

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

**MINUTES
June 16, 2021
Carson City–2:00PM**

**MEETING LOCATION:
Division of Public and Behavioral Health
4150 Technology Way, 3rd Floor, Room 303
Carson City, Nevada
Attendees were also able to participate by
Videoconference and Teleconference**

Members in Attendance

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

Members in Attendance

Bobbie Sullivan	Dr. Douglas Fraser	Julie Hunter
Michael Bologlu		

Absent

Dr. Joseph Iser	Dr. Fermin Leguen
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In Attendance

Richard Fenlason	Joseph Filippi	Jeremy Sonenschein
William Killion	Margot Chapple	Sandy Wartgow
Doug Dame	Marc Pinkas	Dr. Myron Gomez
Danny Mireles	Pierron Tackes	Nicole Annabel
Chris McHan	Adam Heinz	John Bowers
Zebulon Nomura	Richard Brooks	

1. Roll call.

The Emergency Medical Systems (EMS) Advisory Committee did meet 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.

Pierron Tackes informed the committee that Julie Hunter has been designated by Kevin Dick to be on this committee in his place and that designation per statute needs to be in writing and they did receive that.

There were no other public comments.

3. For Possible Action: Approval of minutes from the meeting of the EMS Advisory Committee on January 27, 2021.

Dr. Dale Carrison noted that he has eleven corrections to make to the minutes but none of them effect the substance of the minutes and in the interest of time he would like to know who he can send the corrections to.

Joseph Filippi provided Dr. Carrison with his email, jpfilippi@health.nv.gov, and told him he can send those minor corrections to him and he will ensure they are changed in the minutes from January.

MOTION: Dr. Dale Carrison motioned to approve the minutes from January 27, 2021.

SECOND: Markus Dorsey-Hirt

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. She said just prior to this meeting, they are looking at 335 renewal applications that are in the que for review and process. She explained that number fluctuates based on whether or not the application has been reviewed, sent back for corrections, or completed and resubmitted for a final time. Bobbie informed the committee that they have processed twenty permit renewals for agencies. She said there are roughly the same number that are in various stages of completion and there are several agencies that have not started the renewal process so the EMS Program will be reaching out to them for a follow up. There are twenty-six initial license applications pending, five reciprocal applications, two initial certification applications, and the office is current on provisional.

Bobbie welcomed two new staff members to the EMS Program who attended the EMS Advisory Committee meeting that day. Kevin Haywood joined the program in March as an EMS Representative and last month, William Killion, joined the program as an EMS Representative in the Elko, NV office. She said both of them

are still in their probationary and training status.

Bobbie informed members that there are currently three vacancies in the office and interviews are being conducted. She said a new grants person will be joining the office soon and will assist with the Emergency Medical Services for Children (EMSC) grant. They have also interviewed a special projects person, but the hiring process has not yet been completed. She explained there is still an open EMS Representative position open for the Carson office as well.

Bobbie explained there was one staff member out of the office on extended leave and they are receiving support from other departments in the division to meet the needs of the office.

The EMS Program received confirmation that the EMS conference that is usually held in Elko, NV will be held in person this year., September 23rd – September 25th, 2021. The conference will be offering a Paramedic track, so it will include Emergency Medical Technician's (EMT), Advanced Emergency Medical Technician's (AEMT), and Paramedics. The EMS Program will be sending on a notification via the listserv and the School of Medicine will be posting that on their website as well.

The National Association of State EMS Officials (NASEMSO) will be holding their conference in Reno, NV this year. It was postponed last year due to COVID-19. The rescheduled conference will be November 14th – November 18th.

Bobbie explained in the agenda there is a possible presentation from the Northern Nevada Peer Support Network, but she wanted to note that there is a link also posted on the EMS website so that if anyone in public safety, pre-hospital, hospital, or any type of health care or law enforcement can reach out to this organization via the link to receive help on mental health services.

The EMS Program has been working with some of the agencies with feedback from them and some of the providers and will be modifying some of the pages in the ImageTrend system to better guide applicants when they apply and reduce the time they spend when they are trying to find the correct application. She said they have seen some of the ways other states have modified the systems, so the EMS Program is looking to streamline that process.

Bobbie informed the committee that recently they have discovered that not all emails are leaving the system correctly. They have found that there are emails that have been quarantined and they are not sure why that is occurring. If anyone is expecting email traffic from EMS staff and you don't get a response from them, she asked that they reach out to them by phone. The phone tree has been updated to better assist people who are looking for a particular EMS Representative.

She said they are currently in the process of reviewing the last legislative session for any changes in the laws that may affect EMS and they will keep the committee apprised on any changes or updates through that process. Steve thanked Bobbie for the updates on the EMS Program.

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. First, Michael thanked the committee again for approving the EMSC skills verification form updates that was approved at the last meeting in January 2021. The EMSC Advisory Committee met prior to this EMS Advisory Committee meeting and everyone was thrilled to hear that they were approved. He said the EMS Program intends to send out notification to agencies and providers on July 1, 2021, so that should give them adequate time to adapt to the slightly adjusted skills that were listed before the renewal coming up in 2022.

He informed members that the only major project they are currently working on is the National Pediatric Preparedness survey that is a hospital and emergency department survey to determine their capabilities for handling emergency pediatric care on both medical and trauma sides. Steve thanked Michael for the updates on the EMSC Program.

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

No updates were provided on the activities of the Southern Nevada Health District (SNHD).

**d. Update on the activities of the Washoe County Health District (WCHD).
Approximate time on the video 27:43**

Julie Hunter provided the update on the activities of the Washoe County Health District (WCHD.) She informed the committee that she was just recently designated as the district health officer's designee and said she looks forward to working with this committee.

She told the committee that the Mutual Aid Evacuation Annex (MAEA) has recently been revised and approved by the Inter-Hospital Coordinating Council (IHCC) and is in the hands of the district health officer for approval. She said there was an immediate evacuation training that was held last week and the after-action report items from this training will be added into the next revision of MAEA.

She said the burn annex is mid-way of being added to the multi-casualty incident (MCI) and is not due until next July 2022. They will be working with their partners to make sure that the burn MCI annex is good for all partners and facilities.

They have also been meeting weekly with all of their EMS partners in Washoe County and are going through their strategic plan items and checking those off to

make sure they are on track with the five-year strategic plan and that will be updated in 2023. Julie asked if anyone had any questions or comments on their updates.

Dennis Nolan complimented Julie who is relatively new to the WCHD as the EMS Oversight Coordinator. He said she has done an excellent job in the brief time that she has been there with tabletop exercises she had mentioned. He said the tabletop exercise done recently was an evacuation of a convalescent care facility as the result of an earthquake and it was a community wide effort. He said in addition to that she has helped to facilitate some of the grants through the IHCC in Washoe County and Reno Fire Department was one of the recipients twelve skeds which are med sleds that they have been training on so in the event that there is a major earthquake ad they would need to evacuate a hospital or health care facility. Julie told him she appreciates that and thanked him for his compliment. Steve agreed and said she has been doing so amazing work.

Dr. Carrison asked Bobbie who the representative is for the medical school at the University of Nevada, Reno (UNR) office in Elko, NV. Bobbie told him the representative is Terry Smith. He said he appreciates that and thanked her for that information.

Dr. Carrison expressed again like he did at the previous meeting his concern that they do not get updates for the SNHD. He said he will make it his personal responsibility to contact the SNHD to find out why they are not participating in these committee meetings. Steve thanked him for taking on that responsibility and agreed that their participation is vital and looks forward to working with them in the future.

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

Dennis provided an update on the activities of the Reno Fire Department. He said as previously mentioned, they have been exercising quite a bit on the inevitability of a community wide earthquake with a lot of the seismic activity happening in the area. They believe it is timely training, so they have put all of their firefighters through hospital evacuation sked training. They have also been doing division level training for all their firefighters. They have also done pediatric drowning training. He said they did live simulation at the Advanced Life Support (ALS) level training on a child they had to rescue out of a kiddie pool. They also did a firefighter down training. Two months ago, they did a rescue task force, which is working with law enforcement on live simulation active shooter event. He said they incorporated EMS students from around the area to be victims and police officers used simulation rounds in the event to make the environment as realistic as possible. Firefighters went in and performed extractions on the victims from a hotel type environment. He said in addition to that they are completing one academy. Those AEMTs and Paramedics are going through their probation. He said they have applied for a Staffing for Adequate Fire and Emergency Response Grants (SAFER) that would allow them to add twenty additional firefighters. He said they are still

down fifty positions from the prerecession cuts that had happened to the department. Steve thanked him for the updates from Reno Fire Department.

Markus Dorsey-Hirt provided an update on the activities of Regional Emergency Medical Services Authority (REMSA) and CareFlight. He said call volumes have been at record levels for both air and ground. They are continuing their vaccination programs in the community and are heavily focused on the underserved communities with some successful events together with Immunize Nevada, UNR, and some of the Catholic Churches there in Reno, NV. Steve thanked Markus for his update.

Zebulon Nomura provided an update for Truckee Meadows Fire Protection District (TMFPD.) He said they just wrapped up their immunization events in their community and district about two weeks ago. They have been assisting REMSA with their transports out of Sun Valley, NV and Washoe Valley, NV with mutual aid, which has been busy since they are high call volume areas. They have also completed an academy and have ten recruits that will be hitting the line next month. They also have an open position for an EMS Coordinator and lateral firefighters. Steve thanks Zebulon for his updates.

Dr. Carrison told the committee that Western Nevada College (WNC) has graduated their first class of Paramedics, explaining that twelve students started and eleven graduated. He said they all have jobs, all are working, some in the rural areas which is a great thing. They have their second class going on right now and there are ten in that class and at the time of the meeting he is expecting all of them to graduate and he is glad to see that some of them are staying in the rural communities. Steve said that is very exciting indeed and thanked him for his update.

Sandy Wartgow gave an update on the activities of the Carson City Fire Department. She said they also did some live training for swift water rescue where they did a live training of a five-year-old and did the full load and go with a cold water drowning out of cold swift water. She said they did the training with all shifts and it went very well. They have deployed their auto pulses, which are the automatic Cardiopulmonary Resuscitation (CPR) devices from Zoll. They will be getting additional higher level from the Advanced Cardiovascular Resuscitation Consortium (ACRC.) They are a National consortium that looks at the increase in survivability of cardiac arrest victims. She said they have had seven people join them from the academy within the next month so they will be working on getting them on board. Steve thanked Sandy for her update.

Steve said a lot like Markus and REMSA/CareFlight they have a record call volume. He said transport calls have been down and most call have been public assist type calls. He said they resumed their training as things start to return back to normal. He said they have numerous events coming up that will return some resemblance of normalcy to the community. He said there are a lot of football jamborees and the cantaloupe festival coming up. He said if you haven't been to the cantaloupe

festival it is definitely an event worth checking out. He asked if there were any more updates, hearing none he moved on to agenda item five.

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

Bobbie informed the chair that Derek Reid was unable to attend this meeting due to a conflict in scheduling. When she spoke with him the evening before she told him they would gladly include them on the next agenda.

She said she due to another scheduling conflict that they also had another request to move agenda item fifth teen to an earlier position on the agenda. Steve said, absolutely and that the committee does have the discretion to move agenda items as needed.

6. Informational Only: Update on the Nevada Shared Radio System.

John Bowers informed the committee that L3HARRIS are the implementers of the new Nevada Shared Radio System. He pulled up the overview presentation created for this agenda item. He explained they have an office in Reno, NV that the program runs from. The new system will be a P25 phase two system. He said they will be about 130 sites across four regions within the state and approximately 12,000 radios that will be deployed. He said the system is jointly owned by Nevada Department of Transportation (NDOT), Washoe County, and Nevada Energy. He said any changes require concurrence from all members. He said the new system can support the old system and the new system, so migrating to the new system is greatly simplified because one radio can do two different systems. The P25 system is basically going to be a Time Division Multiple Access (TDMA) which means that it has some advantages in the channel capacity so one channel can equal two conversations whereas in the old system it is only one conversation per channel. There is a lot more efficient use of the very scarce spectrum of the 800mhz. He said there will be increased coverage over Enhanced Digital Access Communication System (EDACS) in some areas based on the addition of new sites. He explained it is a fairly balanced system, which is a great thing for coverage. He said the system is being implemented with a regional approach. He explained that region zero sits right over the top of Las Vegas, NV and won't have much of an impact on this committee because it's a proof concept or pilot region that will be testing next month throughout the summer to test out and make sure it is living up to what everybody expected. Next would-be region one, which will include region zero and most of Southern Nevada, is being built now and expected to come online in January 2024. It will consist of about 48 sites, some of which have already been installed and some of which still need permitting for the land so they can be built. Region two, all of Washoe County and primarily the North West corner of Nevada, will consist of 38 sites. They are finishing the design review and the next step will be the factory build/staging process. It is expected to have an online date of May 2024. The final region, region three will primarily be the North East corner of the state and will consist of 43 sites, some of which still need site development. The detailed design will commence in quarter one of 2022 and expected to be online October 2025. With this implementation it greatly reduces the impact on agencies when they switch over from their EDACS system. He said replacement radios can be done now but they can't add any net new users to the EDACS system but those who are already

using the EDACS systems can transition into the new P25 system so they can support both systems.

Dr. Carrison said when he was chairperson of the Department of Homeland Security for seven years the radio inoperability was a huge problem and getting service to all the rural areas in Nevada was a huge problem. He said he is familiar with the P25 and what they are working on and that after all these years he has been hoping by 2025 they will have state-wide operability with a system that can be added and will have the capability to serve all the rural areas because there have been significant problems through-out the state, including the rural areas, especially with law enforcement, Nevada Highway Patrol (NHP), and smaller agencies who didn't have the ability to change over, so this is good news. Steve thanked Dr. Carrison for his comment.

Steve said that Banner Churchill has already started transitioning to the new system. He also said that being able to transition into the new system over the next few years makes it easier on some of the smaller agencies.

Richard Brooks said the NSRS is an 800MHz trunked radio system that started in the early 1990's. The NSRS radio system will support 16,382 Logical ID's (LID) and they only have a small amount of them left to give out and the technology just isn't there to expand past that. It is no longer being supported by L3HARRIS as well and the manufactures who created the components. He said the new system will basically double their capacity so for example a site with three or four channels will increase to approximately seven channels. He said the new system is supposed to cover 98% of Nevada's highways. Richard told the committee that it is very important to follow the timeline that was presented to make sure they account for the cost to buy new radios and transition to the new system because once the regions switch over the radios, they currently have will not work much past that. There will be a transition phase to allow some leeway but preferably all agencies should be prepared and ready to transition by the dates provided. He said they have partnered with Amy Higgins with L3HARRIS to provided attractive pricing (72% off list price) for radios if an agency chooses to take advantage of that offer. Steve thanked him for his information and comment.

Steve said it has been great working with Amy and Richard on this transition but that it has been difficult to find vendors to program. He said they have been fortunate that they can do them installation themselves but that he has only been able to find one vendor for the programming and he thinks this is a component that was overlooked. He said it has been difficult to purchase a radio, then have to send the radio to another vendor for programming. Richard said they understand that and have been looking for agencies that can help but unfortunately the NDOT is not able to support the state-wide system with few techs they have. He said they are looking at options to put in place other vendors who are capable of doing this. He said many of the radio manufacturers can be trained to do it but unfortunately there aren't many manufacturers here in the state. He told Steve he is not alone in this and that he has about 106 agencies that he supports so they will be solving this issue and is a part of the plan. Steve said he appreciates that and that him and Amy have been great.

7. Informational Only: Update regarding Board of Health (BOH) appointment authority,

appointment of new members by BOH and overview of appointment process.

Bobbie asked Pierron if this was an item that she was going to present on. Pierron answered no but said that she would be happy to speak on it. She explained that occasionally positions will open up on the EMS Advisory Committee and the appointment process for that is for them to be appointed by the Board of Health (BOH.) This is the process that is set out in statute. She said at the last meeting there were a number of applications that were considered by the EMS Advisory Committee board, so she explained why the board reviewed those applications and how that process happened. She said this board has the authority to make recommendations to the EMS Program so the review of those applications by this body is simply that, it is making a recommendation of appointment. Those recommendations are then sent to the BOH for review and ultimately has the power to make the decision on those appointments. She said she couldn't speak to whether there are any upcoming vacancies that they are anticipating for this board, but she wanted it on the record that this EMS Advisory Committee has the authority to make recommendations to the EMS Program and the appointing authority for these positions lies with the BOH. She said if anyone has any other questions, they can reach out to her or if they are interested in applying for a vacancy, they can reach out to the EMS Program or the BOH and they can give them the right information on where they can submit those applications. Dennis asked if that creates a divergence of what the board has done in the past with regards to their appointment process where they would accept the applications of interested parties, the board themselves would review it and select a member to replace someone who was retiring or resigning? Pierron said she doesn't think it created a divergence. She said she wanted to explain to make clear to the board that they can review those applications and make recommendation on them. She explained the action item that they are taking on those applications is to make a recommendation to the BOH. She said that was what happened at the last meeting and how it was averted. The applications were reviewed, the applicants took the time to come to the meeting to introduce themselves, and the action item was to make a recommendation to the BOH. She said those recommendations did go to the BOH in March 2021 and those recommendations were accepted. She explained that the BOH does still have the authority to reject those recommendations and to appoint whoever they see fit. She said she wanted to make this clarification because there was some confusion from the public on whether or not this board has the authority to make those appointments, so this was to explain that this committee doesn't have the authority to make those appointments, but it does have the authority to make recommendations to the Division by the way of the EMS Program. She said that is the process that was used at the last meeting and as far as she knows it's how it has been done in the past, and how it will continue into the future. Dennis asked what the time frame is to have their recommendation reviewed and approved by the BOH. Pierron said the BOH of health meets quarterly so it's a matter of scheduling meeting dates prior to when the BOH meets to have them included on the BOH's next agenda. Margot Chappel said she doesn't see the process delaying anything because the EMS Advisory Committee meetings and the BOH meetings stagger, so they were able to get the recommendations on the agenda for the next BOH meeting and they were approved. She also said to her knowledge the BOH has never denied a recommendation, but they do have the authority to do so if they see fit. Dennis thanked them for the clarification. Steve thanked them as well and said to his knowledge of the history of this advisory committee there has not been a recommendation that has been overturned or delayed in that process.

8. Informational Only: Review and discuss the EMS budget FY21.

Michael presented and spreadsheet to the committee. He unfortunately said the EMS Program has a small operating budget. He said the three most important categories are categories 01, 03, and 04. Those are the personnel salaries, in state travel, and operating budgets. These are the three categories that our program can use on a regular basis and that total come to approximately \$680,000 per year. He explained category 10 is used for training for EMS staff to take Continuing Education Unit (CEU) classes and to maintain their alphabet cards. Category 11 is for training grants. This year the program received \$26,592.00 and these funds come from fees the program accepts for certification and is then in turn returned to the EMS community for training grants. Michael told the committee the training grant application can be found online on the EMS website. He said \$26,500 spread over 100 agencies state-wide goes extremely quickly. He said it prevents the program from giving agencies the funds that they would like to. Michael said category 16 is the EMSC Grant. Unfortunately, since last June the program hasn't had a full-time grant manager so that program didn't take off quite like they'd hope, especially with COVID-19. Michael informed the committee that categories 19 – 82, 87, and 88 are preset budgets and work programs. Category 19 is for ImageTrend, 20 is for Overdose Mapping (OD Mapping), and 26 is for online services and phone services. He explained the EMS Program is trying to maintain seven office staff members and a vehicle fleet of three, which is going down to two due to funding, with only \$680,000 so it really limits what the program can do. The EMS Program is looking into possible ways to increase the funding for the annual budget. Margot said as you can see, like Michael had mentioned, this is a very lean budget, and they are trying to sort out some issues that they have historically had were they have had to leave the reserve in category 86 back to the general fund and they aren't sure why. They are still waiting for answers to some of their questions concerning this. Margot also said she wanted to get the boards opinion on the fees received for applications since they have been historically low as well. She said she has reached out to some of the members on this topic. She explained this is the only program that is not fully funded by fees. She would also like to do a workload analysis since there are some limitations with that too because with COVID-19 and with a lot of federal funding coming down they did get a lot of field positions, but they did not get a lot of support positions for fiscal, human resources, or information technology and they are looking at how they can rectify that at this time. She would like to determine their support of modifications to increase the fees and to have a workload analysis done on the program. She requested to have these items included on the next agenda as action items. Dr. Carrison thanked Margot for that and said he has completely supported this, and it has been on the agenda of the Fire Chief's meeting to present that information to them. He said unfortunate he was unable to attend. He said Dennis was who set that up. Dr. Carrison said he thinks our fee schedule is so far behind its ridiculous. Nobody wants to talk about fee increases but on the other hand the budget of this department it totally inadequate for the roles and responsibilities of what has to be done for these communities. He said the fees need to be increased and haven't been so he will be attending the next Fire Chief's meeting to express his support on this topic. Bodie mentioned that government agencies are exempt, like Department of Motor Vehicles (DMV), because it's like paying taxes for another tax funded entity. He said maybe there needs to be a legal opinion on governmental agencies using tax money to pay a tax funded

agency. He said he doesn't see that as being a problem as a privately owned entity. Dennis gave a little historical perspective and explained that about four years ago the EMS Program had approached all of the agencies and providers in a similar way regarding fee increases and it was pretty unanimous that they were needed to properly fund and staff the EMS Program. So, a step fee increase was created that extended out over three or four years and included all incoming fees received by the EMS Program. He said in many cases agencies are now paying more than twice the fees they were four years ago. He said he agrees that the EMS Program has to be funded properly to meet the basic qualifications and duties that it is charged with and that the EMS community expects. He said it has always been a challenge trying to keep the office staffed and provide an appropriate salary to attract qualified people to keep up on the workload. If they are going to review the fee schedule again, he would like to develop a round table committee instead of just increasing them across the board. He thinks they should look at the agencies that are strained and then look at the fees and review them that way. He thinks they will get a lot more participation from sister agencies around the state. Steve said that he agrees this is definitely something they should be discussing and asked to have it as an action item on the next agenda to discuss forming a working group to discuss an increase in fees. Margot said she can collect the fee schedules from surrounding states before the next meeting, so the committee members have that information to review. Steve said he looks forward to working on this item and getting the EMS Program the support that the EMS Program desperately needs. He said they have great staff they just need those tools to be able to really come through.

9. For Possible Action: Discussion and possible action to revise the Advisory Committee's Rules of Order and review processes for creating agendas.

Dennis said he wasn't sure this was an item he asked to be included on this agenda, but he has been aware of because he has discussed it with Dr. Carrison also thinks it may have been an item requested by him or maybe by a different member, but he thinks that there should be a more formal and streamlined procedure on how to agendas are created whether the agenda item is brought up by a committee member or someone from the public. He believes it should be in writing that any proposed agenda items should be sent to staff, and if it is a legitimate issue agenda item should be included on the agenda without being vetoed. Bodie said this was one of the agenda items he requested to have included. He said part of the reason he wanted it included was because there are a lot of new members and he isn't sure if the rules of order have been reviewed by everyone. He said he wanted this item included because he had requested an agenda item that got denied. He said the rules of order state that not even the chairperson can deny an agenda item request. He also asked who they are supposed to send agenda item requests to since that is not clearly defined in the rules of order and he thinks there is some confusion about that process. Bodie said in the agenda are assigned by who put the item on the agenda and that was missing on this agenda. Steve said agenda items are presented to the chairperson and the chairperson will determine the scope of those items and also reviewed by the legal department and items that are not in the scope of the advisory committee could be discarded. Dr. Carrison said one of the questions was to define the scope. He said there was a member that thought that it was arbitrary and capricious and whether it is or not the rules clearly state that if an item is presented by a member of the board they can't be rejected. He said he thinks there should be some discussion of what the scope is. Steve said the scope of the committee is in the Nevada

Revised Statutes (NRS) and is clearly laid out and that the task of the chairperson is to keep the committee on task of that scope, so they don't make the meetings last five or six hours long and to limit the agenda items to the most important items because some of the meetings in the past have been four to five hours long. Margot said that one of the purgatives of this committee is to create work groups to address these issues so that may be an option to consider. She also asked if someone could send her the rules of order because she did not have them. Bodie said that he could send her the rules of order and explained that anything not stated in the NRS or Nevada Administrative Code (NAC) is stated in the rules of order and those are opened up to the committee so if something needs to be adjusted it can be. He said as Dr. Carrison pointed out not even the chair can deny a proposed agenda item so he would like to know why the person creating the agenda can remove items. Steve said that the Deputy Attorney General (DAG) said that items presented could be denied by the chairperson and that was a ruling after their review. Pierron said this body can't act out of the statutory authority so if an agenda item is added that goes beyond the authority that can be challenged under the open meeting law so there is legal concern about bringing items before the board that are beyond the scope of their statutory power. She said if that is something, they would like to add into the rules of order that could be a solution. Steve said if they would like to create a working group to review and update the rules of order that they can include it as an agenda item for the next meeting. Margot said that she hopes everyone will continue to inform them of their issues and or concerns, so they are able to address them. Steve said it has been a difficult year but that there is a great team in the EMS Program, and they will continue to work with them and do their best. Steve asked if anyone would like to take a break since they had been in the meeting for an hour and a half already. Dennis informed Steve that he needed to excuse himself from the meeting due to a fire and evacuation. Steve said he understood and told the committee they will take a five-minute break and reconvene at 3:31 pm.

10. For Possible Action: Discussion and possible action to plan Open Meeting Law/Ethics in Government training for members.

Dr. Carrison said they thought this item could take up a lot of time and he wouldn't mind reading the information at a later time. He thinks it is very important to understand the laws in regard to open meetings and if Pierron could create a document with bullet points with references they could put it on the agenda as an informational item and she could comment on them or answer anyone's questions that they may have after they've read the document. He said he thinks this would save the committee time and it would still educate the members who are not very familiar with open meeting laws in the State of Nevada. Pierron said that is exactly what this item was about and for the committee to decide how they would like to receive the training. She said that she sent out an email last week with a lot of homework with included some trainings that the attorney general's office has already put on and put online that the committee can download the slides and watch the video presentation. She also noted that this last legislation that was passed made a couple tweaks to the open meeting law which allows for these meeting to be held by videoconference/teleconference and that was included in the email she sent out. She said she is more than happy to answer any questions people may have now or after they have had a chance to review all of the materials that she sent out. She said at the previous meeting they had discussed what they wanted to do and there was some interest in having her send out resources so she did do that

and if anyone didn't receive that email, they can reach out to her to get that information. Dr. Carrison informed Pierron that he didn't receive the email she sent out and requested that she send it to him again. She said she will follow up with staff to get a current email address and get that information over to him after this meeting. Bodie said he like he idea of have a questions and answers session and thinks that would be very beneficial to the committee and he would like to have that included on the next agenda. Steve said he also thinks that is a great idea and that the email Pierron had sent out has a lot of information in it so having it included on the next meetings agenda would allow members time to review that and if there are any questions or anyone needs clarification on that information, they can ask her at the next meeting. Pierron said she is happy to do that, and Steve thanked her for that.

11. 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.

Steve asked if there where any applications to be reviewed for this vacancy. Bobbie said they do not have any new applications to be reviewed but that she can have staff pull prior applications to see I those people are still interested in the vacancy if that is what the committee would like to do. Steve said if EMS staff are able to pull prior applications that would be in the best interest o the committee. Margot asked Bobbie if this position had been posted prior to this meeting. Bobbie said it had been previously posted and was checking t see if it was posted again before this meeting. Margot thanked her for that and said if it hadn't been sent out prior to this meeting they will send it out again before the next meeting. Steve asked to have this agenda item moved to the next meeting agenda to allow time for interested people to apply and respond to that opening. Bobbie told Steve that they will work on getting that vacancy posted right away.

12. For Possible Action: Discussion and possible action to make recommendations to amend provisions of NRS 450B.151 governing Advisory Committee terms and membership.

Dr. Carrison said there were two items regarding this agenda item, and one was to add an educational position to the committee. He explained that is something that would need to be done by the legislature because it is in NRS450B.151. The other item they had discussed was to change the chairperson term to two years instead of one because it is very difficult as chairperson to have any continuity or history besides the other members. He said there could be two motions on this agenda item, one to add an educator position and second to change the term of the chair to two years. Bodie said he is opposed to adding another position because if the board keeps growing trying to get a quorum available becomes more difficult. Steve thanked him for that comment and said he shares those concerns as well. He said some of the discussions they have had were about which position to illuminate in order to bring on an educator position. He said this is an actionable item but thy can certainly discuss it further before making a motion on this item. Carl Bottorf asked if there was any interest in discussing replacing a position to add an educator position so they can address both Bodie's and Dr. Carrison's concerns. Markus agreed with removing a current position to add an

educator position and that if they just add a new position, he feels that it would dilute the committee even more. Steve said the committee needs to discuss which position to replace. Dr. Carrison said there are already people on this committee that do EMS education so if they have a meeting where education is being discussed one of those people can speak on it. Steve said they could even possibly start an education work group to address EMS education and pull together EMS educators, so they don't have to make a change to the NRS for this committee. James Wohlers agreed with Dr. Carrison and Bodie that adding another position to this committee would dilute it especially considering everyone on the committee are educators. Markus said this was intended to add a position for an EMS Education Institute and not necessarily EMS educators. James said he believes this board already has a number of members on it that represent an EMS Education Institution in conjunction with their current jobs. Dr. Carrison agreed stating that he is the medical director for Western Nevada College (WNC), and he believes there are other members as well that are associated with an education institute. Dr. Carrison asked if this is something the committee can change in the interim or if this is something that will require legislative approval. Pierron said because it is set forth in the NRS it would need legislative approval and couldn't be changed in the interim. Bobbie informed the committee and Pierron that the NRS that is being referenced here is NRS450B.152 number one. Dr. Carrison asked if making a recommendation to change the term is something that the committee could do and have that sent to the legislature during their next session. Pierron replied and said yes, the committee can make that recommendation. Dr. Carrison said this change is not about power and control its about continuity and getting things done. Carl asked if it is better for the committee to present these changes all together at once or if its fine to piece mail them. Pierron said either way is fine but all together would probably be easiest but that is up to the board. Dr. Carrison said he agrees that proposing those changes all at once would be best but he would like to push this change through now and that there is still another year before the next legislative session so they can certainly add on to the recommendations as the recommendations come up. Carl said he agrees with that.

MOTION: Dr. Dale Carrison motioned to not add an education position.

SECOND: Bode Golla

PASSED: Unanimously

MOTION: Dr. Dale Carrison motioned to make a recommendation to change the term for the chairperson to two years instead of one during the next legislative session.

SECOND: Markus Dorsey-Hirt

PASSED: Unanimously

13. For Possible Action: Discussion and possible action to make recommendation to the State Office of EMS to reconsider Advanced Emergency Medical Technician (AEMT) requirement prior to enrolling in paramedic school.

Bodie said he wanted to open with this item because he has seen this item come up twice now during his time with the committee and it has been struck down twice now, so he asked that this item be struck down again at this point as it's a reconsider item. Dr. Carrison said he wasn't sure what that means and asked do they want this to happen or not? Steve said this

is a for possible action item and was requested by Markus and him to be added to the agenda. Markus confirmed that this item was one that he requested to be added to the agenda for individuals and other education institutions because the requirement to have an AEMT for paramedics or individuals interested in joining a paramedic program is a big obstacle for them. He said it delays the process and the curricula is redundant. He said also due to the pandemic it shows how important it is to on board individuals fairly quickly and not prolong the process. Adam Heinz said they thanked the advisory committee for entertaining this item and kindly asked said they support reconsidering the NAC to potentially change specifically the requirement for AEMTs to be entered into Paramedic school. He said they know that not only in the state of Nevada, but Nationally there is a shortage of Paramedics. He said they also know there are very good Paramedics that transition easily from EMT to Paramedic all across the Nation. He said in fact the majority of states do not even recognize AEMTs as a certification level. He said its not an intention to reduce any necessary or essential requirements needed but a lot of the existing education for AEMTs is already included in the education for Paramedics and they obviously support high quality and rigorous education but trying to search and discussing with colleagues they have not been able to find or are aware of any evidence based reliable information to support that there is any advantage to completing an AEMT course to make that individual anymore successful or more competent to provide care as a Paramedic and so they believe this administrative code is a barrier to adding well qualified and experienced EMTs and allowing them into the field of Paramedicine. He said in addition there is a potential financial piece that detours individuals from achieving a goal in providing care in which there is a significant shortage. He said they kindly ask the board to support this recommendation to modify the NAC to reduce the unnecessary directive, either because of preserved financial or logistical procedures for EMTs to apply and be accepted to Paramedic school. Steve thanked them both for their comments and said that he agrees with them both and had talked with Markus on this topic at length. He said he see this as a huge burden, especially for the rural areas. He said he also agrees and sees no additional benefit to having the AEMT certification after completing Paramedic school. He said having had discussions with other rural agencies he has learned it is a huge impediment for them as well. He said with the shortage of Paramedics getting worse and worse Nationwide, especially here in Nevada, he thinks this will not impact patient care. He said he has also talked to Truckee Meadows Community College (TMCC) and they are trying to create a hybrid type program entertaining student from out of state which causes a huge burden on them as well. So, on behalf of him, Banner Churchill, and the surrounding agencies he supports this request. Dr. Myron Gomez said he thinks this is a great topic and also supports removing that requirement given there is some redundancy in the curriculum, and he thinks they could train Paramedics just as well without that requirement. Steve thanked him for that input. Chris McHan said he doesn't want to speak for Great Basin College (GBC) but was recently part of a discussion on this topic with multiple agencies at the advisory committee for their Paramedic program there and how this requirement of the AEMT before Paramedic is affecting the program there and it seems like its overbearing and doesn't seem to help just like the other discussions from everybody else. He said there isn't any link to it being a better Paramedic or affecting patient care. Carl said not too many years ago he was asked by American Medical Response (AMR) to go to Portland, Oregon to help a Paramedic program that was problematic. He said half of the students were from Portland and were all AEMTs

when they came to the Paramedic course and half of the students came from the Washington State side and didn't have that intermediate level. He said going through their accredited curriculum you couldn't separate students based on their past certification level. He said he agree with his colleagues at REMSA that there is a crisis of not having enough Paramedics and that there is no creditable data or research that the intermediate level makes for a better Paramedic. He thanked Markus for bringing this up stating that he thinks this is a good step forward. Dr. Carrison said he certainly isn't against this but as was mentioned he had heard the qualification of well qualified EMTs and a basic EMT that goes through and gets their EMT but has not worked for an agency and hasn't done transporting has a very difficult time going through Paramedic school because they simply don't have any experience. He said the reason he brought this up is because when this goes to the legislature, they will have to have answers as to what a well-qualified EMT is. He said he knows some amazing EMTs and others that took their course and passed but never practiced they are certainly not qualified. He said they have a very difficult time with students that have never had a background in physiology and anatomy because they do not understand the functioning in regard to drugs. He said he wants to do this but that they need to be careful about how they go about it so they do have the most qualified EMTs that will be accepted and trained by Paramedic programs because he understands the shortage, especially in the rural areas, which is his focus. He suggested adding in a requirement that an EMT going into a Paramedic program needs to have a certain number of hours working in the field because passing an EMS course does not mean you are considered a highly qualified and skilled EMT. Bobbie provided some history on this item and explained that a recommendation was made back in 2016 or 2017 it was based on the recommendation of the committee that at that time it those levels were instilled at that time because of those students that were struggling to move straight from the EMT level to the Paramedic program. Dr. Carrison said that is his primary concern. Markus said he thinks putting some sort of provision in there for a requirement of hours would suffice to be in concordance with the NRS and he thinks the AEMT requirement is too high of a burden for new EMTs who would like to become a Paramedic. Steve said he thinks one of the things they are talking about setting limitations on EMTs is that admission into a Paramedic program with his experience with WNC and TMCC they have a pretty robust interview process and just because you apply doesn't mean you actually get into the program and he thinks the Paramedic programs in the State would be very selective in interviewing their candidates for their program so he would trust that they would select the highest qualified candidates for their program in lieu of setting additional arbitrary limits that an EMT in Austin, NV or Gabbs, NV may not be able to obtain that type of experience and those are his concerns with this item. Bodie said what concerns him about this item even though he isn't necessarily opposed to it is that this item has already been on this committee's agenda twice and he is wondering how many times an item can be brought up for reconsideration and he would like to get a legal opinion on this. Pierron said there is nothing that speaks to how many times a board can reconsider an item in open meeting law or in statues governing this body so long as its within its scope and this fits into the scope of what this body can consider so there is no prohibition how frequently a body can consider an item. Steve thanked her for her guidance and said from his recollection this item in the past has not been on the agenda as a for possible action item. Markus said he thinks it is important that the committee reassess and reevaluate things that have been placed

into the NAC because experiences change, and times change, and reevaluation is also important.

MOTION: Steve Towne made a motion to recommend to the EMS Program to reconsider the AEMT requirement prior to Paramedic school and that the NAC requiring this be amended to eliminate this requirement.

SECOND: Sean Burke

PASSED: Unanimously

14. For Possible Action: Discussion and possible action to make recommendation to the State Office of EMS for provisional licenses for new hires with current licenses in another state.

Dr. Carrison asked if anyone knows who submitted this agenda item. Bodie said he wasn't sure who requested this item but that he could speak on it because they hired a provider out of Utah and due to the lengthy process for the application, they were not aware if the state can issue a provisional, however in their case, they did get a provisional issued for that provider. Bobbie said they did identify some delays in processing applications based on attendant licenses that were not coming back in a timely manner and they have streamlined some of those processes and they have changed how they are addressing those issues. She said there is a provision to issue a provisional attendant license to a new hire that has a full certification at the appropriate level so that they can attend their Field Training Officer (FTO) program while waiting on the results of their background check. She said they are in the process of creating and policy on incoming reciprocal applications for providers who are currently credentialed in other states and where they are at with that at this time is some of the cross borders related to background checks and the duration that has lapsed since the background check was processed on that provider coming from another state. She said they are nearing the end of creating that policy and have had great responses and feedback on it as per usual from Pierron and she has been very helpful on guiding them through the process but the stumbling blocks to that process have been state to state issues. Bodie said it sounds like the state has a plan in place to address this item so they can move past it. Steve agreed and moved on to the next agenda item.

15. For Possible Action: Discussion and possible action to make recommendation to the State Office of EMS regarding the Emergency Vehicle Operations Course (EVOC) requirements.

Bodie said this is his item and he brought this item up in the interest of Redwood Empire Air Care Helicopter (REACH), as an example, of why they would have an Emergency Vehicle Operations Course (EVOC) requirement when they are not in ambulances, so he wanted to open up this for discussion to make a recommendation to the EMS Program to amend their policy to exclude air only services. Steve asked Bobbie if this is a requirement for all providers in the state included air only providers. Bobbie replied and told him that yes, it is a requirement for any provider licensed in Nevada at all levels of care including air providers under NAC450B.150 and under NAC450B.055 which refers back to driver attendants or air attendants. She explained they have multiple air attendants who also serve

on ground units so that closes the loop on that. Steve thanked her for that information. James told the board that there are a number of providers that for example work security and do not drive ambulances as well. Steve said that is a very good point. Bobbie clarified that the EVOC requirement applies to the license requirements and does not apply to the certification. Steve asked if a security guard employed as an EMT would not have an attendant license? Bobbie said yes that is correct and that any provider not working on an ambulance is not required to have an attendant license. Sandy said this requirement for EVOC is in regard to driving safely and a permitted agency takes on all that liability through their insurance carrier for driving safely and accidents so why this has to be a state issue when it is the permitted agencies responsibility in ensuring their ambulances and engines are driven safely whether that's by taking the EVOC course or similar course and she would consider if this requirement should even stay in the law. Bodie said their agency in Ely has been doing EVOC for a number of years so it wasn't a big hit to their agency but to Sandy's point he would like to amend his motion to remove the EVOC requirement. Markus asked if this requirement is in the NRS or NAC. Bobbie stated the requirement is in the NAC. Steve said he's only concern with removing the requirement entirely is some of the struggles that agencies have in getting this training and he believe there is a huge safety concern there. Dr. Carrison said his concern is that when they remove things from the NRS or NAC there are some agencies that make it a problem for the EMS Program because there is no continuity, and they don't know if the agencies have done the training and he said he can't guarantee there would be some agencies that won't do the training. He said he believes in the training and he doesn't believe at this juncture that removing this training at this time because they go to work at simply say that they have the training, and he feels like he agrees to what Bobbie said about removing this training entirely state-wide in not appropriate at this time. Bobbie said she had on more comment to add. Bobbie added one more comment that with the air attendants that they have across the state where they do see a lot of instances where they have participated in care on ground ambulances whether it is the whole team all together or just the Paramedic and she is not sure if there is a clear way to remove this requirement all together especially for the rural areas because there is that opportunity for that air team to participate on the ground as well. Carl said that he would add that on fixed wing there is almost always two ground components for every patient transfer so there is care on ground as Bobbie mentioned. Markus said those providers actually drive those ambulances though. Carl said he understands what Markus is saying but that he could work as a Paramedic for a thirty-year long career and never drive an ambulance, but the requirement is that he would have to have EVOC. Steven said this has been a great discussion with a lot of great viewpoints so now the challenge is that they have a motion and a second and he asked if the committee wanted to reconsider any part of that or remake that motion. Bodie said that he would like to have his amendment to the motion still stand. Steve asked him to restate it, so everyone is on the same page. Bodie said he would like to make a motion for the state EMS Program to reconsider the removal of the EVOC requirement and leave it up to the agencies discretion to provide that training. Steve asked if there was a second on Bodie's amended motion. Markus asked if they could add that there would be a requirement for those who operate an ambulance, so to drive an ambulance a person would have to have EVOC. Steve said he thinks that is a requirement for the Driver Only program that the state outlines for that program currently. Bodie asked if with his current motion if it would remove that requirement for those that are on the Driver Only program as well, even

though he agrees with the requirement for them. Bobbie said that the attendant license definition under the administrative code NAC450B.055 defines an attendant as any person including firefighters and volunteers that are licensed under the applicable provisions under this chapter to perform the duties as a driver, an attendant, or an air attendant pursuant to this chapter. Bodie asked Bobbie since he didn't get the clarification if that includes a driver only. Bobbie said it does. She said an "Attendant" means a person, including a firefighter or a volunteer, who is licensed under the applicable provisions of this chapter to perform the duties of a driver, attendant or air attendant pursuant to this chapter. Bodie said he would like to reamend his motion to leave the EVOC requirement up to the agencies but still have it required for anyone on the Driver Only program.

MOTION: Bodie Golla made a motion to have the EMS Program remove the requirement of EVOC for anyone without the exception of the Drive Only program.

SECOND: Markus Dorsey-Hirt

PASSED: The motion was not unanimous as Dr. Dale Carrison and Steve Towne disagreed.

16. **Informational Only: Update on certificates of completion for continuing education recommendation that course coordinator's entry of attendees in ImageTrend suffice for verification of completion in place of physical certificates. – Bobbie Sullivan, EMS Program Manager.**

Bobbie said that at the time they did not have an update for the committee but that they are working on developing a pattern for completion of certificates with the additional requirements that have come up with requirements for developmental disabilities training and how they can reach that goal of meeting the regulatory requirements. She said they have also had providers that have attended programs in Nevada and have moved to other states and their state offices are asking for a copy of their certificate of completion. The EMS Program is still trying to formulate a plan so they can get everybody's needs met and to reduce the workload to everyone. Steve said thank you to Bobbie and her team for all their work on this item.

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

Bobbie said they have not received an update on information from ImageTrend as to their discussions with Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). She stated that this is a third-party issue, and those discussions are still in the beginning stages, so she is not sure if they have a timeframe or goal in mind, but the EMS Program has continued to work on that with them. Bodie asked that agenda items six-teen, seven-teen, and eight-teen remain on the agenda as informational only items since they are still in progress.

18. **Informational Only: Update on recommendation that State EMS Office**

develop a policy and procedure on statewide communications to identify leadership changes. – Bobbie Sullivan, EMS Program Manager.

This item was tabled and asked to be included on the next agenda, so the advisory committee did not discuss it during this meeting.

19. For Possible Action: Update on working group for the recommendation to have the State EMS Office do an update annually on inspection sheets, skills sheets, and other outdated forms and to develop a policy and procedure for annual review of these forms. – Bodie Golla, Committee Member.

Bodie asked if he would be able to screen share the skills sheet or if he can just go through it verbally. Michael explained how to share his screen. He said that the items in yellow are the items he would like to propose to the committee based on their working group to change based on their working group to remove and the first one to come up was the rigid suction device and next going down the list they would like to remove the drinking water requirement since that should be left up to the agency. He said another thing he would like to see removed is the Burn Dressing / sheet/ treatment requirement. He also said there where changes to the Obstetrical Kits and Infant Swaddlers, which he believes it used to require agencies to have two and now it is one. He said the length based pedi tape they would like to make more generic, so it isn't a brand specific. He also asked for clarification on the statement at the bottom of page one where it states, "The required equipment listed in this inspection is different for each agency based off of approved agency protocols." He said one thing that the working group came up with is that this should be based off of the agency regardless of the inspection sheet. He mentioned that with the Buretrol that most agencies don't even carry it and do not have it in their protocols, so they are also asking for that to be removed. He said the requirement for syringes in various sizes should be more generic based off of agencies and what they want to do and if it is not in an agency protocol, they should have to be required items on the inspection sheet. He said he would also like to remove the Nasogastric Tube Various Sizes requirement because he knows there is a specific agency that doesn't even carry them and if it is not in that agencies protocols it shouldn't even be on the inspection sheet. He said the same thing about Normal Saline and Dextrose 10% and that they shouldn't be a requirement. He said with the Saline he believes it was a quantity changed from four to two. He said nothing was changed with the medications. Bodie said that at the bottom of page two it states "Medication list is different for each agency based off of approved Agency protocols. All modifications approved for your agency must be stocked appropriately and be within the expiration date. All violations of medications are considered to be a Category A" and he thinks that should dictate the entire sheet. He said he has a couple of suggestions on page three under the violations section. He asked for some clarification on violations in Category "A" where it states if category "A" supplies are missing that are required to be on the unit will be immediately removed from service and the unit must be re-inspected and found in compliance with the Agency protocols, NRS's, and the NAC's of 450B. If category "A" supplies are missing the required quantity, the item shall be treated as a

category “B” item and if the agency is able to fix the category “A” item during the inspection the unit shall not be placed out of service. Violations in category “B” must be corrected with a written correction report to the Division of Public & Behavioral Health EMS Program regional office within 72 hours and failure to comply with this notice may result in suspension of your permit or removal of the unit from service. He said those were the only changes that the work group came up with and asked if anyone questions on them. Markus said the only thing he saw on the for that needed to be changed was that the word rigid is spelled wrong. Steve said Bodie and his team did great work on this form and that it looks great.

MOTION: Bodie Golla made a motion that after the rigid spelling error is corrected that the form with their changes on it be submitted to the EMS Program for review.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

20. Informational Only: Update and discuss the EMS Office providing an update to the status of the EMS Program Policies and Procedures Manual dated March of 2016. – Bobbie Sullivan, EMS Program Manager.

Bobbie said that due to the workload in the EMS office and the open positions for staff they have not had the opportunity to work on the policies and procedures manual while they attend to the renewals. She said hopefully with one of the new hires that will be one thing they will work on. Steve said he can only imagine how burdensome the workload is right now and the heavy weight there with it being recertification time and being short staffed. He said he understands that and that hopefully the EMS Program will be able to get caught up soon one day. Dr. Carrison thanked Bodie for doing this and complimented him on his work. He said he thinks part of the committee’s mission is to help the EMS Program and what Bodie and the group did is an example of how the committee can help the EMS Program because they can only hope that one day the program will be fully staffed and have an appropriate budget. Steve agreed saying they did a great job on this and that he is sure it takes a great burden on off the EMS Program and he also agrees with supporting the EMS Program and everyone who is involved. He said he hope with Dr. Carrison coming on that they can continue to support the EMS Program and set them up for great success.

21. Public Comment.

Bodie advised the committee that most recently they have had an EMS work group that sparked out of Director Richard Whitley and the Deputy Administrative Sheriff’s office and on that work group there is Chief Brandon Brady from Tahoe Douglas Fire Protection District (TDFPD), Chief Brett Pine from Humboldt General Hospital (HGH), Chief Jason Nicholl from North Lyon County Fire Protection District (NLCFPD), and himself so he is offering to the committee to provide updates and the status on the items they discuss because some of those issues are things that cross over to this committee. Steve thanked him for that comment and asked if anyone else had any additional public comment. Hearing none he said it has been a pleasure working with this team as chairperson and he is looking

forward to working with Dr. Carrison as chairperson to keep the momentum going to help supporting the EMS Program. He said he hopes to see great things on the horizon with that team collaboration approach.

22. Announcement of next meeting date, and adjournment.

Bobbie said the next meeting date would be September 15, 2021. Dr. Carrison said he would not be available on that date unfortunately and asked if the next meeting would be an in-person meeting. Bobbie informed him that meetings have returned to being in-person. Pierron explained that the open meeting law has been revised so meeting can still be held remotely or in person. Dr. Carrison was not in favor of doing the meeting remotely. He said Steve has done an amazing job because meetings that are remote are extremely difficult to run and they run over time. He said he really enjoys seeing the people and being able to talk to them in person and watching their body language and facial expressions. He feels that really adds to the meetings. Steve said, most definitely, and as far as the September 15 date they can be very flexible on that as they need to. Bodie said that because their last meeting was pushed back that got them off schedule so he is wondering if they can possibly hold the next meeting at the end of August or October since November and December are usually pretty busy months. Steve said yes absolutely, he would consider anything. Bobbie said the date for August would be August 18, 2021. Dr. Carrison said unfortunately his schedule is full for the month of August and he will be speaking at a lecture in Indiana on August 18, 2021. Steve asked Dr. Carrison what date in August or September would be good for him. Joseph asked if it would be helpful if the EMS Program or himself send out a doodle poll with a few dates and times, that way they can find a date that works for the majority of the members via email. He said the committee can still discuss the date, but he wanted to offer that as an option. Dr. Carrison said that would be great so he can go through his calendar. Steve agreed and said they can do the poll to figure out at date.

MOTION: James Wohlers made a motion for adjournment.

SECOND: Markus Dorsey-Hirt

PASSED: Unanimously