



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
MEDICAL ADVISORY BOARD MEETING
June 6, 2007 – 11:00A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman, Henderson Fire Dept.
Chief Randy Howell, Henderson Fire Dept.
Brian Rogers, EMT-P, MedicWest Ambulance
Chief Russ Cameron, Clark County Fire Dept.
Matt Behrens, EMT-P, Boulder City Fire Dept. (Alt)
Dale Carrison, DO, Clark County Fire Dept.

Chief Bruce Evans, North Las Vegas Fire Dept.
E.P. Homansky, MD, American Medical Response
Roy Carroll, American Medical Response (Alt)
David Slattery, MD, Las Vegas Fire & Rescue
Chief David Petersen, Mesquite Fire & Rescue
Chief Timothy Crowley, Las Vegas Fire & Rescue

MEMBERS ABSENT

Thomas Geraci, DO, Mesquite Fire & Rescue
Allen Marino, MD, MedicWest Ambulance
K. Alexander Malone, MD, North Las Vegas Fire Dept.

Robert Forbuss, American Medical Response
David Daitch, DO, Boulder City Fire Dept.
Jon Kingma, EMT-P, Boulder City Fire Dept.

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Judy Tabat, Administrative Assistant
Lan Lam, Recording Secretary

Trish Beckwith, EMS Field Representative
Mary Ellen Britt, Regional Trauma Coordinator
John Hammond, EMS Field Representative

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MedicWest Ambulance
Scott Rolfe, St. Rose Hospital
Dee Martine, RN, American Medical Response
Jo Ellen Hannom, RN, Clark County Fire Department
Susie Kochevar, RN, North Las Vegas Fire Department
Sydney Selitzky, EMT-P, Henderson Fire Department
John Durkee, EMT-P, Las Vegas Fire & Rescue
Jill Jensen, EMT-P, Las Vegas Motor Speedway
Amanda Curran, EMT-P, MedicWest Ambulance
Dylan Hallett, American Medical Response
Ron Tucker, EMT-P, MedicWest Ambulance
Jim Hepper, NCTI
Matt Shanley, AMR, NCTI
David Juarez, NCTI
Tricia Klein, EMT-P, NCTI

Tom Cook, Mountain Vista Hospital
John Higley, EMT-P, Mesquite Fire & Rescue
Pattie Holden, Sunrise Hospital
Rob Phoenix, RN, Sunrise Hospital
Scott Vivier, EMT-P, Henderson Fire Department
Joseph Melchiode, MountainView Hospital
Davette Shea, RN, Southern Hills Hospital
David Embly, RN, North Vista Hospital
Maurice Kay, American Medical Response
Jason Meilleur, EMT-P, MedicWest Ambulance
Chris O'Neal, NCTI
Jung Seo, NCTI
Richard Main, EMT-P, AMR
Marc Winburn, AMR, NCTI

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 11:10 a.m. on Wednesday, June 6, 2007. The meeting was called to order by Rory Chetelat on behalf of 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. Mr. Chetelat noted that a quorum was present.

I. CONSENT AGENDA

Rory Chetelat 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 was made for Board approval of the minutes from the May 2, 2007 Medical Advisory Board Meeting. The motion was seconded and passed unanimously.

The second item on the consent agenda, the Discussion of Addition of CyanoKit[®] as an Optional Item on the Official Paramedic Drug Inventory, was moved from Consent Agenda to Report/Discussion/Possible Action.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Addition of CyanoKit[®] as an Optional Item on the Official Paramedic Drug Inventory

Bruce Evans proposed adding CyanoKit[®] as an optional item on the Official Paramedic Drug Inventory. Mr. Evans stated that he would like to further discuss the proposal with the Drug & Device Committee. Tim Crowley stated he was not comfortable with the idea of replacing the Taylor Kit[®] with the CyanoKit[®] without any proof of the potential risks involved with the utilization of the Taylor Kits[®].

A motion was made to send this item to the Drug & Device Committee for further discussion. The motion was seconded and passed unanimously.

B. Joint Drug & Device and Procedure/Protocol Committee

1. Discussion of Stroke Center Destination Protocol

Rory Chetelat reported that this item will be sent to a Stroke Center Destination Task Force for further discussion and no action will be taken at this time.

2. Discussion of Replacing Phenergan with Zofran

Rory Chetelat reported that the Joint Drug & Device Committee didn't feel there was sufficient information to make a decision. It was agreed to table the discussion until the next Drug & Device Committee meeting so that additional information can be compiled.

A motion was made to refer the discussion of replacing Phenergan with Zofran to the Drug & Device Committee. The motion was seconded and passed with Bruce Evans in opposition.

3. Discussion of Revision to BLS/ILS/ALS Protocols

Dr. Henderson reviewed the summary of changes that there were made at the previous Drug & Device and Procedure/Protocol Committee meeting.

- General Patient Care Protocol

Dr. Henderson stated that Dr. Heck had concerns with the General Patient Care protocol with regard to L2K patients being placed in the waiting room. The Board discussed the liability and conflict issues of placing a patient in the waiting room who may cause harm to himself or others.

A motion was made to add the verbiage, "...excluding Legal 2000 patients" to #7 on the General Patient Care protocol. The motion was seconded and passed unanimously.

- Chronic Public Inebriate Protocol

Dr. Slattery remarked that we are under-utilizing WestCare for the chronic public inebriate patient. He stressed the importance that transport agencies maximize the use of WestCare for patients who fit the criteria. He stated that patients who breach the criteria should be identified

as sick and should be taken to the closest facility. Brian Rogers argued that there should be an exception for multiple patients at a single scene, such as a sports event or a party. Dr. Slattery stated that the subcommittee approved adding verbiage to #2 in the Chronic Public Inebriate protocol to read, "Patients should be transported to the closest facility unless there are multiple patients from a single scene."

A motion was made to add the verbiage, "Patients should be transported to the closest facility unless there are multiple patients from a single scene" to #2 in the Chronic Public Inebriate protocol. The motion was seconded and passed unanimously.

- Trauma Field Triage Criteria Protocol

Dr. Sears expressed concern regarding the recommendation that trauma patients would be able to refuse transport to a trauma hospital, and end up being transported to a non-trauma hospital. Dr. Sears remarked that if a patient refuses transport to a trauma hospital, the patient should not be transported by EMS at all. Dr. Henderson and Mr. Chetelat disagreed, stating that a patient has the right to choose. Dr. Carrison noted that if a patient with a gun shot wound to the belly refuses transport to a trauma center, it would be unreasonable to take them to a non-trauma facility with inadequate resources. The non-trauma facility would simply turn around and call 911 to have him transferred to a trauma center. Dr. Henderson stated that if a patient is competent he has the right to make that bad choice. Dr. Sears argued that the patient shouldn't be given that choice. Mr. Chetelet stated that this subset of patients is incredibly small in number. Ideally, the transport agencies should try to take them to a trauma center. If the patient refuses, the transport agency calls the trauma center to try to talk the patient into going to the trauma center. If the patient continues to refuse, the non-trauma receiving facility is contacted via radio for a third level of discussion to assist them in making the correct decision.

Mary Ellen Britt relayed that Dr. Heck weighed in on this issue. He noted that the protocol should be in compliance with the NAC. The language is very clear about refusal of transport to a trauma center. It was agreed to take the issue back to the RTAB and to seek legal opinion.

- Defibrillation Protocol

Dr. Henderson noted a change to the Defibrillation protocol. The placement of the self-adhesive electrodes to the pulse generator of a pacemaker was changed from five inches to one inch to be consistent with the American Heart Association guidelines.

- Needle Cricothyroidotomy Protocol

Dr. Henderson reported that Dr. Heck raised concerns about the Needle Cricothyroidotomy protocol. He questioned the appropriateness of the use of the jet insufflator for pediatric patients. It was decided to table the issue pending further research.

- Spinal Immobilization Protocol

Dr. Henderson stated that the subcommittee also discussed including an age requirement for spinal immobilization for patients greater than sixty five to be consistent with the Canadian C-Spine rule. Scott Vivier expressed that the language in D.1.d. of the General Patient Care protocol could cause confusion about when to C-spine a patient with a "traumatic mechanism." The issue was tabled pending further research.

- Transcutaneous Pacing Protocol

Dr. Henderson noted that the intranasal route for Midazolam was added to the Transcutaneous Pacing protocol.

- Formulary

Also, an intraosseous route will be added to all pediatric intravenous routes. Dr. Slattery suggested removing Coumadin as a contraindication for Acetylsalicylic Acid in the formulary.

A motion was made to add the intraosseous route to pediatric medications that can be given IV and to remove coumadin as a contraindication for Acetylsalicylic Acid in the formulary. The motion was seconded and passed unanimously.

4. Discussion of Legal 2000 Guidelines

Rory Chetelat reported that it was decided that Legal 2000 patients will not have a choice of which facility they will be transported to. EMS will need to fill out documentation justifying why the patient is declared a Legal 2000 patient. Mr. Chetelat noted that this will be done to protect EMS personnel.

A motion was made to include language to read, "EMS providers will document the reason the patient was transported to the facility on the Patient Care Record" to II.C. of the Legal 2000 Patient Transport Guidelines. The motion was seconded and passed unanimously.

C. Discussion of Canceling July Quality Improvement Directors Meeting

A motion was made to cancel the July Quality Improvement Directors Meeting. The motion was seconded and passed unanimously.

D. Discussion of Canceling July Medical Advisory Board Meeting

A motion was made to cancel the July Medical Advisory Board Meeting. The motion was seconded and passed unanimously.

E. Annual Appointment of Medical Advisory Board Meeting Chair

Chairman Henderson nominated Allen Marino to be the new Chairman for the Medical Advisory Board. The members of the MAB were all in favor.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Trauma System Development Update

Mary Ellen Britt reported the Clark County Trauma System Regulations were adopted on May 24th by the Board of Health. She also noted Senate Bill AD228, which was introduced by Dr. Heck, passed. This bill will provide protection of the records in the coroner's office while participating in the medical review committee. Ms. Britt remarked that she is currently accepting nominations for the non-standing member seats on the Regional Trauma Advisory Board. The deadline for submission of nomination forms is June 15th.

B. EMS Week

Trish Beckwith announced that EMS Week was May 20-26th. This year's recipients of the SNHD sponsored EMS Responder of the Year award are as follows:

Michael Denton- CCFD	Shannon Long- HFD
Sara Duarte- MW	Jason Roeller- LVFR
Jason Hanor- MFR	Frank Simone- NLV
Denise Horvath- MA	Rodney Wright- AMR

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

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 12:04 p.m.