



**MINUTES  
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM  
MEDICAL ADVISORY BOARD MEETING  
APRIL 4, 2007 – 11:00A.M.**

**MEMBERS PRESENT**

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| Richard Henderson, M.D., Chairman, Henderson Fire Dept. | Chief Russ Cameron, Clark County Fire Dept.       |
| Chief Randy Howell, Henderson Fire Dept                 | Brian Rogers, EMT-P, MedicWest Ambulance          |
| Allen Marino, M.D., MedicWest Ambulance                 | Robert Forbuss, American Medical Response         |
| David Daitch, D.O., Boulder City Fire Dept              | John Higley, EMT-P, Mesquite Fire & Rescue (Alt.) |
| Jon Kingma, EMT-P, Boulder City Fire Dept.              | David Slattery, M.D., Las Vegas Fire & Rescue     |
| Dale Carrison, D.O., Clark County Fire Department       | E. P. Homansky, M.D., American Medical Response   |
| Timothy Crowley, EMT-P, Las Vegas Fire & Rescue         | Bruce Evans, EMT-P, North Las Vegas Fire Dept.    |
| K. Alexander Malone, M.D., North Las Vegas Fire Dept    |   |

**MEMBERS ABSENT**

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| Thomas Geraci, D.O., Mesquite Fire & Rescue | Chief David Petersen, Mesquite Fire & Rescue |
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**SNHD STAFF PRESENT**

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| Rory Chetelat, EMS Manager                     | Trish Beckwith, EMS Field Representative      |
| Judy Tabat, Administrative Assistant           | Mary Ellen Britt, Regional Trauma Coordinator |
| Moana Hanawahine-Yamamoto, Recording Secretary |   |

**PUBLIC ATTENDANCE**

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| Virginia DeLeon, R.N., St. Rose Dominican Hospital   | Davette Shea, R.N., Southern Hills Hospital           |
| Chief Cherina Kleven, Las Vegas Fire & Rescue        | Susie Kochevar, R.N., North Las Vegas Fire Department |
| Jackie Levy, R.N., University of Medical Center      | Jennifer Hall, American Medical Response              |
| Jo Ellen Hannom, R.N., Clark County Fire Department  | Brent Hall, EMT-P, Clark County Fire Department       |
| Richard Main, EMT-P, American Medical Response       | Debra Pinkney   |
| Amanda Curran, EMT-P, MedicWest Ambulance            | Jason Edell, EMT-I, American Medical Response         |
| Sydney Selitzky, EMT-P, Henderson Fire Department    | Marie Lemmon, R.N., Mercy Air Service, Inc.           |
| Kathy Banusevich, R.N., MountainView Hospital        | Ernie Stegall, R.N., Sunrise Hospital                 |
| David Williams, Community College of S. Nevada       | David Foster, Community College of S. Nevada          |
| Clement Strumillo, EMT-I, Community College of S. NV | John Recicar, R.N., University Medical Center         |
| Michael Afanasiev, EMT-P, Clark County Fire Dept     | Gerald Julian, EMT-P, Mercy Air Service, Inc.         |
| Roy Carroll, American Medical Response               | Jason Meilleur, EMT-P, MedicWest Ambulance            |

## **CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Medical Advisory Board convened in the Clemens Conference Room at the Ravenholt Public Health Center at 11:04 a.m. on Wednesday, April 4, 2007. The meeting was called to order by Chairman Richard Henderson. He stated that the Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Chairman Henderson noted that a quorum was present.

### **I. CONSENT AGENDA**

Chairman Henderson stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval. A motion for Board approval of the following items on the Consent Agenda was made, seconded, and carried unanimously.

- A. Minutes Medical Advisory Board Meeting March 7, 2007
- B. Discussion of Addition of Continuous Positive Airway Pressure Device to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory – To be Referred to a Joint Drug/Device and Procedure/Protocol Committee

### **II. REPORT/DISCUSSION/POSSIBLE ACTION**

#### **A. Joint Drug & Device and Procedure/Protocol Committee**

- 1. Discussion of Removal of Valium and Lasix from the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory

Dr. Henderson reported the Joint Committee recommended the removal of Valium from the drug inventory. Dr. Dale Carrison was concerned with having Versed as the only benzodiazepine in the inventory. Dr. E. P. Homansky clarified that in the subcommittee meeting literature was provided in support of having only one benzodiazepine in the inventory because Valium and Versed work the same. Dr. Homansky did note that the discussion to remove Valium took place in the MAB five or six years ago but there was a need for Valium for pediatric patients at that time. Now, the pediatric physicians are comfortable using Versed.

Dr. Marino made a motion to reduce the benzodiazepine inventory to Versed. The motion was seconded and passed. Dr. Carrison opposed the motion.

Dr. Henderson reported the Joint Committee discussed removing Lasix from the inventory, but there is not sufficient evidence to make that decision at this time.

Dr. Marino made a motion to organize a task force directed by Dr. David Slattery to examine the difficulty of identifying a Congested Heart Failure patient and to identify the usage efficacy and complication rate of Lasix. The motion was seconded and passed unanimously.

- 2. Discussion of Addition of Nasal Narcan and Nasal Versed to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory

Dr. Henderson advised that the subcommittee supported the addition of Nasal Narcan and Nasal Versed to the inventory. This alternate route of administration will be helpful with most seizure patients and altered behavioral emergencies.

A motion was made to add Nasal Narcan and Nasal Versed as another route of administration to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory. The motion was seconded and passed unanimously.

- 3. Discussion of IV Access Requirement for the Administration of Nitroglycerin

Dr. Slattery stated that sometimes when a patient presents with chest pain and is given nitroglycerin, his/her blood pressure dramatically drops; therefore, it is important to have a rescue option immediately available.

The requirement to have an IV established before administering nitroglycerin was included in the previous version of this protocol.

Dr. Marino noted that there is no proof to show that a life can be saved by administering nitroglycerin. He did, however, reiterate the importance of aspirin administration.

Dr. Slattery made a motion to require an IV to be established prior to the administration of nitroglycerin. The motion was seconded and passed. Dr. Marino abstained from the motion.

Rory Chetelat clarified that the Office of Emergency Medical Services and Trauma System (OEMSTS) will revise all of the protocols addressed up until this point and will bring them back for a final review tentatively scheduled for July.

Dr. Slattery mentioned the importance of educating the paramedics on protocol changes. He noted that in the past the Health District released an educational supplement with the rollout of protocols. The supplement included literature and reference supporting each of the protocol changes. Dr. Slattery advised that the Health District would discuss putting an educational supplement with the next protocol revision.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

#### **A. Report on Transfer of Care Data**

Mr. Chetelat noted that SB 244 is before the legislature and may modify the transfer of care process; however, he asked that everyone continue to use the current data gathering process until such changes are finalized and approved.

#### **B. Quality Improvement Meeting Update**

Dr. Slattery mentioned the importance of the agencies providing monthly call volume statistics to the OEMSTS office. The committee has taken the time to define the data elements needed. The OEMSTS will email monthly reminders that call volume statistics are due on the 15<sup>th</sup> of the following month.

There was also discussion regarding the spinal immobilization protocol and the need for additional education. If a patient meets Trauma Field Triage Criteria, then the patient must be immobilized. There is also an issue with regard to distracting injuries and the difficulty of determining distracting injuries clinically. The committee will issue additional information to agencies about this subjective matter; however, bone fractures and dislocations are definitely considered distracting injuries. Dr. Slattery asked that the Medical Directors and EMS Operational personnel advise their paramedics that this is not a C-spine clearance protocol. Many of the paramedics are using this verbiage on the patient care reports. The protocol provides indications for spinal immobilization; therefore, documentation should note if the patient did or did not meet spinal immobilization protocol.

#### **C. Trauma System Development Update**

Mary Ellen Britt noted that the Trauma Regulations have been completed and will go to the Regional Trauma Advisory Board for review and endorsement. If the regulations are approved, it will go before the Board of Health in May for adoption.

### **IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

Dr. Henderson stated that public comments will be limited to three minutes and the person must step up to the podium and clearly state his/her name for the record.

Deborah Pinkney made allegations of wrongdoing by American Medical Response and their employees. Ms. Pinkney was advised that she had reached her three minute limit.

Brian Rogers advised the Board that MedicWest has stopped interfacility transports of mental health patients from Emergency Departments (ED) to the Southern Nevada Adult Mental Health Services (SNAMHS) due to safety concerns for EMS personnel. Currently, SNAMHS requires EMS personnel to remove restraints from the mental health patient and remain with the patient in a caged area for extended periods of time prior to transfer of care. MedicWest understands the impact this will have on the EDs and is trying to resolve this issue; however they are

unable to identify the appropriate person with the authority to change SNAMHS' transfer of care policy. Davette Shea will email Mr. Rogers contact information for certain individuals at SNAMHS to move along the process.

Dr. Carrison continued to voice his concern that the State has made no provisions to increase the capacity of mental health beds at SNAMHS. Because of this limited capacity, the remaining mental health patients must be held in the Emergency Departments until a bed becomes available at SNAMHS. Dr. Carrison also added that Clark County Detention Center inmates are given three days worth of medications when released; however, it is taking 4-6 weeks for these patients to get an appointment at SNAMHS' clinic for additional medications.

**V. ADJOURNMENT**

As there was no further business, Chairman Henderson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:35 a.m.