

NORTHERN NEVADA
Public Health

**Emergency Medical Services Advisory Board
Meeting Notice and Agenda**

Thursday, May 29, 2025

3:30 p.m.

Members

Eric Brown (Chair) – County Manager,
Washoe County

Dr. John Hardwick – Emergency Room
Physician

Jackie Bryant (Vice-Chair) – City Manager,
City of Reno

Chad Kingsley – District Health Officer,
Northern Nevada Public Health

Dion Louthan – City Manager, City of Sparks

Joe Macaluso – Director of Risk
Management, Renown

This meeting will be held virtually only.

This meeting will be accessible via ZOOM webinar. To attend via ZOOM, click this link:

<https://washoecounty-gov.zoom.us/j/97584918712>

Or

Type <https://zoom.us/> in your computer browser, click **“Join a Meeting”** on the ZOOM website, and enter this **Meeting ID: 975 8491 8712**. **NOTE:** This option will require a computer with audio and video capabilities.

Alternatively, you can join the meeting by telephone by dialing **1-669-444-9171**, entering the **Meeting ID: 975 8491 8712** and **pressing #**.

1. *Roll Call and Determination of Quorum

2. *Public Comment

Action may not be taken on any matter raised during this public comment period unless the matter is specifically listed on an agenda as an action item. All public comment is limited to three minutes per person. Members of the public may submit public comment by attending the meeting via Zoom. Please log into the Zoom meeting via the above link and utilize the “Raise Hand” feature during any public comment period.

Other requests for public comment must be submitted to almiller@nnph.org no later than 4:00pm on the day before the scheduled meeting. Reasonable efforts will be made to hear all public comment during the meeting.

3. Consent Items (For Possible Action)

Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

February 20, 2025

4. Proclamation: Recognize the week of May 18-24, 2025 as National EMS Week, “We Care. For Everyone”. (For Possible Action)

Andrea Esp

5. *Pre-Hospital Advisory Committee Update - Discussion of updates from the Pre-Hospital Advisory Committee regarding the possible reorganization and development of a new continuous quality improvement process.

Dr. John Hardwick, PMAC Representative

6. EMSAB Bylaws Revisions: Discussion and Possible Approval of Emergency Medical Services Advisory Board (EM-SAB) Revised Bylaws with an effective date of May 29, 2025, to remove the requirement of the ER physician to be a representative of the Pre-Hospital Advisory Committee. (For Possible Action)

Andrea Esp

7. *Regional Computer Aided Dispatch (CAD) Update – Public Board Activities, Technology Updates, Special Projects, Partnering Agency Discussions, CAD Team Goals.

Cody Shadle, Director, Reno Public Safety Dispatch

8. ***EMS Oversight Program and Performance Data Updates** – Joint Advisory Committee Activities, Special Projects, EMS Planning, Data Performance, REMSA Health Franchise Agreement Updates, REMSA Health Exemption Requests, Community Services Department Reviews, Mass Gatherings and Special Events Reviews.

Andrea Esp

9. ***Agency Reports and Updates**

A. ***REMSA Health EMSAB Report, Adam Heinz**

Data Performance Report, EMS Operations Report

B. ***City of Sparks Fire Department EMSAB Report, Chief Jeff Sullivan**

Data Performance Report, EMS Operations Report

C. ***Truckee Meadows Fire and Rescue EMSAB Report, Chief Joe Kammann**

Data Performance Report, EMS Operations Report

D. ***Reno Fire Department EMSAB Report, Chief Cindy Green**

Data Performance Report, EMS Operations Report

10. ***Board Comment**

Limited to announcements or issues for future agendas. No action may be taken.

11. ***Public Comment**

Limited to three (3) minutes per person. No action may be taken.

Adjournment

Possible Changes to Agenda Order and Timing: Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. An item listed with asterisk (*) next to it is an item for which no action will be taken.

Special Accommodations: The Emergency Medical Services Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the EMS Program in writing at the Northern Nevada Public Health, 1001 E. 9th St, Reno, NV 89512, or by calling 775-326-6049, at least 24 hours prior to the meeting.

Public Comment: During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent, by filling out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. For the remainder of the agenda, public comment will only be heard during items that are marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair. Reasonable efforts will be made to hear all public comment during the meeting.

All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another person.

Members of the public that wish to attend via Zoom may make public comment by submitting an email comment to almiller@nnph.org before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.

Response to Public Comment: The Emergency Medical Services Advisory Board can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The Open Meeting Law does not expressly prohibit responses to public comments by the Emergency Medical Services Advisory Board. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Emergency Medical Services Advisory Board will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Northern Nevada Public Health staff action or to ask that a matter be listed on a future agenda. The Emergency Medical Services Advisory Board may do this either during the public comment item or during the following item: “Board Comments – Limited to announcements or issues for future agendas.”

Posting of Agenda; Location of Website:

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Administration Complex, 1001 E. 9th St., Reno, NV 89512

Northern Nevada Public Health Website <https://www.nnph.org>

State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at Northern Nevada Public Health located at 1001 E. 9th St., Building B, Reno, NV 89512 and on the Northern Nevada Public Health website www.nnph.org pursuant to the requirements of NRS 241.020. Ms. April Miller, Sr. Office Specialist to the Emergency Medical Services Advisory Board, is the person designated by the Emergency Medical Services Advisory Board to respond to requests for supporting materials. Ms. Miller may be reached by telephone at (775) 326-6049, or by email at almiller@nnph.org.

NORTHERN NEVADA
Public Health

**Emergency Medical Services Advisory Board
Meeting Minutes**

**Thursday, February 20, 2025
8:30 a.m.**

Members

Eric Brown (Chair) – County Manager,
Washoe County

Dr. John Hardwick – Emergency Room
Physician

Jackie Bryant (Vice-Chair) – City Manager,
City of Reno

Chad Kingsley – District Health Officer,
Northern Nevada Public Health

Dion Louthan – City Manager, City of Sparks

Joe Macaluso – Director of Risk
Management, Renown

This meeting was held virtually via Zoom.

1. *Roll Call and Determination of Quorum

Chair Brown called the meeting to order at 9:00am.

The following members and staff were present:

Members present: Eric Brown
 JW Hodge, representing Jackie Bryant
 Dion Louthan
 Chad Kingsley
 Joe Macaluso

Ms. Miller verified that a quorum was present.

Staff present: Dania Reid
 Dr. Nancy Diao
 Andrea Esp
 Anastasia Gunawan

2. *Public Comment

Limited to three (3) minutes per person. No action may be taken.

Chair Brown opened the public comment period. As there were no public comments, Chair Brown closed the public comment period.

3. Consent Items (For Possible Action)

Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

August 1, 2024

Chad Kingsley moved to approve the draft minutes. JW Hodge seconded the motion, which passed unanimously.

4. Proclamation: Proclaim the week of November 18 – 22, 2024 as Crash Responder Safety Week “Protecting Those Who Protect You (For Possible Action).

Andrea Esp

Dion Louthan moved to accept and approve the proclamation. Chad Kingsley seconded the motion, which passed unanimously.

5. Discussion and Possible Election of an Emergency Medical Services Advisory Committee (EMSAB) Chair.

Andrea Esp

Ms. Esp reported that the EMSAB Chair member position is up for annual reappointment. The board may elect to renominate the existing Chair or nominate a new Chair. JW Hodge nominated Eric Brown to serve another term. Chad Kingsley seconded the nomination, which passed unanimously.

6. Discussion and Possible Election of an Emergency Medical Services Advisory Committee (EMSAB) Vice-Chair.

Andrea Esp

Ms. Esp reported that the EMSAB Vice-Chair member position is up for annual reappointment. The board may elect to renominate the existing Vice-Chair or nominate a new Vice-Chair. Eric Brown nominated JW Hodge to serve another term. Dion Louthan seconded the nomination, which passed unanimously.

7. Presentation, discussion, and possible approval for distribution of the Washoe County Emergency Medical Services (EMS) Oversight Program FY24 Annual Report (For Possible Action).

Andrea Esp

Ms. Esp reported that there is a possibility of updating the outline of the report after the current franchise revision is complete. This update could include more patient outcome data to better assess EMS performance in the region. Chair Brown called for any comment and hearing none, Chad Kingsley moved to approve and accept this consent item. Joe Macaluso seconded the motion, which passed unanimously.

8. *Regional Computer Aided Dispatch (CAD) Update – Public Board Activities, Technology Updates, Special Projects, Partnering Agency Discussions, CAD Team Goals
Cody Shadle, Director, Reno Public Safety Dispatch

Cody Shadle was not present. JW Hodge provided a brief update noting that the project is still on schedule with an anticipated go live date of September 2025. Police and fire have worked with the hexagon team and this week they are working on EMS mobile. Chad Kingsley expressed his gratitude to the CAD team for their efforts while adhering to their promised timeline.

9. *EMS Oversight Program and Performance Data Updates – Joint Advisory Committee Activities, Special Projects, EMS Planning, Data Performance, REMSA Health Franchise Agreement Updates, REMSA Health Exemption Requests, Community Services Department Reviews, Mass Gatherings and Special Events Reviews, and Trauma Registry Project

Andrea Esp

A. EMS Oversight Trauma Registry Presentation

Andrea Esp provided an update and noted that there have been many JAC meetings to discuss the future of the franchise. The first phase of revisions was anticipated to go to DBOH (District

Board of Health); however, there was a change in direction and these items have not been presented to DBOH and are under re-evaluation. The JAC will continue working on some more complex items and strategic plan items. There will also be a prioritization of items that each fire agency and EMS agency would like to see addressed to ensure all agencies' voices are heard. Ms. Esp reported that a special project has been the business associate agreement that will allow NNPH to build upon the data-sharing agreement. The annual review of the franchise map was also just completed and there will be a change to the baseline from FY17 to FY24. With each annual map review, it will be approved, adopted, and updated on the website. The new map effective date will coincide with the current fiscal year. This will eliminate any confusion on which map is the most current, even if there are no changes.

Ms. Esp presented the EMS Oversight Trauma Registry project noting that we have never had a registry of all trauma data. There was a need to standardize how it is stored and how it is formatted. She expressed her excitement that we were able to utilize the assistance of a UNR graduate student to help build this registry. There were three objectives with this registry. This includes assisting in the development of the trauma registry database and Microsoft access; writing an SOP for ongoing maintenance of the registry; and to be able to analyze the data in SAS. Currently, the hospitals and EMS agencies report their trauma data to the state and in turn, NNPH receives this data on a quarterly basis from the state. It is then compiled into a trauma data report annually.

Chad Kingsley praised the state for being a great partner on collecting the trauma data but noted that there is a priority to ensure that we have a complete set, which we currently don't have. Presently there are four trauma designations, steps 1 through 4, and many times steps one and two will appear in the trauma registry, but steps three and four will not. This causes an inaccurate picture of all the trauma cases from step one through step four. Mr. Kingsley opined that as a county, it would do us well to begin to work with our trauma centers and EMS to begin to record every trauma step that goes into a trauma center to gain a better understanding of what trauma looks like in our community.

10. *Agency Reports and Updates

A. *REMSA Health EMSAB Report, Adam Heinz

Data Performance Report, EMS Operations Report

Mr. Todd Kerfoot presented REMSA Health's quarterly data performance report. Mr. Kerfoot noted that REMSA Health experienced a cybersecurity threat to its CAD system earlier in the month, but all patient care for ground transportation and air were uninterrupted throughout the incident. The downtime procedures were appropriately followed, and the CAD system has returned to normal operation.

Mr. Kerfoot announced several staffing changes and promotions. It was shared that REMSA Health hosted colleagues for ambulance ride-alongs and information sharing. A mental health seminar was hosted by REMSA Health for first responders to promote and expand their Fit for Life Fit for Duty employee programs.

B. *City of Sparks Fire Department EMSAB Report, Chief Jeff Sullivan
Data Performance Report, EMS Operations Report

Mr. Jeff Sullivan presented the EMS Operations Report and highlighted the fact that effective July 1, 2024, Sparks Fire Department started its first ground ambulance transport services in partnership with REMSA Health, which has been servicing District 5 in the Wingfield Hills and Spanish Springs area. Having this ambulance strategically located in one of the most geographically distant areas of the city of Sparks has resulted in expedited response times as well as transport services.

C. *Truckee Meadows Fire and Rescue EMSAB Report, Chief Joe Kammann
Data Performance Report, EMS Operations Report

Mr. Zeb Nomura presented the EMS Operations Report and noted that Truckee Meadows Fire now has three ambulances in service. Mr. Nomura expressed thanks to Las Vegas Fire and Clark County for providing station coverage while TM was responding to the Davis Fire. Training activities continue while performing joint activities with Care Flight that involved trauma patients and multicausality patients.

D. *Reno Fire Department EMSAB Report, Chief Cindy Green
Data Performance Report, EMS Operations Report

Ms. Cindy Green was present, but due to audio capability difficulties, was unable to provide an update.

11. *Board Comment

Limited to announcements or issues for future agendas. No action may be taken.

Chad Kingsley provided an update that SB24 is at the legislature and would essentially only change the title to Emergency Medical Responders. SB102 was submitted through our fire partners, which is also at the legislature. This will address EMS oversight or authority on a local level compared to a state level, and if wanted, the County could then assume authority of 450B. The health district would inform the authority for certain government governing points of EMS license testing and then licensing of EMS

individuals as well as certification or inspection of ambulances, EMS events, and data and trauma designation. There was a concern raised by Renown, by which an amendment will be put in place that would put in a population cap for trauma designation of 700,000. Mr. Kingsley noted that NNPH supports our fire agencies, not our bill, and in the event of the bill passing, NNHP will work with partners to determine if this is what is wanted within the community.

12. *Public Comment

Limited to three (3) minutes per person. No action may be taken.

Chair Brown opened the public comment period.

As there was no one wishing to speak, Chair Brown closed the public comment period.

Adjournment

Chair Brown adjourned the meeting at 9:14 a.m.

Proclamation

WHEREAS, emergency medical services personnel are called upon to help others through one of the most frightening times of their lives; and

WHEREAS, emergency medical services is a vital public service with personnel ready to provide lifesaving care to the community 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the emergency medical services system consists of men and women in both the public and private sectors – including emergency physicians, emergency nurses, emergency dispatchers, emergency medical technicians, paramedics, firefighters, educators, administrators, volunteers, and others throughout our healthcare system – who work together to ensure those in need receive the highest level of emergency service; and

WHEREAS, the EMS commitment to patient care throughout Northern Nevada has been an integral factor in our safety and security; and

WHEREAS, Washoe County is proud to have organizations such as Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Pyramid Lake Fire Rescue EMS, REMSA Health, Truckee Meadows Community College, and Technical Medical. operating throughout the region to ensure the highest quality of patient care and community support; and

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating Emergency Medical Services Week; now

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 18-24, 2025, as

Emergency Medical Services Week

with the theme

We CARE. FOR EVERYONE

Recognized this 29th day of May 2025.

Pre-Hospital Advisory Committee Representative Staff Report
Emergency Medical Services Advisory Board
Board Meeting Date: May 29, 2025

DATE: April 11, 2025
TO: Emergency Medical Services Advisory Board
FROM: Dr. John Hardwick, Pre-Hospital Advisory Committee Representative
775-997-9441, hardwickjohn2013@gmail.com
THROUGH: Andrea Esp, Preparedness and EMS Program Manager
775-326-6042, aesp@nnph.org
SUBJECT: Discussion of updates from the Pre-Hospital Advisory Committee regarding the possible reorganization and development of a new continuous quality improvement process.

SUMMARY

The Interlocal Agreement (ILA) for Regional Emergency Medical Services (EMS) Oversight establishes a Regional EMS Advisory Board (EMSAB). The Regional EMSAB includes two District Board of Health (DBOH) appointed positions, an Emergency Medicine physician, and a Hospital Continuous Quality Improvement Representative.

District Health Strategic Priorities supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

The ILA for Regional EMS Oversight was approved by the governing bodies of Reno, Sparks, Truckee Meadows Fire Protection District, Washoe County, and the Washoe County Health District on August 26, 2014.

Article 2 of the ILA establishes a Regional EMS Advisory Board. The EMSAB is composed of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County

- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

On September 26, 2024, DBOH re-appointed Dr. John Hardwick to fill the position of Emergency Medicine Physician on the EMSAB.

BACKGROUND

The Prehospital Medical Advisory Committee is to be the advocate for the local community and its associated EMS catchment area through continuing to augment quality and suggest evidence-based recommendations to our EMS interlocal agency agreement providers in order to optimize emergency medical services.

FISCAL IMPACT

No fiscal impact.

ATTACHMENTS

No attachments.

Staff Report
Emergency Medical Services Advisory Board
Board Meeting Date: May 29, 2025

DATE: May 21, 2025
TO: EMS Advisory Board Members
FROM: Andrea Esp, Preparedness and EMS Program Manager
775-326-6042, aesp@nmph.org
SUBJECT: Discussion and Possible Approval of Emergency Medical Services Advisory Board (EMSAB) Revised Bylaws with an effective date of May 29, 2025.

SUMMARY

This is for the discussion and possible approval of Emergency Medical Services Advisory Board (EMSAB) revised bylaws with an effective date of May 29, 2025. The revisions include changing “Health District” or “Washoe County Health District” language to “Northern Nevada Public Health” as well as allowing the alternates to serve as chair and vice-chair in the absence of the chair or vice-chair.

PREVIOUS ACTION

- November 2023, the EMS Advisory Board approved and adopted the EMSAB bylaws.
- March 2015, the EMS Advisory Board approved and adopted the EMSAB bylaws.
- October 2016, the EMS Advisory Board approved and adopted the revised EMSAB bylaws.
- April 2018, Addendum #1, allowing each representative of a City, County or Health District to designate an alternate, was approved for the Interlocal Agreement (ILA).
- May 2021 the EMS Advisory Board approved and adopted the revised bylaws that closer align with the ILA.
- May 2022, the EMS Advisory Board approved and adopted revised bylaws allowing a City, County or Health District representative to designate an alternate.

BACKGROUND

Effective August 31, 2023, the Washoe County Health District, also referred to as the Health District in the bylaws, is now known as Northern Nevada Public Health.

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

Staff recommends the Board discuss and possibly approve the Emergency Medical Services Advisory Board revised bylaws with an effective date of May 29, 2025.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Emergency Medical Services Advisory Board revised bylaws with an effective date of May 29, 2025."

ATTACHMENTS

EMSAB 05-29-2025 EMSAB Bylaws Redline

EMSAB 05-29-2025 EMSAB Bylaws Final

EMERGENCY MEDICAL SERVICES ADVISORY BOARD

BYLAWS



Approved
March 2015

Approved
October 2016

Approved
May 2021

Approved
May 2022

Dates of Revision/Review
November 2023

ARTICLE I – NAME AND PURPOSE

Section 1 - Name

The name of this body is the Regional Emergency Medical Services (EMS) Advisory Board (hereinafter referred to as “Advisory Board”).

Section 2 - Purpose

The Advisory Board is established to provide for concurrent review of present topics within the Washoe County EMS system by the City of Reno, a municipal corporation in the State of Nevada (“RENO”), and the City of Sparks, a municipal corporation in the State of Nevada (“SPARKS”) and Washoe County, a political subdivision of the State of Nevada (“WASHOE”).

The Advisory Board is established by the Inter-Local Agreement (ILA) for Emergency Medical Services Oversight, executed on August 26, 2014. The purpose of the Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program (the “Program”), discuss issues related to regional emergency medical services and make recommendations to the respective jurisdictional Boards and/or the District Board of Health (“DBOH”).

Section 3 - Duties

Duties of the Advisory Board shall include:

- a. Make recommendations to the District Health Officer and/or the DBOH related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high-performing Regional Emergency Medical Services system.
- b. Strive to implement recommendations of the Program, or submit those recommendations to their governing bodies for consideration and possible action if determined necessary and appropriate by the respective managers.
- c. Make recommendations to the respective Boards regarding participating in working groups established by the Program for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- d. Work cooperatively with the Program to provide input to the development of the Five-Year Strategic Plan, as it relates to the continuous improvement of Emergency Medical Services.
- e. Support and work cooperatively with the Program to achieve the Program duties as outlined in the ILA.

ARTICLE II – MEMBERSHIP

Section 1 - Board Composition

The Advisory Board shall be composed of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

Each representative of a City, County, or Northern Nevada Public Health shall have authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board. The alternate must be a City or County Assistant Manager or Deputy District Health Officer.

Section 2 - DBOH Appointments

Two positions within the Advisory Board are appointed by the District Board of Health and will serve staggered terms to ensure stability of the Advisory Board. The Emergency Room Physician appointment will be for three (3) years while the Hospital Continuous Quality Improvement (CQI) representative will serve a four (4) year term. Both appointees are eligible for reappointment for up to two additional two (2) year terms.

Deleted: , a representative of the Prehospital Medical Advisory Committee, ...

Section 3 - Resignation and Termination of DBOH Appointees

Advisory Board membership may be resigned at any time to the DBOH in writing.

Upon the resignation or expiration of the DBOH appointee's term, the member shall continue to serve until his/her successor qualifies and is appointed.

Section 4 - Terms/Board Administration

The Advisory Board shall elect a chair and a vice-chair from among its membership to manage the meetings. The chair and vice-chair shall serve for one (1) year. Both positions are eligible for reappointment for up to one subsequent one (1) year term, limited to two consecutive years. If the chair or vice-chair are absent, their alternates may serve in the chair and vice-chair roles. The alternates may not be appointed to the chair or vice-chair position.

ARTICLE III – MEETINGS

Section 1 - Meetings

The Advisory Board shall hold a minimum of one meeting per fiscal year. Additional meetings may be held at the discretion of the chair or as frequently as needed to perform the duties of the Advisory Board.

The Advisory Board shall be subject to the requirements of Nevada Revised Statutes Chapter 241, Open Meeting Laws. A majority of the Advisory Board constitutes a quorum for the conduct of business and a majority of the quorum is necessary to act on any matter.

A quorum of the Advisory Board members must be present to transact business legally – a quorum consists of four (4) Advisory Board members. A majority vote is required for any official action of the Advisory Board unless otherwise specified in the rules of order, which are defined below.

The chair presides over the meetings:

- a. The chair opens the meetings.
- b. The chair determines that a quorum is present by a roll call vote.
- c. The chair calls the meeting to order.
- d. Approval of minutes of the prior meeting.
 - i. Unanimous consent can be used instead of motions to expedite the proceedings.
- e. Every meeting of the Advisory Board shall be conducted in accordance with the adopted agenda.
 - i. The written agenda will be approved by the chair prior to distribution and will be distributed to all Advisory Board members at least three (3) working days prior to the meeting.
- f. The vice-chair, or chair/vice-chair alternates, shall preside over meetings when the chair or vice-chair are absent.

Section 2 - Voting

Each Advisory Board member will have one (1) vote. Proxy votes are not permitted.

Section 3 - Attendance

Consistent meeting attendance and participation is critical to the success of the Advisory Board. Members who are unable to attend an Advisory Board meeting will notify the Chair of the Advisory Board and Program staff. Program staff will record attendance of all members at each Advisory Board meeting.

Section 4 - Minutes

Minutes shall be kept and recorded of all meetings and forwarded to all members of the Advisory Board as promptly as possible following the adjournment of each meeting.

Section 5 - Conflict of Interest

A member of the Advisory Board may not vote on a matter with respect to which the member has a conflict of interest.

ARTICLE IV – AMENDMENTS

Section 1 - Amendments

The bylaws may be amended as necessary at any Advisory Board meeting, but will be reviewed at minimum every two (2) years. All amendments requests must be indicated at the Advisory Board meeting as a future agenda item and require an approval of a two-thirds vote for adoption. Amendments take effect immediately upon approval of the Advisory Board.

Approved and adopted this the 2nd day of November 2023, by the Emergency Medical Services Advisory Board.

Manager Eric Brown, Chair

EMERGENCY MEDICAL SERVICES ADVISORY BOARD BYLAWS

Approved
March 2015

Approved
October 2016

Approved
May 2021

Approved
May 2022



Dates of Revision/Review
November 2023

ARTICLE I – NAME AND PURPOSE

Section 1 - Name

The name of this body is the Regional Emergency Medical Services (EMS) Advisory Board (hereinafter referred to as “Advisory Board”).

Section 2 - Purpose

The Advisory Board is established to provide for concurrent review of present topics within the Washoe County EMS system by the City of Reno, a municipal corporation in the State of Nevada (“RENO”), and the City of Sparks, a municipal corporation in the State of Nevada (“SPARKS”) and Washoe County, a political subdivision of the State of Nevada (“WASHOE”).

The Advisory Board is established by the Inter-Local Agreement (ILA) for Emergency Medical Services Oversight, executed on August 26, 2014. The purpose of the Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program (the “Program”), discuss issues related to regional emergency medical services and make recommendations to the respective jurisdictional Boards and/or the District Board of Health (“DBOH”).

Section 3 - Duties

Duties of the Advisory Board shall include:

- a. Make recommendations to the District Health Officer and/or the DBOH related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high-performing Regional Emergency Medical Services system.
- b. Strive to implement recommendations of the Program, or submit those recommendations to their governing bodies for consideration and possible action if determined necessary and appropriate by the respective managers.
- c. Make recommendations to the respective Boards regarding participating in working groups established by the Program for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- d. Work cooperatively with the Program to provide input to the development of the Five-Year Strategic Plan, as it relates to the continuous improvement of Emergency Medical Services.
- e. Support and work cooperatively with the Program to achieve the Program duties as outlined in the ILA.

ARTICLE II – MEMBERSHIP

Section 1 - Board Composition

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- a. City Manager, Reno
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Each representative of a City, County, or Northern Nevada Public Health shall have authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board. The alternate must be a City or County Assistant Manager or Deputy District Health Officer.

Section 2 - DBOH Appointments

Two positions within the Advisory Board are appointed by the District Board of Health and will serve staggered terms to ensure stability of the Advisory Board. The Emergency Room Physician appointment will be for three (3) years while the Hospital Continuous Quality Improvement (CQI) representative will serve a four (4) year term. Both appointees are eligible for reappointment for up to two additional two (2) year terms.

Section 3 - Resignation and Termination of DBOH Appointees

Advisory Board membership may be resigned at any time to the DBOH in writing.

Upon the resignation or expiration of the DBOH appointee's term, the member shall continue to serve until his/her successor qualifies and is appointed.

Section 4 - Terms/Board Administration

The Advisory Board shall elect a chair and a vice-chair from among its membership to manage the meetings. The chair and vice-chair shall serve for one (1) year. Both positions are eligible for reappointment for up to one subsequent one (1) year term, limited to two consecutive years. If the chair or vice-chair are absent, their alternates may serve in the chair and vice-chair roles. The alternates may not be appointed to the chair or vice-chair position.

ARTICLE III – MEETINGS

Section 1 - Meetings

The Advisory Board shall hold a minimum of one meeting per fiscal year. Additional meetings may be held at the discretion of the chair or as frequently as needed to perform the duties of the Advisory Board.

The Advisory Board shall be subject to the requirements of Nevada Revised Statutes Chapter 241, Open Meeting Laws. A majority of the Advisory Board constitutes a quorum for the conduct of business and a majority of the quorum is necessary to act on any matter.

A quorum of the Advisory Board members must be present to transact business legally – a quorum consists of four (4) Advisory Board members. A majority vote is required for any official action of the Advisory Board unless otherwise specified in the rules of order, which are defined below.

The chair presides over the meetings:

- a. The chair opens the meetings.
- b. The chair determines that a quorum is present by a roll call vote.
- c. The chair calls the meeting to order.
- d. Approval of minutes of the prior meeting.
 - i. Unanimous consent can be used instead of motions to expedite the proceedings.
- e. Every meeting of the Advisory Board shall be conducted in accordance with the adopted agenda.
 - i. The written agenda will be approved by the chair prior to distribution and will be distributed to all Advisory Board members at least three (3) working days prior to the meeting.
- f. The vice-chair, or chair/vice-chair alternates, shall preside over meetings when the chair or vice-chair are absent.

Section 2 - Voting

Each Advisory Board member will have one (1) vote. Proxy votes are not permitted.

Section 3 - Attendance

Consistent meeting attendance and participation is critical to the success of the Advisory Board. Members who are unable to attend an Advisory Board meeting will notify the Chair of the Advisory Board and Program staff. Program staff will record attendance of all members at each Advisory Board meeting.

Section 4 - Minutes

Minutes shall be kept and recorded of all meetings and forwarded to all members of the Advisory Board as promptly as possible following the adjournment of each meeting.

Section 5 - Conflict of Interest

A member of the Advisory Board may not vote on a matter with respect to which the member has a conflict of interest.

ARTICLE IV – AMENDMENTS

Section 1 - Amendments

The bylaws may be amended as necessary at any Advisory Board meeting, but will be reviewed at minimum every two (2) years. All amendments requests must be indicated at the Advisory Board meeting as a future agenda item and require an approval of a two-thirds vote for adoption. Amendments take effect immediately upon approval of the Advisory Board.

Approved and adopted this the 2nd day of November 2023, by the Emergency Medical Services Advisory Board.

Manager Eric Brown, Chair

Pre-Hospital Advisory Committee Representative Staff Report
Emergency Medical Services Advisory Board
Board Meeting Date: May 29, 2025

DATE: April 11, 2025
TO: Emergency Medical Services Advisory Board
FROM: Cody Shadle, Director, Reno Public Safety Dispatch
775-334-2212, Shadlec@Reno.Gov
THROUGH: Andrea Esp, Preparedness and EMS Program Manager
775-326-6042, aesp@nnph.org
SUBJECT: Regional Computer Aided Dispatch (CAD) Update

SUMMARY

The Councils for the City of Reno and the City of Sparks and the Washoe County Board of Commissioners have directed staff to design a regional 911 call process that serves the community by prioritizing the user experience and the deployment of resources through a reduction in duplicated processes, improved use of technology and resources, and simplified governance. Staff immediately identified disparate technologies that were in use within the local public safety agencies that needed replacement and redesign. Through regional collaboration, staff have begun implementing a unified regional computer aided dispatch (CAD) and records management system (RMS).

Project Details

Four partner agencies (City of Reno, City of Sparks, Washoe County and REMSA Health) have agreed to move forward with the procurement and implementation of the Hexagon Unified Computer Aided Dispatch and Records Management suite. After acceptance of the Hexagon Governance Agreement in September 2023, regional staff have been working with the vendor, Hexagon, through a highly organized and robust schedule for implementation. The partner agencies have assigned key personnel and provided resources to ensure equal voice and contribution to the success of the project (see attached Implementation Organization Chart).

Timeline of Key Accomplishments:

- January 2024: System hardware delivered and installed
- February 2024: Software installed, mapping and system programming begins
- March 2024: RMS Data Conversion and agreements obtained with Third Party Vendors
- April 2024: RMS Configuration begins, CAD Response Planning initial build
- May 2024: Third Party Interface development begins
- June 2024: RMS Configuration continues

- July 2024: CAD Data Conversion begins
- August 2024: Third Party Interfaces initial installation
- September 2024: CAD Configuration Begins & Change Order #1 is approved
- October 2024: Infrastructure and Networking Improvements (SSO & Disaster Recovery)
- November 2024: Third Party Interfaces Deployed (5 of 42)
- December 2024: CAD Configuration Continues
- January 2025: Customer Rules Engine Configuration begins
- February 2025: Mobile CAD Configuration begins
- March 2025: Mobile Field Reporting Updated and Configuration begins

Additionally, over the last 12 months the three governance boards comprised of a Managers Board, Executive Board and Changed Advisory Board have held public meetings and were able to establish their representative roles. An initial project budget was created and approved by the Manager's Board and the Executive Board assumed the task of overseeing the creation of an Operations Manual for administrative use. In

A consultant firm, Federal Engineering, has been contracted for project management services and has assigned personnel to serve as the Regional Project Manager. As regional project manager, Federal Engineering has proven to be an invaluable resource in this project and has played a key role in ensuring continued regional collaboration.

One of the primary goals of this project is to reduce and/or eliminate the technological barriers that impact the efficiency of emergency service delivery and the experience of the caller in crisis. With that in mind, assigned staff from all partnering agencies have shown continued efforts to collaborate and unify regional processes to ensure that the re-design of this system meets the intended project goals, examples of those regional elements are listed below:

Regional Design Elements:

- Regionalized Unit Definitions (CAD)
- Regionalized Incident Types (CAD)
- Integrated Multi-Jurisdictional Response Plans (CAD)
- Automated Triggers for Automatic Aid Responses (CAD)
- Regionalized Incident Reports (RMS)
- Advanced Information Sharing Across Agencies (CAD/RMS)
- Advanced Regional Workflows to Improve Booking Process (RMS)
- Regionalized Key Data Elements (CAD/RMS)
- New Integrations to Third Party Platforms to Improve Information Access and Sharing (CAD/RMS)

As of today, the project schedule has been adjusted back by 20 days, and it is within the scope of the initial budget. With five (5) months remaining in the project schedule there is significant work to be completed prior to the projected go-live date of September 29, 2025. A summary of the remaining activities is listed below:

Remaining Activities:

- April to May 2025: Complete Application Configurations
- April to May 2025: Complete CAD Data Conversion

- May 2025: Complete Functional Testing
- June to August 2025: Complete End User Training
- **September 29, 2025: Production Go-Live**
- September to December 2025: Post Go-Live Support and Reliability Period

District Health Strategic Priorities supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

August 1, 2024: Regional Computer Aided Dispatch (CAD) update provided to the board.

BACKGROUND

The City of Reno, the City of Sparks, Washoe County, and other contracted agencies currently utilize a CAD, RMS, and Jail Management System (JMS) that is owned, funded, and managed by the City of Reno, originally purchased in 1999. The current system, while functional, has exceeded its expected lifespan and is no longer eligible for system updates nor does it meet the growing technological needs of a regional Next Generation 911 system.

Additionally, the franchised regional emergency medical transport partner, REMSA, along with their contracted fire agency Truckee Meadows Fire & Rescue, manage and operate their own unconnected CAD system. These disparate technologies do not communicate information across systems which require manual communications for coordination and response among the regional partners. This can result in response delays, information lost or miscommunicated and does not meet the expectations of our community.

The initial project began with the sole intent to replace the aging systems; however, due to the impact of regional cooperation, the scope of the project was amended to include REMSA as a partnering agency and create a truly regional and unified next generation 911 system.

FISCAL IMPACT

No fiscal impact.

Staff Report
Emergency Medical Services Advisory Board
Board Meeting Date: May 29, 2025

DATE: May 21, 2025
TO: Emergency Medical Services Advisory Board
FROM: Andrea Esp, Preparedness and EMS Program Manager
775-326-6042, aesp@nnph.org
SUBJECT: **EMS Oversight Program and Performance Data Updates** - Joint Advisory Committee Activities, EMS Strategic Plan, Special Projects, EMS Planning, Data Performance, REMSA Health Franchise Agreement Updates, REMSA Health Exemption Requests, Community Services Department Reviews, Mass Gatherings and Special Events Reviews, and Trauma Registry Project

EMS Partners – Joint Advisory Committee (JAC)

During the first and second quarters of fiscal year (FY) 2025, JAC meetings focused on the 2023-2028 Washoe County EMS Strategic Plan and revisions to the REMSA Health Franchise Agreement. Ongoing discussions and research are being conducted to develop an effective Continuous Quality Improvement (CQI) program for the region.

EMS Strategic Plan

Progress on the Washoe County EMS Strategic Plan 2023–2028 is ongoing, with all EMS agencies contributing to the completion of tasks related to each goal. Tracking assignments and documentation through a Teams Dashboard has proven to be accessible and effective in maintaining timelines. The plan includes seven goals and fifteen objectives, all of which have been assigned, with clear next steps outlined. Six (6) objectives have been completed, and six (6) are in progress. Only 17% of the total objectives have yet to be started, but research is currently underway to initiate those promptly.

Special Projects

EMS Data Standardization Development Project – The EMS Program purchased a licensed for ESO software to streamline data sharing and oversight reporting with fire agencies that are currently using ESO for EMS incident reporting and tracking.

HIPAA Business Associate Agreement (BAA) – The collaborative regional effort to improve the EMS system involves handling Protected Health Information (PHI). To ensure additional protection and meet critical legal requirements for data security, liability management, and compliance, the oversight team developed a BAA. As of March 2025, NNPH reached a business associate agreement with Sparks Fire Department (SFD) and Truckee Meadows Fire and Protection District (TMFPD).

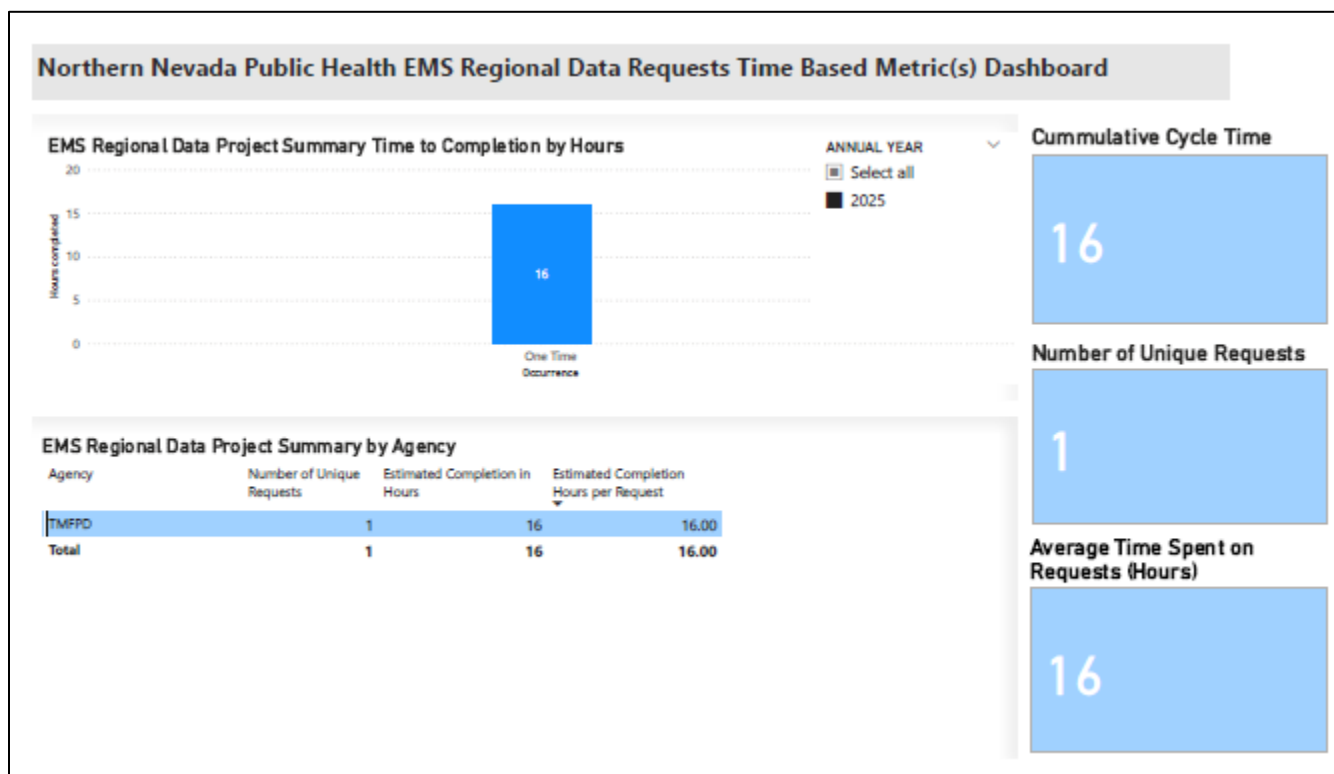
Standardized Trauma Registry for Northern Nevada – EMS statistician is working with a UNLV fellow to explore application of the standardized trauma registry in assessing STEP EMS triage process. The project will focus on STEP 1 where vital sign changes (blood pressure, pulse, respiratory rate, mental status) are assessed to guide transport decisions.

EMS Planning

Due to grant requirements, the Multi-Casualty Incident (MCI) Plan, MCI Alpha Annex, and Mutual Aid Evacuation Agreement (MAEA) will be updated annually. This process began in the first quarter of FY25, involving all partners and providing a forum for group discussion, feedback, and suggestions. All three plans will be presented to the Inter-Hospital Coordination Council (IHCC) by June 2025. The MAEA training video is expected to be available by the end of fiscal year.

Data Requests

EMS Data Request Dashboard – The EMS program received one data request for Q3 2025.



REMSA Health Franchise Agreement

No changes to the REMSA Health Franchise Agreement have been approved yet, and the revision process will continue.

REMSA Health Annual Map Review

EMS Statistician continues to work with Washoe County Technological Services GIS team to develop the annual REMSA Health Map Review documentation that will support ongoing activities, revisions, and zone compliance for REMSA Health.

Community Services Department Reviews

The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Division of the CSD and the City of Reno Housing and Urban Development (HUD), providing feedback as needed. In the third quarter of the fiscal year 2025, staff received eleven (11) project applications and reviewed eleven (11). There were no comments or concerns regarding the impact on EMS response.

Special Event/Mass Gatherings Applications

The EMS Oversight Program received three (3) Mass Gathering applications in the third quarter of fiscal year 2025.

Attachments



STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 29, 2025

TO: EMS Advisory Board Members
FROM: Adam Heinz, Chief Operating Officer, REMSA Health
SUBJECT: EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the 3rd quarter of FY25.

DATA PERFORMANCE REPORTS

	Jan 2025	Feb 2025	Mar 2025	TOTAL
TOTAL EMS RESPONSES	8,530	7,383	8,089	24,002
TOTAL EMS TRANSPORTS	5,723	4,909	5,385	16,017
TOTAL EMS RESPONSES CANCELED	2,794	2,426	2,669	7,889

*Includes Priority 1, 2, 3, 4, 9, 99 calls for service within the franchise service area.

QUARTERLY FRANCHISE DATA REPORTING

MUTUAL AID

To comply with section 12.2 (a) of the REMSA Franchise Agreement Amended August 25, 2022.

Number of incidents when a co-response partner is requested for mutual aid within the REMSA Health service area.



	TMFR	Percentage of Total Responses	Reno Fire	Percentage of Total Responses	Storey County Fire	Percentage of Total Responses	Sparks Fire	Percentage of Total Responses
Jan 2025	1	0.01%	10	0.11%	0	0.0%	0	0.0%
Feb 2025	0	0.0%	6	0.08%	0	0.0%	1	0.01%
Mar 2025	1	0.01%	3	0.03%	0	0.0%	0	0.0%
Total	2	0.01%	19	0.04%	0	0.0%	1	0.01%

TIERED RESPONSE REPORTING

To comply with section 12.2 (b) of the REMSA Franchise Agreement Amended on August 25, 2022.

CALL PROCESSING

Call received by REMSA Health's Regional Emergency Communications Center (RECC) to final EMD determinate.

	P1	P2	P3	Grand Total
Jan 2025	02:18	02:44	02:22	02:28
Feb 2025	02:27	02:40	02:31	02:32
Mar 2025	02:23	02:32	02:19	02:24
Quarterly Summary	02:22	02:38	02:24	02:28

SYSTEM ILS RESPONSES & NUMBER OF ILS RESPONSES AND TRANSPORTS TO ILS DETERMINATES

	Total ILS Response	Total ILS Transports	ILS Responses to ILS Determinants	ILS Transports to ILS Determinants
Jan 2025	1,305	633	493	279



Feb 2025	1,010	517	441	289
Mar 2025	1,279	649	460	282
Grand Total	3,594	1,799	1,394	850

*Total ILS responses includes ILS co-response with an ALS unit, interfacility, and ILS determinate responses.

NUMBER OF ILS RESPONSES UPGRADED TO ALS

The number of ILS eligible calls and responses that, once an ILS unit arrived on scene an ALS unit was requested to respond to provide care and transport.

Month	ILS Responses	ALS Intercepts	% of ILS Calls with ALS Intercept
Jan 2025	519	15	2.9%
Feb 2025	378	15	4.0%
Mar 2025	461	24	5.2%

AVERAGE ILS RESPONSE TIME BY ZONE

The response time target for low acuity, non-emergent ILS calls shall be less than 19:59 for Zone A, 24:59 Zone B, 29:59 Zone C, 39:59 Zone D, & ASAP for Zone E.

	Average Response Time Zone A	Average Response Time Zone BCD
Jan 2025	18:11	17:14
Feb 2025	16:31	16:27



Mar 2025	15:24	23:35
Average	16:49	19:11

AVERAGE ON SCENE TIME FOR ILS

	Avg ILS Scene Time
Jan 2025	0:25:18
Feb 2025	0:27:44
Mar 2025	0:33:55
Average	0:28:55

NUMBER OF CALLS REQUIRING FIRE RIDERS ON AN ILS TRANSPORT

Month	Number Of ILS Calls Requiring Fire to Ride into Hospital	Percentage of Responses
Jan 2025	0	0%
Feb 2025	1	0.3%
Mar 2025	1	0.2%

NUMBER OF ILS UNITS PERCENTAGE BASED ON DAILY STAFFING

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
ALS	35	41	41	42	40	41	36



ILS	12	14	14	17	13	14	12
Percent	34%	34%	34%	40%	32%	34%	33%

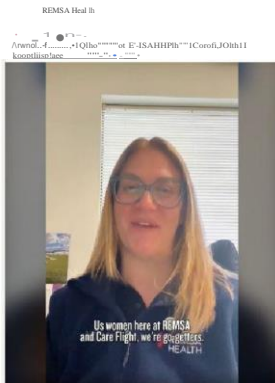
EMS OPERATIONS UPDATE

Expected to take possession of two Type III ambulances and one EMS Supervisor vehicle by the end of the month. The Summer Shift Bid commenced on April 6, 2025 and shift lines were added to support the busy summer months. We are currently at 70 ALS shift lines and 24 BLS/ILS shift lines. We hired 14 EMT's, 6 AEMTs and 12 Paramedics this quarter and additionally hired 20 EMTs in preparation for the special event season.



PUBLIC RELATIONS UPDATES

International Women's Day



REMSA Health leaders celebrated International Women's Day by sharing what makes the women at our organization so impressive.

Community Connections



REMSA Health welcomed Nancy McCormick from EDARN for a tour and discussion about workforce development.

Paramedic Education



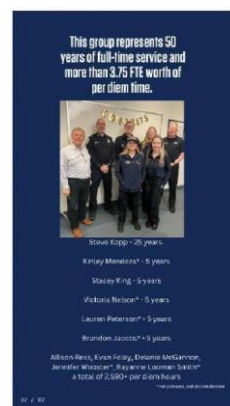
Paramedic students gain realistic experiences during mock scenarios to enhance critical thinking in stressful situations - like environmental skills labs in hard-to-reach locations.

Employee Highlights

EMS WORLD



Barry Duplantis, CEO was elected to the position of treasurer for the Academy of International Mobile Healthcare Integration - an organization representing high-performance EMS in the U.S. and abroad.



Leadership celebrated more than 50 years of employee length of service this quarter!



**STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD**

MEETING DATE: May 29 , 2025

TO: EMS Advisory Board Members

FROM: Division Chief Jeff Sullivan

SUBJECT: City of Sparks Fire Department EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the third quarter of FY25.

DATA PERFORMANCE REPORTS

	January	February	March	TOTAL
TOTAL EMS RESPONSES	1,251	1,032	1,195	3,478
TOTAL AMBULANCE RESPONSES	150	126	158	434

EMS OPERATIONS UPDATES

Our newest ambulance was inspected and permitted by the state EMS office. This ambulance was awarded through the Assistance to Firefighters Grant Program (AFG) and is currently in service as the front line ambulance (Medic-51) operating within our contracted service area with REMSA Health. The older ambulance is serving as a mechanical reserve.

Recruit Academy: Five fire recruits began their fire academy training. Two of the recruits accepted employment while attending paramedic school and are nearing completion of their training. The fire academy is a an 18-week training program with a projected graduation date in June.

Paramedic School: Four firefighters began their clinical rotations of paramedic school and another three have expressed interest in attending paramedic school in July. These personnel are sponsored through an AFG award for seven personnel to attend paramedic school. These seven personnel are in addition to the two recruits completing their paramedic program.

Training Updates: January-March were busy training months consisting of: Division level EMS skills training included all the required skill sign offs for state EMS recertification, paramedics attending the regional paramedic refresher, in house paramedic level trainings for Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Prehospital Trauma Life Support (PHTLS), preceptor training, new recruit training/drills, EVOC training, state EMS re-certifications, crush injuries and firefighter down CPR training. All members of the department have transitioned to the state's new birth-date recertification cycle.



STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD

MEETING DATE: May , 2025

TO: EMS Advisory Board Members

FROM: Joe Kammann, Division Chief

SUBJECT: Truckee Meadows Fire & Rescue EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the third quarter of FY25.

DATA PERFORMANCE REPORTS

	January	February	March	TOTAL
TOTAL EMS RESPONSES	1429	1083	1213	3725
TOTAL AMBULANCE RESPONSES	403	309	381	1093

EMS OPERATIONS UPDATES

Training:

As of January, TMFR has completed our second Regional EMS Symposium for local responders. This training encompassed 3 days of lecture and hands-on skill training to assist with advancing the level of care in the area, while also allowing another opportunity to obtain valuable Continuing Education credits. The symposium was a joint effort between TMFR, RFD, and REMSA/Careflight, and utilized multiple speakers from both the prehospital and hospital environments.

The new recruit "EMS Academy" was completed in February for those 5 employees that successfully graduated their fire academy training. Over a two-week period, our new employees were trained on the basics of EMS operations at TMFR, including protocols, scenario training, department-specific equipment, and ambulance operations. This was the last phase of their 40 hour a week training for them to move to the line for their start as probationary employees.

In March, TMFR was able to rotate our engine companies through joint training scenarios involving an "active assailant" response. This drill utilized live role players from both the REMSA and TMCC medical programs. TMFR responders were able to practice rapid trauma stabilization skills as well as coordinate our fire department actions with local WCSO officers to promote increased efficiency and team safety.

Operations:

TMFR has acquired 2 brand new Type-1 ambulances that have been fully outfitted and placed into service to replace older front-line ambulances. These two units will now allow for a reserve capacity of 3 properly spec'd and stocked ambulances to rotate into the queue as in-service apparatus need repairs or complete required trainings. This addition of apparatus will allow TMFR to keep a higher ratio of reserve units to live units that can help maintain continuous service delivery during an unforeseen ambulance downtime or increased service demands.



STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD

MEETING DATE: May 29 , 2025

TO: EMS Advisory Board Members
FROM: Cindy Green, EMS Division Chief

SUBJECT: City of Reno Fire Department EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the third quarter of FY25.

DATA PERFORMANCE REPORTS

	January	February	March	TOTAL
TOTAL EMS RESPONSES	4185	3678	3902	11765
TOTAL AMBULANCE RESPONSES	670	581	603	1854

EMS OPERATIONS UPDATES

During the third quarter of FY25, the Reno Fire Department began and completed recertification of 257 EMS provider licenses. We also had 10 successful in-house EMS preceptorships that yielded both AEMT and Paramedics. The following EMS trainings were also completed:

- Participated with our regional partners in hosting an annual EMS refresher
- Continued to provide ACLS/PALS/PHTLS continuing education classes to line personnel
- Provided BLS CPR and AED training for the Northern Nevada Law Enforcement Academy (NNLEA) and Reno Dispatch personnel
- Provided single role EMS training for situational awareness, de-escalation, and restraint of violent/combative patients
- Provided medical training for private businesses (Patagonia)
- Held division level joint training with RPD for incident management and response to active shooter events
- Night drill covering firefighter rescue, incident management, and burn management