

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
Committee on Emergency Medical Systems
(Advisory Committee to DPBH)**

MINUTES

**March 19 2015
1:30 P.M.**

MEMBERS PRESENT

Steve Tafoya	Robert Horton	Jared Oscarson
Kristen Chandler	Kevin Romero	Brittany Dayton (for Kevin Dick, MD)

MEMBERS EXCUSED

John Fildes, MD.	Charles Stringham, MD	Dave Fogerson
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DPBH EMPLOYEES IN ATTENDANCE

Erin Seward	Connie McFadden	Linda Anderson
Richard Fenlason	Jamie Borino	

PRESENTERS

Andy Gilger

ROLL CALL AND APPROVAL OF DECEMBER 18, 2014 MINUTES.

Jared Oscarson, vice-Chair, called the meeting to order and conducted roll call. He advised that a quorum was not present therefore no action can be taken during this meeting. All action items will be re-visited at the next committee meeting (June 18, 2015)

PRESENTATION BY ANDY GILGER WITH INTERMEDIX REGARDING USE OF TRIPTIX.

Andy Gilger presented a quick tutorial on how to input patient care reports into Triptix.

PRESENTATION BY LINDA ANDERSON, DEPUTY ATTORNEY GENERAL (DAG), ON COMMITTEE ROLES AND RESPONSIBILITIES

Linda thanked members for being so active and involved with this committee. She stated that DPBH had asked her to talk with the committee about their duties. DPBH and DAG have been reviewing Nevada Revised Statutes (NRS) 450B.153 which explains the duties of the committee. This review was an effort to streamline the committee meetings and agendas.

UPDATE ON ACTIVITIES WITHIN THE EMS PROGRAM OFFICE SINCE LAST MEETING.

Steve Tafoya reported EMS Office activities:

- Certification and licensure renewals are moving forward. EMS office is currently on schedule to have renewals completed by April 1st.
- The new EMS Database should be active by the next certification and licensure renewal cycle. We are hoping to start BETA testing in late August. There will be a training rollout on the new database later this year.
- Transition: The program is on track to get everyone transitioned to the new levels by the deadline.
- The State EMS Office (excluding Southern Nevada Health District (SNHD)) currently has 3,504 providers.
- We are currently working on the permit renewal packets. Our goal is to have them mailed out in early April.
- Our website is being revised and will go live with the rest of the Division approximately July 1. It should be a lot more user friendly.
- Kevin Romero asked for clarification on State EMS' involvement in dealing with transport of Ebola patients. Erin Seward provided an overview, stating that Public Health Preparedness will be receiving approximately 1.6 million in Ebola funding from the Centers for Disease Control (CDC). This funding stream will be used for needed equipment and training.
- Steve explained that he and Bobbie Sullivan worked with Darryl Cleveland, Dave Fogerson and other services to develop a 'Course Renewal' Form to be put into use.

UPDATE ON ACTIVITIES WITHIN SOUTHERN NEVADA HEALTH DISTRICT (SNHD) EMS PROGRAM SINCE LAST MEETING.

Mary Ellen Brit reported on SNHD – Office of EMS and Trauma Systems activities:

- Presented the Trauma Regulations, Trauma System Plan and Trauma Performance Improvement Plan to SNHD Board of Health. They were approved and posted to a new website, southernnevadatraumasystem.org
- Working on a hospital Mass Casualty Incident (MCI) protocol
- In the early stages of developing a medical screening criteria for patients to be transported direct to a psychiatric receiving facility.
- Permit applications have been mailed out to services.

DISCUSSION AND POSSIBLE ACTION: THE USE OF NARCAN AT THE EMT LEVEL. POSSIBLE ACTION IS FOR THE COMMITTEE TO SUBMIT A RECOMMENDATION TO STATE EMS TO SUPPORT EMT'S TO USE NARCAN.

Senate Bill (SB) 309 is the bill that discusses the use of Narcan. Since lay people can push Narcan, EMTs should be able to do the same in order to continue treatment. Jared Oscarson stated that use of Narcan should be left up to Service Medical Director.

This item will be re-visited at the next committee meeting (June 19, 2015) because there is no quorum present at this meeting.

DISCUSSION AND POSSIBLE ACTION: STATUS OF STATE EMS OFFICE POLICIES. – POSSIBLE ACTION RECOMMENDED ONCE POLICIES ARE APPROVED THAT THEY BE MADE AVAILABLE FOR AGENCIES AND AGENCY COORDINATORS, IF NEEDED A LETTER TO BOARD OF HEALTH (BOH).

Steve Tafoya stated that his goal is to have Office Policies similar to those in use in SNHD EMS Office by the end of this summer. It was suggested that the EMS Program explore ways to allow for public input as part of the process for developing office policies. Linda Anderson stated that she would assist with that process.

DISCUSSION AND POSSIBLE ACTION ON THE STATUS OF THE STATE TRAUMA REGISTRY. POSSIBLE ACTION IS TO DEVELOP A LIST OF IDEAS TO IMPROVE THE CURRENT SYSTEM.

Erin Seward spoke on the Trauma Registry. State of Nevada has a Trauma Registry housed within the Public Health Preparedness (PHP) Program. This legislative session SB 189 was introduced to provide funding that could support the Trauma Registry. PHP funds two (2) staff members, the server that the registry sits on and the \$8,000 per year maintenance and support costs. The current trauma registry has a lot of technical issues. SB 189 would provide funding to support the current Trauma Registry and funding to upgrade that registry into a Trauma System. The fiscal portion of SB 189 has been killed. DPBH is looking for other funding sources to upgrade to Version 5. The legislature along with SNHD are also exploring other funding sources. Using the current program, smaller hospitals are able to log in and manually enter data, but the larger facilities are not able to electronically submit data.

DISCUSSION AND UPDATE OF POSSIBLE BILL DRAFT REVIEWS AND LEGISLATIVE ISSUES FROM STATE EMS PROGRAM, SNHD EMS PROGRAM AND OUTSIDE AGENCIES.

AB 158 – Epi-pen
SB 189 - Trauma
SB 196 – Stroke Registry
AB 308 – Special Events
SB 309 – Narcan
SB 327 – Air Amb – Staffing
AB 331 – Medicaid Reimbursement
AB 305 – Community Paramedicine

DISCUSSION AND POSSIBLE ACTION: STATUS OF THE RECOGNITION OF THE EMS PERSONNEL LICENSE COMPACT. POSSIBLE ACTION IS TO EXPRESS THE COMMITTEE'S ADVICE TO STAFF ON HOW TO CARRY OUT THE PROCESS.

Jared Oscarson state that National Association of EMS Officials (NASEMO) is developing a program called Recognition of EMS Personnel Licensure Interstate Compact (REPLICA), an interstate licensing compact. He asked Steve Tafoya to provide an overview of the program. Steve stated REPLICA would be a way to set up guidelines to allow EMS providers to cross state lines to provide emergency care. States would enter into a compact with a group of others states to be able to provides assistance over state lines.

Jared Oscarson stated that he is excited about this concept and hopes it will help those services close to the state line.

DISCUSSION AND POSSIBLE ACTION REGARDING THE DECISION TO END THE TRAINING CENTER PROCESS. POSSIBLE ACTION IS TO EXPRESS THE COMMITTEE'S ADVICE TO STAFF AND/OR BOH REGARDING THE TRAINING CENTER CONCEPT.

Steve Tafoya spoke about the Training Center concept which has been in the works for 2 or 3 years. Recently several questions have come up so the State EMS Office took those questions to Linda Anderson (DAG). After discussion with Linda, it was determined that the State EMS Program does not have the authority to permit Training Centers under the current regulations. Steve stated that when Legislative Session is complete that we will open the regulations (NAC 450B) to make corrections or additions that will give us the authority we need to re-address the Training Center concept.

This item will be re-visited at the next committee meeting (June 19, 2015) because there is no quorum present at this meeting.

UPDATE ON THE STATUS OF THE MEDICAL DIRECTOR AND SERVICE COORDINATOR'S CONFERENCE. EMS INSTRUCTOR SYMPOSIUM STATUS. POSSIBLE ACTION IS TO EXPRESS THE COMMITTEE'S ADVICE TO STAFF ON HOW TO CARRY OUT THE PROCESS.

Erin Seward addressed the Committee about effort to clarify the funding categories and exactly what the funding can be used for. Under NRS 450B.1505 states:

NRS 450B.1505 Certain money received by Division to be used for training program for certain emergency medical services personnel.

1. Any money the Division receives from a fee set by the State Board of Health pursuant to [NRS 439.150](#) for the issuance or renewal of a license pursuant to [NRS 450B.160](#), an administrative penalty imposed pursuant to [NRS 450B.900](#) or an appropriation made by the Legislature for the purposes of training related to emergency medical services:

- (a) Must be deposited in the State Treasury and accounted for separately in the State General Fund;*
- (b) May be used only to carry out a training program for emergency medical services personnel who work for a volunteer ambulance service or firefighting agency, including, without limitation, equipment for use in the training; and*
- (c) Does not revert to the State General Fund at the end of any fiscal year.*

2. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid in the manner that other claims against the State are paid.

3. The Administrator of the Division shall administer the account.

(Added to NRS by [2011, 2513](#); A [2013, 3061](#))

Erin stated that it didn't appear that this funding source could be used for the EMS Instructor Symposium or Medical Director and Service Coordinators Conference unless there was a strong training component and it was made available to volunteers. She also stated that after reviewing the regulations, it appears that the requirement for a 25% match and a monetary cap were both internal policies and not regulation requirement. So the EMS Program would be able to amend those stipulations as needed.

DISCUSSION AND POSSIBLE ACTION: STATE AIR AMBULANCE PERMITTING AND ATTENDANT LICENSURE. POSSIBLE ACTION IS TO EXPRESS THE COMMITTEE'S ADVICE TO STAFF ON HOW TO CARRY OUT THE PROCESS.

Jared Oscarson stated that he brought this item up because he is concerned about the state permitting agencies without the appropriate providers. Steve Tafoya stated that the Division is reviewing the process for permitting and licensing air agencies and licensing of personnel. The EMS Program worked to develop processes to allow permitting of an air service with an out-of state Medical Director. The plan now is to develop a process to license personnel on those services as they become permitted. The difficulty is that most personnel utilized on an air ambulance are nurses and they are regulated by the Board of Nursing rather than DPBH. Steve Tafoya stated that the State EMS Office will work with the Board of Nursing to develop a process for dealing with the personnel on those services.

DISCUSSION AND POSSIBLE ACTION: MEDICAL CLEARANCE BY EMS PROVIDERS IN THE FIELD FOR LEGAL 2000 PATIENTS. POSSIBLE ACTION IS TO PROVIDE THE BOARD OF HEALTH AND/OR STATE HEALTH OFFICER A RECOMMENDATION ON THE ABILITY OF EMS PERSONNEL TO PERFORM MEDICAL CLEARANCE TESTS FOR LEGAL 2000 PATIENTS.

Jared Oscarson asked Sara McCrea to address the committee on this item which came out of Southern Nevada. Sara stated that this conversation started this time last year on the heels of the Legal 2000 process as it relates to EMS providers. A group in Southern Nevada got together to try to create some legislative recommendations for upcoming legislation as it

pertains to mental health and how we handle mental health across the state but specifically in Southern Nevada. This group worked with SNHD and the SNHD Medical Advisory Board to create a protocol that will facilitate an alternate destination / transportation process for mental health patients. One of the recommendations is to add a paramedic / online medical control to evaluate in the field to try to bypass the ER on patients that are under Legal 2000 and fall under the alternate transportation criteria for transport directly to a mental facility. The difficulty is that mental facilities will look for the medical clearance on the Legal 2000 patients. That clearance is normally done in the ER. Sara stated she doesn't know where the bill is now. Jared Oscarson asked Steve Tafoya to monitor this bill and advise the Committee.

DISCUSSION AND POSSIBLE ACTION ON THE COMMITTEE'S PRIORITY PROJECT LIST. POSSIBLE ACTION IS TO UPDATE THE COMMITTEE'S PRIORITY LIST THAT WAS ESTABLISHED BY THE COMMITTEE ON SEPTEMBER 14, 2014.

Jared Oscarson requested that this item be moved to the next meeting.

DISCUSSION AND POSSIBLE ACTION: ABANDONMENT OF PATIENT FOLLOWING A VIOLENT PATIENT OUTBURST. POSSIBLE ACTION IS TO PROVIDE RECOMMENDATIONS TO STAFF ON ADDRESSING EMS PROVIDERS CONCERNS ON THE ABANDONMENT ISSUE WITH VIOLENT PATIENTS.

Jared Oscarson stated that he had added this item to the agenda because there is nothing in the regulations that protects the provider if they are forced to abandon a violent patient.

Kevin Romero asked for the definition of abandonment. Linda Anderson stated that there is not a clear definition in the law. During the discussion it was suggested that wording should change from 'abandonment' to 'cessation of contact'. It was suggested that the program look for legal advice add to a future agenda.

PUBLIC COMMENT

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

Darryl Cleveland - There is no requirement for the State to conduct psychomotor skills testing. He stated that it should be done in-house at accredited school.

Jared Oscarson – Add to next agenda-Discussion regarding Paramedic Internships with non ALS services
Also add to next agenda: Discussion on FEMA's new recommendations on Fire First Response into Warm Zone

ADJOURNMENT

Meeting adjourned at 3:45 pm