



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### MEDICAL ADVISORY BOARD MEETING

September 2, 2009 – 11:00 A.M.

#### MEMBERS PRESENT

Allen Marino, MD, Chairman, MedicWest Ambulance	Chief Mike Myers, Las Vegas Fire & Rescue
Chad Henry, EMT-P, American Medical Response	Elad Bicer, MD, Summerlin Hospital (Alt)
Christian Young, MD, Boulder City Fire Dept	Jarrold Johnson, DO, Mesquite Fire & Rescue
David Slattery, MD, Las Vegas Fire & Rescue	Dale Carrison, DO, Clark County Fire Department
Chief Bruce Evans, North Las Vegas Fire	Chief David Petersen, Mesquite Fire & Rescue
Chief Scott Vivier, Henderson Fire Department	Troy Tuke, RN, EMT-P, Clark County Fire Department
Mark Calabrese, EMT-P, MedicWest Ambulance	

#### MEMBERS ABSENT

E.P. Homansky, MD, American Medical Response	Richard Henderson, MD, Vice Chairman, HFD
K. Alexander Malone, MD, North Las Vegas Fire	Chief Kevin Nicholson, Boulder City Fire Dept

#### SNHD STAFF PRESENT

John Middaugh, MD, Director, Community Health Division	Joseph J. Heck, DO, Operational Medical Director
Rory Chetelat, EMSTS Manager	Mary Ellen Britt, Regional Trauma Coordinator
Jane Shunney, OPHP Manager	Steve Kramer, OPHP Supervisor
John Hammond, EMS Field Rep.	Trish Beckwith, EMS Field Rep.
Lan Lam, Recording Secretary	Judy Tabat, Administrative Assistant

#### PUBLIC ATTENDANCE

Brian Rogers, EMT-P, HFD	Tom De La Puente, EMT-P, LVFR
Rebecca Dennon, UMC	Lance Howard, EMT-I, AMR
Sam Kaufman, Desert Springs Hospital	Tracy Thompson, RN, UMC
Kimberly Berry, Sunrise Hospital	Susie Kochevar, RN, NLVFD
Chris Tandy, EMT-I, HFD	Lyndee Leifeste, Valley Hospital
Mary Ann Dube, St Rose Siena	Tony Greenway, EMT-P, MW
Sandy Young, RN, LVFR	Jo Ellen Hannom, RN, CCFD
Michael McFate, EMT-I, MW	John Higley, EMT-P, MFR
Bobbette Bond, Health Services Coalition	Amelia Hoban, Sunrise Hospital
Tami Vogel, RN, Spring Valley Hospital	Josh Hedden, RN, Sunrise Hospital
Sean Collins, EMT-I, MWA	Michael Sullivan, EMT-I, MWA
Derek Cox, EMT-P, LVFR	Ken Taylor, EMT-P, LVFR
Fidanis Ndokama, Touro University	Ourida Diktakis, St. Rose Siena

#### 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 11:03 a.m. on Wednesday, September 2, 2009. The meeting was called to order by Chairman Allen Marino. 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 Marino noted that a quorum was present.

## **I. CONSENT AGENDA**

Chairman Marino 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.

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

### **A. H1N1 EMS Briefing**

Dr. John Middaugh confirmed cases of the Swine Flu have been confirmed in Clark County. Swine flu is a respiratory disease in pigs caused by type A influenza viruses. Like seasonal flu, swine flu in humans can vary in severity from mild to severe. He reported the current strain circulating within the community appears to be made of genes from different types of flu viruses, including those found in swine, birds and humans. Swine flu symptoms are much like the seasonal flu which includes fever, cough, sore throat, body aches, headache, chills and fatigue. Some have reported diarrhea and vomiting associated with swine flu. Like seasonal flu, healthy individuals may also be affected and have died even with state of the art care. Fortunately, people over 60 years of age are not affected as they have the cross protection of existing antibodies.

The anticipated vaccine supply is 46 million doses throughout the U.S. by October. These doses will be allocated to states based on a population formula. The first anticipated shipment to Nevada will include 400,000 doses and an additional 250,000 doses weekly thereafter. Clark County is expected to receive 250,000 initial doses and 125,000 doses weekly thereafter. There are not enough doses to vaccinate all those in high risk groups so a priority list was established.

Plans for distribution of the vaccine will be given to the following groups in the listed priority:

1. Pregnant women
2. People who live with or care for children younger than 6 months of age
3. Health care and emergency medical services personnel with direct patient care
4. Children 6 months through 4 years of age
5. Children 5-18 years of age with underlying high risk medical conditions

Dr. Heck notified the Board that the health district will be following a 4 step planning program on how to approach the EMS system in case an overwhelming pandemic occurs locally. He informed that the health district has received a copy of the new pandemic EMD card. The health district has put together a planning committee to review the card to see if there is sufficient infrastructure in place in order to follow the recommendations of the card. Once reviewed, several meetings will take place at the health district: The first meeting will take place with operational EMS providers to discuss the impact the card would have and how best to utilize it; the second meeting will take place with agency medical directors to discuss the specific medical impacts of the changes on the card; and the third meeting will include hospital representatives to address their comments or suggestions. Dr. Heck noted that hospital participation has been poor in the past, but assured everyone that a plan will be written by the end of September.

Chief Bruce Evans questioned if parameters could be set so that EMS providers would be able to determine whether patients should stay home and be monitored periodically or transported. This was suggested by other communities as a solution to overcrowding hospitals. Rory Chetelat advised that the meetings taking place in the following weeks will address these concerns. Chief Evans also questioned whether local colleges have been contacted. Dr. Middaugh advised that the colleges have been notified and the CDC published an updated guidance for schools and universities. The one thing the CDC has emphasized is a buddy system in which a

person showing signs and symptoms of the flu is instructed to stay in his/her room and have the other person take their meals to them. Chief Evans stated that educational institutions are at maximum capacity, so there is a higher likelihood that the distance between each student is minimal as all the seats are filled. He noted that they should anticipate problems will surface in that type of environment.

**B. Report on CARES Registry**

Dr. Slattery presented the CARES Registry data pertaining to the collection of cardiac arrest resuscitation patient outcomes. There have been two massive research projects that have taken place in Los Angeles and New York City showing that one out of every 100 patients with a V-Fib cardiac arrest that gets a pulse back survives neurologically intact. These results show that cardiac arrest has become a public health problem. Once the data is entered, the CARES Registry links the medical records filled out by EMS providers to outcomes provided by the hospital, enabling assessments for improvement and continuity of care for cardiac arrest patients.

**C. Proposed Pilot: Cooling/Cardiac Arrest Patient**

Dr. Slattery proposed a pilot study be carried out by Las Vegas Fire & Rescue for cooling cardiac arrest patients. He noted that during a cardiac arrest, the brain begins to die after approximately four minutes due to lack of oxygen and glucose. According to Dr. Slattery, once an injured brain reperfuses, “badness” occurs and cooling the patient would mitigate this. He referenced two studies that have shown positive outcomes as a result of cooling measures: An Australian study showed a positive outcome in 4.5 patients; and a European study showed a positive outcome in 6 patients. This translates to cooling 4-6 patients before saving one patient neurologically. Cooling that patient would lower the metabolic rate of the brain during reperfusion; but in order to be effective, cooling must be maintained for 24 hours. The proposal is to apply cold saline packs to the groin and axilla areas. After a brief discussion of the patient criteria and protocol, this pilot was endorsed by the Southern Nevada Health District and is expected to begin November 1<sup>st</sup>.

**III. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Dr. Marino noted that the next MAB meeting will take place in November. At that time, all destination criteria will be reviewed following final recommendations from the subcommittees.

**IV. PUBLIC COMMENT**

**V. ADJOURNMENT**

As there was no further business, Dr. Marino called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 12:06 p.m.