



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

June 5, 2024 – 10:00 A.M.

MEMBERS PRESENT

Kelly Morgan, MD, NLVFD (Vice-Chair)
Mike Barnum, MD, AMR
Chief Frank Simone, NLVFD
Chief Stephen Neel, MVFD
Jason Heck, GEMS
Derek Cox, LVFR

Jeff Davidson, MD, MWA
Paul Stepaniuk, HFD
Chief Jennifer Wyatt, CCFD
David Obert, DO, CA
Chief Shawn Tobler, MFR

MEMBERS ABSENT

Chris Fisher, MD, RTAB Rep.
Scott Scherr, MD, GEMS

Daniel Rollins, MD, BCFD
Ryan Hodnick, DO, Moapa

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Edward Wynder, Associate General Counsel
Jacques Graham, Administrative Secretary
Andria Cortez Mulet, Executive Assistant
Stacy Johnson, EMSTS Regional Trauma Coordinator

Fermin Leguen, District Health Officer
Roni Mauro, EMSTS Field Rep.
Nicole Charlton, Recording Secretary
Cassius Lockett, PhD, Deputy DHO Ops.
Kristen Anderson, Senior Admin. Asst.

PUBLIC ATTENDANCE

Michael Whitehead
Sean Collins
Mike Denton
Justin Peck
Asher Gordon
Braiden Green
Bree Young
Brittany Corn
Craig Faria
Dan Shinn
David Bolshazy
Jared Van Aken
Jim McAllister
Kady Dabash-Meiningner
Kim Escobar
Lisa Rogge

John Osborn
Don Abshier
Erik Grismanauskas
Anthony Dante Boone
Bobbie Sullivan
Breanna Ellison
Brett Olbur
Collin Sears
Damien Harris
Danny Perez
Deborah Kuhls
Samuel Scheller
Jordan Salloum
Karla Estrada
Lisa Miller
Marty Hannon

PUBLIC ATTENDANCE (Cont.)

Matthew Dryden
Olivia GrafMank
Peter Lazaro
Ryan Tyler
Sheree Goins-Equivel
Stephanie Teague
Hunter Anderson

Maya Holmes
Oscar Monterrosa
Ryan Felshaw
Ryan Young
Stacy Pokorny
Sydni Senecal
Kristen Purcell

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

Dr. Kelly Morgan called the meeting to order at 10:12 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 Nicole Charlton 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. Morgan closed the Public Comment section of the meeting.

II. ADOPTION OF THE JUNE 5, 2024 AGENDA

A motion was made by Chief Wyatt, seconded by Chief Neel, and carried unanimously to adopt the June 5, 2024 Medical Advisory Board agenda.

III. CONSENT AGENDA

Dr. Morgan 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 April 3, 2024 Medical Advisory Board Meeting

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

IV. CHIEF HEALTH OFFICE REPORT

Dr. Leguen reported that on May 16th the Southern Nevada Health District, Clark County, and community partners launched a heat safety awareness initiative to provide resources, information and data to the public. Every year people die or are hospitalized because of heat-related illnesses. Hot weather can affect anyone, but people who are older, pregnant, or have chronic health conditions are more at risk. Knowing the signs and how to prepare for higher temperatures can help prevent heat-related illnesses and deaths this season. Dr. Leguen stated there were 165 health-associated deaths in Clark County in the year 2022, and there were 294 deaths reported in the year 2023, representing a 78% annual increase. Forty percent of health-related deaths in Clark County are associated with substance use. The zip code 89101 was the most affected by health-related deaths in 2022 and 2023.

Dr. Leguen also reported that the Centers for Disease Control and Prevention (CDC) recently launched a new Heat and Health Initiative with the Atmospheric Administration’s National Weather Service to protect the public from heat exposure. The new initiative has three resources: A HeatRisk Forecast Tool; HeatRisk Dashboard; and CDC’s new clinical guidance. The three resources combined are meant to work together so people can take proactive steps to protect themselves, stay cool and hydrated, and know the symptoms of heat-related illnesses.

The Health District reported a confirmed case of measles in a Clark County visitor in April. The person traveled from out of state and visited multiple locations in Las Vegas and Henderson. The Health District issued a public

notification because measles is highly contagious. The measles virus can live for up to two hours in the air after a person who is infected leaves the area. To date, no locally transmitted cases of measles have been reported in Clark County. However, reports of measles continue nationally and internationally. The Health District is advising people to review their immunization status with their health care providers. The MMR vaccine is highly effective in preventing illness. Additional Health District recommendations for health care providers are available at www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/.

V. REPORT/DISCUSSION/ACTION

A. Discussion of Clark County Fire Whole Blood Pilot Program

Chief Collins thanked Chief Wyatt, Dr. Holtz, Dr. Young, John Hammond, Rebecca Carmody, Ryan Tyler and Dr. Ross for their input in getting all the information together. He introduced Mr. Ryan Tyler, CCFD paramedic/engineer and head of Local 19 EMS Committee to give the report.

Mr. Tyler stated there is a growing utilization of prehospital whole blood. Anybody that's been involved in health care for any amount of time knows the treatment modality for trauma has evolved from gauze and normal saline to Stop-the-Bleed and tourniquets. It has evolved into damage control resuscitation and whole blood administration. He explained his presentation is derived from peer review journal articles. He stated we have more than 2 million residents and 40 million visitors in Clark County, so we are no stranger to mass casualty incidents and trauma calls where patients will benefit from receiving blood. Our goal is to give blood closer to the time of the incident. Studies show the administration of whole blood in a timely manner improves the 30-day survival by approximately 60% and reduces trauma mortality by 7%. In addition, for every minute that passes for a patient in hemorrhagic shock, their mortality increases by 11%. When we have an average response time of seven minutes, and taking into account the transport/hand-off time, the patient's mortality has skyrocketed by that point. The complex cascade of acute traumatic coagulopathy can be accelerated under our current treatment options. Clark County FD wants to initiate a pilot program for implementing a prehospital whole blood trial to decrease mortality. Their approach directly addresses hemorrhagic shock and mitigates subsequent multiple organ syndrome.

Mr. Tyler stated that when an individual donates blood, they're essentially donating whole blood. That goes to the blood bank where it gets broken down into packed red blood cells (pRBCs) and platelet-rich plasma. The platelet-rich plasma gets further broken down to platelets and plasma. Along the way there are additives that are put into each of those components. Essentially, FFPs (factors, fibrinogen, and plasma proteins), platelets and pRBCs become the building blocks for component therapy which we often hear about being given in hospitals. This is not an ideal set-up for prehospital care, which is why CCFD is looking at utilizing low titer, O positive whole blood, which is the unseparated blood after donation. It contains fewer additives and anticoagulants in terms of volume, compared to component therapy. This form of blood administration also has fewer side effects such as re-bleeding, hypocalcemia, and acidosis. The hemostatic properties of whole blood are superior to standard component therapy because it's less diluted, which also increases the overall oxygen carrying capacity. Lastly, low titer, O positive whole blood contains low levels of anti-A and anti-B antibodies making it safer for administration and less likely to cause a transfusion reaction despite being Rh positive. Several studies have been done showing the safety and efficacy of utilizing low titer, O positive whole blood. He stated that in San Antonio, Texas, whose jurisdiction is similar to Clark County in terms of population, call volume, and response time, implemented a prehospital whole blood initiative. They increased their trauma survival rates from 20% to 60%. They're not the only state showing similar numbers. All states who have implemented whole blood have shown a significant increase in trauma survival rates. As of September 2023, over 121 EMS systems in the U.S. carry blood products. The growing usage has helped all of the agencies that are just coming on board to become more efficient in storage and delivery. They're also helping to collect data for the rest of us who are considering utilizing whole blood initiatives.

Mr. Tyler stated Clark County FD has a plan for initiating a pilot program for giving prehospital whole blood. They have been working for months with Dr. Holtz, blood banks, and other agencies to draft inter-departmental procedures/protocols/SOPs (he referred the committee to the attachments). He noted that all products listed have been approved for blood storage and delivery; their compliance is ensured through local and national standards. Mr. Tyler emphasized that the EMS providers will continue to follow the current protocols. The only difference

is to consider the transfusion of blood products, which they will then refer to the appropriate whole blood procedure/protocol. The protocol is extremely specific and is only going to be given by the supervisors (dispatched a specific way) as outlined in the handout. He noted there are caveats throughout the protocol that specifically state there will be no delay for transport for the delivery of blood products. If a transport vehicle needs to rendezvous with the supervisor to give whole blood to increase the patient's survivability, that is an option as well. He stated Chiefs Wyatt and Collins are currently working on the dispatching component. The consideration of transfusion of blood products has been added to the Shock protocol. The protocol is identical to the current protocol with the exception of one box. He noted that the Blood Transfusion Procedural Protocol is extremely specific with regard to indications/contraindications. They must meet specific requirements, such as systolic BP <90 and HR >110. He noted that the contraindications have been vetted out by Dr. Holtz. He asked the Board to review the documents and to consider allowing CCFD to pilot a program to give whole blood to the subset of patients that are in shock due to traumatic hemorrhage.

Dr. Kuhls stated that whole blood has revolutionized resuscitation. She stressed the importance to not delay transport to the trauma center. She noted that Dr. Holtz is planning to meet with UMC's Whole Blood Committee. She knows the trauma surgeon and trauma director in San Antonio, TX very well. They use one supplier for the entire system, which may be something this group would like to consider. One of the nice features of their EMS system is they have a huge rural population, and they recirculate the aging blood from the rural areas back to the urban areas to reduce wastage. She stated that UMC started to use whole blood in 2023. They have yet to analyze the results, but they look very positive.

A motion was made by Chief Wyatt to allow Clark County Fire Department to implement a whole blood trial. The motion was seconded by Chief Neel.

Dr. Young asked what QI metrics will be put in place to define success. Chief Wyatt stated her group has done a great job of putting together most of the information related to what they need to achieve. They have no QI metrics at this time because they can't predict the number of uses they will give over a certain period of time. Dr. Young stated that they will be able to develop a baseline after they begin collecting data. Dr. Morgan asked whether CCFD had researched past patients that would have met the criteria for giving a whole blood transfusion. Mr. Tyler stated it would be extremely difficult to extract the exact number of patients who would have benefitted from whole blood. However, they identified a large number of people who would have met the protocol to receive whole blood.

Dr. Morgan stated that after speaking with Ms. Palmer, they would like to put together an offline workgroup to discuss the feasibility of starting the pilot program, including a tracking mechanism. The committee agreed to table the agenda item so they can work out the necessary logistics prior to implementation. Dr. Morgan asked Chief Wyatt to explore whether there is support from the EMS community. The above motion was rescinded.

B. Committee Report: Education Committee (6/05/2024)

1. Discussion and Approval of Education on the Adult and Pediatric Heat-Related Illness Protocols
2. Discussion and Approval of Education on the Behavioral Emergency Protocol
3. Discussion and Approval of Education on the Needle Decompression Protocol
4. Discussion and Approval of Education on the Pediatric Cardiac Arrest Protocol

A motion was made by Chief Simone, seconded by Chief Neel, and carried unanimously to approve the education outline for the above protocols.

C. Committee Report: Drug/Device/Protocol Committee (6/05/2024)

1. Discussion and Approval of Revisions to the Pediatric Allergic Reaction Protocol - Tabled
2. Discussion and Approval of Revisions to the Pulmonary Edema/CHF Protocol

A motion was made by Dr. Morgan, seconded by Chief Neel, and carried unanimously to replace phenylephrine with push-dose epinephrine for cardiogenic shock in the Pulmonary Edema/CHF protocol.

3. Discussion and Approval of Adding Tranexamic Acid to Formulary and the General Adult Trauma Protocol - Tabled

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

- A. ED/EMS Regional Leadership Committee Update

No report

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

No report

- C. Report from State EMS

Bobbie Sullivan reported they are still pursuing the BDR to include in NRS for Emergency Medical Responders.

- D. Emerging Trends

No report

VII. EMERGING TRENDS

Dr. Morgan reported that there has been an increase in overdose related calls related to xylazine (now in the system along with fentanyl) especially in heat-related injuries and deaths. She noted there are xylazine testers at SNHD that are available that includes training for people to test their own supply.

VIII. 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. Seeing no one, Dr. Morgan closed the Public Comment section of the meeting.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:11 a.m.