



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

June 4, 2025 – 10:00 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD (Chair)
Kelly Morgan, MD, NLVFD
Chief Kim Moore, HFD
Chief Shawn Tobler, MFR
Chief Jennifer Wyatt, CCFD
Ryan Felshaw, MW
Mark Calabrese, CA

Jessica LeDuc, DO, HFD
Chief Frank Simone, NLVFD
Michael Barnum, MD, AMR
Derek Cox, LVFR (Alt)
Samuel Scheller, GEMS
William Vance, AMR

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Nate Jenson, DO, MFR
Jeff Davidson, MD, MWA
Jerad Eldred, MD, NLVFD
Chief Stephen Neel, MVFD

Scott Scherr, MD, GEMS
David Obert, DO, CA
Capt. James Whitworth, BCFD
Chris Fisher, MD, RTAB Rep.
Daniel Rollins, MD, BCFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Dustin Johnson, EMSTS Field Rep.
Stacy Johnson, EMSTS Regional Trauma Coordinator
Jacques Graham, Administrative Secretary
Xavier Gonzales, PhD, CH Director

Cassius Lockett, PhD, DHO
Laura Palmer, EMSTS Supervisor
Roni Mauro, EMSTS Field Rep.
Edward Wynder, Associate General Counsel
Kristen Anderson, Senior Admin. Asst.
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Stephen DeMontier
Chris Thorpe
Kady Dabash-Meiningner
Patricia Spencer
Stacy Pokorny
Chris Dobson
Kim Escobar
Tyler Basaldua
Christopher Richards, DO
Sean Collins

Kat Fivelstad, MD
Erik Grismanauskas
Thomas Welch
Brett Olbur
Rebecca Carmody
Jim McAllister
Mike Whitehead
Dina Bailey
Sarita Lundin
Ashley Tolar
Tony Greenway

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, June 4, 2025. Chairman Michael Holtz 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, 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. Holtz asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, he closed the Public Comment section of the meeting.

II. ADOPTION OF THE JUNE 4, 2025 AGENDA

A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to adopt the June 4, 2025 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.

A. Approve Minutes February 5, 2025 Medical Advisory Board Meeting

A motion was made by Chief Simone, seconded by Dr. Morgan, and carried unanimously to approve the Consent Agenda with the amendment to change "five routes" to "five rights" when referring to medication administration.

IV. DISTRICT HEALTH OFFICER REPORT

No report.

V. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (06/04/2025)

1. Discussion and Approval of Changes to the SNHD Paramedic Mentorship/Internship Program

Mr. Tuke reported the Education Committee has made significant progress on the Paramedic Mentorship/Internship Program. They will bring the finalized Program back for MAB approval after completion.

2. Discussion and Approval of Education on the Patient Restraint Protocol

A motion was made by Mr. Tuke, seconded by Chief Simone, and carried unanimously to approve the education on the Patient Restraint protocol.

B. Committee Report: Drug/Device/Protocol Committee (06/04/2025)

1. Discussion and Recommendation to Revise the Pediatric Pain Management Protocol

Dr. Morgan reported that the Pediatric Oral Acetaminophen Dosing Chart was approved by the DDP. The dosing chart was created to assist the EMT providers with weight-based dosing.

A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to approve the education for the Pediatric Pain Management protocol.

2. Discussion and Approval of the Recommendation to Revise the Electrical Therapy/Transcutaneous Pacing Protocol

Dr. Morgan reported that the DDP discussed removing the overdrive pacing of tachycardias refractory to drug therapy or electrical cardioversion since it is no longer being taught.

A motion was made by Dr. Morgan, seconded by Chief Moore, and carried unanimously to remove “D. Overdrive pacing of tachycardias refractory to drug therapy or electrical cardioversion,” under Indications in the Electrical Therapy/Transcutaneous Pacing protocol.

3. Discussion and Recommendation to Change Scope of Practice to Allow AEMTs and Paramedics to Continue Administration of IV Antibiotics during Interfacility Transports

Dr. Morgan related that CCT units are often tasked with transporting patients with already established antibiotics being infused. Many of the patients are placed on a dial flow by the facilities, therefore, they’re not utilizing the CCT pumps although the current protocol requires them to send a CCT unit. Mr. Scheller reported that he did research throughout the state and country and found it is common practice to allow AEMTs and Paramedics to put those medications on a dial flow and continue infusion. If permitted in Clark County, it will free up the CCT resources which will result in a reduction of costs for the payor while providing an ambulance with a much quicker response for interfacility transport. The DDP discussed the concerns for patient safety related to completing the infusion and being able to monitor the process. It was agreed the EMS providers may need additional education to address certain reactions to certain antibiotics.

A motion was by Mr. Scheller, seconded by Mr. Calabrese, and carried unanimously to add the following bullet points to the Inter-Facility Transfer of Patients by Ambulance protocol:

- Transport of patient with IV antibiotic:
 - Obtain and document name of antibiotic
 - Obtain and document dose and rate of administration
 - If unfamiliar with antibiotic, ask about any specific side effects
 - Monitor medication to ensure proper administration rate during transport
 - Monitor patient for signs and symptoms of any side effect and/or allergic reactions such as nausea/vomiting, diarrhea, changes in LOC, rashes, swelling, SOB, or changes in BP. If any changes are noted: Discontinue IV, initiate appropriate treatment, document changes, and inform staff at receiving facility.

4. Discussion and Recommendation to Revise the Childbirth/Labor Protocol

Dr. Morgan reported the DDP changed the title of the protocol to “Uncomplicated Childbirth/Labor,” removed the recommendation for nasal and mouth suctioning as evidence shows there is no benefit. They also previously agreed to add language for post-partum care and to delay clamping of the cord for at least 60 seconds. The protocol also includes a reference to the “Obstetric Emergencies protocol” for the more complicated deliveries.

A motion was made by Dr. Morgan, seconded by Dr. Holtz, and carried unanimously to approve the draft Childbirth/Labor protocol and retitle it “Uncomplicated Childbirth/Labor.”

5. Discussion and Recommendation to Revise the Obstetric Emergency Protocol - Tabled

6. Discussion and Recommendation to Revise the Neonatal Resuscitation Protocol - Tabled

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

- A. ED/EMS Regional Leadership Committee Update - No report
- B. QI Directors Committee Update (02/05/2025) - No report
- C. Report from State EMS - No report

D. Legislative Update

Mr. Hammond reported that the 2025 Nevada legislative session closed on Monday. He related that most bills have not yet been delivered to the Governor. There has been very little movement on the bills that may affect EMS.

1. AB102, which aims to clarify and update regulations surrounding EMS, particularly in larger counties where health districts are established, such as Washoe County, may have passed and delivered to the Governor. AB102 also authorizes 16-year-olds to become EMTs. Although we will support the education, we can't fingerprint an individual until they reach the legal age of 18. There is a fingerprint law that has passed which allows us to appeal a decision. We'll have a better understanding of the process after the implementation phase. The Governor has ten days to sign, veto, or pass over a bill.
2. SB24 was passed and signed by the Governor. It allows for EMR (Emergency Medical Responder) to be added as a new licensure level in Clark County.

Mr. Hammond stated we should know more after June 13th. At that time we will review and implement the necessary changes to EMS Regulations.

Dr. Morgan also gave an update:

3. SB378 made it through the assembly at the end of the night and is awaiting the Governor's signature. Changes may affect the health information exchange and reimbursement for certain Medicaid services. She noted the free-standing ER is a very big piece of legislation that may complicate things for EMS.
4. AB380 passed, allowing for more widespread use of CRT responses to work with both the 911 and 988 systems to better get the right resource to the right person, at the right time.

E. Emerging Trends - No report

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 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. Holtz asked if anyone wished to address the Board concerning items listed on the agenda.

David White reported that Dignity Health has opened a new neighborhood hospital in the Centennial Hills area. He invited everyone to the Open House which will be held on June 14th.

IX. **ADJOURNMENT**

There being no further business, the meeting was adjourned at 10:30 a.m.