



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

December 2, 2020 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chair)
Jeff Davidson, MD, MWA
David Slattery, MD, LVFR
Chief Kim Moore, HFD
Chief Shawn Tobler, MFR
Mark Calabrese, CA
Samuel Scheller, GEMS
Walter West, BCFD
Chief Lisa Price, NLVFD

Michael Holtz, MD, CCFD
Jessica Leduc, DO, HFD
Nick Jarman, AMR
Matthew Horbal, MD, MCFPD
Joe Richard, LVFR (Alt)
Douglas Fraser, MD, RTAB Rep. (Alt)
Chief Stephen Neel, MVFD
Jessica Goldstein, MWA
Alexander Malone, MD, NLVFD

MEMBERS ABSENT

Bryce Wilcox, CA
David Obert, DO, CA
Daniel Rollins, MD, BCFD

Chief Jennifer Wyatt, CCFD
Jarrod Johnson, DO, MFR
Scott Scherr, MD, GEMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Michelle Stanton, Recording Secretary

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMSTS Field Representative

PUBLIC ATTENDANCE

Chris Racine
Braiden Green
Gerry Julian
Brett Olbur
Dale Branks

Jim McAllister
Rebecca Carmody
Lisa Rogge
Jeremy Brenneman
Stacie Sasso

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Dr. Mike Barnum called the meeting to order at 11:00 a.m. and stated the Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. All Board members joined the meeting by teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board 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 Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Dr. Barnum 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/Medical Advisory Board Meeting: October 7, 2020
- B. Discussion of Addition of Lactated Ringers to the Formulary for Referral to DDP
- C. Discussion of the Addition of Treatment Pathways for Atrial Rhythms to Tachycardia Protocols for Referral to DDP.

A motion was made by Mr. Jarman, seconded by Dr. Slattery and carried unanimously to approve the consent agenda.

III. CHIEF HEALTH OFFICE REPORT

Mr. Hammond reported the COVID-19 vaccine will be released within the next 2-4 weeks. SNHD's Office of Public Health Preparedness is working with the CDC on sending out tiered guidelines for distribution of the vaccine. Tier 1 includes acute care facilities, long-term care facilities, mental health and substance abuse facilities, and EMS responders.

EMS responders wishing to administer vaccines will need to be trained and subsequently endorsed by the OEMSTS prior to being allowed to do so. The application fee has currently been waived. Mr. Scheller stated individuals can take the SNHD approved training on his website: training.lasvegasambulance.com. Use the code: AIDM and the fee will be waived.

Mr. Hammond stated that the hospitals are becoming increasingly busy as COVID-19 cases continue to rise. He reminded everyone that individuals that meet the criteria can be transported to a micro-hospital, which may be an under-utilized resource in this particular event, thereby decreasing the stress on the acute facilities.

IV. REPORT/DISCUSSION/ACTION

- A. Committee Report: Drug/Device/Protocol (DDP) Committee (12/02/20)

Dr. Leduc reported that the DDP discussed changing Dopamine to an optional, rather than a mandatory inventory item. In addition to the current shortage, various studies on Dopamine have identified issues with neurotherapeutic range, i.e. tachycardic dysrhythmias.

A motion was made by Dr. Slattery to change Dopamine to an optional item, rather than mandatory, on the "Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory," and to consider Push Dose Phenylephrine as an alternative in the future. The motion was seconded by Dr. Holtz and carried unanimously.

Dr. Leduc related that the DDP approved the proposed education package for hemorrhage control to be developed by the Education Committee.

Dr. Leduc noted that two additional items were discussed to be considered for the next MAB agenda:

- 1) Invite a pediatric emergency physician to discuss attitudes in pediatric cardiac arrest; and

- 2) Review the tachycardia protocol related to irregular Atrial fibrillation with rapid ventricular response. The protocol may need to be adjusted to address potential wide complex tachycardias.

B. Committee Report: Education Committee (11/18/20)

Ms. Palmer reported that in addition to the development of hemorrhage control education, the agencies will also work on developing education for R.A.C.E. and SEPSIS. The committee feels it is important to develop standardized education to ensure the agencies focus on the topics that need to be addressed.

A motion was made by Dr. Barnum to approve the proposed education package to be developed by the Education Committee. The motion was seconded by Mr. Jarman and carried unanimously.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update – (Meeting canceled)

Brett Olbur stated that he met with Tony Greenway and Donna Miller about the weekly call with all the agencies. Every morning at 8:30 a.m. the hospitals and agencies join in on a phone call to discuss E.D. updates. He noted, due to the current surge in the system, the receiving facilities don't want to divert patients. Anyone wishing to join in on the daily call can contact Dan Shinn, who is the coordinator.

B. QI Directors Committee Update

Dr. Young reported the Committee continued its discussion of issues that have arisen related to the pandemic. The Committee also talked about patients that are coming in who are hypoxic, with low oxygen levels. They discussed potentially adding some treatments like CPAP for those in need. They also discussed increasing the interface between EMS and hospital staff when the chance for exposure is increased while offloading the patient and getting them through the E.D. EMS should coordinate with hospital staff to suspend the CPAP when entering the E.D. and resuming it once you're in a safe place.

The Committee also discussed the use of high-flow nasal cannula. It's a good way to temporize patients that need to be intubated. It provides more support than a NRB mask can provide. However, it's difficult to do in a transport setting. It's more significant when you have patients going from one facility to another and need that higher level of support. It uses a lot of oxygen and may not be feasible based on the constraints of how much an ambulance can carry. Dr. Young related that AMR and MW agreed to research the feasibility and report back.

Dr. Young reported the Committee is continuing its discussion of the administration of sedation medications. He noted there are two separate dosing regimens for Midazolam or Versed. One is for behavioral emergencies and one is for seizures. Currently, a maximum dose is listed for seizures, but not for behavioral emergencies. There was a general consensus to align the two protocols. They recommend the discussion be placed on the next MAB agenda.

C. Emerging Trends - None

VI. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board 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 Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Second Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business to come before the Board, Dr. Barnum adjourned the meeting at 11:36 a.m.