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



Benjamin Hartnell

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

October 2, 2024 – 10:00 A.M.

MEMBERS PRESENT

Kelly Morgan, MD, NLVFD (Vice-Chair)

Jessica LeDuc, DO, HFD

Nate Jenson, DO, MFR

Mike Barnum, MD, AMR

Chris Fisher, MD, RTAB Rep.

Chief Kim Moore, HFD

Chief Frank Simone, NLVFD

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Capt. James Whitworth, BCFD

Chief Shawn Tobler, MFR

Chief Arthur Perillo, LVFR

MEMBERS ABSENT

Mike Holtz, MD, CCFD
Scott Scherr, MD, GEMS
David Obert, DO, CA
Samuel Scheller, GEMS
Chief Jason Douglas, MCFD
Ryan Felshaw, MW
Chief Stephen Neel, MVFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Edward Wynder, Associate General Counsel
Dustin Johnson, EMSTS Field Rep.
Tawana Bellamy, Senior Admin. Specialist
Andria Cortez Mulet, Executive Asst.
Roni Mauro, EMSTS Field Rep.
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD Deborah Kuhls, MD Maya Holmes Kady Dabash-Meininger Eric Dievendorf Jim McAllister Janice Hadlock-Burnett Dan Shinn Aaron Goldstein Collin Sears **Bobbie Sullivan Brett Olbur** Nadine Kienhoefer Allison Genco Braiden Green Christopher Dobson Sarita Lundin Ailyn Risch Sun Kang Matthew Dryden

<u>CALL TO ORDER – NOTICE OF POSTING OF AGENDA</u>

The Medical Advisory Board convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, October 2, 2024. Vice-Chairman Kelly Morgan called the meeting to order at 10:11 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.

DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS: Members of the public may attend and participate in the Medical Advisory Board meeting by clicking the link above or over the telephone by calling (702)907-7151 and entering access code 690 570 221#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.

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 OCTOBER 2, 2024 AGENDA

A motion was made by Dr. Morgan, seconded by Chief Moore, and carried unanimously to adopt the October 2, 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 August 7, 2024 Medical Advisory Board Meeting

<u>A motion was made by Chief Moore, seconded by Chief Simone, and carried unanimously to approve the Consent Agenda as written.</u>

IV. DISTRICT HEALTH OFFICE REPORT

Mr. Hammond reported the Health District's Office of Public Health Preparedness is currently working with remote EDs as it relates to mass casualty incidents. Stacy Johnson, EMSTS Regional Trauma Coordinator, and Dustin Johnson, EMS Field Representative, are also assisting in the process.

Mr. Hammond noted the Medical Advisory Board configuration is determined by EMS Regulations Section 1600, which states the Board shall be comprised of one Medical Director, and one Operational Director from each firefighting/911 responding franchised agency. He noted there has been an explosion of franchisees available in certain jurisdictions so there may come a time when a reconfiguration of the Board will need to be addressed to keep the Board at a manageable size.

V. REPORT/DISCUSSION/ACTION

- A. Committee Report: Education Committee (10/02/2024)
 - 1. Discussion and Approval of Education on the Hemorrhage Control Protocol

Chief Simone stated the DDP reviewed the education outline, and recommended they add an emphasizing point with regard to the drip rate.

A motion was made by Chief Simone, seconded by Chief Tobler, and carried unanimously to accept the Hemorrhage Control protocol education outline with the addition of an emphasizing point that states, "Ensure appropriate drip rate based on administration set available."

- 2. <u>Discussion and Approval of Changes to the SNHD Paramedic Mentorship/Internship Program</u>

 Chief Simone reported that after much discussion this agenda item was tabled until the December meeting.
- B. Committee Report: Drug/Device/Protocol Committee (10/02/2024)
 - 1. <u>Discussion and Approval of Revisions to the Pediatric Allergic Reaction Protocol</u>

 <u>A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to approve the draft Pediatric Allergic Reaction protocol as written.</u>
 - 2. <u>Discussion and Approval of Revisions to the Adult Allergic Reaction Protocol</u>

 <u>A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to approve the draft Adult Allergic Reaction protocol as written.</u>
 - 3. <u>Discussion and Approval of Adding Buprenorphine to Formulary and Adult Overdose Protocol</u>
 Dr. Morgan reported that after a robust discussion at the DDP, there was overwhelming support to add Buprenorphine to the formulary and Adult Overdose protocol. It was agreed to table further discussion until the next meeting.
 - 4. <u>Discussion and Recommendation to Approve the Addition of a Restraints Protocol</u> Tabled

VI. <u>INFORMATIONAL ITEMS/ DISCUSSION ONLY</u>

- A. ED/EMS Regional Leadership Committee Update No report
- B. QI Directors Committee Update (10/02/2024) No report
- C. Report from State EMS

Bobbie Sullivan, EMS Program Manager, Nevada DPBH, thanked American Medical Response, MedicWest Ambulance, and Las Vegas Fire & Rescue for reaching out to her to bring their mobile testing lab. With LVFRs assistance they held cognitive exams for 27 candidates; 26 advanced, and one paramedic. AMR and MW held cognitive exams for 25 candidates. She noted that the test results came back fairly quickly. Ms. Sullivan stated Pearson Vue has added three testing centers, bringing that number to five. The difficulty has been in obtaining computers; one location has around 20 computer stations, the other two have six. She reported they are planning to post a link so the education institutions can contact Pearson Vue about doing bulk testing so they can test a large group of candidates at the same time. She offered her assistance to facilitate anyone who encounters any barriers with the process.

Ms. Sullivan reported Baxter Medical (pharmaceuticals) was one of the facilities that was struck by the hurricane last week. They have three locations in the continental U.S., so the supply chain may be affected in the interim. She will continue to provide updates through LISTSERV.

Ms. Sullivan reported the DPBH submitted a BDR (Bill Draft Request) to add Emergency Medical Responders into the Nevada Revised Statutes for the next legislative session, starting February 2025. She encouraged everyone to keep abreast of other BDRs that may affect EMS.

D. Emerging Trends

Dr. Morgan reported there is a trend towards better identifying patients with pre-eclampsia. Summerlin Hospital implemented a band to recognize women who were noted to have hypertension in pregnancy. There is also a national push to get better hypertensives on board earlier, so she would like to re-address the pre-eclampsia protocol to see if we can take better care of our pregnant patients as they access EMS care.

VII. BOARD REPORTS

No report

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

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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 10:29 a.m.