

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
Committee on Emergency Medical Services (EMS)**

**MINUTES
October 30, 2019
1:00 P.M.**

MEMBERS PRESENT

Temple Fletcher	Marc Pinkas	Steve Towne
Donna Miller	Dr. Myron Gomez	Fergus Laughridge
Bodie Golla		

ABSENT

Darryl Cleveland	Jon Stevenson II
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IN ATTENDANCE

Jenna Burton	Richard Fenlason	Dr. Douglas Fraser
Mike Bologlu	Darlene Amarie-Hahn	Dennis Nolan
Markus Dorsey-Hirt	Sandy Wartgow	Nicole Annabel
Dale Carrison	Chris Bosse	Stacey Ingram
Rich Harvey	Jackie Lawson	

1. Roll call and approval of minutes from the meeting on September 19, 2019.

Temple Fletcher took roll call, established a quorum and entertained a motion to approve the previous minutes with no changes requested.

MOTION: Steve Towne motioned to approve the minutes from the meeting on September 19, 2019.

SECOND: Fergus Laughridge

PASSED: Unanimously

Public Comment – no public comment.

2. Update on activities within the state regarding EMS.

a. Update on the activities of the State Emergency Medical Systems (SEMS) Program.

Richard Fenlason provided the update on the activities of the SEMS Program. He explained the program is currently working on Assembly Bill (AB) 129, which requires providers to complete training on dealing with individuals with developmental disabilities. Currently the program is locating training resources. He explained that an email had been sent out to members with a link to the training being considered and requested feedback and opinions on the course. It is his understanding that not much feedback has been received. Currently this training has not been scheduled.

Richard told the Committee the SEMS Program also is working currently on AB 317, which revises the current requirements for designation as a trauma center. He said this wouldn't affect personnel but may affect agencies and hospitals receiving designations as trauma centers. He explained these changes are being codified by the Legislative Counsel Bureau (LCB), but it's unknown how long this process will take.

Another bill the SEMS Program is working on is AB 319, which would provide an individual the right to have his/her background check reviewed prior to applying for education, initial certification, or licensure, to determine whether they have qualified. This would enable a person to ascertain, prior to registering and paying for classes, whether their background-check results support their current decision to pursue a career in EMS.

The SEMS Program also is working on AB 248, which addresses divorce and child-custody issues. He explained he was informed that, at this time, this bill will not affect the SEMS Program staff or those working in the field.

Richard also told the Committee that the SEMS Program held several interviews this week to fill a vacant position in the office. At this time, it is unknown when the position will be offered to a specific individual; however, approximately seven interviews were held, and a decision should be made soon.

Richard explained that it was approved to utilize the Advanced Cardiovascular Life Support (ACLS) course and the pediatric Advanced Life Support (PALS) course from American Red Cross (ARC) as equivalents to ACLS and PALS courses from the American Heart Association (AHA). He explained that the Transport Nurse Advanced Trauma Course (TNATC) and Transport Professional Advanced Trauma Course (TPATC) also will be accepted, but not as substitutes for the International Trauma Life Support (ITLS) and Prehospital Trauma Life Support (PHTLS) Courses.

b. Update on the activities of the EMS Committee Members.

There were no updates.

c. Update on the activities of the Southern Nevada Health District (SNHD).

There were no updates.

d. Update on the activities of the Washoe County Health District (WCHD).

Jackie Lawson provided the update for the WCHD, informing the Committee the next EMS Advisory Board meeting is November 7, 2019; at that meeting the fiscal year (FY) 2019 annual data report will be up for approval. She also told the Committee they have a few updates to the regional protocols; they are including a right-dose packet that will be going into effect in January.

e. Update on the activities of the local EMS agencies.

There were no updates.

3. Discuss and make recommendation to fill the vacant Chair position on the EMS Committee.

Marc Pinkas asked for clarification on which position is being filled: he thought Temple was going to remain in her position for the rest of her term. Temple explained that, if the air position is filled during the next agenda item, all the positions will be filled, meaning she wouldn't be able to remain as Chair. Marc said, if the air position is filled, he nominates Fergus Laughridge. Fergus thanked him but said he intended to nominate Marc, as the Vice-Chair, to step into the role of Chair, commenting that Marc's moving into that role is not only a natural progression but also achieves continuity for the Committee. Since electing a Vice-Chair is not an item on the current agenda, the Committee can vote on that at a later meeting. Temple seconded Fergus's recommendation, inquiring whether Marc had any objections to being nominated: he said he would be honored.

MOTION: Fergus Laughridge motioned to appoint Marc Pinkas as committee Chair.

SECOND: Temple Fletcher

PASSED: Unanimously

4. Discuss and make recommendations to fill the vacant committee position for an employee of an organization providing air-ambulance emergency medical services, whose duties are closely related to such emergency medical services.

Temple explained there are two applicants for this vacancy; each will have three minutes to explain to the Committee why he/she should be selected for the position.

The first applicant, Stacey Ingram, introduced herself: she currently works as the Program Director for REACH Air Medical. She explained they have five bases here in Nevada, one being temporary. Initially, she worked on developing a system at REACH Air Medical for emergency management following critical stress incidents. To give the Committee an example, she referred to a crash several years ago, when she saw the effects of the crash nearly destroy those involved, and perceived the need for additional support, including to

families. She then spent considerable time developing ways for EMS companies and first responders to help support their own without compromising responders themselves in the process. She shared with the Committee how REACH Air Medical has been through four reorganizations in the last several years, and how she has gained experience going through an acquisition, learning what it takes to continue to maintain business during the process. Stacey said she hopes the Committee will consider her for the position, because she believes she can contribute significant information and experience.

Fergus asked Stacey to speak about her qualifications and experience to represent air medical services in Nevada with a primary focus on the rural areas; she replied she has spent the last two years as Program Director, developing relationships with hospitals and with EMS entities in rural communities throughout Winnemucca, Battle Mountain, Eureka, Austin, Elko, Ely, Duckwater and more. She has aided the rural areas based on urgency of the need to maintain critical-care ambulance transfers in the area, explaining that not all the communities are able to maintain critical-care transfers because of their locations, which further justifies air ambulance in those areas. Stacey said she has been attempting to relocate REACH Air Medical's assets to more-rural positions in order to improve support to rural areas. She has spoken with personnel at hospitals and other air agencies to improve understanding as to what is expected from air services: the information she has gathered has been used to improve the care provided by determining additional education and training needs. She takes pride in the fact that REACH Air Medical has teamed with local agencies in the area to provide additional opportunities for education; she believes fostering these relationships is imperative to improving care in Nevada.

Temple asked Stacey for her opinion as to which project the Committee should focus on in 2020, and she replied she thinks the key is global education in the area of communication, especially with the air services, adding that Nevada Air/Ground Coordination (NEVCORD) seems to be the standard, although not everyone knows about it or has access to it. Temple thanked her for her time.

The second applicant, Markus Dorsey-Hirt, introduced himself, explaining he is the Chief of Nursing Officer for CareFlight. He has been involved in EMS since 1995, initially in Germany, then in the United States in 2003. Originally a Flight Nurse with CareFlight, he moved eventually into a leadership role and has been in management for a couple of years. His personal focus is on the interface of CareFlight as a critical-care-transport service and on improving the services provided in rural Nevada. Also, he is focused on ensuring that patients receive the right platform of transport, whether air or ground. Markus explained he has experience working on all three platforms: critical-care-ground, fixed-wing, and rotor-wing services.

Fergus asked him to elaborate on his qualifications and experience to represent air medical services in Nevada, focusing on services in the rural area; Markus replied he has been

involved in EMS, specifically rotor-and fixed-wing transportation in Nevada, since 2003. He said his primary focus in air-medical services in rural areas is to provide the best and quickest care for the patients that are referred to them, adding that care always can be improved through education and improved communication.

Temple asked for his opinion as to what should be the focus for the Committee for 2020; Markus replied the Committee should focus on improving the interface between rural EMS services, air-medical, and critical-care transport, through ensuring patients receive the most appropriate platform for transport, whether that is fixed-wing, rotor-wing, or ground transport. He thinks this evaluation could be improved greatly.

MOTION: Steve Towne motioned to appoint Markus Dorsey-Hirt to the vacant committee position for an employee of an organization that provides air-ambulance emergency medical services, whose duties are closely related to such emergency medical services.

SECOND: Dr. Myron Gomez

PASSED: Unanimously

5. Discuss and make recommendations on upcoming committee member vacancies and on how the EMS Committee would prefer to solicit new members.

Marc explained he is aware his position is tailored; so, he already has solicited a few locations with personnel he is confident could fill his position, which generally is filled by someone who not only provides EMS for industry but also works for a permitted service. He has spoken with a couple of interested applicants, and the Division should receive their resumes in the next couple of weeks.

Steve requested some historical perspective on how the nine committee positions are specified in Nevada Revised Statue (NRS) and inquired if the positions can be reevaluated to change how committee membership is determined in the future. Temple asked Richard if he could provide insight; Richard said he does not know all the regulations regarding the Committee and how members are appointed. He said Donald Watson may know more. Temple asked the SEMS Program to research and to report back to the Committee at the next meeting how membership is determined.

6. Presentation by Michael Bologlu on the expected recertification process via the State Online Application Portal (SOAP) through ImageTrend, specifically, clarification for personnel who will be recertifying with National Registry of Emergency Medical Technicians (NREMT).

Michael began his presentation by clarifying the use of NREMT for renewal applications. The SEMS Program has always accepted a renewed NREMT card in lieu of Continuing

Education Units (CEUs). He explained that, per NRS 450B, the state cannot issue a certification for longer than two years. A provider cannot reuse a NREMT card to renew their state certification if it was used previously for certification. Michael asked if there were any questions on renewing with NREMT. Fergus said in the past they have had providers who experience this situation and what they have done is to have the provider renew for one year to coincide with their NREMT. He asked, since this is still allowed, how it is tracked in the State Online Application Portal (SOAP), so that agencies know the provider renewed for only one year. Michael said the best way would be to have the provider complete a renewal application and contact their EMS Representative. Another way would be to have EMS Coordinators send a list of providers renewing for one year to their EMS Representative. He explained that a statement signed by the provider acknowledging they are aware they will be renewed for one year only is required.

Michael explained the differences between the claim-account options. If anyone experiences problems with getting logged in, the best way to contact the SEMS Program for assistance is to email healthems@health.nv.gov. That email is monitored by all office staff and typically is answered within an hour. Fergus asked if the wording on how to create an account could be modified to avoid confusion and duplicate accounts. Michael agreed and told the Committee he will work on changing the wording to state, "If you hold or have ever held a State of Nevada EMS certification or license" rather than "if you hold an EMS license." He also explained that providers with expired credentials will have an existing account; they will need to use option one to claim their account. Fergus thanked him for the clarification.

Michael briefly reviewed the provider dashboard and how to start an application by clicking on "applications." This takes providers to a list where they select the appropriate application. Next, providers will update the demographics section, select their certification, and, if applicable, any license or endorsements they hold. Their selections will determine the fees that are due. In the next section providers select their certification level and license option and complete the continuing-education form. Each provider must upload their CEUs and certification cards to the supplemental training section. Filling out the next section depends on whether they hold a license. If a provider does not have a license, filling out this section is not required. If the provider does hold a license, they must upload copies of a physician's statement and driver's license, and answer questions regarding convictions and whether they have ever had their EMS license revoked.

Once those sections are complete, a provider will select their primary service and indicate whether the agency will be paying for the application. Next, a provider will need to complete the fingerprint waiver. Michael explained this is required by Department of Public Safety (DPS) for anyone who may need a background check for employment purposes. To sign documents, a provider will use their username and password. A provider must review the application to ensure it is accurate before submitting it; a provider must hit the submit button on the last page of the application in order to have it reviewed by staff. After submitting the

application, a provider will return to the dashboard and check out to pay the fees due; a provider can check the status on the dashboard by selecting the application tab. An EMS Coordinator also can check the application status by logging in and going to the review tab; these statuses change often, based on which process the application is handling.

Michael asked if anyone had questions about the application process. Temple asked, regarding the issue date for training, whether SOAP auto-populates correct expiration dates for the different cards. Michael said that, when staff reviews an application, the expiration date is updated manually, depending on the type of card. He said the system will notify providers by email when a card is about to expire. The expiration emails are sent out ninety, sixty and thirty days prior to the expiration date.

Fergus asked, speaking as an EMS Coordinator, whether there is a way to eliminate the lengthy list of providers and to view only those that are pending review. Michael explained that the system stores all applications related to a given agency and that none can be removed; however, there is a way to filter the applications so that pending applications appear at the top of the list. He requested that Fergus meet with him after the meeting to go over the process. Michael said he would speak to the Information Technology (IT) development staff to see if the system can be changed.

Dale Carrison asked whether the physician statement is intended to prove that a provider is fit for work. Michael explained that the physician statement, which is to be completed by a physician, physician's assistant, or Advanced Practice Registered Nurse (APRN), attesting to the fact that the provider is healthy, physically and mentally, to operate on an ambulance for the next two years, must be uploaded to the providers application. Dale inquired as to where the provider is supposed to submit the intent-to-hire or service review; Michael explained that form isn't included on a provider's application because it is completed by the EMS Coordinator. Michael clarified that, even though the intent-to-hire form or service review doesn't have to be completed by a medical director, medical directors have not lost any of their authority over an agency and still have the right to suspend or revoke a certification at any time. The only change has been in delegating an EMS Coordinator to review staff who continue to work for an agency.

Sandy Wartgow commented that, if there is an old email listed for a provider, they will not receive the account recovery email; she suggested adding language to instruct a provider, if they do not receive an email within one day, to contact the SEMS Program at healthems@health.nv.gov for assistance with updating the email.

Richard explained that the reason there are incorrect or old email addresses in the new system is the fact that the prior system did not require updating email addresses; when data was migrated to the new system, incorrect or old email addresses were uploaded

automatically into the new database. To have this issue corrected, providers need to email the SEMS Program.

Sandy inquired how instructors should upload their hours of instruction. Richard explained, if someone is renewing their instructor endorsement, they should make a list of the dates and times they taught, the course numbers, and the number of hours taught, and upload that list to the training section of the application. If there are any questions or concerns, the SEMS Program will audit the information received. Sandy suggested a form be created, consistent across the state, that instructors can utilize to upload this information to their application. Fergus agreed, stating that a form would take all the guesswork out of it. The SEMS Program agreed to work on a form for instructors.

Sandy asked how the primary agency should be contacted for payment. Michael explained that an EMS Coordinator would log in and select applications to be reviewed, to identify any applications still pending payment. Alternatively, a provider can contact their regional representative to have the agency notified of any pending payments. Sandy inquired why, when she signs in as the EMS Coordinator, instructor applications don't show as pending payments. Michael explained that, in that specific situation, the system does not ask if an agency is paying for that application because it is considered an individual application. Providers will have to contact their representative(s) to notify the agency and process the payment.

Sandy commented that there has been confusion about applicants who choose to complete hard-copy fingerprint cards for an initial attendant license application, and about the requirement to send the hard copies to the SEMS Program for processing, requesting to have that issue clarified. In reply, Richard referred to prominent language in the system's user interface stating that, if an applicant completes hard-copy fingerprint cards, they must mail them to the EMS office for processing. He commented there have been many discussions on how to make this statement more difficult to ignore, including the possibility of adding a required signature attesting that a provider has mailed the cards to the EMS office. Richard also mentioned that, if an individual submits their fingerprints by Live Scan, the SEMS Program usually receives the results in one to two weeks, while hard-copy fingerprint cards take much longer to process: An individual must mail them to the EMS office, after which they are mailed to DPS, with results taking up to forty-five days to be received. He suggests that, whenever possible, an individual submits their fingerprints using Live Scan.

Sandy told the SEMS Program that, on a positive note, the system has been very user friendly. She explained she has some staff who in the past needed help with renewals, and they were able to get through the application process successfully with only simple instruction.

7. Discussion on recent legislation, namely, AB 129, AB 317, AB 319, and AB 248, and their impacts on agencies and personnel.

Fergus explained that the Committee requested this item be included on this agenda so they can better understand where the bills are in the legislative process. The first bill, AB 129, calls for a curriculum to be set for providers concerning identifying and interacting with people with developmental disabilities. He inquired who is developing that curriculum, how providers should submit that training, how the training is to be renewed, and who is approving the training. Michael referred to a training video developed by Rutledge College that currently is being reviewed. The SEMS Program is in an appraisal process with Rutledge College to modify the training, which currently is tailored specifically for New Jersey, to be specific to Nevada.

Once that modification is implemented, providers will be able to complete the one-hour course at no cost. Using the SOAP, providers simply will upload the certificate of completion to the training sections of their application. The SEMS Program will track the training, which will have to be completed only one time.

Next, regarding AB 317, Marc stated that bill basically is rewriting the criteria for obtaining certification as a trauma center and for designating criteria for transport to a trauma center. He explained that, thirteen months ago, a file was sent to the LCB that included new language reflecting the Centers for Disease Control (CDC) recommendations made in conjunction with the American College of Surgeons (ACS) Committee on Trauma. After Marc expressed his concern that the draft language currently proposed does not reflect the language approved thirteen months ago, he inquired how to resolve this issue.

Fergus clarified that AB 317 has only one provision for off-campus locations: hospitals are required to have a National Provider Identifier. He explained that the provisions for regulations with trauma centers were tacked on in an apparent effort to avoid some of the headache seen in Southern Nevada with an established trauma system. In counties with a population of seven-hundred thousand or more, health districts must draft their own regulations to address this. He further explained that the Administrator of the DPBH, in conjunction with the State Board of Health (BOH), has to approve the addition of a trauma center before it can apply for the designation, stating that the other regulations Marc referred to are currently in the process of being codified.

Fergus inquired which regulations are going before LCB, whether a public workshop was held, and, if so, when, and whether the public was properly notified. He also inquired as to the impact of the workshop on the public, since people apparently have not heard about it. Marc said he, too, could not remember there being any notice of a public workshop for these draft regulations. Richard commented he didn't have information on the trauma regulations Marc was referencing, adding he is aware only that LCB received AB 317 and that it has

been codified; he does not know when it will be published online. Fergus requested that explicit clarification on what is going on with AB 317 be sent out on the listserv to notify committee members and the public of the status of the procedural process.

Dr. Myron Gomez said that, while reviewing the new draft language pertaining to level-four centers, he identified a conflict with the language: it has already been approved in terms of field triage to level-one, level-two, and level-three centers. He said one of his concerns is about the capabilities of a level-four center's not being clearly defined in the state of Nevada. He said it's likely that only a few centers will be able to provide definitive care for most seriously injured trauma patients. He clarified that one of the central features of the draft regulation is that it places a thirty-minute zone around that center in preference to direct triage in a level-one or level-two center for patients meeting step one and step two of the CDC field-triage criteria. Fergus said he thinks the Committee is confused as to the process followed for AB 317 versus the process for draft trauma regulations that Marc and Dr. Gomez referenced, adding he doesn't think the process has been completed for the draft trauma regulations. He said the Committee needs clarification on that process, stating that the process to approve AB 317 is separate.

Next the Committee discussed AB 319. Fergus explained this bill deals with background checks relating to professional licensing boards for the determination of whether a person's criminal-background history will disqualify him/her from obtaining a license. AB 319 requires the professional or occupational licensing board to implement a process to petition results, establishing certain requirements to process the petition and requiring a professional or occupational licensing board to make a quarterly report to LCB. Fergus explained that, for many years, EMS licensing has been overlooked by the professional licensing boards. However, Section Twenty-Five of AB 319 actually references chapter 450B, which is the authority by which to administer EMS professional licensing, stating the health authority shall adopt and implement a process by which a person with a criminal history may petition the health authority to review that history. The next step related to this bill will be to create a policy and procedure within the EMS office; Fergus inquired as to the timeline for implementation of the policy and procedure for this bill. Richard replied that the office has been working on the policy and procedure, adding he isn't certain as to the exact timeline.

Finally, the Committee discussed AB 248, a judiciary bill that relates to prohibiting settlement agreements from containing provisions that prohibit or restrict a party from disclosing certain information. Fergus commented that nothing within that language would impact the EMS office or agencies unless an individual was involved in that specific sort of proceeding.

8. Discussion on the timeline for the EMS Program to review, accept, and implement the previously voted-on recommendation from the Committee to accept 1) the addition of the Commission on Accreditation for Prehospital Continuing Education- (CAPCE-)

approved Transport Nurse Advanced Trauma Course (TNATC) or the Transport Professional Advanced Trauma Course (TPATC) as a trauma-equivalent to the International Trauma Life Support (ITLS) course or Prehospital Trauma Life Support (PHTLS) course requirement; 2) the addition of the Advanced Cardiovascular Life Support (ACLS) course and the Pediatric Advanced Life Support (PALS) course from American Red Cross (ARC) as equivalents to ACLS and PALS courses from the American Heart Association (AHA); and 3) the addition of the TPATC course as a trauma equivalent.

Fergus asked Richard for clarification that, although these courses have been approved for CEUs, there has been no mention of their being approved as trauma-course equivalents as required for licensing. Richard confirmed that currently the TPATC and TNATC courses can be accepted for CEUs, but not in lieu of ITLS or PHTLS course requirements. He explained the EMS office will continue to research these courses and to update the Committee on the status. Temple thanked Richard but requested he provide clarification on why they were not approved as substitutes. She also mentioned it has been stated previously that these courses are required for nurses and for flight nurses, if the courses are accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS). Richard said he would present these comments for review by the EMS Program Manager.

- 9. Public Comment - No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.**

Since this would be Temple's last meeting, Steve recognized and thanked her for her service to EMS and wished her the best in whichever ventures come her way. Marc also thanked her for her service and congratulated her on her new chapter.

- 10. Adjournment at 3:04 pm.**