



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

June 1, 2022 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Ryan Hodnick, DO, Moapa
Jeff Davidson, MD, MWA
Chief Jennifer Wyatt, CCFD
Nate Jenson, DO, MFR
Douglas Fraser, MD, RTAB Rep.
Chief Scott Phillips, LVFR
Samuel Scheller, GEMS

Mike Holtz, MD, CCFD
Chief Stephen Neel, MVFD
Chief Kim Moore, HFD
Chief Frank Simone, NLVFD
Chief Shawn Tobler, MFR
Jessica Goldstein, AMR
Mark Calabrese, CA
Evan Befus, MWA

MEMBERS ABSENT

Jessica Leduc, DO, HFD
Scott Phillips, LVFR
Nigel Walton, BCFD
Daniel Rollins, MD, BCFD

Kelly Morgan, MD, NLVFD
Scott Scherr, MD, GEMS
David Obert, DO, CA
Chief Jorge Gonzalez, MCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director
Edward Winder, Associate General Counsel
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMSTS Field Rep.
Roni Mauro, EMSTS Field Rep.

PUBLIC ATTENDANCE

Kat Fivelstad, MD
Shane Splinter
Sarah Mitre
Yumi Yamamoto
Bud Adams

Aaron Goldstein
Fernando Juarez, RN
Joseph Richard
Jim McAllister

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, April 6, 2022. Chairman Mike Barnum called the meeting to order at 11:04 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some Committee members joined the meeting via 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.

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: April 6, 2022

B. Discussion of Protocol Development for EMS Removal of Taser Darts for Referral to DDP Committee

A motion was made by Chief Simone seconded by Mr. Scheller and carried unanimously to approve the Consent Agenda as written.

III. CHIEF HEALTH OFFICE REPORT

Edward Winder introduced himself as Associate General Counsel for SNHD. He is the assigned counsel for the Medical Advisory Board.

IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (06/01/2022)

Chief Simone reported the Education Committee agreed upon an outline format to address future education to provide for standardization and consistency across the valley. Mr. Hammond noted that he has communicated with the I.T. Department about the possibility of utilizing Microsoft Teams, a file-sharing program, for easier collaboration in the background as they develop the education. The program is free to download.

B. Committee Report: Drug/Device/Protocol Committee (05/04/2022 & 06/01/2022)

Dr. Holtz reported the DDP identified a need to move their meetings to a monthly format for the last several months to tackle the workload, as identified by the following motions needing final approval from the Board:

A motion was made by Dr. Davidson and seconded by Chief Neel to add Etomidate as an option at 0.3 mg as a single dose, to a max of 20 mg. for pediatric induction. The motion was carried unanimously by the Board.

A motion was made by Dr. Davidson and seconded by Mr. Splinter to add the following pearls to the Adult Ventilation Management protocol:

- Consider preoxygenation/lung denitrogenation with a non-rebreather, a nasal cannula at 15 LPM, or CPAP prior to intubation (as patient allows).
- Severe hypotension (SBP<90) should be addressed with IV fluids and/or pressors (as appropriate) prior to intubation in order to reduce likelihood of post-intubation cardiovascular decline."

The motion was carried unanimously by the Board.

A motion was made by Dr. Davidson and seconded by Mr. Splinter to add the following pearls to the Pediatric Ventilation Management protocol:

- Consider preoxygenation/lung denitrogenation with a non-rebreather or a nasal cannula at 15 LPM.
- Severe hypotension (SBP<2x age+70) should be addressed with IV fluids and/or pressors (as appropriate) prior to intubation in order to reduce likelihood of post-intubation cardiovascular decline."

The motion was carried unanimously by the Board.

A motion was made by Dr. Davidson to add a maximum dose of 30 mg to the Endotracheal Intubation protocol, and to add the following verbiage for post-intubation sedation: "Note: Sedation should be titrated for patient

comfort and respiratory compliance. Always use the least amount of medication possible to maintain sedation effects and reduce patient agitation.” The motion was seconded by Chief Simone and carried unanimously by the Board.

A motion was made by Chief Neel and seconded by Dr. Jenson to remove all contraindications listed for Epinephrine from the formulary and replace it with “None.” The motion was carried unanimously by the Board.

A motion was made by Chief Neel to revise the contraindications listed in the Ketamine formulary to read, “Known hypersensitivity; caution in patients with systolic over 180 mmHg” and to remove “acute CVA and head trauma.” The motion was seconded by Chief Tobler and carried unanimously by the Board.

A motion was made by Mr. Splinter and seconded by Dr. Davidson to remove chilled saline from the Official Paramedic Drug Inventory, and to delete the “Hypothermia” column from the Hospital Receiving Directory in the protocol manual. The motion was carried unanimously by the Board.

A motion was made by Chief Neel and seconded by Dr. Jenson to add Ondansetron Hydrochloride to the Official AEMT Drug Inventory. The motion was carried unanimously by the Board.

A motion was made by Chief Neel to add CPAP to the AEMT scope of practice, to include the following verbiage, “Assess patient and document VS, SPO2 and ETCO2 (if available) prior to applying oxygen. ETCO2 is mandatory for paramedics.” The motion was seconded by Dr. Jenson and carried unanimously by the Board.

Dr. Barnum noted that the above issues were discussed at length in past DDP meetings. He encouraged everyone to refer to past meeting minutes for details on how they arrived at their decisions.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Jessica Goldstein reported the committee heard a presentation on MRI safety to remind EMS providers that the MRI magnet is always on, and that questionable objects on the gurney can be tested prior to entering the room.

Ms. Goldstein stated they had an EMResource update where they were informed the internet explorer browser no longer works, so if they are having issues, they may need to check the browser they’re using.

Ms. Goldstein reported the committee continued their discussion of the Code White change to Code Stroke. The Nevada Hospital Association supports the desire to use plain language for alerts. The committee hopes to come to a resolution at their next scheduled meeting.

Ms. Goldstein stated EMS Week, the NFL Draft and EDC were all successful events. She thanked everyone for their participation.

B. QI Directors Committee Update

Dr. Young reported the committee continued their discussion of the Prehospital Death Determination and Termination of Resuscitation protocols. Fortunately, there were no major issues that needed review.

The committee also had a great discussion in looking at data and debriefs from cardiac arrests in the field involving AEDs. They want to reach out and start to interface a little better with first responders and private entities that use AEDs to see if there are opportunities for improvement. They have a lot of interface with Drs. Davidson and Slattery in terms of the larger groups such as casinos that have these programs, but in terms of public access AEDs there’s a bit of a blind spot now, so they’re looking into ways of improvement as well. The committee is also looking into debriefing the data for airways in terms of following airway intubation success and outcomes for patients that get intubated in our system, as most agencies have a system in their PCR to track the metrics. They will need to clean up the data dictionary and data elements. He stated they have a scheduled data user’s group meeting the following month to have those discussions with the involved parties such as I.T., the clinical staff, and handlers of the patient care reporting platforms to see if they can consolidate and get a better look at the data.

C. Emerging Trends

No report

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.

Dr. Davidson noted that the receiving facilities should be notified of the changes made to the Targeted Temperature Management program.

Chief Moore announced that today's meeting is the last for Shane Splinter. She stated he plans to retire at the end of the month. The Board thanked him for his hard work and commitment throughout his tenure in his role as Medical Services Officer for the Henderson Fire Department.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:27 a.m.