



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

October 1, 2025 – 10:30 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD (Chair)
Kelly Morgan, MD, NLVFD
Chief Kim Moore, HFD
Chief Jennifer Wyatt, CCFD
Spencer Lewis, CCFD (Alt)
Mark Calabrese, CA
Ryan Felshaw, MW
Ryan Crohn, AMR (Alt)

Jessica LeDuc, DO, HFD
Chief Frank Simone, NLVFD
Michael Barnum, MD, AMR
Jeff Davidson, MD, MW
Chief Stephen Neel, MVFD
Capt. James Whitworth, BCFD
Randall Wilbanks, LVFR

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Nate Jenson, DO, MFR
Stephen DuMontier, DO, NLVFD
Chris Fisher, MD, RTAB Rep.

Scott Scherr, MD, GEMS
David Obert, DO, CA
Daniel Rollins, MD, BCFD
Samuel Scheller, GEMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Rep.
Stacy Johnson, EMSTS Regional Trauma Coordinator
Nicole Charlton, EMSTS Program/Project Coord.
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMSTS Field Rep.
Kristen Anderson, Senior Admin. Asst.
Jacques Graham, Administrative Secretary
Edward Wynder, Associate General Counsel
Andrea Cordovez Mulet, Executive Asst.

PUBLIC ATTENDANCE

Sandra Horning, MD
Kady Dabash-Meiningner
Brett Olbur
Michael Whitehead
Nate Hannig

Kat Fivelstad, MD
James McAllister
Chris Dobson
Daylon Woolbright
Brandon Miles

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, October 1, 2025. Chairman Michael Holtz called the meeting to order at 10:00 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 OCTOBER 1, 2025 AGENDA

A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to adopt the October 1, 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.

Nominations for Chair and Vice-Chair of the Medical Advisory Board – Duly noted

IV. DISTRICT HEALTH OFFICER REPORT

No report.

V. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (10/01/2025)

1. Discussion and Approval of Education on the OB-Obstetric Emergencies Protocol
2. Discussion and Approval of Education on the OB-Pre-eclampsia/Eclampsia Protocol
3. Discussion and Approval of Education on the OB-Uncomplicated Childbirth Protocol
4. Discussion and Approval of Education on the Neonatal Resuscitation Protocol

Mr. Tuke stated the DDP discussed the importance of providing consistent education system-wide, so EMS providers are all on the same page. They agreed to meet offline for further discussion prior to the next meeting to work on the education aspect of the above-listed protocols, and to discuss how to deliver that education. In the meantime, they laid the groundwork for the protocol rollout, which gives them a starting point.

Summary of the DDP approved education outlines:

- OB-Obstetric Emergencies protocol - Add an emphasizing point for TXA to be given over 10 minutes ONLY if administration is <3 hours after delivery for postpartum hemorrhage.
- OB-Pre-eclampsia/Eclampsia protocol - Approved without changes.
- OB-Uncomplicated Childbirth protocol - Add an emphasizing point for routine suctioning and keeping the baby warm.
- Neonatal Resuscitation protocol - Add emphasizing points to review the viability and physiological characteristics of the emergency; and expect the pulse oximetry reading to be low in the first several minutes of the resuscitation, or after delivery.

A motion was made by Dr. Morgan, seconded by Chief Simone, and carried unanimously to accept the education outlines for the OB protocols to include the emphasizing points as outlined in the summary above.

B. Committee Report: Drug/Device/Protocol Committee (10/01/2025)

Discussion of Addition of Emergency Medical Responder as a Level of Certification Including Scope of Practice

Dr. Morgan stated the term Emergency Medical Responder (EMR) is not new to the Nevada Revised Statutes, but its definition and inclusion were codified and updated in relevant regulations. The OEMSTS is working on detailing the scope of practice for EMRs, including requirements for their training, certification, and responsibilities in emergencies.

Dr. Morgan referred the Board to the list of protocols to include the EMR level, as well as the related skills. She stated the DDP wants to review the draft protocols prior to forwarding them to the MAB for final approval. The application process will mirror the other provider levels, with National Registry as the initial pathway of certification utilizing their national exam and skills competency requirement. It was agreed the EMR level will be illustrated in the protocol manual by the letter "R" within a blue-shaded box.

A motion was made by Dr. Morgan, seconded by Chief Neel, and carried unanimously to adopt EMR as a certification level. The OEMSTS will develop regulations and procedures for training, certification, and scope of practice. The revised protocols will be brought back to the MAB for final approval.

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

- A. ED/EMS Regional Leadership Committee Update - No report
- B. QI Directors Committee Update - No report
- C. Report from State EMS - No report
- D. 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.

Dr. Barnum stated today is the anniversary of the October 1 incident. He acknowledged the memory of the victims and gave ongoing thanks to the EMS providers who responded to that horrific incident.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:12 a.m.