



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP

JULY 13, 2015 - 10:00 A.M.

MEMBERS PRESENT

Mike Bernstein, Chairman, SNHD - OCDPHP
Nadia Fulkerson, MPH, UNSOM
Julie Gallagher, NV Office of Traffic Safety
Dorothy Pewitt, NV Office of Traffic Safety
Deb Williams, SNHD - OCDPHP (alternate)

Dineen McSwain, RN, UMC, Vice Chairman
Jeanne Marsala, RN, Safe Kids Clark County
Tara Phebus, MA, NICRP-UNLV
Linda Kalekas, RN, CCSD
Ying Zhang, SNHD – Epidemiology (by phone)

MEMBERS ABSENT

Traci Pearl, NV Office of Traffic Safety
Andrew Eisen, MD, Touro University
Erin Breen, UNLV – TRC

Kathryn Hooper, Henderson Fire
Nancy Menzel, UNLV – SON
Holly Lyman, St Rose-Dominican Hospitals

SNHD STAFF PRESENT

Mary Ellen Britt, RN, Manager, OEMSTS

Michelle Nath, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Southern Nevada Injury Prevention Partnership convened in the Southern Nevada Health District (SNHD) 330 S. Valley View Boulevard facility, Administration Conference Room 2 on July 13, 2015. Mike Bernstein called the meeting to order at 10:05 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mike Bernstein noted that a quorum had been established.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee’s discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

Mr. Bernstein asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Mr. Bernstein stated the Consent Agenda consisted of matters to be considered by the Southern Nevada Injury Prevention Partnership (SNIPP) that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Southern Nevada Injury Prevention Partnership: 4/13/15

Mr. Bernstein asked for approval of the minutes from the April 13, 2015 meeting. *A motion was made by Dineen McSwain, seconded by Tara Phebus, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introductions

Mr. Bernstein welcomed everyone to the quarterly meeting of the Southern Nevada Injury Prevention Partnership (SNIPP). He introduced himself and requested that the committee members in attendance also introduce themselves.

B. Discussion of Goals and Objectives of the Southern Nevada Injury Prevention Partnership

C. Discussion of Injury Prevention Emphasis Areas Resource List

Mr. Bernstein remarked that the goals and objectives of the SNIPP and the injury prevention emphasis areas resource list would be discussed jointly as the items are related. The goals of the SNIPP as defined in the 2015 Southern Nevada Trauma System Plan are identified as follows:

The purpose of the SNIPP is to assist the SNHD Office of Emergency Medical Services and Trauma System (OEMSTS), the Regional Trauma Advisory Board (RTAB), and the Medical Advisory Board (MAB) to:

- 1) Advise and assist the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma Plan
- 2) Assure the provision and/or initiation of a full spectrum of injury prevention efforts in Southern Nevada with emphasis on those that directly impact the Trauma System (i.e. motor vehicle related injuries)
- 3) Develop a quantitative community health and injury assessment in order to provide evidence based and specific injury prevention program recommendations specific to Southern Nevada
- 4) Facilitate and promote collaboration and coordination of available resources to meet identified needs
- 5) Facilitate and promote coordination and collaboration to evaluate program outcome data to modify existing programs and create new programs to meet identified needs
- 6) Promote heightened awareness of injury prevention issues and concerns to the community and recognition of injury prevention as a legitimate public and governmental service

The resource list, which was included in the members' packets, outlined the various injury prevention areas in Clark County. There was a thorough review of the document which identified the major injury areas as follows: 1) traffic related, 2) violent injuries, 3) suicide, 4) falls, and 5) drowning. Linda Kalekas inquired if there has been any interaction with the Clark County School District's (CCSD) risk management sector as it relates to children's injuries occurring on CCSD properties. Mr. Bernstein remarked that the Health District's Environmental Health Division is responsible for the compliance aspect over the CCSD playgrounds. She responded that traffic related injuries in school zones deserve attention; therefore, the ability to share and analyze data and develop a prevention program would be beneficial. Deb Williams commented that developing a data sharing agreement between the Health District's Office of Epidemiology and CCSD would be advantageous for obtaining traffic data. Nadia Fulkerson remarked that the Fatality Analysis Reporting System (FARS) data she receives doesn't delineate school zone as a separate variable. In response, Julie Gallagher stated that she would research whether or not the Office of Traffic Safety (OTS) has a mechanism to gather this information from their datasets. Ms. Gallagher also noted that the OTS is in the process of reviewing their State of Nevada Traffic Accident Report (Form 5) and are amenable to suggestions for improvements to the form. She will recommend that a data field be added to capture school zone crashes. Ms. Britt commented that this is the value of the SNIPP

because a collective group can bring their resources together to create measurable outcomes. She added that the EMS & Trauma System Office collects Trauma Field Triage Criteria (TFTC) data which could be used to map and identify traffic related crashes occurring in school zones.

As discussion ensued, Jeanne Marsala reported that she had previously participated in a program sponsored by Roseman University of Health Sciences to assess traffic conditions in a locally zoned elementary school. During the initial observations at the site, it was noted that 180 u-turns had been made and over 200 children were doing mid-cross walking in a one hour period. A nursing student who was involved with the project recommended the use of traffic cones to assist with traffic conditions. After researching the concept, it was determined that Nevada Revised Statutes permits schools to use temporary devices during school hours for improvement to traffic conditions. As the project was developed, Safe Kids Clark County funded the purchase of the traffic cones and the results were immediately realized. Drivers were prohibited from making u-turns and mock crosswalks were implemented to create safe crossing zones for the children and their families. Ms. Marsala remarked that this practical solution has been adopted by various schools, and Fed Ex is currently considering becoming a partner in this project to partially fund the future purchase of cones. Ms. Kalekas commented that many of the schools do utilize temporary devices and there has been improvement to traffic conditions; however, there are some schools that either don't have the necessary resources or infrastructure to implement this measure. She added that newly constructed schools will be designed to offset some of the traffic safety concerns.

Upon further review of the resource list, the committee agreed that unintentional prescription drug overdose and non-accidental trauma would be added to this list of injury areas. There was an extensive review of the existing groups, current activities and existing data sources and the following recommendations will be incorporated in the updated version of the document:

- 1) Traffic related injuries:
 - Safe Communities name has changed its name to Vulnerable Road Users
 - Add Pediatric Level II to UMC Trauma Center Level I to the list of existing groups
 - Add Click It or Ticket, Back To School, Zero Teen Fatalities and Helmet Give Aways to the list of current activities
 - Add EMS & Trauma System TFTC Data and Clark County Child Death Review Team (CCDRT) to existing data sources
- 2) Violent injuries:
 - Add Homicide Review Team, Domestic Violence Review Team and Fusion Center to the list of existing groups
 - Add Homicide Review Team and SNHD Office of Epidemiology (SNHDOE) and Fusion Center to the list of current activities
- 3) Suicide
 - Garret Lee Smith Youth Suicide Prevention Grant – add “Reduction in Lethal Means”
 - Add Safe Talk, Think First, SOS and ASIST to list of current activities and remove Columbia Teen Screen Program and Youth Suicide Prevention Summit
 - Add Suicide Fatality Committee to the list of existing data sources
- 4) Falls
 - Clark County Senior Fall Prevention Task Force has changed its name to Nevada Goes Fall Free
 - Add Barbara Greenspun Women’s Care Center to the list of existing groups
- 5) Drowning
 - Delete “Clark County” from Fire Departments
 - Add CCDRT to the list of existing data sources
- 6) Unintentional Prescription Drug Overdose
 - Add SNHDEO to the list of Data Sources

D. Update on Proposed Injury Prevention and Trauma Related Legislation

The following update was provided on injury prevention and trauma related legislation:

SB144: Designates pedestrian safety zones in certain circumstances; provides for enhanced penalties for certain traffic violations in pedestrian safety zones; prohibits and a driver from making a U-turn or passing another vehicle in a school zone. The bill was approved.

SB189: Amends NRS 450B to require the Division of Public and Behavioral Health (DPBH) to maintain the state trauma registry. The initial intent of the bill was to create a dedicated and sustainable funding source for EMS and trauma system activities statewide; however, the bill was amended to remove the funding mechanism and to solely cover the trauma registry. The bill did not pass. The bill sponsor has committed to continue working on this legislative effort and intends on submitting a bill draft request during the next legislative session.

SB267: Revises provisions relating to the transportation of children in motor vehicles, with revisions to the requirements for a child to be secured in a child restraint system. The bill was heard by the Senate Transportation Committee and did not get voted out of committee.

SB459: Enacts the Good Samaritan Drug Overdose Act, authorizing health care professionals to prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid related drug overdose. Overdose deaths from drug or alcohol use are a major public health concern, and the use of opioids has increased at an alarming rate in Nevada. It also establishes that individuals registered by the State Board of Pharmacy will be required to receive periodic training pertaining to the misuse and abuse of controlled substances and that information concerning controlled substance prescriptions be uploaded to the mandatory database. The bill was approved.

E. Discussion of Trends in Non-accidental Trauma

Dineen McSwain reported that there has been an increase of non-accidental trauma patients being treated at the University Medical Center (UMC). She provided a handout which explained the definition of child abuse and neglect as outlined in NRS 432B.020. Facts and statistics were included in the handout and it was noted that a high percentage of the perpetrators were male caregivers. As a result, UMC has developed their Time Out Campaign, "Save A Child's Life," which provides families with information about available resources at the time of the patient's discharge.

Ms. Kalekas discussed the impact of children who return to school after an occurrence of abuse. There are emotional, cognitive and/or physical issues that require treatment which make for a difficult transition back to school; therefore, there needs to be a coordinated re-entry process so that school nurses can appropriately manage these cases. She explained that many of these children return to school and the CCSD is not aware of their return. Tara Phebus remarked that the child welfare agency is responsible for coordinating this process with the School District. She added that the agency makes a huge effort to maintain the continuity for these children by keeping them in their home school.

Mr. Bernstein stated that the vast majority of non-accidental trauma cases occur in children under the age of five and younger. Often these cases involve single parents who lack social support and the resources for appropriate childcare. Tara Phebus commented that Prevent Child Abuse Nevada has developed the Choose Your Partner Carefully Campaign to educate single parents on carefully selecting a partner or care provider who will ensure a safe environment for their child. This campaign, which has been used in various forms of print media, was created by the Child Death Review Team (CDRT). The national organization, Prevent Child Abuse America, expressed interest in promoting the campaign, materials and training to other Prevent Child Abuse state chapters but they required data to support that the materials were effective. Ms. Marsala inquired if the questions used for the campaign were evidence based because they could serve as a template for developing a screening tool to be used by emergency department personnel. It was noted that similar tools are being utilized in hospitals for suspicion of domestic violence and elderly abuse. Ms. Phebus stated that the CDRT spent two years studying and revising the materials and training curriculum so that it can be used as a resource in other states as endorsed by the national organization. She agreed to research the possibility of creating a tool for the hospital setting and report back with additional

information at the next scheduled meeting.

F. Update on Nevada Policy Workshop on Prescription Drug Abuse

Mr. Bernstein reported that Senate Bill 459 was approved by the Governor on May 5, 2015. The bill establishes the Opioid Overdose Prevention Act which authorizes certain healthcare personnel to prescribe and dispense an opioid antagonist to a family member, friend or other person to assist a person at risk or experiencing an opioid-related drug overdose. The Act would reduce criminal liability for individuals who report drug overdoses. It would also require that doctors monitor a patient's prescription history and look for signs of excessive painkiller use. The Health District supported this bill and there's been movement both county and statewide to monitor this issue.

G. Next Meeting and Agenda Items

Mr. Bernstein announced that the next SNIPP meeting is scheduled for Monday, October 12, 2015 at 10:00 a.m. The discussion of non-accidental trauma will remain as an agenda item for the next scheduled meeting.

IV. INFORMATIONAL ITEMS

There was discussion of upcoming events and Sunrise Hospital and Medical Center will conduct car seat inspections on July 15, 2015 between 5:00 p.m. - 7:00 p.m. at their facility. Additional inspections will be held on July 18 at Green Valley Ranch between 10:00 a.m. - 12:00 p.m. and at Clark County Fire Station #18 on August 3 between 4:00 p.m. - 6:00 p.m.

Ms. McSwain reported that the Vulnerable Users Group will be hosting the Safe Lids for Kids event at two locations on July 18, 2015. Families will be fitted for free bicycle helmets and they can learn about bicycle and helmet safety from professionals. The information is posted on the pedsafe.vegas website. UMC will hold the 2015 Pediatric Trauma and Burn Conference on August 13, 2015. Registration closes on August 7 and there will be opportunities to obtain continuing education credits. Following this information, there was brief discussion regarding traumatic brain injuries and this will be brought forward as a future agenda item.

Ms. Marsala commented that the ABC&D's of the Drowning Prevention Campaign would receive funding from Krispy Kreme Doughnuts for the months of July and August. The drowning prevention efforts were successful with the lowest recorded number of drowning fatalities in 2014, but the numbers for 2015 have surpassed that mark. There needs to be a continual effort to market the campaign and proceed with drowning prevention efforts.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business on the agenda, Mr. Bernstein adjourned the meeting at 11:48 a.m.