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

December 4, 2024 – 10:00 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD (Chair)
Kelly Morgan, MD, NLVFD
Nate Jenson, DO, MFR
Chief Kim Moore, HFD
Chief Brian Young, MVFD
Capt. James Whitworth, BCFD
Chief Shawn Tobler, MFR
Chris Fisher, MD, RTAB Rep.
Samuel Scheller, GEMS
Aric Seal, NLVFD (Alt)
Jessica LeDuc, DO, HFD
Jeff Davidson, MD, MWA
Michael Barnum, MD, AMR
Jerad Eldred, MD, NLVFD
Chief Jennifer Wyatt, CCFD
Derek Cox, LVFR
Chief Arthur Perillo, LVFR
David Obert, DO, CA
Ryan Felshaw, MW

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Scott Scherr, MD, GEMS
Mark Calabrese, CA

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Stacy Johnson, EMSTS Regional Trauma Coordinator
Edward Wynder, Associate General Counsel
Jacques Graham, Administrative Secretary
Rae Pettie, Recording Secretary
John Hammond, EMSTS Manager
Dustin Johnson, EMSTS Field Rep.
Cassius Lockett, PhD, Deputy DHO-Ops
Roni Mauro, EMSTS Field Rep.
Kristen Anderson, Senior Admin. Asst.

PUBLIC ATTENDANCE

Sandra Horning, MD
Rebecca Carmody
Kady Dabash-Meininger
Jim McAllister
Sarita Lundin
Braiden Green
Alexander Turner
Kat Fivelstad, MD
Aaron Goldstein
William Vance
Michael Whitehead
Stephen DuMontier, DO
Bobbie Sullivan
Nadine Kienhoefer

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, December 4, 2024. Chairman Michael Holtz called the meeting to order at 10:02 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. Dr. Maureen Strohm, family medicine doctor, board certified in Addiction Medicine, affiliated with Southern Hills Hospital and Medical Center, gave a short talk on the fellowship training program. [The audio for this was unobtainable.]

II. ADOPTION OF THE DECEMBER 4, 2024 AGENDA

A motion was made by Dr. Morgan, seconded by Mr. Seal, and carried unanimously to adopt the December 4, 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 October 2, 2024 Medical Advisory Board Meeting

A motion was made by Dr. Morgan, seconded by Dr. Jenson, and carried unanimously to approve the Consent Agenda.

IV. DISTRICT HEALTH OFFICER REPORT

Mr. Hammond announced that Dr. Leguen is retiring as the District Health Officer in January 2026 after many years of service to the community and the Health District. Dr. Cassius Lockett, the current Deputy Health Officer, will be providing the DHO report today.

Dr. Lockett stated Dr. Leguen was not able to attend today's meeting because he is being recognized by the city of Las Vegas for his excellent service as District Health Officer.

Dr. Lockett addressed some community health issues:

- World AIDS Day will continue to partner with community organizations. Every year we observe World AIDS Day on December 1st. In Clark County there are over 12,000 people currently living with HIV in the community; 500 new cases were reported in 2023. To address this ongoing public health concern the Health District continues to offer express HIV testing, at no cost, available at our main facility on Decatur Blvd., and at the Fremont location. The Collect to Protect program offers free HIV test kits that can be ordered online as part of our effort to expand access to HIV testing.
- We are in the early stages of the 2024-2025 influenza season. Currently, wastewater surveillance indicates high concentrations of Influenza A, while RSV, Influenza B, and SARS-CoV-2 levels remain low. We are also monitoring the highly pathogenic Avian Influenza A Virus Subtype H5 in the wastewater. We had a spike a few weeks ago, but it is now undetectable. However, we suspect a rise in the level of H1N1 similar to the rest of the U.S. As of November 16, 2024 there have been 89 associated hospitalizations. Last week we reported the first flu-related death in a Clark County resident. He stressed the importance of everyone receiving their flu vaccination, available through the Health District, clinics, private providers, and local pharmacies.
- In the beginning of November there was a huge uptick in Norovirus concentrations in the wastewater. Norovirus is the leading cause of acute gastroenteritis, and generally peaks November through April. It's

known as the stomach flu and is very contagious; we always see spikes, especially during holiday clusters. The Health District recommends heightened public awareness of prevention measures, including proper hand hygiene and food safety handling practices to mitigate the risk of outbreaks. We remain committed to monitoring public health issues and providing resources to protect the community. As always, we definitely appreciate the opportunity to update the MAB on these matters.

V. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (12/04/2024)

1. Discussion and Approval of Education on the Pediatric Allergic Reaction Protocol

   A motion was made by Mr. Seal, seconded by Dr. Holtz, and carried unanimously to approve the Pediatric Allergic Reaction education outline with the following revisions:

   1. *Add Push Dose Epinephrine for persistent shock in anaphylaxis pediatric patients 0.1 mcg/kg, max dose 10 mcg. May repeat every 2-5 minutes to maintain SBP>70 + 2x age; and*
   2. *Change the Diphenhydramine dose to 1 mg/kg IM/IV/IO/PO.*

2. Discussion and Approval of Changes to the SNHD Paramedic Mentorship/Internship Program – Tabled

   Mr. Seal stated he will work on draft revisions to bring back for discussion at the next meeting.

3. Discussion and Approval of Changes to the Critical Care Paramedic Internship Program

   Mr. Seal reported that a proposal was brought forward to change the structure of the CCT internship. Currently, all CCT Paramedic interns must complete an internship of no less than 120 hours, with a minimum of ten successful patient contacts at the Critical Care level. These contacts may include simulations at the Critical Care level that the intern is able to successfully complete. This internship must be completed with an EMS Instructor who is also either an EMS RN or a currently endorsed Critical Care Paramedic. The proposed change is a skills-based internship with the following minimum requirements:

   - A minimum of five ventilator level transports that manage a patient on a ventilator in any mode.
   - A minimum of four IV drip maintenance transports that utilize the IV pump and show knowledge of the pump dictionary and medications being infused to include correct dosages, indications, side effects, and contraindications.
   - A minimum of three complex CCT level transports or simulations that have multiple modalities exhibiting CCTP knowledge of equipment and drips that maintain stability during transport. The interns must be able to identify changes in patient condition i.e., ventilator changes and alarm troubleshooting, management and IV drip maintenance and/or titration.
   - A minimum of three CCT level medication administration that is initiated by the CCTP during either transport or simulation, demonstrating knowledge of expanded scope of CCT medications. Example: initiation of Diltiazem, mixing and administering Levophed (Norepinephrine) drip, or RSI procedure to include correct medication dosages, indications, and contraindications.
   - This internship must be completed with an EMS Instructor who is also either an EMS RN or a currently endorsed Critical Care Paramedic.

   A motion was made by Dr. Morgan, seconded by Chief Wyatt, and carried unanimously to accept the proposal to change the structure of the Critical Care Paramedic internship.

B. Committee Report: Drug/Device/Protocol Committee (11/06/2024)

1. Discussion and Approval of Adding Buprenorphine to Formulary and Adult Overdose Protocol

   Dr. Morgan stated this is an important public health initiative. It aligns with the District Health Officer's goals to focus on reducing overdose deaths. She referred the Board to the protocol that was passed for opiate withdrawal. She stated the protocol allows for the option of Buprenorphine to be given post-Narcan administration for patients who wake up, are agitated, or in precipitated withdrawal. She is confident in the competence of the EMS providers to determine the COWS. Most of the parameters can be ascertained just

by looking at the patient. She noted there will be a QR code added to link to MDCalc to bring up the COWS to make it easier. She reviewed the medication revisions approved by the DDP.

Chief Wyatt asked if there was discussion to begin this as a pilot program due to the complexity of the protocol. Dr. Morgan stated both Henderson Fire Department and Las Vegas Fire & Rescue expressed a willingness to pilot the program. Since it's such a huge public safety effort, she feels it should be moved forward system-wide, and not delayed. Chief Wyatt asked if Buprenorphine will be provided through the health district, similar to Narcan. Mr. Hammond stated he doesn't know, but it's a possibility. Dr. Morgan stated they have partnered with EMS Bridge who will initiate the entire train-the-trainer program for everyone in the valley that will focus on the national curriculum.

Dr. Eldred agreed the opioid epidemic is a huge issue and a major cause of morbidity/mortality, especially in a young population. He noted they attempted and failed at this endeavor in Albuquerque. He asked if we are aware of any other systems in which it has failed after implementation. He stated they should research if it was due to poor initiation. He noted that currently, the warm hand-off is the final destination, i.e., the emergency department, which would be where people would go anyway. The E.D. utilizes behavioral specialist crisis specialist teams, which may be more appropriate than adding an additional step to train all of the EMS providers in the valley. He stated he is a true believer in Buprenorphine but has concerns with rushing to a system-wide implementation. It may be better served to allow the specialists in the field to handle the issue. He noted there are a lot of resources he doesn't see being used, such as CrossRoads, where we can do a direct transport. He questioned why we're not capitalizing on that option. He asked if a survey was done for EMS since she previously mentioned there's a high burn-out rate because providers feel powerless to do something for this subset of patients. He questioned if our monies could be better spent elsewhere, especially when we have such short transport times. He noted that Tranq, another opioid, has been causing problems and requires a higher dose of Narcan. They're also mixing amphetamines which is a 47% manipulation on the COWS, just from opioid co-ingestions with dilated eyes. He feels we may be asking a lot from our EMS providers as opposed to transporting the patient to an E.D. who is ten minutes away to ensure everything is done appropriately. He expressed concern there is a lot of expectation and training involved. Why wait ten minutes to give a second dose when you can get to an E.D. before that time. Dr. Morgan stated that if you're giving a second dose, you should already be en route. Her goal is that if somebody doesn't want to go to the hospital and you have an opportunity to give a medication that makes somebody at least willing to talk to you and have an assessment done, now we've done the right thing for them. It's not that you need to wait to give a second dose; that should not preclude them from going to the hospital. Currently the only protocol we have in place for alternate destination transportation to CrossRoads comes under a 408, or under public intoxication, and part of the hold-up has been CMS reimbursement, so it isn't being widely used. The goal is to take somebody whose risks of overdosing and dying within the next 24-48 hours after we give them Narcan, which is extremely high and similar to that of a STEMI and get them the help they need. Buprenorphine doesn't take all of the pain away, but the patient is much more capable of dealing with it, and it provides them with a moment of clarity to understand the situation and options for available resources. With respect to warm hand-offs, she noted the Pact Coalition is currently in operation Monday through Friday but will be fully staffed 24/7 in the next few months with a number for you or your patient to call and speak with a peer support specialist to help integrate and get these patients where they need to go. She offered to laminate the information for all to utilize. Also available is The Mental Health Spectrum list, which is updated every two months; it lists all available mental health resources in the valley.

Dr. Morgan asked if they should revise the protocol to make it a valley-wide initiative as opposed to a pilot study. Her concern is there aren't enough resources in terms of community paramedics and CRT units. We know that overdoses are coming in as 31D, unconscious, unresponsive, or as 23D, and those resources are already not being deployed in the system. She is worried that we're taking away resources because we're afraid to give our providers a medication that does nothing more than treat the symptom of opiate withdrawal. Dr. Eldred stated he doesn't think we're afraid to give people tools. We just very carefully need to give them the correct tools that benefit everybody and a safe profile is a good use of taxpayers' time and resources. He stated that an entire fellowship is spent on addiction medicine, and the protocol is represented on one page. Because you're talking about initiation of opioid alternatives for people who are

addicted to opioids and long-term care, an entire fellowship, and asking paramedics to do this quickly and making sure we do it safely. Dr. Leduc stated she is unclear as to what the exact concerns are. She asked that the agencies list their concerns so they can be addressed at a future meeting. She feels planting the seed in a prehospital setting, even if they don't give the medication, is helpful. Doctors in the E.D. can then take the lead, and that is the warm hand-off. We currently don't have a reliable system to have a mobile response.

Dr. Davidson agreed with the idea of starting a pilot program. Then we can look at what the pluses and minuses are and proceed from there. The Board agreed. Dr. Morgan asked what length they would like the pilot program to run, and what the criteria for adoption will be. Mr. Hammond suggested that he, and Drs. Young and Morgan work offline and meet with Dr. Lockett to discuss the details. Dr. Leduc stated that Henderson Fire Department would like to participate in the pilot program. Dr. Young noted there are other systems that give Buprenorphine who probably started with a pilot program.

2. Discussion and Recommendation to Approve the Addition of a Restraints Protocol - Tabled

3. Discussion and Approval of the Recommendation to Revise the Obstetrical Emergency Protocol - Tabled

4. Discussion and Recommendation to Approve the Use of Acetaminophen at the AEMT Level

   Dr. Morgan reported the DDP approved the proposal to make IV Acetaminophen an AEMT level medication.

   A motion was made by Dr. Morgan, seconded by Chief Wyatt, and carried unanimously to allow AEMTs to administer Acetaminophen IV.

C. Committee Report: Drug/Device/Protocol Committee (12/04/2024)

1. Discussion and Recommendation to Approve the Addition of a Restraints Protocol and Revise the Adult and Pediatric Behavioral Emergency Protocols

   Dr. Morgan stated this agenda item came out of the desire to have something in writing to give our EMS providers guidance on how and when restraints should be used, and also what should be documented.

   A motion was made by Dr. Holtz, seconded by Chief Tobler, and carried unanimously to accept the draft Patient Restraint protocol with the following revisions:

   1. *Under "Key Procedural Considerations" revise the bullet point to read, "Apply restraints to the extent necessary to allow treatment of, and prevent injury to, the patient. Under-restraint may place both patient and clinician at greater risk. Restraints may be applied to all four extremities, or both upper extremities, or to one upper and one lower extremity."*
   2. *Under "Key Procedural Considerations" add a bullet point to read, "Consider de-escalation of restraints if appropriate in the judgment of the EMS clinician."*
   3. *Under "Key Procedural Considerations" revise the last sentence to read, "Apply ECG, Sp02 and EtCO2 monitors if available."*
   4. *Change of title from "Documentation" to "QI Metrics".*

2. Discussion and Recommendation to Approve the Use of Acetaminophen at the EMT Level

   Dr. Morgan stated the proposal was to change PO Acetaminophen, an over-the-counter medication, as an EMT level drug.

   A motion was made by Dr. Morgan, seconded by Dr. Jenson, and carried unanimously to make the following revisions to the adult/pediatric Pain Management protocols:

   1. *Change the adult Acetaminophen PO dose to 325 mg - 1gm, and make it an EMT level medication; and*
   2. *Revise the pediatric Acetaminophen PO dose to a max single dose of 1g.*

   Mr. Scheller asked whether the above would apply for a patient who asks for Tylenol at a special event. Mr. Hammond recommended they follow the Pain Management protocol.

3. Discussion and Approval of the Recommendation to Revise the Adult Pain Management, Electrical Therapy: Synchronized Cardioversion, and Electrical Therapy: Transcutaneous Pacing Protocols

Dr. Morgan reported the DDP approved changing the verbiage for Morphine for analgesia from "May repeat every 10 minutes until pain is relieved or respiratory/mental status depression occurs" to read "May repeat dose after 10 minutes." The same verbiage will be applied throughout the protocol manual. They also approved the removal of Etomidate from the Electrical Therapy/Transcutaneous Pacing protocol for sedation as it is probably not the best drug of choice for a patient who is hemodynamically unstable.

A motion was made by Dr. Eldred, seconded by Dr. Davidson, and carried unanimously to remove Etomidate from the Electrical Therapy/Transcutaneous Pacing protocol for sedation; and to revise the adult Pain Management protocol under Morphine to read, "may repeat dose after 10 minutes" and add that same verbiage to the Electrical Therapy/Transcutaneous Pacing and Electrical Therapy/Synchronized Cardioversion protocols.

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Chief Wyatt reported the Formula 1 Grand Prix took place without any significant issues. There was a presentation from Dr. Ryan Rimer from UMC on the new technology on DVT and PE treatment. She related that Rebecca Carmody from CCFD suggested they draft a protocol specific to PEs in the future. They also discussed the shortage of IV fluid. They asked that EMResource be red-flagged about any issues with regard to hospital shortages.

B. QI Directors Committee Update (08/07/2024)

Dr. Young stated there were no big issues to report.

C. Report from State EMS

Ms. Sullivan reported that funding for HandTevy is in the final administrative approval process. Going forward, she will reach out to the instructors for implementation of the program.

D. Emerging Trends

Mr. Hammond stated he recently met with Washoe County Health Department as it relates to pediatric MCI and preparation throughout the State, specifically rural facilities. They may be reaching out with a survey for the agencies and receiving facilities to discuss how prepared they are to handle pediatric MCIs to try and identify/address any gaps in the scope of work as it relates to EMSC.

Mr. Hammond stated that as we all know, hospitals are opening up remote EDs. Some are opening more rapidly than he has been made aware of, so when a facility that is placed on our receiving facility list, they can begin transporting there. It is incumbent upon the hospital groups to let us know their address, date of opening and location, and that they're ready for business. He asked that this information be shared with the community so our list is kept current.

Dr. Morgan made a request of this group to be able to sit down and talk about what our goals for EMS are in the valley, and where we want to see EMS going because one of the things that has been lacking in the last couple of years is we piecemeal a lot of protocols …..what do we want EMS to be in this valley, where are the gaps, how do we feel that we supplement not only the 911 system, but as community medicine, as CRT out, and we have all of these other programs to augment public health and safety. What are goals, what are our visions, and maybe lay out a more strategic plan so we can figure out how we're meeting the needs of the community. Dr. Eldred asked if any discussions could be done off-line rather than in a public meeting. Mr. Wynder stated that consensus building needs to take place in a public forum.

VII. BOARD REPORTS

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.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:10 a.m.