morgan, seconded by Dr. Barnum, and carried unanimously by the Board to change the dose of Atropine to 1mg for bradycardia; and to add a box stating "May repeat Atropine 1mg IV/IO q3-5 minutes, max dose 3 mg."

5. Discussion and Recommendation to Revise the Pediatric Allergic Reaction Protocol - Tabled

6. Discussion and Recommendation to Revise the Pediatric Drowning Protocol

   Dr. Morgan stated the DDP voted to remove the Pediatric Drowning Protocol as all treatments are already covered in the Respiratory Distress and Cardiac Arrest protocols.

   A motion was made by Dr. Morgan, seconded by Chief Tobler, and carried unanimously by the Board to remove the Pediatric Drowning Protocol.

D. Committee Report: Drug/Device/Protocol Committee (4/03/2024)

1. Discussion and Approval of the Recommendation to Revise the Adult and Pediatric Behavioral Emergency Protocols

   (See C.1 above)

2. Discussion and Approval of the Recommendation to Revise the Needle Decompression Protocol

   Dr. Morgan reported the name of the protocol was changed to Needle Thoracostomy and the wording was revised related to the indications for the procedure. The primary site for insertion is the 4th to 5th intercostal space, with the mid-clavicular site as an alternate. She stated that pictures were included with the proposal, but they need to find new ones because of copyright permissions.

   A motion was made by Dr. Morgan, seconded by Dr. Holtz, and carried unanimously to make the following revisions to the Needle Decompression protocol:

   a. *Change the name of the protocol to Needle Thoracostomy*

b. Change the indications to read, "Severe/progressive respiratory distress and/or increased resistance to bagging, AND unilateral diminished/absent breath sounds, AND: hypotension with signs of shock, persistent hypoxia despite supplemental oxygen, or jugular venous distension, or tracheal deviation (late sign)" and "Any traumatic cardiac arrest with chest or abdominal trauma and undergoing resuscitation should have bilateral needle thoracostomy performed as soon as possible."

c. Change to procedural considerations to read, "Primary site is the 4th to 5th intercostal space in the mid-axillary line of the affected side. Needle should be placed within the "triangle of safety" (see reference image). Insertion site must be above the nipple line as the nipple lies flat against the chest wall with the arm abducted. In females, the breast can displace the nipple inferiorly. If displaced, the clinician should identify where the nipple would lie if flat against the chest wall. This will be superior to the inframammary fold/crease. When in doubt, a more superior site is preferred. Alternate site is the 2nd intercostal space in the mid-clavicular line of the affected side."

3. Discussion and Approval of the Recommendation to Revise the Pediatric Allergic Reaction Protocol - Tabled

4. Discussion and Approval of the Recommendation to Revise the Pediatric Cardiac Arrest Protocol

   A motion was made by Dr. Morgan, seconded by Chief Tobler, and carried unanimously to make the following revisions to the Pediatric Cardiac Arrest Protocol:

   a. On the front of the protocol just above the box indicating "Begin Age Appropriate CPR," add a box with the language "Early ventilation is recommended."

   b. Add the following pearls, "Once an advanced airway is in place, compressions should be continuous with ventilations every three seconds" and "All drownings need to have the SNHD Submersion Incident Form submitted."

5. Discussion and Approval of the Recommendation to Revise the Adult Drowning Protocol

   (See C11 above)

6. Discussion and Approval of the Recommendation to Revise the Pulmonary Edema Protocol - Tabled

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Sean Collins reported the committee discussed cleaning up some of the pediatric facilities in EMResource. They also discussed the Internal Disaster process. Mr. Collins stated a report was given by Chief DePue (CCFD) about some of the big upcoming events in the next two months. Chief DePue also gave a protocol update informing the EDs of some of the protocol changes, so they are kept in the loop. Mr. Collins noted there was also some discussion regarding the continuous radio transmission issues they are having, such as transmitting EKGs. There was also a presentation given by St. Rose Siena where they reported they have revised their internal trauma activation response to include activating a unique activation for senior patients as well.

B. QI Directors Committee Update (12/06/2023)

Dr. Young reported the committee is continuing to work on quality metrics for the protocols. Today's meeting will focus on setting placeholders in the protocol manual to refine those in the upcoming meetings. Dr. Young stated there were no case presentations to report, but he looks forward to seeing more in the near future so they can look for best practices.

C. Report from State EMS – Bobbie Sullivan

Ms. Sullivan, EMS Program Manager for the Dept. of Health and Human Services Nevada Division of Public and Behavioral Health, reported the following:

1) The State EMS Office continues to meet with partners at Medicaid to discuss the ability to raise pre-reimbursement rates for community paramedicine;
2) The State EMS Office received a nearly $7 million grant from the Helmsley Foundation to distribute AEDs to law enforcement statewide. They have since activated 70 AEDs, many in the Clark County area;

3) Candidates who have been struggling to get their cognitive exams through Pearson Vue can now utilize a global testing lab that can seat ten testers simultaneously, eliminating the need to schedule mandatory testing times. They would like to extend the discussion to the training centers in Clark County to see if there's a need to utilize a similar lab in Clark County.
4) In 2023, Assembly Bill 158 passed, making Nevada a member of the EMS Compact. There are 24 members of the states included in the compact, which makes it easier for providers to move around the U.S. for work. 16 of the 17 counties are currently participating.
5) The National Registry of EMTs is removing the ability to search for providers via social security number. That discussion is also underway with the National Association of State EMS Officials through the Professional Licensure Committee.
6) The annual EMS conference, sponsored by the UNR School of Medicine Outreach Program, is scheduled for September 15-16 at the Elko Convention Center.

D. Emerging Trends – No report

VII. SECOND PUBLIC COMMENT

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VIII. ADJOURNMENT

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