# MINUTES

## EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

## DIVISION OF COMMUNITY HEALTH

## MEDICAL ADVISORY BOARD (MAB) MEETING

## August 4, 2021 – 11:00 A.M.

### MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Jeff Davidson, MD, MWA
Matthew Horbal, MD, MCFPD
Chief Jennifer Wyatt, CCFD
Douglas Fraser, MD, RTAB Rep.
Chief Kim Moore, HFD
Gerry Julian, CA (Alt)
Jessica Goldstein, AMR
Mike Holtz, MD, CCFD
Jessica Leduc, DO, HFD
David Slattery, MD, LVFR
Frank Simone, NLVFD (Alt)
Chief Shawn Tobler, MFR
Nigel Walton, BCFD
Alexander Malone, MD, NLVFD

### MEMBERS ABSENT

Chief Lisa Price, NLVFD
Ryan Hodnick, DO, Moapa
Nate Jensen, DO, MFR
Joe Richard, LVFR
Chief Stephen Neel, MVFD
Scott Scherr, MD, GEMS
Daniel Rollins, MD, BCFD
David Obert, DO, BCFD
Samuel Scheller, GEMS

### SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Christie Kindel, Assoc. General Counsel
Candace Toyama, EMSTS Field Rep.
John Hammond, EMSTS Manager
Michelle Stanton, Recording Secretary
Scott Wagner, EMSTS Field Rep.

### PUBLIC ATTENDANCE

Aaron Goldstein
Kat Fivelstad
Lisa Rogge
Tony Greenway
Kimberly Escobar
Sarah Mitre
Shane Splinter
Matthew Dryden
Braiden Green
Brett Olbur
Danny Perez

### CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Mike Barnum called the Medical Advisory Board meeting to order at 11:03 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee 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 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. Chairman 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. Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chairman 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: June 23, 2021

B. Discussion of Protocol Manual Changes for Referral to DDP **(*for possible action*)**

*A motion was made by Dr. Slattery, seconded by Ms. Goldstein and carried unanimously to approve the Consent Agenda as written.*

## III. CHIEF HEALTH OFFICE REPORT

John Hammond stated a notification was sent out to the agencies that the governor's orders allowing the OEMSTS to take special temporary actions related to the COVID-19 response had been rescinded. He clarified that the EMT scope of practice has reverted to normal, and they are no longer authorized to provide vaccinations. Per NRS 450B and EMS Regulations, they may work in a pod in an administrative assistant capacity or monitor people for post-vaccination reactions. As far as EMS personnel assisting with lab testing for COVID-19, he noted the Health District does not regulate the labs, and anyone engaging in activity within the labs should contact HCQC and CLIA to ensure compliance with their regulations.

## IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Drug/Device/Protocol (DDP) Committee (8/04/2021)

Dr. Leduc reported the DDP discussed Target Temperature Management (TTM) and ROSC care. Issues were identified by agencies where the crews initiate post-resuscitation and chilled saline in the field, but the process was discontinued upon arrival at the receiving facility. Concerns were raised as to whether there is a continued need for EMS response vehicles to carry chilled saline as opposed to administering ice packs to the groin and axillary areas prior to transport. Dr. Slattery and Mr. Splinter agreed to form a workgroup that includes EMS personnel, ED administration personnel, and critical care intensivists to determine best practice.

*A motion was made by Dr. Slattery to form a workgroup to discuss post-resuscitation care. The motion was seconded by Dr. Davidson and carried unanimously.*

Dr. Leduc reported the DDP voted to approve a change to the scope of practice to allow EMTs to monitor IV saline and Hep-Locks that were previously established. She noted the committee was tasked with creating an educational outline to be implemented for all initial training courses in Clark County.

*A motion was made by Mr. Simone to approve the change to the scope of practice for BLS providers to include monitoring already established saline locks and other peripheral non-running lines during interfacility transports. The motion was seconded by Ms. Goldstein and carried unanimously.*

B. Discussion of the Continued Use of Metered Dose Inhalers and Terbutaline

Mr. Hammond stated that during the COVID-19 pandemic it was identified that the administration of nebulized medications poses an increased risk of infection to EMS providers. Mr. Hammond worked with Drs. Young and Leguen to develop protocols for MDIs (Metered Dose Inhalers) and Terbutaline injections for treating shortness of breath. He asked the Board whether there was interest for EMS crews to continue carrying MDIs. The Board discussed the pros and cons of MDIs including the need for spacers. Studies have shown that the vast majority of MDI users are not using them correctly. It was identified that only a few EMS agencies are currently carrying MDIs, with or without spacers.

After much discussion, the Board agreed to keep the MDI protocol in place with the caveat that spacers will be required. Taking consideration of supply shortages, EMS agencies will be given 90 days to order the spacers and will stocked within 12 months. If unable to do so within the required time allotted the agency will need to submit a written letter of explanation to the OEMSTS.

*A motion was made by Dr. Slattery to utilize MDIs that include spacers as an alternate route for the administration of Albuterol. The EMS agencies who carry MDIs will have 90 days to order the spacers, to be stocked within the next 12 months. A letter of explanation to the OEMSTS will be required for non-compliance. The motion was seconded by Dr. Davidson and carried unanimously*.

After some discussion that Terbutaline is a distant second-line agent to a nebulizer, the Board tabled the discussion.

C. Discussion of Making Permanent the Temporary District Procedure for Paramedic Clinical Rotations

Mr. Hammond stated that a temporary procedure for paramedic clinical rotations was put in place in response to the COVID-19 pandemic where clinical avenues were restricted for EMTs, AEMTs and Paramedics. Changes made to the EMT and AEMT programs were fairly simple. For paramedics, some of the clinical hours were shifted out of the emergency department and added as time spent with a patient in the back of an ambulance, which is viewed as another clinical site where they can function up to their level of competency as demonstrated to their training agency. He stated the new process appears to be working well and allows for students to complete the clinical component of their education program. As such, Mr. Hammond asked whether the Board was in favor of adopting the temporary procedure for paramedic clinical rotations as permanent moving forward.

Mr. Hammond clarified that the paramedic student will not hold a provisional license or required to be supervised by a preceptor. Rather, they will be working under a "mentor" under the direction of the EMS agency. The EMS agency will be given the discretion of choosing a mentor, whether it be an EMS Instructor or seasoned paramedic. Mr. Hammond also clarified that the required education hours will not be reduced, and they can certainly be augmented.

Matthew Dryden, clinical director for PIMA, asked if there was an interest in allowing EMS programs to be more flexible with the current required hours. Mr. Hammond responded that the clinical time was developed by the Education Committee with approval by the Board; a separate issue than what was being considered at this meeting.

*A motion was made by Dr. Slattery to accept the Temporary District Procedure for Paramedic Clinical Rotations as permanent. The motion was seconded by Mr. Simone and carried unanimously.*

D. EMS Pilot Program Presentation from Mike O'Callaghan Federal Hospital

Colonel Brent Johnson, Commander of the Mike O'Callahan Military Medical Center, gave an update on their EMS pilot program. He noted it has been about a year since they were authorized and approved to start taking civilian patients, something that is not done at most military treatment facilities nationally. At the beginning, they accepted a limited number of patients through EMS channels to ensure all the processes were correctly put in place so they could ramp up to pursue their goal of endorsement as a Level II trauma center. During that year they saw nearly 450 patients which included a combination of VA, interfacility, and EMS transports. He noted that EMS crews delivered civilians with no connection to the military and VA patients who aren't otherwise eligible for care at the military center. Colonel Johnson reported they have experienced great success up to this point. They look forward to the completion of new construction that will add 7,000

feet to the emergency department. It is slated to be completed by Halloween 2021. He thanked everyone on the Board for their teamwork and partnership into making their pilot program a success. He offered to orient anyone interested on their capabilities and the services they offer.

## V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Education Committee Update

Mr. Simone reported the Education Committee voted on a new Chair and Vice Chair position. He will continue in his role as Chair, and Glenn Glaser will serve as Vice Chair.

In an endeavor to move away from the load-and-go mentality, Drs. Barnum and Horning will spearhead the development of an educational outline to address pediatric cardiac arrest care such as airway management and giving effective CPR. Along the same lines, Mr. Splinter agreed to provide education that outlines HFD's "pit crew" algorithm to address adult cardiac arrest care in the field.

B. ED/EMS Regional Leadership Committee Update

Tony Greenway reported a lot has transpired since the committee last met on June 2nd. The primary focus has been on frontline issues related to COVID-19, STEMI and stroke. In June, the committee discussed the low case count for COVID-19 and the lifting of restrictions and availability. When they meet next there will be more discussion as they approach hospital capacities, which includes an increased use of internal disaster.

The committee's continued discussions on STEMI and stroke have been positive. There has been an improvement in EKG transmission rates, as reported by the workgroup who is tasked with identifying technology, communication, and education issues. They have been seeing a decrease in first medical contact to balloon times since those EKG transmissions have improved. He thanked the EMS agencies that have been coordinating their efforts.

Mr. Greenway announced there will be a changing in dates/meeting times moving forward. He will poll the group as to the best days/times to hold future meetings.

C. QI Directors Committee Update

Dr. Young reported there was an excellent presentation given by Steven Carter on behalf of MedicWest Ambulance (MWA). He commended MWA on their robust QA program and stated their thorough review is appreciated.

D. Emerging Trends

Dr. Young explained that the way the public meetings are currently structured may lead to significant delays in process, especially when an issue needs to be referred to a sub-committee for further discussion. They may need to meet more frequently as a result. The technology of WebEx and Zoom may make this process easier. Dr. Barnum assured that the Board will be given a month's lead time before scheduling additional meetings so the members can adjust their schedules.

## VI. 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. Chairman 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, the meeting was adjourned at 12:02 p.m.*