Emergency Medical Services Advisory Committee Meeting
February 8, 2023, at 1:00 p.m.

Roll Call

Core Members

Dr. Dale Carrison - Chair

Carl Bottorf

Sea Burke

Bodie Golla

Markus Hirt

Steven Towne

James Wohlers

Ex- Officio Members

Bobbie Sullivan – EMS Program Manager

Dr. Douglas Fraser

Dr. Fermin Leguen

John Hammond

Sabrina Bauswell – stepping in for Andrea ESP

Douglas Oxborrow

Meeting Attendees

Committee Meeting commenced at 1:00pm, location 4150 Technology Way, Room 303, Carson City, NV 89506. Via Teams and in person

Michael Bologlu

Thank you, everyone. Chair, we have a quorum and may proceed with the meeting.

Dr. Dale Carrison

Either in addition to or testifying in lieu of testifying, written comments may be submitted electronically before, during, after the meeting by emailing Bobbie Sullivan at her address. Written documents can be mailed to the division of public and behavioral health on technical way.

Dr. Martin Hannon

Hi, good afternoon. I have a public comment

Dr. Dale Carrison

OK, who's asking for public comment?

Bobbie Sullivan

Doctor Hannon, please identify yourself.

Dr. Martin Hannon

Hi, my name is Doctor Hannon. I'm one of the emergency medicine residents here at University Medical Center in Las Vegas, NV. May I make a public comment?

Dr. Dale Carrison

Doctor Hannon, I was notified of your interest and your interest agrees with the interests of some of us here. So, you could go ahead with your public comment and presentation. Now, just try to limit it to 5 minutes. If you would please. Why don't you just tell us a little bit about your background that I was told and why you have an interest in this?

Dr. Martin Hannon

Ah, yes, Sir. So, my name's Martin Hannon, one of the residents at UMC and the Emergency Medicine group. I was born in New York City, and we grew up in Connecticut, in a town that has the only high school student run emergency medical service in the United States. I was a licensed EMT in the state of Connecticut at 16 years old, started driving training, driving ambulances at 16. I volunteered throughout all high school and in college as well. During my breaks with the organization so this proposal that I have and want to bring up today is near and dear to my heart. I noticed I when I first moved out here to the state of Nevada, the minimum requirement, age wise, for EMT's is 18 and I thought that based on my own experience in this organization, in the state of Connecticut, this would be something to look at and give other younger individuals the opportunity to work in the field of emergency medical services.

So I made a deck. I'm sorry that I didn't get it in before the agenda and things were published, I looked up that the law 450B320 notes that in order to be on the ambulance here in Nevada, you need to be 18 years old. My proposal is to change this minimum age to 16 for the emergency medical technician basic level. Some of the benefits that I listed from that is, it allows young adults the opportunity to see firsthand the effects of drugs and alcohol and how they can affect people's lives. It allows young adults to have these opportunities to see that they can make an impact in their community. It gives them hands on training with STEM science technology and lets them see why I am studying these topics in in the classroom and applying them firsthand out in the field. It gives them, uh, a job, to be honest, when you get out of high school, it's nice to know that you have a certification to, to be gainfully employed. It's certainly helpful for kids to know that they have something to fall back on, and it also gives them exposure to career trajectory that is essentially limitless. And many of us here on the call have experienced the wonderful impact that we've moved up the chain. I started as an EMT, and it inspired me to be where I am today as a resident in emergency medicine. I also put in my deck and if we continue to discuss this in later meetings, I put some examples of other organizations in New Jersey. Princeton has a first aid and Rescue Squad and in which they have a similar model with adult advisors within their systems for high school EMT's. I also noted one in Sackets Harbor, NY. It's a fire department volunteer in this local town in which they allow teenagers to gain EMTB certification with adult supervision. And as well as in Fredericksburg, VA. So, I listed 4 organizations if you want to look up on your own time. If we talk later with my deck, you can see those as well. And I also spoke with other members of the Clark County EMS area, and they said that there is an employment situation in Clark

County and finding people to take on these jobs on the ambulance and we need more EMT's out in the field. So great opportunity to Fill that gap.

Dr. Dale Carrison

Excellent. There are some people here that have been involved in that and I would encourage you also to look at the technical high school in Las Vegas. I have lectured in them in the past. There is kind of a premedical part of that that would be a good place to start and then Steve Town here from Banner has been. In his area of northern Nevada, he's done an awesome job and they're very involved with the high school. Students and that and you know I've always felt that you know, we have certain group of people that want to give 16-year old's the right to vote. I would love to give 16-year-olds the right to do EMS because it is it is important and as you mentioned. It is a resource for future workers, and we are short in the state of Nevada, so I look at that, we'll look forward to having your presentation and there was just no way to get it on the agenda where we were. So, thank you for your appearance and we'll look forward to hearing more about the program and hearing from you again in the May meeting.

Dr. Martin Hannon

Wonderful. Thank you for your time. I appreciate it everyone.

Dr. Dale Carrison

Thank you for your time. I appreciate it.

Probably comment this, this can also be for Members of this community depending on the other public comments. If they wish to comment about those comments that makes sense. Thank you everyone. Now item number 3 is a little complicated and to make this easy because of personnel changes and the difficulty in having personnel and then still going on with the COVID stuff. We have meetings from July 6th of 2022, September 14th of 2022, and December 14th of 2022. Now I don't know how many of you have had a chance to look at this. What I would recommend that you do is if you have any additions, changes, can go over this. Please submit them in writing or by e-mail to Mrs. Sullivan so that we can make any corrections. And if they're just editorial, why again just write a little note and send it to Bobbie and we can cover those. I'm going to ask for a motion to approve those three sets of minutes, with the

caveat that we will accept editorial changes and any significant changes will be discussed at the May meeting, will someone make that motion.

Markus Hirt

I'll submit that motion, this is Markus Hirt for the record, approval of the Minutes from July 6th, 2022, the September 14th, 2022, and December 14th, 2022.

Dr. Dale Carrison

Thank you, Marcus. Is there a second?

Steve Towne

Steve Towne, for the record second.

Sean Burke

Seconded by Sean Burke.

Michael Bologlu

Thank you, gentlemen.

Dr. Dale Carrison

Item number 4 informational only. This will update on the activities within the state EMS and Bobbie has an introduction also that I think she should do first, but I'll allow her to do whatever she wants.

Bobbie Sullivan

Thank you, Doctor Carrison, Mr. Chairman, for the record, Bobbie Sullivan, I'd like to begin the EMS update by introducing a new staff member to our team who began working with us on Monday. She is our new administrative assistant. Joining our office on Monday is our new administrative assistant and I'd like to introduce to this group, Brianna Anderson.

Brianna Anderson

Hi guys. This is Brianna Anderson, for the record, I'm very happy to be here and excited to be a part of such a great team. It's nice to meet all of you.

Bobbie Sullivan

Brianna, join us on Monday and staff have spent the last couple of days working on getting her oriented with the agreement that we're not going to overwhelm or to have her running from the building. So welcome, Brianna. Moving on to updates from the EMS office, updates relating to Image Trend after the last meeting in the discussion of some of the difficulties submitting provisional attendant licenses by the training programs, the provisional attendant license has been moved to all online, the paper portion that was brought to departments that were going to encourage those folks to ride along, do their clinical times on their ambulances, that has been removed. That ability is accomplished online. We received 40 provisional applications last Friday. We were able to process every one of them except for two that had to go back for corrections. So, we see that as a positive win. So, by cleaning it up in that, we've streamlined it for the agencies where they'll be responding to calls. I was part of their training. And we see it as a win for the training programs. So, I consider that a win. Some folks will see weekend account resets if you've locked yourself out of your account, you'll see some of those because we do have staff that are working some weekend hours as available. That's not a guarantee we won't be able to do that, although time, but we will do them as we can. I know there's been some frustration on the turnaround time on approvals for training courses, with Brianna joining our office, we hope to get that all caught up here shortly. For those programs that involve continuing education, we strongly recommend you consider becoming a training center. You can be approved for that for the same cycle as your permit. This is a separate application from your permit not everyone is required to do it, but I see it as a way to make flexibility from within the programs. This was created with part of the idea that if you came across to program or a presenter or a subject. And you needed to schedule it the following week. This gives the flexibility to the training centers to be able to reach that target date and not have to submit 20 days in advance. If anybody has any questions about becoming a training center, please send us an e-mail or reach out to us by phone. Again, emails to the office are best accomplished under the HealthEMS@health.nv.gov , it's monitored by all the staff, and we try to catch them. We do have a couple that slipped through simply because of the volume, but it reaches all of us. So, whoever's assigned to that task that day can get back to you. Focusing on electronic patient care reporting, we do have a drop off in some agencies reporting, but it's been determined that it was a miscommunication, we were not aware they had switched vendors, so we're cleaning that aspect up and I do want to

remind folks or for those that are unaware if you need to get that information to your hospitals versus sending them in whatever manner that you're doing now, you can give access to the hospital. So, if you take your patients say the UMC or to renown, you can give those facilities access to your patient care reports, only the patients that you took to their facilities. You wouldn't get those charts for other facilities. That gives you a better span of control onto who's seeing your charts, and if anybody wants a some more information on that, feel free to reach out to me or to Kevin Haywood. Nemsis began collecting version 3.5 earlier this year. They are going to stop collecting version 3.4 at the end of the year, which means everyone will need to upgrade to 3.5 by the end of the year. So, if anybody has any questions on that transition, please feel free to reach out to me or Kevin. We are not planning on making any changes to the current data elements unless something comes out of this legislative session, and we'll try to do those all at one time so that the agencies can get with their vendors to do those updates. Last meeting, we discussed changing the expiration date for certification and licensure. We sent out a survey and based on those results. We are going to, after this renewal cycle ends, beginning April 1, we're going to switch that in. The plan now is to switch it to a renewal cycle based on date of birth. As of Sunday, staff have reviewed all the renewal applications submitted through January and have either been processed or sent back for corrections, so we're current on renewal applications, and that's all I have, Mr. Chairman, unless there's any questions.

Dr. Dale Carrison

Bobbie, thank you. Just to comment, so make sure everybody understands have the renewal on the date of birth and it makes a gigantic difference for the EMS office, because instead of getting everyone at once and then having everything delayed because it's simply not possible to do everything at once, having it on the birthdays, I'm sure they'll be some birthdays that, you know, maybe April has more births than any place else, but it'll still spread it out over a period of time and much better for the office than much better chance of getting it done in a timely manner. So, thank you on that, Bobbie. Any other comments from the members?

Steve Towne

Steve Towne for the record, I just wanted to comment on the provisional attendance license I signed off on, I don't know, a dozen or so last week it was very streamlined, excellent job, great work. So, thank you for making our job easier and I know that was a lot of work.

Bobbie Sullivan

Appreciate the feedback. Thank you.

Dr. Dale Carrison

Any other comments? We'll go on to item number C, updated activities the MSC Doug Oxborrow.

Doug Oxborrow

Doug Oxborrow for the record. I'd like to take a moment to thank Mike Bologlu, who has been instrumental in helping us put together all the necessary paperwork for the pediatric restraints that are going to be distributed throughout the state, they will finally ship out March 6th, and so we are on the short list for getting those out to all the services throughout the state. The EMSC committee is now up to 15 members and growing. It's becoming extremely proactive, and we I had my annual bimonthly update with Miss Baker of Hersa, and it's getting noticed that the committee is finally gaining some traction and that we're starting to have a good impact. It's time to do the EMSC surveys again. Last year we got 100% sent back to us, and so that's the number we're shooting for again. So, look for those, those are going to be coming to everyone's inbox and when they're not returned, they'll be followed by a myriad of telephone calls. The pediatric recognition program is being discussed for all the different services to meet pediatric requirements throughout the state and get a notice for that and recognition for doing so and that's about all I have.

Dr. Dale Carrison

Just to comment on the restraints, I think that's a real step in the right direction. So, it's taking a while, but you know if it saves one child, then it's worthwhile. Any questions for Doug regarding EMSC? Thank you for your work on that Doug and thank Mike also. Item number D updates on the activities of Southern Nevada health history. John Hammond.

Christian Young

Good morning, everyone. It's Christian young sending in for John today. He had a conflict, so he asked me to provide a couple updates. Thank you all for having us, long time listener, first time caller here for me. I appreciate the move of the meeting time to 1:00 PM it's helped a lot with our conflicts here. We have a couple of administrative updates. We have some staffing changes Judy, who some of you may have known, was our long term EMS project coordinator here she retired so we get to welcome Nicole

Charlton. We stole her from the Clark County coroner's office. So, she's in our office and keeping us all on task. Also, some of you may recall Doctor Chad Kingsley, our regional trauma coordinator, left us. He took on the role of the Director of Public Health from Hobby county in Arizona, moving onward and upward. So, we welcomed Stacey Johnson. She was the former trauma project manager at Sunrise Hospital, our level 2 trauma center down here. So, she came on board with us as our regional trauma coordinator. For the health district. Just some administrative things as well and we have adjusted our meeting times, for those of you that do tap in from Webex on our monthly meetings, on the 1st Wednesdays, every other month we moved our quality improvement directors meeting which was typically at 8:00 AM, we move that into the 11:00 AM time slot to free people up who weren't going to be part of that closed door meeting. So, what that means is our medical Advisory Board meeting is now moved from 11:00 AM to 10:00 AM on those days. So, if any of you attend those, we certainly welcome you to listen in at any time, that meeting time has changed. Couple updates, just operationally. We also are everyone here is updating it to Nemsis 3.5 as well. We continue to work with getting our data standardized, developing our schematron to get all our data streamlined here locally and continue to make progress on that. Operationally Ocallaghan, military medical facility, Nellis Air Force Base, they're having their ACS verification visit in March. They did have their consultation visit last year to come online as a Level 3 trauma center here in Southern Nevada. But needed volume before they could get fully verified. So, we were looking forward to the ACS visiting us again in March at that time, that's all I have, if anyone has any questions.

Dr. Dale Carrison

No, it's good to see your face, Christian. For those of you don't know, Doctor Young was affectionately referred to as CY was a very valuable member of my team at UMC, directing Emergency department. He has an interest in EMS and described by Doctor Berkeley as a residency director as Doctor Young or Bexley known as CY, as a Swiss army knife. We appreciate seeing you on and we appreciate having the updates from that because. You know, everybody must recognize that this state is growing, and it has its growing pains, but it's also going to require significant more medical resources as we continue to grow and develop, particularly in the industrial area and particularly in Northern Nevada. The challenge is that the challenges are there and CY, thank you for being there. Does anyone else have questions for Doctor Young? Hearing none will go to the next update on the activities of Washoe County Health District.

Sabrina Bauswell

Good afternoon. This is Sabrina Braswell, for the record appearing on behalf of Andrea ESP on the Washoe County Health District EMS coordinator, I'd just like to give a few brief programmatic updates for everybody's visibility, the first of which is an awareness that there are regional discussions specific to dispatch. The meetings are occurring with a routine frequency, when appropriate, we will be able to share more detail and when decisions are made, be able to share those outwards. The next update I'd like to give is that the EMS program is currently working on the building of the next strategic plan. That would be effective for the years of 2023 through 2028. This is a responsibility of the program based on the Interlocal agreement, and this objective is to build it out with a lens respectful of the regionalization and provider safety. The next additional special project, if you will, that we are working on is the EMS call volume projections. Once approved, we'll be able to share that outward with partners as well. The next plan that is eligible for revision is the Washoe County mutual aid evacuation agreement. This is scheduled for revision within the fiscal year completion estimated by June 31st of 2023. This will be with participating hospital partners, long term care facilities, EMS agencies and the like, so, that should be beginning shortly with again, that completion date expected of June 31st, 2023. The final note, I'd like to provide is the program is currently in the process with their jurisdiction specific to Sparks Fire, Reno Fire, Truckee Meadows Fire and Remsa in creating a data sharing agreement. This is currently with the legal counsels for each of the respective agencies, anticipating the next milestone or mile marker in the process to occur on the 17th of February when all those legal counsel lens reviews are due back for consideration or for communication amongst the Legal Council members. I'm more than happy to take any questions of the program at this time.

Dr. Dale Carrison

Any questions regarding Washoe County comments? Thank you very much for sitting in and providing that report for us. It's truly appreciated. We're moving on the next item number F. Update on the activities local EMS agencies, I think because of the update that Doctor Young gave. Carl Bottorf, if you could start and tell us how things are going out there so far.

Carl Bottorf

So we're starting to see here, there’s a much larger volume of EMS patients that are coming because of

911 calls. Also, we're receiving patients on a regular basis here now for admission from Desert View and William B Riley Hospital. They're being flown in and believe it or not, the Air Force is cut through the red tape so civilian medevac can land and everybody's okay with it on the Air Force Base. So, a lot of changes here. It's kind of exciting, you know when there is space here, we fill the beds. Almost every bed is full today and it's been like that for quite some time. The facility commander is an ER doctor, he's board certified also in critical care. He gets it and this is a great thing for medical readiness, for our war fighters. Come visit us sometime, but you got to come in an ambulance. Thank you.

Dr. Dale Carrison

Thanks, Carl. We appreciate that update and you know the good news and the bad news, but it it's pretty much if you look at Nellis location and look at the industrial development that's going forward in the Clark County area, you know, I understand why you're going to be busy. Simply because the location, and the increased construction and everything that's going on, especially all the way out to apex. So Nellis becomes a valuable resource as a Level 3 in that area. Updates from other members, EMS. Please. Markus, you usually have an update.

Markus Hirt

Sure. This is Marcus. Heart for the record, REMSA health has just named Barry Duplantis as the permanent CEO. The little bit of staff changes from interim to permanent. Adam Hines has been named as Chief Operating Officer and Devin Walker as CFO. So little bit of a change or promotions there. Also, Care flight has received a grant for the purchase of another helicopter, our aircraft are getting a little bit outdated now so, Pennington Foundation graciously has funded the purchase of one helicopter, that is really dedicated for rural service, and we'll be positioned in Fallon. All in all, call volume stays up. Both for Remsa and Care flight. It has not come down and if we look at the projections that Sabrina talked about, it's only going to increase with increase in staffing needs and ambulances, so definitely challenges ahead of us. That would be it for me.

Dr. Dale Carrison

Thank you, Marcus. Again, as I'm sure everybody's experienced, the hiring is kind of difficult or simply not enough, qualified individuals to staff all the EMS we have in this part of Nevada, so we'll move forward in making progress. I'll make a comment later the Quad counties because I think that's a step in the right direction too. Thank you, any comments, or questions, from Marcus. I should introduce Doctor

Watson, thank you for being here today because you have multiple roles. You're still an active trauma surgeon and you're still involved in EMS education and EMS organization medical direction. So, thank you for being here. Truly appreciated. Steve, you started to give an update.

Steve Towne

Steve Towne for the record, just a mirror on what Marcus said. I think all of us are seeing record volumes for Banner Churchill, we didn't see a significant drop off during our winter months, like traditionally we have, we've stayed busy and now I think we're experiencing what we usually experience in March or April with an uptick in trauma calls, a lot of activity related calls. So, our volumes are probably going to set another record again this year. Recruiting has been strong. We're very fortunate to have some good, qualified candidates, but it has been a slug fest if you will, because there is that shortage. Especially in Northern Nevada, so I'm looking forward to moving onward with some great changes with State Office of EMS they've already implemented and things that are coming through. Mr. Chairman, thank you.

Dr. Dale Carrison

Thank you. Any comments? Okay, other members of the committee, EMS agency updates.

James Wohlers

Hi, this is James Wohlers. For the record, I apologize for my tardiness. I'm working on my phone, so I missed the roll call, but I was there for a minute. The only other thing that I got was a question from one of my colleagues, previous board member Mark Pincus is inquiring, and I don't have my notes. I'm going off memory about LCB 102, where things stand on that he was just inquiring and asked if I would bring it up. I think that's what it was, we're in the middle of nowhere and I'm going on my phone, so I apologize for that.

Bobbie Sullivan

James, this is Bobby Sullivan, for the record, I don't recognize the number. Can you give me a little back information on that?

James Wohlers

Yeah, I believe it's the is it 450 on the trauma transport time going from 30 minutes to two hours, they don't have to go to a critical access hospital, if it's within the two hour time frame. I believe that's what it was.

Bobbie Sullivan

And are you referring to a current legislation? Bobby Sullivan again.

James Wohlers

I believe it was right before Mark was on the board, that it was changed, I don't know if it went to legislation yet or where it stands. I don't have all my notes and I apologize.

Bobbie Sullivan

OK, we can I can get back to you after the meeting if you prefer. But I believe that all those items were approved and codified and it's simply a process of them being printed and published and they don't necessarily become printed and published in a short amount of time, there's usually a significant delay.

James Wohlers

That's what I think it was. Then when we reinforcement, we could start doing that. So, I think like I said, if you want to give me a call after the meeting, that would be wonderful so I'm not holding up everybody.

Bobbie Sullivan

Not a problem.

James Wohlers

And I apologize, I miss roll cal. Although, I am here when the phone is working, Dr. Carrison.

Dr. Dale Carrison

There's no need for an apology. We had our own subset of problems here, everything worked out quite well. So, thank you for that anyway. Any questions?

James Wohlers

Awesome. Thank you, doc.

Dr. Dale Carrison

Any other updates? Bodie. You usually have something.

Bodie Golla

No, I don't this time.

Dr. Dale Carrison

OK, thank you. Anyone else? Comments regarding update on the activities of your local EMS. Hearing none, we'll move on to the next item, item number 5. I make a small comment on this. This is a born out of a concern regarding ketamine use and Dr Ravin has been asked to make a presentation by a member of the State Department of Health and we are noting that perhaps the people that requested this were not on the committee. It was brought to my attention, and I thought it was a very important subject. So, I asked to have it on the agenda. Is Doctor Ravin online?

Leon Ravin

Yes, I am. Can you see and hear me?

Dr. Dale Carrison

Yes, we can see you very well. So, Doctor Raven, thank you for being here. And please go ahead with your presentation.

Leon Ravin

Thank you. So, for the record, my name is Doctor Leon Ravin. I'm statewide psychiatric medical director

for the Division of Public and Behavioral Health. By training, I am general adult and forensic psychiatrist, and I greatly appreciate the invitation, Mr. Chair, and the members of the committee. With your permission, I would like to share my screen so you could all follow along the slides. Let me know if you can see the slides.

Dr. Dale Carrison

Yes, the slides are easily visible to us.

Leon Ravin

Wonderful, thanks again. So, for today, the topics that I'm going to cover is the definition of mental health crisis or identify common causes of acute agitation in patients with mental health crisis review evidence-based FDA approved treatment options for patients presented with psychiatric emergencies associated with acute agitation and identify concerns related to off label prescribing. You are probably familiar with a mental health crisis. Essentially it means the person has mental illness and has impaired capacity to exercise little control judgment and the ability to conduct personal affairs. Putting them at risk of harming themself or others. For the purpose of the conversation, I will not be focusing on the conditions that are excluded from the definition of personal mental health crisis. Those side conditions like epilepsy, intellectual disability, dementia, delirium, or intoxication, I will not cover. A common diagnosis among the patients who present with acute agitation and aggression include several conditions under this Ghenea spectrum disorders, most notably schizophrenia and schizoaffective disorder. Typical symptoms that increase the risk of violent behavior include command, auditory hallucinations, persecutory delusions, or distorted perception of reality that makes individuals anxious, scared, or unable to express their concerns. When patients were asked to describe the content of their comment editorial summations, 52%, reported that those comments were to commit suicide, 14% reported nonviolent commands, 12% reported commands to cause injury to self or others, but not the little type of injury and 5% of common territorial designations were described as voices in the web, prompting as a Gothic individual to kill another person. Not all the voices are bait. Well, from various studies of the range goes anywhere from 10 to 80% and usually the pay people who experience that cause and command auditory hallucinations are less likely to obey those commands if the commands are dangerous, like killing another person. However, they are more likely to be abated if there is a local destination related delusion. So, let's say if all they have a belief that somebody is out to get them and

thought they see somebody who they suspicious. Solved. Because of the delusion, and the voice tells them that the risk of being killed and they should act first and so self-defense. That's when they're more likely to act on those voices. Also, the if the voice is familiar, patients are more likely to act on those voices. The next condition of Catatonia bar is probably more familiar to the emergency services. When people present with Sakamoto reiteration. But in a few instances, they can present with acute agitation that is not influenced by external stimuli. Are in respect to bipolar disorder. Contrary to common thinking among the lay public, patients in many types are more likely to experience irritable mode rather than elation or euphoria due to the inflated self-esteem drains, the asity perception that they're on the mission to achieve something great. People in acute manic episode are more likely to interpret and attempts to set boundaries as an assault on the personal freedom they experienced. Destructibility flight of ad's agitation. Yeah, all that makes them less likely to properly reflect on the world around them and tell the nature of their actions. They have this regard for painful consequences of the actions and thought that interference with the ability to appreciate the damage their actions can cause to themselves and those around them. I also want to emphasize that the violent acts that they usually will. Finally, I want to touch you more quickly on few psychiatric diagnoses that will less commonly think as reasons for acute agitation, but we know that when people experience extreme fear, feelings of helplessness and lack of empathy coupled with anger, they at risk of more acting out violently. Imagine if you have a person with severe OCD and they're super concerned about getting contaminated from touching various surfaces and the well in their mind if they do so, they will more than certain to contract incurable disease, pass it on to their family members who will eventually die. When they lose that inside and you trying to provide them care, they may not see your point of view. They will all will see contamination, contamination, contamination everywhere and they may become combative, agitated, and trying to resist you. Interventions also keep in mind that people with trauma related disorders like post-traumatic stress disorder, you may experience Flashbacks when they feel like they're back in the situation that caused them severe trauma. So, but let's say if you trying to all go hands on somebody who was a victim of rape, they may experience those flat flashbacks. So the situations when they were assaulted and become combative because of that or if you're working with somebody, for example, who is a survivor of October 1 shooting and there are a lot of ambulances of flashing lights. A lot of commotion that can send them to either flashback or may cause severe psychological and physiological distress that make them be less appreciative of their acts and the act in severe agitated or combative state. Now I want to focus on the definition of chemical restraint. The first part essentially defines the chemical restraint as administration of drugs to personal for this specific and exclusive purpose of

control Zodiac behavior at the places the person or others at risk of harm when less restrictive interventions have failed to limit or control their behavior. If you are a using a, any measures that are meant to restrain an individual you as well healthcare providers and facilities, healthcare facilities may be responsible. Now to report the use of those physical mechanical chemical restraints, as described in the in the US. Now the second part of the chemical restrained is something that you might be also familiar because it is like the Joint Commission standards that the chemical restraint term does not include the administration of drugs prescribed by a physician, physician assistant or an APRN as standard treatment for mental or physical conditions to the person. So, the definition of standard treatment or standards of care are important, and not just because of the of for the purpose of reporting the chemical restraint, but also tough for any matters that may involve allegation of malpractice or any complaints to the licensing board. So, for those of you who haven't looked at their nearest definition of malpractice where it is defined there as a failure of a physician or hospital. Or an employee of a hospital in rendering services to use the reasonable care skills or knowledge or general used under similar circumstances. Now that the interesting part is far as ordinary used under similar circumstances because it commonly implies that we are practicing within our discipline. Unfortunately, it's not always the case, so I can give you a quick example from last year when I was on a long-distance flight and they in the middle of the flight announced that they need a physician and I happen to be the only physician. So, when I made my way to the person who reported chest pain and discovered it was not individual in their 60s, I was surprised that apparently airlines equipped to deal with certain medical emergency, so they not only had a pulse logs, but they also had the entire EKG machine. They were able to get the basic EKG. That individual and the crew posed the question to me after I had a chance to talk to the person, whether they needed to divert the flight. Now I am a psychiatrist, if you can imagine the decision, I was making is not something that ordinary is done by my specialty. I'm not going to bore you with the rest of the story, but the point I'm trying to make is that if any allegations of malpractice were brought against me based on the actions I've taken, I would not be looked at as what is the standard of care for psychiatrist in treating of chest pain. I would be much more likely to look at as what is the standard of emergency care provider when dealing with the medical emergency. And that is the reason why I am here talking to this group today because so I'm describing situations when we treat mental health emergencies, which is pretty much within my scope. So, the standards of care come from various sources. Obviously one of the kinds of golden standard Goldstein is the package insert provided to us by the Food and Drug Administration. You have the list of medications that. Approved by the FDA and both for as long as you don't deviate from there, it's very difficult for anybody to certain that you did not

conform to the standards of treatment. You also have a practice guideline developed by professional organizations, point of care tools. If you use up to date or dynamite, those are very helpful in our day-to-day practice. Of course, we have textbooks, we. No overview about various scientific publications, and of course we all are required to undergo both see me activities for the purpose of licensing and terminate and so forth certification now or few things to remember is that if you're using any of those sources to determine your standards of care, they may have an expiration date. So, for example, many of professional guidelines. They have a disclaimer that they are meant to be revised every 10 years. At least that's how the APA and the American Psychiatric Association described those. If you are looking at the peer reviewed publications and this is something I've learned in my preparations for various, see me presentations. Usually, they are up to date for the first five years after publication and they see me activities typically expire after two years. If you are basing your determination standards of care based on the scientific articles or the semi courses you've taken, check out the expiration date because that can play a role. Not that there are many reasons why we use psychotropic medications. You have a copy of those slides, so I'm not going to go through various pathways and brain regions that are involved in aggression violence, but you can review those. And if you have any questions, you can get back to me with your questions. Also, though, there have been several mechanisms of actions proposed for various medications or the target symptoms of agitation. And aggression in patients with mental illness. We have quite a bit of a list out there. From the perspective of managing of acute agitation associated with schizophrenia, bipolar disorder, a couple of medications have been around for 1520 years. Interestingly, is the processing done with the brand name of Geodon has been approved by the FDA since 2002. The I personally have not started seeing it in clinical practice until it was closer to like 2006 when it started getting more popular, however it was approved in 2004 and quickly became one of the favorites to be used in psychiatric emergency rooms. So, because of ease of administration, reasonable tolerability, and the major concerns with the administration of Olanzapine, IM was that it has a warning when combined with benzodiazepines and may cause may have increased risk of profound CNS and respiratory depression. Now the very last one you are probably familiar more with than I am, particularly if you perform any no preceding procedures that require analgesia and sedation in crisis settings. So, it's been around since 1999, however sublingual or film form was approved just in April of last year. Uh, it's a oral dissolving film. The patients can place under their tongue or both or by the cheek. It dissolves and absorbs it in oral cavity, and it has been approved. Now for management of acute agitation associated with schizophrenia. So that that is yet another FDA approved tool that is available to us. In our hospital separated when the DBH will frequently use 1st and 2nd generation and the psychotics available in IM

formulation support a lot of them are favorite both in Psych and General Medical or settings. Heldal has been around longer than an average age of practicing psychiatrist in this country, so we certainly have plenty of experience with that. Now back to the topic of level medication prescribed and generally off label means that the practice is not supported by randomized double blinded placebo-controlled trials. Typically, what is required well by the FDA to approve a medication for particular indication. It sounds narrow, but there are situations when off label on when on label options are simply not available for us. For example, all of us is archivist, treat patients with borderline personality disorder and prescribed variety of medications, not the single medication has ever been approved by the FDA for management of that condition. If we want to prescribe patients borderline personality disorder medications, we have no other option. Not to go off label. Now the example could be prescribed in combinations of medications like for example 2 antipsychotics or antipsychotic the OR like several mood stabilizers, the FDA has looked at adjunct prescribing so many of our combinations are simply off label because of the studies have not been done, obviously you may also have situations when you try it on label treatment options and they simply don't work at the patient doesn't tolerate it so the IT is a common practice. It's more difficult to defend. In case there are any allegations of malpractice or actions, that item by the Licensing board. Suddenly requires a different level of consent because you must explain to the patient or if the patient is not able to consent to the family member who can make all those consent and decisions on behalf of the patient that the No the well level of scrutiny of off label prescribing may not meet the standard of the treatment options that were approved by the FDA. And the uh towards the end, the presentation I want to touch base a little bit on ketamine. I understand that this group probably has a whole lot more experience with them that I do, but. A few things that I was able to borrow or find out through the review of publications in the peer reviewed literature Academy and has been used to manage all the acute legislated violent patients in prehospital settings. It is clearly not FDA approved for management of those conditions. So though that constitutes off label prescribing there no recommendations by the American Psychiatric Association or on use of ketamine for those specific conditions you may have heard of Scatman that we are using now for treatment of major depressive disorder. But ketamine or including a week mean for management of depression, for example, PTSD still considered to be a best at the research stages. The studies that described use of Ketamine for management of AQ agitated environment patients in mental health crisis where small mythology from study to study and they will start it only among the adults. Because the mechanism of action of ketamine is sedation rather than treatment of specific psychiatric syndrome or diagnosis, it is a chemical restraint. So, the reporting requirements apply. I also want to clarify that the OHH because admin can

produce psychosis type reactions or dissociations it is contraindicated to the be used in patients with schizophrenia spectrum disorder and notice in one article that when it was used to facilitate painful emergency department procedures in children, ketamine has been associated with increased risk of airway obstruction and higher prevalence of vomiting in teenage population. Also thought the research that I was able to identify clearly. Though Ohio states that ketamine administration must be done in proper medical settings with constant observation, pulmonary cardiac monitoring, and the ability to provide CPR in case of adverse reactions and special precautions for safety should be considered because the patients may experience an increase in agitation if they experience dissociative or say chaotic symptoms form in the administration of ketamine and those may not be immediately observable. Support is certainly the procedures must be put in place to monitor those patients. So, for substantial amount of time following the administration of the medication and that is it for me. So, I am open for questions. So, here's also my contact information in case if you would like to reach me later and, in the presentation, you have a list of variety of acronyms I have used as well as the references.

Dr. Dale Carrison

Thank you so much for that presentation. I have a couple of comments I want to make, and I want to make it clear to everybody that I am not in conflict with Doctor Raven in any event, I am the child of a bipolar mother and a bipolar sister who committed suicide at the age of 60 when she was a nurse. So, I had some familiarity with that and had to a lot of interest in medications and psychiatry and mental illness, and then as an emergency position in my daily shift and emergency physician at University Medical Center in Las Vegas. Multiple medically and mentally ill patients on a daily basis. So, my thing with drugs is always to understand the risk benefits and complications because that's clearly what we need to do. I understand the incident that brought this up, and I would say the Ketamine has been used since 1972. I am medical director for the electric Daisy Carnival for many years and also a medical director for one year only at the Burning Man that we used, the significant very significant amounts of ketamine. Alright, we also used it in Las Vegas in search and rescue. It was so much better than morphine when we were picking up hikers that have fallen, broken legs, broken arms broken, whatever and take them in a trauma center after significant falls that giving ketamine for pain was far more effective than giving morphine, especially when there be being loaded in a Stokes basket and that basket is spinning and you give them morphine and then. The one that doesn't do that well for pain because they still feel the pain and it also contributes to significant vomiting which is we all know is not good I think it's a valuable drug and as Doctor Raven pointed out, it's not for schizophrenia and that's in

all of our protocols and our standing medical orders that it's not to be used for that. It's an excellent drug for pain. And you know, it says you're not supposed to use it over 65. Well, I was well over 65 when I had ketamine for a shoulder surgery and had absolutely no problems with it. You must remember the other part when we talk about risk benefits and complications that what is the LD50 of ketamine? Well, it's you'd have to give 4.2 grams of ketamine to a patient to get to the LD 50, so that makes it a safe drug, we've used doses of versed at the various raves. I've given over 100 milligrams of her said and stop someone from going into rubber miosis because of their movements and. Is ketamine, should it be used all the time and as they all deal drug, can it be used improperly? Of course it's a drug, but I'm not concerned about the off label use simply because one out of five of every drug that's approved by the FDA has an off label use and we have to recognize that that's it because the other part is if you wanted to do the appropriate studies to get an FDA approval, it's literally reported in the literature as a hundreds of millions of dollars to accomplish that. So, we're going to have drugs that are off label uses and when the drug is been used for 50 years, I'm comfortable with that because in a 50-year period, you've seen every complication that you could possibly see with administration of a drug. We all know that there is no drug that you could administer that someone, somewhere is not going to have an adverse reaction to. That's just the nature of medicine, nature of drugs. So, I think knowing that and doctor Raven I'm sure is aware as he goes, he mentioned the psychiatric off label drug would shows tremendous promise for Depression and PTSD, clay and off label, and the American Psychiatric Association position paper in 2016. Simply recommended the use of off label if it was appropriate. Study that would advance the care of mentally ill patients. So, with those comments I will be quiet and ask any other members of the committee if you have any input or comments or questions for Doctor Raven.

Markus Hirt

Thank you, this is Markus Hirt. I can only second what Doctor Carrison said here. Just in experience utilizing ketamine not only for pain, but also for some anxiety type conditions as well as excited delirium is maybe not the right word anymore, but you know, everybody knows what it is. It has shown a really, really, good safety profile. Some other drugs would probably have more respiratory depression requiring intubation with more potential complications even up to death. I have not seen that with ketamine experience here with care flight and rhymes like that's all I can talk about but All in all, it's been a really, beneficial drug in the EMS and critical care environment that we're in. And I will rest my case here.

Dr. Dale Carrison

Thank you, Marcus. I failed to mention I think all of us that are on this committee understand EMS, which is why we're here. And when you arrive in an EMS scene like a law enforcement scene, when somebody starting to be threatening to shoot someone, we if you haven't experienced EMS in the field then you don't really understand. The importance of having a medication that can stop the crews from being hurt stop the patients from being injured and you know, forcibly taken down and restrained, which, as we know in the past has resulted in the deaths of several patients. So having a medication that's available in the field so that we can transport them to get the appropriate care. And I have used all the drugs that would except for the President. The that that Doctor Raven mentioned, I've used every one of the other drugs that he mentioned and they're extremely effective in the emergency department. But one is when you have a drug that you're going to give and then reevaluate in two hours, that's not a drug. So, we must recognize what we're what we're talking about here and with our systems and emergent care of patients and trying to protect them from themselves and from others and particular from our crews. So, any other comments from members?

Carl Bottorf

Hey, this is Carl. Can I make a few?

Dr. Dale Carrison

Mr. Bottorf, go ahead.

Carl Bottorf

You didn't say my last name, right, but I'll forgive you this time. I worked in Alaska as a as a paramedic and a nurse, and we tried to use Geodon right as the doctor mentioned the preparation for the vial to use. It can take 5 to 10 minutes. You must roll it around, not get bubbles. Right. It's not. It doesn't work. Any EMS for us. So, although the science might be there for the drug, you know, there's the practicality as well, the ketamine is also it just seems to work fast no matter how you give it. That's just my observations and the example I would give Doctor Carrison is you know here in Las Vegas. Umm, people that are violent or out of control, or are presented by the police to EMS to take them somewhere, and the police just hop in their cars and go. So, it's one attendant in the back of an ambulance. Right. You want something that works fast and is reliable. And it seems like ketamine has been a good go to. You know for that, and it would stands the temperature extremes that we go through, you know, the 40

degrees in the winter. 120 in the summer. Umm, it seems to it seems to travel well with us and it works when we need it. That's all I got. Thank you.

Dr. Dale Carrison

Thank you, Carl. I appreciate that input. It's just, you know, it's complicated. And I think what we haven't discussed maybe the elephant in the room is which we started to discuss is that there are emergent reactions, and the emergent reactions can be significant. So, there is literature with tests that have been done where a benzodiazepine was used in combo with the ketamine in that reduced the emergent reaction by a minimum of 50% was a small study. But it was an effective study then. It made a difference. It wasn't a low P value. It was statistically significant. So that's you know that that is another consideration when we do that, so when you have it, the protocols that we all follow based on our EMS system, the standard medical orders are extremely important. From experience in Clark County, because Clark County was unique because you only have the EMS chief and the physician director of the EMS program. On the board, we're able to do things easier, whereas in Northern Nevada we're a bit fragmented. So, we have the Quad counties now. So, we have 4 agencies that are sharing standard medical orders and that's effective and you know the more we can do that, the more consistency we have within our EMS system and the better chance it's just better for us as crews and it's better for us for the only reason we're their patients. So, the patient is paramount again. Any other comments or questions? Hearing none, Doctor Raven, thank you so much for that presentation, it is valuable. As I mentioned, if anybody has any questions, there's a wealth of literature available because the drug has been available since 1972. So yeah, we need to look at it and make sure that our crews are following their standard medical orders and view it as a useful drug so that we can get our patients to definitive care. With the folks like Doctor Raven and move forward Doctor Raven.

Leon Ravin

Thank you again for having me.

Carl Bottorf

Thank you, Sir. Thank you so much.

Dr. Dale Carrison

Thank you, everyone. Moving on, the next item for possible action discussion and possible recommendations regarding current requirements for provisional attendant license and other state processes for students. So, the reason for that being on there is we've got quite a few students now. When we look at trucking meadows, Great Basin Remsa, Western Nevada College, we have the students and the students come in. You know, remember, there's still three classes of students. Even though we've eliminated the requirement of a EMT to start paramedic school. In our systems in Northern Nevada. We still are training EMS, basic work, training, EMS, AEMT, and we're training paramedics, so it becomes quite several people now. They all must have backgrounds, so the background is not a problem, but should they have to be? Should they have to be licensed and go through the provisional attendance license? Which you know is a lot of work for a lot of people, including the Office and Bobbie. I don't know if there's a financial part to this or not.

Bobbie Sullivan

Mr. Chairman, Bobbie Sullivan, for the record, there is no fee associated with the provisional license for the students.

Dr. Dale Carrison

With that caveat, we I'm sure all the educators in the room and the educators that are listening and the educators that affected about this we are. Would be interesting and having that and I know from my personal experience as the medical director for Western Nevada College is the EMS programs. Why? It's just It is sometimes difficult, and it is sometimes difficult because. One of the requirements that have a driver's license, we've had someone who didn't have a driver's license, but they're not driving. But you know, how do we address that? Does anyone else have any comments or wish to make anywhere recommendations regard to this item please? I don't know if I'm the only one that's affected by this or not. Steve, do you have any? Comments on him because you're certainly an educator at where you are.

Steve Towne

Steve Town for the record, no, I don't have any additional comment, but the changes that I refer to earlier that Bobby with the state alluded to with the Provisionals, going electronic at the notifications in that system has been phenomenal. I don't have to sit and have somebody call me and or wait on me for

three weeks to sign something that I didn't know was in the inbox. So having that that's been a great change. So as far as a driver's license, yeah, that that is a valid concern. You know, for the educational programs, some people might not have a driver's license, but as far as what I see, it doesn't affect me at this point.

Dr. Dale Carrison

Thank you for that. Well, Bobby, that's a great compliment and I would propose then to take this action to remove it from the agenda at this time, because based on Steve's comments, I'm sure others must be having a similar. If we're doing that good a job, then let's leave it alone.

Bobbie Sullivan

Thank you, Mr. Chairman.

Dr. Dale Carrison

Moving on for possible action, discussing current fees for permits and surrounding States and possible recommendations on fee changes. This particularly has to do with the EMS agencies and fire departments etcetera. We are the lowest, we charge the lowest fees of any state in organization and the United States of America. And I don't think that's right. There is a build draft for request that has not been totally completed at this time, but that BDR wants to put EMS under law enforcement that's come up before, so you know, there's a lot of issues regarding that. So, when we look at this, if we look at the fees, we want to talk to the fire chiefs, but I think coming with a recommendation from this committee would be helpful for Bobbie. It would be helpful for all of us. The Chiefs that I've spoken to in the order Nevada have absolutely no objection to this, but they don't want it to be crazy, obviously. But they recognize the need that this agency or this. The EMS from the state where we're here. Is solely sorrowfully underfunded. Questions or comments? Recommendations.

Steve Towne

Steve Towne for the record, I know when the previous chairman, we did address with the State Office, you know, reviewing fee structures from across the country, we are very, very low. My previous state where I was a director, I had a three-ambulance service or fee was $6700 for our permit. You know there's a part of that that went to the EMS office for the State of Georgia and in a part of that went to the Medicaid fund that saw its way back to the EMS agencies in way of extra reimbursement for the

state Medicaid payment for ambulance services. Me personally, I'm a cheapskate. I don't like paying more for a permit or attendance license that I must, but I also believe that you get what you pay for. If it wasn't for Bobbie and her staff and the due diligence that they use every day or state, office would not operate to the level that it does, giving their financial shortcomings and lack of staffing and support from the state. I'm very much supportive as a paramedic in the state of Nevada and as well as a chief of a department. I would be very supportive in in raising our rates to at least mirror the national average and support that to the state funding division, wherever that is, in the state, to support the Office of EMS so that they're better supported, better funded, ultimately it serves our patients, our constituents if you will that by them providing a better level of service through their licensing through their permitting through their background checks through their support of the EMS educational system. We will get that back tenfold.

Dr. Dale Carrison

Thank you, Steve. Other members of the EMS Committee anyone wish to comment?

Carl Bottorf

Hey, this is Carl. I have a question. So, if the fees were increased. Would that? For that amount of revenue, go back into EMS or where to go into state general fund.

Bobbie Sullivan

Bobbie Sullivan, for the record, we are currently working on bills in this legislative session that will keep as much funding within the office that is generated in revenue and currently the application fees. Stay within the office. I must check the exact wording on that. So, it is my understanding at this current point that those fees would remain with the office.

Carl Bottorf

Thank you.

Dr. Dale Carrison

Other comments.

Markus Hirt

This is Markus Hirt, for the record, I totally agree with Doctor Carrison and Steve here. The only thing I'm worried about is we don't want to create obstacles for individuals to enter the profession. That's the only thing. So, it must be reasonable. But it's not reasonable right now, it's too low. I think we just must look at it and make sure that it's not creating obstacles.

Dr. Dale Carrison

Then perhaps the next step in this is to have the office say what is the average? What is our target? What's our goal? So how much would we like to have when we know that? If we do that next and then we've got the legislative session this time. This is the time to make to make changes and talk about budget and do that. And we also, you know in my talks with various fire chiefs that I've had access to and the one I'm work with is associate medical director. Why they have no objection to this at all if it's used for it's purpose and EMS office and not, you know, not trying to get more money for the state Health Office and not have it trickle down to the EMS office, Bobbie.

Bobbie Sullivan

Mr. Chairman Bobby Sullivan, again we are working those in the as I understand those regulations currently, it would stay within the within the EMS Office. We have been working from the last meeting about getting that Sister State survey and information. This is just a rough sketch that we were able to capture screenshot on that I just brought along just simply to show that we are working on getting that information. We worked Sister States, border states, states of similar makeup and we are compiling that information to see that we can see what we can bring to the next meeting fees in the EMS office are regulated under a Nevada Administrative Code 450B dot 700 and our last fee increase. Of anything was back in 2018. Now, because that's an administrative change, once the legislative session has ended, we can look to going to a fee increase with the public hearings and the feedback. So that will be the key is getting the feedback and the support to move forward with those ones. The legislatures are done.

Dr. Dale Carrison

That's outstanding, Bobbie. I wonder what that piece of paper was that was sitting next to me. That's extensive. If they'd be valuable at some point, I think it's valuable for all the members of the committee

to have some idea because some of us work with the fire and have our own EMS stuff like Steve does, but we in in you know Marcus representing Remsa where we are, but we really need to go to our chiefs and follow up on this issue, so we'll leave this on the agenda and then have a report on that next meeting, Bobbie and see where we are. And again, as we all know the legislation is in session and we all know what will happen and nothing will happen until the last three to five days and then everything will happen. So hopefully we're out there and support, I plan to testify before the legislature, when the budget comes up for the state health Office, I'd like to be there. There's a dearth of medical in Northern Nevada in Paramedicine and Basic EMS are extraordinarily important to the population and the citizens of Nevada, and it is a dynamic part of this and it's changing rapidly because of the industrialization of the north and we're all going to see an increase not only in population. We're going to see an increase in calls. We're going to just see an overall increase for basic medical and then that medical must go someplace. So, it's the EMS system that gets it there. Any further comments?

Carl (Guest)

I have a few more questions. Is there parity in those fees? Between Clark County and the rest of the state. Everybody pays the same fees.

Bobbie Sullivan

No, they don't. This is Bobby Sullivan. For the record, the fees are not the same.

Carl (Guest)

So I think the point means it's rather complex algorithm to raise fees because if we're just raising for part of the state. Other parts of the state, they might have a strong argument about something that doesn't benefit them? Does that make sense?

Bobbie Sullivan

Bobbie Sullivan, for the record, we have individuals in both. The Southern Nevada Health District and the stadiums office that choose to credential through both offices, so they pay the fees based on whether they want to have just the Southern Nevada Health District credentials or want to have a state credential based on their employer. So, we do have folks that pay both of those and some of them that choose to take one versus the other.

Carl (Guest)

OK. Thank you very much.

Dr. Dale Carrison

Any other questions or comments? Alright, then we will. We'll take that course of action, Bobbie, and we'll have that on the agenda for our May.

Bobbie Sullivan

Yes, Sir.

Dr. Dale Carrison

Uh, next item? Item number 8 discussion and possible action to elect a vice chair to the committee.

Bobbie Sullivan

Bobbie Sullivan, for this possible action item, the introduction of those that have submitted an interest for the vacant position that is an employee of an urban firefighting agency. The resumes were sent to the committee members as well as listed on the agenda. Have all those folks joined the meeting?

Michael Bologlu

Most of them have. Yes, I can grab a pack of their resumes and check. I do see several names that are on the list. If any of the committee members who are in the present do not have a list in packet of the resumes, they are up front by the door and for those Members and the public who are joining online, those resumes are available on the DPMS website under the Meeting Attachment section.

Dr. Dale Carrison

Camp confused here it seems to me we're getting we're doing 8 and 9 together. So, 8 is to elect the Vice Chair, 9 is for the introduction and possible action, and recommended the Board of Health of new Committee members.

Bobbie Sullivan

My apologies, Mr. Chairman, I got ahead of myself on the agenda. Sorry about that.

Dr. Dale Carrison

So first order of business would be to take nominations for Vice chair of the committee. So, at this time I the floor is open to nominate. An individual that has on the committee. Should be vice chair of the committee.

Steve Towne

Mr. Chair, Steve down for the record. I would like to nominate Markus Hirt for the vice chair.

Carl (Guest)

This is Carl. I'd like to 2nd that please.

Dr. Dale Carrison

Are there any other nominations for the vice chair? Well, hearing no other nominations, if there is only one candidate, then that can be election by. Simply by nomination. And then it's acclimation because there are no other nominations noted. So that would allow us to congratulate Marcus hurt as the vice chairman of the committee. Thank you very much. Thank you, Marcus. Now item number 9. Bobbie, this is the intersection of possible recommendation to the Board of Health for appointment of new committee members. Do you want to take that?

Bobbie Sullivan

Thank you, Mr. Chairman, Bobby Sullivan, for the record, we've had multiple interest set to the EMS Office. For the open position of urban firefighter. And as I stated earlier, the packets were sent to the members. They are available here within the building. They're also listed on the website with the agenda.

Bodie Golla

Mr. Chair, Bodie Golla for the record.

Dr. Dale Carrison

Sorry Bodie, go ahead.

Bodie Golla

I just have a question like on the package that we were sent that's available. I just had a hard time determining who's applying for what area. Is there something that can point us that direction?

Dr. Dale Carrison

The applications that were solicited for the position of urban firefighter are the ones that we're addressing today.

Bodie Golla

There was several open positions, and I know one application was for that position. So, are we just not addressing the other open positions?

Dr. Dale Carrison

I don't know that we can address those open positions without first having notification. Further for the opportunity for others to submit an interest. Does that help?

Bodie Golla

Uh, yeah, I understand that explanation. But then again, in the packet, I know there's an individual that doesn't meet that category that's also within the packet. So, I guess that's my confusion on this whole thing.

Bobbie Sullivan

Uh Bobbie Sullivan, for the record, which one is it?

Bodie Golla

It should be a Kevin Grannis.

Bobbie Sullivan

I got it. Bobbie Sullivan, for the record. Mr. Chairman, Mr. Golla is correct. That is for a separate position. I would like to retain this letter of interest from this candidate, but also acknowledge that we need to put out a notification of interest for that position. It has been open a significant amount of time. I'm not certain that we'll receive other any other interest, but I think that we need to afford the opportunity for others. That's Garrison for the record. So, noted. The active applications and we move forward on those we can. Mike, can you begin with those? OK, so the first candidate that we have for the position of urban firefighter is Johnny Crescioni. Have you joined us today? It appears that he is not present. The next candidate is Jeff Sullivan with Sparks fire department. Jeff, are you joined us today? Mr. Sullivan appears to have not joined the meeting today. Our next candidate is Cindy Green. Cindy, have you joined us today?

Cindy Green (Guest)

Yes, I have. Can you hear me?

Bobbie Sullivan

Yes, we can.

Cindy Green

OK.

Bobbie Sullivan

Yes. Cindy, would you like to give a brief presentation to your interest in the position?

Cindy Green

My submission so I have a long history of working in EMS in Reno. I recently about three years ago

joined the Reno Fire Department as an EMS coordinator. Prior to that, I worked for Remsa. I worked there for about 15 years. I was a paramedic while an AEMT, a paramedic supervisor. I ran the paramedic program. I was the manager of education and community outreach, which included their grants. Before I came to the fire department here. Since I've been at Reno Fire, I was an EMS coordinator and I'm currently the EMS division chief. The city of Reno has the highest call volume for EMS purposes within our area of the Northern Nevada area. As far as the fire department goes, so this board and the things that you guys discuss on this board I think are relevant. Being on this committee would be a very important piece to having a voice for EMS within the fire department how all of our agencies are. Growing and growing even more in the EMS side of things. Does anybody have any questions for me?

Dr. Dale Carrison

Members of committee. Any questions for the candidate? Hearing no questions, thank you for your input. Go to the next applicant please.

Bobbie Sullivan

Mr. Chairman, our next candidate is Chris wade. There is a question about eligibility that we're checking on right now, Mr. Wade, have you joined us? Mr. Wade appears to not join the meeting on to our next candidate. Ryan Tyler. Ryan, if you joined us today. It appears Mr. Tyler has not joined the meeting today. Our next candidate is James Johnston. James, if you joined us today.

James Johnston

Uh, yes. Bobby, can you hear me, okay?

Bobbie Sullivan

Yes, we can. Would you like to give a brief presentation on your interest in this position, please?

James Johnston

Sure. I'm a deputy chief at the Elko Fire Department in Elko, NV. I'm now the acting chief for our vacancy of the department chief and this has been kind of sudden. My responsibilities and workday have greatly increased within the last two weeks. I've been here for 22 years. I started my EMS career in Vegas. I went to school at UNLV. I have a psychology degree there. Then I earned a bachelor’s and fire science and administration. I have a master's degree in Emergency Management from UNLV and I have a

paramedic degree. And I've also worked EMS in Las Vegas and Elko and volunteered on the ambulance here when I started. I think that my time would be a little stretched lately, but I'm also a credential Chief Fire officer and also a credential chief EMS officer as well through the CPSE. If you have any questions, I'd love to answer them and I've been a part of this community and the state my entire life, so I'm well vested in Nevada. But I can understand if you have better people. I know Sabrina's awesome. So have some good candidates to choose from.

Markus Hirt

James, this is Markus Hirt, for the record, you mentioned that time constraint that you have currently. Do you think you would be able to dedicate the time to join these meetings?

James Johnston

Yes, I would. I would make time to join the meetings and be a part of the discussion is just my world got turned over about two weeks ago and I'm trying to catch up with everything, but I can definitely say if I'm elected, I would be a part of anything that I could.

Dr. Dale Carrison

Thank you very much, James. Any other questions of the candidate? Next candidate Bobbie.

Bobbie Sullivan

Thank you, Mr. Chairman, Bobby Sullivan. The next candidate, Rebecca Carmody. Rebecca, have you joined us today? It appears that Rebecca has not joined us. Next candidate. Zeb Nemora. Have you joined us today.

Zeb Nomura

Yeah, yeah, I have.

Bobbie Sullivan

Thank you. Would you like to give a brief presentation on your interest in this position?

Zeb Nomura

Yeah. So, I've been attending meetings for about a year and a half, two years, roughly, enjoy the process of working through legislature and getting things through listening to you guys talk about it anyways.

Having my addition will help with research and any type of studies that we would need brought up to any of these meetings. I do have a master's degree in healthcare management and a bachelor's degree in Health Science. I've been to paramedic in the Reno Sparks area since 2006. Currently I am an EMS coordinator at Truckee Meadows Fire, and I work on a division Chief Joe Common. Any questions for me?

Bobbie Sullivan

Any questions of this candidate? Hearing none, next candidate thanks you for participating.

Michael Bologlu

Mr. Chairman Bobby Sullivan, that completes our list of candidates. We have candidates Cindy Green. James Johnston. Candidate Zeb Namora

Dr. Dale Carrison

Those are the three candidates that were online and were able to interview? I would just comment based on what Markus said, you know it's extremely important that if you want to be on the committee, you show up for the meetings because, if you don't show up for the meetings, then nothing gets done. We must worry about getting a quorum. So, there's a definite time commitment that must be set aside. And if you're on the committee, you need to attend. And it's very frustrating for all of us who are involved in the administrative portion of this when we must worry about having a quorum. So, I would make certain that each of the candidates has the time. And the commitment to attend our meetings, noting that we do our best to have them four meetings a year and schedule and as you all know, we've had COVID. We've had so many interruptions. So, we've had to change meetings around, she has to be flexible enough that when you receive notice of the meeting that you make plans to attend the meeting. No further comments and I would accept nominations for which of the candidates? The committee members would like to see on the committee to join us. Thank you.

Bodie Golla

Mr. Chair, Bodie Golla for the record. I'd like to nominate the Chief Johnston and just pretty much just want to put out just to the other committee members as well. Why I'm doing this nomination is I feel

like we have a lot of people. Not a lot of people out in the rules. And so, I consider Elko more of a like a rural area. And that's kind of why I'm picking this nomination.

Dr. Dale Carrison

Thank you for those comments, Bodie. Any other members nominating or recommending we have a nomination. One nomination on the floor, three people interested.

Sean Burke

Mr. Chairman, this is Sean Burke. I would second Bodie's nomination.

Dr. Dale Carrison

Sean, thank you for that. Any other comments, recommendations, and nominations? Hearing no further comments from the members, we have a nomination and a second. And since there were two other individuals that applied him interest that we do need to take a vote on this. James Johnston, all those in favor of James Johnson joining the committee. Signify by saying aye.

Sean Burke

I.

Markus Hirt

This is Markus Hirt. For the record, quick it's extremely difficult. Three really, qualified applicants, but yes, I'm saying I.

James Wohlers

I.

Dr. Dal Carrison

OK, Marcus interrupted that, which is fine, but I still need to vote. All in favor members of the committee online signify by saying I, please.

James Wallace

I.

Fermin Leguen

I.

Carl Bottorf

I.

Dr. Dale Carrison

Any opposed?

Steve Towne

I. Steve Towne, for the record

Dr. Dale Carrison

1 opposed. Any abstentions? OK, then it's unanimous. And again, as Marcus said, for all the candidates, the three of you that showed up and made your presentations. Thank you for being part of this and we welcome your input to this committee at any time. You know there will always be future opportunities to join the committee. So, thank you again for your interest and congratulations, Mr. Chairman, Bobbie Sullivan, for the record. Based on the results of this selection of this candidate, we will put forth that letter that needs to go to the Board of Health for him to be appointed to this committee.

Michael Bologlu

Thank you, Bobbie.

Dr. Dale Carrison

Moving on to the next item. Which I'm sure everyone's happy for public comment. I would just make a couple public comments as a chairman. Thank you all for your patience and dealing with us. This was a long meeting today. I think it was a good meeting. We were making that we continue to make progress and we need to continue to make progress over the next few years. My plea is to everyone. As each of you in the different areas, because you represent different areas, have either a state center or an assembly person. That is. In your district, and it's extremely important if we want to further the agenda of this committee and this Bobbie's organization that she's responsible for under the Department of Health to contact them and let them know what's going on within our EMS communities because that that's the only way we're going to get anything done. That's the only way going to get an increase in the budget. It's out there. I've spoken to Doctor Tony Elmo. Who's in charge of the governor's Medical Transition Committee, and I explained to him the importance of EMS doctor Elmo was one of my tactical positions on Metro search and rescue. He's a SWAT doc. He's been chairman of the Commission in the past, and he's also the medical director for Optum and now chosen by the governor to go through this transition. I have personally spoken to him about our financial status and the need to have this be a viable budget and explain to him the problems that we've had financially and with personnel, simply because, unfortunately, there was some of the positions that were open, you could go to McDonald's and make the same amount of money, which is not appropriate for EMS professionals. So I would make that plea for all of you to contact your state senator to represent your district and your assembly person that represents your area within the district and lobby them on our behalf. Are there any other public comments? Hearing no further public comments, I would seek a motion for adjournment.

Steve Towne

Steve down for the record motion to adjourn

Markus Hirt

Markus Hirt, second.

Carl Bottorf

- **I.**

James Wallace

I.

Dr. Dale Carrison

Motion is made in second.

Sean Burke

I.

Dr. Dale Carrison

And thank all of you for your participation. Today was a great, great attendance at the meeting and it's truly appreciated by the committee. Meeting is adjourned. Thank you.