

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

**MINUTES
October 27, 2021
Carson City–11:00 AM**

**MEETING LOCATION:
Division of Public and Behavioral Health
4126 Technology Way, 2nd Floor, Room 201
Carson City, Nevada 89706**

Attendees were also able to participate by Videoconference and Teleconference

Members In Attendance

Dr. Dale Carrison-Chair	Carl Bottorf	Sean Burke
Bodie Golla	Markus Dorsey-Hirt	James Wohlers
Steve Towne	Dennis Nolan	

Absent

None

Ex-Officio Members In Attendance

Bobbie Sullivan	Michael Bologlu	Julie Hunter
Laura Palmer for John Hammond		

Absent

Dr. Douglas Fraser	Dr. Fermin Leguen
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In Attendance

Karen Beckley	Richard Fenlason	Joseph Filippi
Kevin Haywood	Nenita Wasserman	Nathan Orme
Cody Phinney	Michael Klein	Jeremy Loncar
Wayne Booze	Pierron Tackes	Nicole Annabel
Chris McHan	Dr. Joseph Iser	Jason Nichol
Derek Reid	Zeb Nomura	

1. Roll call.

The Emergency Medical Systems (EMS) Advisory Committee met a quorum.

2. Public Comment.

Public comment may be presented in person, by computer, phone, or written comment. Due to time considerations, each individual offering public comment will be limited to not more than five minutes. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written

comments may be submitted electronically before, during, or after the meeting by emailing Jenna Burton at jbarton@health.nv.gov. You may also mail written documents to the Division of Public and Behavioral Health, 4150 Technology Way, 3rd. Floor, Carson City, NV 89706.

Dr. Carrison mentioned at the Emergency Medical Systems - Children's meeting there was a presentation from Wayne Booze and he is present and Dr Carrison asked for him to provide information from his presentation as it was very important.

Wayne Booze thanked the committee for having him. He stated he is Program Officer with the Helmsley Charitable Trust Rural Healthcare Program, which is a private philanthropy, kind of like the Ford, Gates or Robert Wood Johnson Foundation. He has the privilege of working in a sphere where our goal is to increase access to high quality health in rural America. The program has been granting for a little over a decade in the upper Midwest and today given away about a half a billion dollars to improve access to rural healthcare earlier this year. The program did landscape analysis and discovered that Nevada fit a lot of the criteria that Helmsley does for trying to improve care. Early this summer they started looking at potential partners within Nevada to start advancing the mission of providing care. On November 2nd there will be a big joint announcement with Henderson at the Saint Rose Campus at 10:00 am and at 1:30 pm in Reno at the Renown campus for some major grant work that they are doing throughout the State. Anybody who would like to attend is invited and he would be happy to send you the contact information.

His job is specifically within the rural healthcare program and is to work on improving cardiac systems of care. While working with Mike and Bobbie he is trying to get one of the initiatives started in Nevada which is to get Automated External Defibrillators (AED) into the hand of every Law Enforcement Agency, State, National Park, Bureau of Land Management, and pretty much any first responder that we can think of that comes when 911 gets dialed. In a more comprehensive effort to try and improve response to cardiac arrest this project is looking to be huge. He just received confirmation from Highway Patrol that they want to participate.

The big takeaway is this our first foray into Nevada, but they are committed to trying to make this a better place to live, work, play and to make sure where you live doesn't determine if you live, when you have a medical emergency. The wonderful work they are doing is trying to strengthen connections between Law Enforcement and EMS but they have a lot of other ideas of how to help bolster EMS and some of the low hanging fruit that has been done in upper Midwest. Such as helping get EMS agencies training and equipment for mechanical CPR we've done some work to improve protocols for ST-Elevation Myocardial Infarction (STEMI) recognition and transport to appropriate treatment centers, those kind of things. He really just wants to mine for ideas on what else try to accomplish, to make system of care better and to ensure that it doesn't matter where you are you've got a strong community, when a medical emergency happens. I am here to answer any question you have and to let you know that Helmsley is here to help to work collaboratively to make life a better place in Rural Nevada.

Dr. Carrison stated that this is one of the missions of the EMS Advisory Committee especially in Rural Nevada because that is where the fewest resources are. He mentioned he was formally the Chairman of the Medical Advisory Board in Clark County and they have so many more resources than everyone else does. Even Washoe who is close to us is still a metropolitan area and the Rural Nevada is really underserved. We appreciate your efforts, and we look forward to working with you. He asked if members have questions and to provide the meeting dates for the big meeting to see if a turnout of attendees can happen.

Markus Dorsey-Hirt asked for the contact information and planned events.

Dr. Carrison thanked Wayne for the information and asked for any other public comments. None was stated.

3. For Possible Action: Approval of minutes from the meeting of the EMS Advisory Committee on June 16, 2021.

MOTION: Markus Dorsey-Hirt
SECOND: Dennis Nolan
PASSED: Unanimously

4. Informational Only: Update on activities within the state regarding EMS.

a. Update on the activities of the State Emergency Medical Systems (EMS) Program. – Bobbie Sullivan, EMS Program Manager

Bobbie Sullivan provided the update for the EMS Program. Bobbie introduced two new staff members that joined the EMS team recently, Anthony Parenti who will be taking over the EMS-Children's grant and Doug Oxborrow who is helping with licensure and working on the licensing portion of ImageTrend. Right now, both are in the orientation portion of the positions and getting them dialed in and up to speed. You will be seeing communication from them shortly as they become more involved in the day-to-day tasks.

At the last meeting there were suggestions on changes to the inspection form and the program took those into consideration made some of the typographical changes and the form will be left as it stands now because it's been cross-checked with the National Association of Emergency Physicians and Pediatricians. Most of the items are in alignment with their recommendations. However, two of the other suggestions have been added to the form, check box for use by the agency and by the EMS office to show whether or not an agency has applied for and received a variance. One of the variants was approved at the Board of Health meeting last and two variances pending approval and will be a smoother way of tracking those variances. A portion will be included that can assure agencies are doing blood glucose testing or antigen testing for Covid have received the appropriate clear waiver from the Federal side and then the exemption waiver from the Nevada EMS office.

Dr. Carrison asked for question for Bobbie.

Dennis Nolan asked Bobbie to share a conversation they had regarding Clinical Laboratory Improvement Amendments (CLIA) waivers that agencies get. In his case the Reno Fire Department has been doing a lot of Polymerase Chain Reaction (PCR) testing

not only for fire service but city employees and Police. There had been requests at one point to expand some of that testing to different city departments which we resisted and done want to lose the span of control. After the discussion with Bobbie he thinks that there is either some consensus or at least some precedence to keep that testing within the agency that had applied for the CLIA waiver.

Bobbie stated Dennis Nolan covered the discussion that she agrees that keeping that domestic within your organization if you lose the span of control then testing occurs that you are not overseeing. They are also not a part of the organization for the training records and everything else that coincides. This is a great decision on Reno Fires part to keep that testing within their team and their membership.

b. Update on the activities of the Emergency Medical Services for Children (EMSC) Advisory Committee. – Michael Bologlu, EMSC Program Manager

Michael Bologlu provided the update on EMSC Advisory Committee. Michael stated we have a full-time program manager Anthony Parenti and he introduced himself.

Anthony mentioned he is from Western New York where it rains quite a bit like it did here last Monday. He has lived in the Reno/Tahoe area for about 30 years and has a background in sports management and worked with engineering consultant geotechnical materials testing. He worked with technology sales from multi-pacific office. He has an MBA Public Administration 2014 and experience with open meeting and grants administration. He stated he looks forward to contributing to this program and meeting everybody.

Dr. Carrison asked Michael if he wanted to report on anything from the meetings.

Michael stated the EMS-C program has been without a full-time program manager for a while and our hands have been tied given that we are approximately five months almost to the day to the end of our Federal Fiscal Year which ends March 31, 2022. The program will prioritize purchasing and acquiring pediatric restraint systems for ambulance and fire based on EMS services within Nevada.

Anthony and I will be working on a survey to assess the need for this sort of equipment which is not an inflatable card seat restraint. This will be a five-point restraint system that attaches to the gurney to effectively transport any pediatric patient with or without a car seat and without utilizing a backboard.

In April of 2022, the program will prioritize and looking to fund advanced airway training for field deliveries with Laryngeal Mask Airway (LMAs) that will be provided by Dr. Lloyd Jensen out of Southern Nevada. He has put together a webinar training that requires certain equipment LMA specifically, I-gels etc. If an agency doesn't have that in their protocols that will need to be updated and the training will need to be provided to those services prior to be putting those in place. This will be a hands-on-deck project for Anthony and myself.

Dr. Carrison asked if there were any questions. None were asked.

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

Dr. Carrison stated John Hammond is on vacation and the EMS and Trauma Assistance Manager Laura Palmer has graciously stepped in to give the update.

Laura Palmer stated things are a little bit quiet for them and they are amid a trauma regulation review. Dr. Carrison asked if there was an increase in the delta variant has gone down and they are back on track with the Covid? Laura stated they are on track and they put in emergency protocols and some emergency medications in the middle of last year to address the Covid response. As of the last medical advisory board meeting last month, they removed those drugs from inventory and removed the emergency protocols. The numbers have stabilized and pretty much back to normal business transports and where they have been historically for this time of year.

Dr. Carrison asked about EMS provider shortage in Southern Nevada. Laura responded by saying that is a thing that we are constantly fighting, and they are doing their best in the office to keep those people rolling through the doors. The training centers have been doing their best to meet the demand, it's just a constant struggle.

Dr. Carrison thanked Laura and asked for any questions, none were asked.

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

Julie Hunter provided the update on the activities of the Washoe County Health District (WCHD.) She informed the committee that

Dr. Carrison asked about the update on the activities of Washoe County Health District.

Julie Hunter updated that the Washoe County Health District EMS Advisory program or oversight program. Last time she spoke on the MAEA updates that are completed and will now begin training on the MAEA at the various facilities starting with the hospitals and then going to the long-term care facilities that will start in November. Julie will be co-training with Brian Taylor, REMSA. The MCI updates and workshops are underway. She mentioned the Burn Annex will be added as an appendix.

Julie mentioned some big project they have worked on is the EMS Annual Report that will go to the EMS Advisory Board on November 5th and that will include fiscal year 2020 and 2021 as 2020 was not able to be published due to Covid. They are currently reviewing the fiscal year REMSA franchise map which will include the 2020 population consensus data. They are continuing to gather compliance data for REMSA and the compliance for their franchise agreement. Then ongoing work with the EMS partners to accomplish goals from the EMS strategic plan and reporting those accomplishments to the EMS Advisory Board on a quarterly basis with recommendations to take those to the district board of health for final approval. A big accomplishment was to determine which determinates can now be going cold response which is no lights and sirens, for psychiatric and behavioral calls as wells as unknown man down. A lot of analysis on the percent volume of those calls. Responses to those with no lights and sirens makes is safer staff and citizens. Julie asked for any questions. None were asked.

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

Dr. Carrison asked for any updates from their particular EMS agencies.

Markus Dorsey-Hirt mentioned that REMSA Health and Care Flight are struggling with staffing just like most of the agencies. He mentioned the call volume is still high and are struggling a bit with offload times at the hospitals. He is working with the hospitals to improve on that and it has improved already. Last month they had about 800 hours of wall time for the ambulances so that does not help to keep resources in the system. It is multifaceted hospitals have the same kind of staffing issues. They are hiring a lot and trying to up staff which is hard to do right now.

The pandemic still going on but we're getting down, the county went down to 9% positivity rate, its improving. We see at times upticks and then it comes down again, no real pattern. With booster shots we will see some more improvements.

Dr. Carrison thanked Markus and asked if anyone else have an update.

Bodie Golla stated at the City of Ely Fire Department there are two open positions they are looking to fill with paramedics and get them in and teach them for fire. They have also added two additional auto pulse devices to the ambulances. They were granted a variance due tot the limited staffing to implement fentanyl usage to the advanced EMTs.

Bodie mentioned they are doing pretty good with COVID, not a lot of cases in the county.

Dr. Carrison asked if Dennis have an update.

Dennis Nolan mentioned that Reno Fire has received Staffing for Adequate Fire and Emergency Response (SAFER) grant funding to restore some positions. Reno Fire lost about 50 positions curing the recession between 2008 and 2013 and those had never been recovered. The SAFER grant funding and funding from the city we are able to restore about 30 of them by the end of next year.

Dennis mentioned they are starting an academy in two weeks with 20 persons which for Northern Nevada and is a big agency academy. Then they will start a second one in about three months after that.

The Department has requisitioned and new ambulance but because chassis were hard to come by, we received notice after waiting about nine months that the manufacturer had received a chassis. We are hoping that will go into a build out and see that by the end of this year. The only other thing they are doing is working with the Medical Director, Dr. Watson on changing up some of the pharmacology, looking at dropping morphine we have plenty of other narcotics to get the job done and he doesn't think they've administered morphine in years. There is always the discussion whether we should be spending the money on glucagon.

Dr. Carrison asked for any other updates.

Steven Towne with Banner Churchill mentioned they are struggling with staffing. He also mentioned that one of the big things that's hurting EMS as an industry is the reimbursement, what can we do as a group to go to the political process and reach out.

The reimbursement really ties their hands on compensation and those kinds of factors. Steven stated that the call volumes are up 10 – 15 over last year.

Dr. Carrison asked if anyone else had an update.

Carl Bottorf announced that the brand-new emergency room which will become a level three trauma center opens at Nellis the first of November. He also mentioned they are fully staffed and accepting civilian ambulances that meet specific patient consideration from both Medic West and North Las Vegas Fire. It is going well and it's exciting to serve the community of Northeast Clark County in that way to shorten those transport times in many cases.

Dr. Carrison asked if the catchment area will operate as a level three trauma center or level two trauma center? Carl stated it is his understanding that the facilities applied for are a level three certificate to server in the Northeast portion of the county and there are a lot of details that are yet to be determined.

Dr. Carrions asked again for more updates.

Chris McHan with Elko County and they are dealing a lot of the same struggles that everybody else has mentioned. He mentioned they had the opportunity to start up a monoclonal antibody therapy clinic and they are working with the county and local hospital in NNRH. They have seen substantial results on very sick patients who came to them and were able to receive the antibodies who didn't require hospitalization or further treatment. They have been working close with NNRH to try and help with their staffing crisis. They still have an open paramedic position, and they are also going to go through a transition as their current director has accepted a position with the county as an Emergency Manager.

Chris mentioned he is willing to share information regarding the Monoclonal Antibody information, just reach out to the leaders.

5. Informational Only: Discuss the 81st Legislative Session (2021), as it relates to any changes that may affect Emergency Medical Services (EMS). - Bobbie Sullivan, EMS Program Manager.

Bobbie Sullivan stated this item was brought up in the Legislature and was for establishing mental health services for responders and through working with Derrick Reed from the Nevada Peer Support Network, he will be doing a presentation on item nine of this agenda.

Bobbie mentioned that there were no other bills that affected the EMS office.

Dr. Carrison asked for any questions, none were asked.

6. Informational Only: Discuss any proposed changes to the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), as it relates to Emergency Medical Services for recommendation to the Division. - Bobbie Sullivan, EMS Program Manager

Dr. Carrison commented that they think the legislative session is not coming until 2022 but now is the time we need to work on this, it is extremely important.

Bobbie Sullivan mentioned that the EMS Office is looking to update some of the administrative code items. Bobbie asked Cody Phinney, Deputy Administrator for the Division if she was going to speak on this subject. Cody mentioned she is available to answer questions.

Cody mentioned that requests about making changes to the statutes and the regulations have been asked. We can do the regulations before the session but of course statutes require the legislative process. Cody introduced herself and stated that Margot Chappel has moved on to a different position within the Division and she took over Margot's old position.

Cody reiterated that recommendations to adjust the administrative code so that ambulances that are brought online don't sit idle until we can inspect them. She feels strongly that we need to address this concern and is an area of discussion. Cody mentioned the need to address the calendar on which we do our cycle of certifications because the state is too big for us to do everything at one time, but she understands that requirement has complications. She mentioned opening a discussion with the group what are the things that make the regulation most meaningful, and our interest is in making sure that people receive consistent service to the people of Nevada. That the people providing the service have the appropriate training. What would your group like to see us work on where we balance the regulatory needs with those goals with the burden that is created by regulation. She admits there is burden but there is also purpose.

Chief Nolan stated two issues, one of them has been an ongoing discussion with this committee for maybe a couple of years and it is regarding the certification level of an Advanced EMT and the requirement to be an Advanced EMT to enter into a paramedic program. He stated that he thinks the general consensus is that a EMT with adequate pre-hospital experience should be allowed to enroll into a paramedic program. Currently, it is confined to just being an Advanced EMT. He suggested a taskforce be created to come up with the consensus.

Chief Nolan mentioned the other thought going back several years about eight or nine years during the legislative session, EMS were included in a bill at one time the healthcare community brought forward which provided a level of immunity from discovery of medical cases that were involved in the quality assurance process. Right now, the medical community will enjoy that if they have a case going through a bona fide quality assurance review that there is a certain level or firewalls in place that protect and provide some protection from discovery. EMS got dropped out of that along the way and he thinks that during the next legislative session if we could bring that back to include the EMS agencies quality assurance processes who are reviewing medical calls to afford them a level of immunity from discovery.

Dr. Carrison mentioned not only the change in requirements to eliminate the AEMT which has been brought up by a number of members, there is also a desire by the academic people which he agrees with. That is fine as long as they have to have a course in anatomy and physiology prior to the paramedic program because without that there is a huge gap in knowledge that is very important for pharmacology for instance. Understanding the reaction to drugs and having that anatomy and physiology is extremely important. If someone doesn't have that it is difficult for teaching the paramedic students.

Dr. Carrison asked for further comments. Cody stated she is making a list of items and she appreciated the education. Cody will be working with Karen Beckley and Bobbie Sullivan and the rest of the group on how we think we can propose to support and work through to make proposals to the legislature. Dr. Carrison mentioned the importance of this topic and to reach out with suggestions and to not have offline discussions and to be aware of open meeting laws but we can accept suggestions on what you would like to see.

Markus Dorsey-Hirt mentioned that his understanding for the requirement for the AEMT is to enter paramedic school is not in law, that it is an administrative code. He stated that he doesn't think it really needs to go to the legislature. Dr. Carrison stated that if that is true then we can make adjustments.

Bobbie Sullivan mentioned to Markus that he is correct that it is a Nevada Administrative Code and is not in NRS. It would still have to be address but in a different process.

Dr. Carrison asked for more comments. Cody mentioned that one of the issues we've heard quite a lot is about the idea of changing the Administrative Code to make any new ambulances brought on don't sit idle while waiting for inspection. Cody asked if there is feedback from the group?

Truckee Meadows Fire mentioned they did have an incident where they were trying to put an ambulance into service due to high call volume and ended up having to wait, it was for only 24 hours but it wasn't long and it was super convenient. He mentioned this process could be better if we could self-inspect just to get our unit into service.

Cody thanked him for the comment and stated it is her thinking on the matter at this point that there would be some kind of period where you could use the vehicles until we can get there as to not hold up service but we have a reasonable assurance that all of the necessary required equipment are included.

Cody mentioned her appreciation for the feedback from the group and feels there is an excellent opportunity for reasonable solutions. Dr. Carrison suggested submitting a paper such as the form that is filled out for inspection then submitted the timing of the inspection could be later, but it would be approved for immediate use, as long as that paperwork was there with a limited timeframe. Bobbie Sullivan did mention that the inspection is in NRS not NAC.

Carl Bottorf mentioned purchasing a house or a car with a virtual inspection we should consider virtual inspections in these types of situations, would that meet the NRS requirements? Cody stated this is absolutely worth exploring.

Chief Jason Nichol mentioned that the NRS 450b.220 which talks about these periodic inspections, the exact language is that the Health Authority shall cause to be inspected. It does not say in any way in the NRS that the Health Authority shall inspect. And so, what we're talking about is what many of the other participants have talked about is the ability for the agency to provide those inspections based on the request of the Health Authority. In the language is the Health Authority gives to each individual agency the regulation that they want inspected, they have in fact caused inspected. It never says/specifies that the Health Authority has to complete the inspection, just that it has to cause it to occur.

Cody stated, certainly appreciate Chief Nichol point of clarification and interpretation of the regulation. Cody did state that having the industry do all of their own inspections can lead to some challenges and so we want to find a balance.

Chris McHan with Elko County mentioned the membership of the Board and there is no seat at county level without a hospital can be represented on, he understands this is a NRS change requirement. Would love to see an opportunity for county-based agencies to be represented on the committee. There is no representation for tribal units either. Dr. Carrison thanked Chris for bringing it up and stated it is a concern.

Dr. Carrison mentioned that this chairmanship of the Committee should be two years because one year and only four meetings does not allow for continuity that helps the State EMS office.

Zeb Nomura asked if there was any interest to look into EMS initiated refusals or immunity related to that? Cody asked for further explanation of what he is asking. Zeb mentioned during the pandemic and low duty call to higher call to help with resources.

Chief Nolan mentioned that it hasn't been written in code or statute but for EMS responders to arrive on scene with a patient under any circumstance if the patient wants to go to a hospital, they take them. Currently, the emergency rooms are at capacity or in overflow and we have to initiate emergency processes. There are not enough beds or staff to handle the number of patients. Emergency diverts take place now and can take an hour to get patients out due to ambulances being backed up to unload. Statutory protection that would allow EMS to tell a patient no the condition doesn't warrant transport by an emergency ambulance to the hospital but there are other modes of transportation.

Chief Nichol mentioned about EMS refusals, but it leads into a bigger issue of EMS abuse. He mentioned multiple state, Virginia, Arizona, Washington, Idaho that have EMS abuse statutes that gives EMS providers the ability to not transport. Chief Nichol suggest that this be something to look at since this is an issue and people ask to get a ride to the hospital because it is close to where they want to go, this does happen.

Dr. Carrison mentioned structure needs to be a part of this discussion because people do abuse the system.

7. Informational Only: Discuss the timing of annual licensure renewals and new applications. - Bobbie Sullivan, EMS Program Manager

Bobbie Sullivan mentioned adjusting how we handle renewals. March 31st is the expiration date of the existing credentials. The state has gotten too large to keep up with the volume of expirations, what are other options for expiration dates of credentials. She mentioned having a discussion regarding renewals being done based on another date such as the issue date or birth date. Updates have been done to the application process and how they are formatted, to streamline the process and how providers submit.

Michael Bologlu shared his screen with the update to ImageTrend on how the supplemental training and education is going to be formatted within the provider applications. Michael mentioned to email him with any questions.

Dr. Carrison encouraged everyone to look at the change as it is helpful and significant.

8. Informational Only: Discuss points of contact within local emergency medical services agencies and within the State EMS Program. - Bobbie Sullivan, EMS Program Manager

Bobbie mentioned that the HealthEMS@health.nv.gov email address to contact staff for now while new staff completes training. After the training we will revisit staff being assigned to certain tasks and she will keep the committee updated.

9. Informational Only: Presentation on available mental health resources and services for first responders and hospital care professionals. - Derek Reid, President, Northern Nevada Peer Support Network

Derek Reid shared with the Committee a presentation to explain the Nevada Peer Support Network Inc. Contact information: nnpsn775@gmail.com or 775-560-6042.

10. For Possible Action: Review of the FY 22 budget and possible action to form a working group to explore an increase to the State EMS Program fee schedule. - Bobbie Sullivan, EMS Program Manager

Dr. Carrison mentioned that this has been discussed before and that Nevada has the lowest fee structure.

Bobbie Sullivan presented the budget to the Committee. Bobbie reviewed that budget building for fiscal year 24-25 is happening now. She discussed that the fees for applications, permits and others are very low. A survey of similar states has been done on fees and a finalized report is being created. Bobbie mentioned that if this Committee elects to form a working group there will be data available to assist with recommendations.

Dr. Carrison asked if there is anyone interested in working on this working group and anyone can reach him after the meeting.

11. For Possible Action: Discussion and possible action to create a working group to review and update the EMS Advisory Committee Rules of Order. - Dr. Dale Carrison, Chair

Dr. Carrison stated that this has been discussed before but there are multiple groups not represented in this Committee. If you are interested let Dr. Carrison know as he would like a more efficient and inclusive group.

12. Informational Only: Discussion regarding Open Meeting Law/Ethics in Government training materials for members. - Pierron Tackes, Deputy Attorney General

Bobbie Sullivan mentioned this item has been added incase there is any follow up from the June meeting.

Pierron Tackes stated she sent out the Attorney General training materials which are public posted online to the Committee Members for independent review. If anyone has questions on the Open Meeting Law or Ethics in Government provisions that you are welcome to email her.

Pierron mentioned one update in the Open Meeting Law this past Legislative Session Assembly Bill (AB) 253 which puts into law the allowance to have meetings via Zoom or

Teams remotely. This allows this Committee to continue to have meetings remotely if it so desires. A physical location and remote is allowed so members of the body and public have an option to attend. Pierron suggests best practices is to keep their video on and understands that not everyone has the capability, and it is not an explicit requirement of the change in law but it is something that can help the body be accountable to maintain a quorum. She encouraged members to use their video whenever possible.

Included in the training materials was the Ethics in Government provisions which relates to conflicts of interest. Pierron mentioned if at any point something comes on to the agenda where you might have a conflict of interest, please email her to work through it together. Pierron mentioned when you are required to abstain due to a conflict of interest it requires you to go through it with legal counsel. There are certain scenario in which you disclose your interest but there are instances where you have to disclose and abstain.

13. For Possible Action: Discussion regarding Advisory Committee applications for the vacant position of an individual “who is employed by or serves as a volunteer with a medical facility that is located in a rural area and that provides emergency medical services,” as set forth by NRS 450B.151(3)(f), for a term expiring June 30, 2022, and possible action to make recommendation to the State Board of Health for appointment - Bobbie Sullivan, EMS Program Manager

Bobbie Sullivan mentioned this open position we have not received any interest. Bobbie asked if there is anyone interested in approaching the Committee for the position.

Dr. Carrison stated if you are aware of someone in the rurals this assist with the inclusivity of the Committee. No applications were presented.

14. Informational Only: Update and discussion relating to the recommendation that continuing education course coordinators’ entry of attendees in ImageTrend suffice for verification of completion in place of physical certificates of completion. – Bobbie Sullivan, EMS Program Manager

Bobbie Sullivan mentioned at this time there is no change the certificates still need to be issued by the programs. ImageTrend last week update has been in the education portion so as it stands now, we are not in any position to make changes.

15. Informational Only: Update and discussion regarding importing Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) courses into ImageTrend. – Bobbie Sullivan, EMS Program Manager

Bobbie Sullivan mentioned there has been no update on this issue because it is a third-party access to the database system.

Dr. Carrison mentioned that this item doesn’t have to go on the agenda unless there is a change. Bodie Golla mentioned removing items from the agenda, he asked that they be kept on to follow a status update so they don’t get lost in translation. Dr. Carrison stated if there is a change the item needs to be on the agenda and suggested putting it under ImageTrend as both items are related.

16. Informational Only: Update and discussion relating to the recommendation that State EMS Office develop a policy and procedure on statewide communications to identify leadership changes. – Bobbie Sullivan, EMS Program Manager

Bobbie Sullivan mentioned that this is part of the tasks in updating policies and procedures and is still underway.

Dr. Carrison asked for public comment. None was given. Dr. Carrison asked when meetings in person were authorized. Bobbie stated since earlier this year.

Dr. Carrison mentioned a fourth meeting must be scheduled per NRS. A survey will be sent out to select a date, Wednesday November 24th or Wednesday December 1st and we will need a quorum due to the NRS. Submit items to Bobbie for agenda.

Bodie Golla mentioned that he wasn't on the last email chain, please include him next time. Bobbie stated she will follow up.

Meeting adjourned at 12:46 pm.