

**EMS for Children Committee Meeting
Virginia Office of EMS
1041 Technology Park Drive, Glen Allen, VA
January 9, 2014
3-5 p.m.**

Members Present:	OEMS Staff:	Others:
Robin Foster, MD , VCU, EMSC Committee Chair (via phone)	Wanda Street, VDH, OEMS, Secretary Sr.	Valeta Daniels, Henrico Doctors, EMS Liaison
David Edwards , VDH, OEMS, EMSC Program Manager		Kelley Rumsey, VCU, Pediatric Trauma Coordinator
Petra Connell, Ph.D., MPH , EMSC Family Representative		Katie Baker, Henrico Doctors-Forest
Theresa Guins, MD , Pediatric ED Physician, EMSC Program Medical Director		Roger Glick, Carilion Roanoke Memorial Hospital, Emergency Management
Paul Sharpe , VDH, OEMS, Trauma/Critical Care Coordinator		
John Messina , Virginia Department of Motor Vehicles, Highway Safety Office Representative		
Heather Board , VDH, Division of Injury & Violence Prevention		
Barbara Kahler, MD , VA American Academy of Pediatrics (AAP) Representative		
Kae Bruch , Virginia Association of School Nurses Representative		
Emily Womble , VDH, Office of the Chief Medical Examiner, Child Fatality Review		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:02 p.m. by Dr. Guins. Dr. Foster is sick, but is attending the meeting via phone.	
Introductions:	Everyone around the room introduced themselves.	
Approval of Minutes from October 10, 2013 and December 2, 2013 meetings:	A motion was made to review and approve the minutes. The motion was moved by Kae Bruch and seconded by Petra Connell.	The minutes were approved as submitted.
Chairperson's Report – Dr. Robin Foster:	Emergency Pediatric Care Course and 2014 Symposium Updates An EPC course was held at symposium with a full class of 24 participants. Dr. Foster is on the EMS Symposium Steering Committee and they are planning for next year's symposium. For the 30 th year anniversary of the EMS for Children program, there will be a dedicated Pediatric Track at the symposium and submissions are still being accepted for pediatric courses. The 2014 Symposium Call for Presentations deadline has been extended until tomorrow, January 10. David will send out the link to the committee.	David will send out the 2014 Symposium Call for Presentations link today.

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	<p>Special EMSC Meeting Update (December 2, 2013) A special meeting was held to discuss Pediatric Designation changes to the Trauma Designation Manual. Currently there are Levels I, II & III trauma centers. The Trauma System Oversight & Management Committee wants to add Pediatric Center Designation Levels I & II. The EMSC Committee decided that Pediatric Trauma Designation should only be Level I within a Level I Trauma Center. It was also decided to establish the age of 14 and under as a pediatric patient to have consensus across the state. Another meeting will be held by the Trauma System Oversight & Management Committee workgroup the last week of January to finalize the manual revisions.</p>	
<p>OEMS Report – Paul Sharpe:</p>	<p>EMS Data Collection and Output OEMS is moving toward some exciting data items for 2014. As of a couple of weeks ago, all EMS data is being sent to the VDH data warehouse to be blended with hospital discharge data. We will soon have outcome data on all EMS transports in Virginia. OEMS is working with the IT staff to design these reports. There is no public access to the VDH data warehouse but other VDH Divisions will now have access to trauma & EMS data. Also, the EMS application has a sophisticated reporting tool which allows hospital outcome data to transfer to EMS and provide basic information about a patient. Also, OEMS has purchased a couple of SAS modules to provide public access to EMS and trauma data. We are waiting on delivery of the modules. Paul is looking forward to the data that will be produced through these avenues.</p> <p>Poison Control Center Update The Poison Control Centers are again up for removal. They have been zeroed out on the State Budget. The General Assembly will begin next week and Paul will keep everyone updated on this.</p> <p>Also, in the Governor’s draft budget, the General Fund for Trauma Center funding was cut by 50%. Paul will also keep everyone updated on this.</p> <p>Dr. Guins mentioned that a Legislative Bill was submitted to request a decrease in the number of hours for EMT Recertification from 150 hours to 80 hours. This is going back to the number of hours required in 1971. This came from an area that is having difficulty recruiting volunteers. This was discussed at the Medical Direction Committee meeting this morning and they definitely oppose this Bill.</p>	
<p>EMSC Program Report – David Edwards:</p>	<p>Below is Dave’s full report:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  EMSC Program Report 010914.pdf </div> <div style="text-align: center;">  EMSC survey response by regional </div> </div> <p>The 2014 Symposium will be November 5- 9, 2014 in Norfolk at the Norfolk Waterside Marriott.</p>	
<p>EMSC Family Representative Report – Petra Connell:</p>	<p><u>FAN UPDATE:</u></p> <ol style="list-style-type: none"> 1) The National Resource Center is in the process of forming a FAN work group to help develop the new FAN training modules which will replace the “Getting Started, Staying Involved: An EMSC Toolkit for Family Representatives.” 2) On yesterday’s FAN Town Hall there was a presentation from Cheryl Wraa, RN, MSN on a family tool on inter-facility transfer. The project consists of developing a template for tertiary centers to complete that will give families traveling to their facility information such as directions, where to park (cost), where to stay, etc. This information would 	

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	<p>be available at the transferring hospitals/clinics to give to the family.</p> <p><u>New Mexico EMSC Develops School Nurse Training Curriculum on Suicide Prevention:</u> New Mexico's EMSC State Partnership and State Partnership Regionalization of Care programs, in collaboration with the New Mexico School Nurse Association and the New Mexico Department of Health, Division of School Health, released Helpless to Hopeful: School Nurse Guide to Suicide Prevention, a new training curriculum on the recognition and response to behavioral health emergencies in schools. The module consists of four parts and offers two continuing education credits (CEUs). CEUs for nurses and EMTs are cost-free until June 2015.</p> <p>Website: http://hsc.unm.edu/emersed/PED/school_rn/vsnbhe/suicide/intro.html</p> <p><u>EMSC Targeted Issue Webinar Now Archived:</u> The Emergency Medical Services for Children (EMSC) Targeted Issue Webinar held on December 11, 2013, has been archived. The webinar featured the newly-funded and innovative TI demonstration projects. Website: http://www.childrensnational.org/EMSC/Events/EMSC-Targeted-Issue-Conference-Calls.aspx</p> <p>Over the next three years, these unique projects will focus solely on pediatric emergency care in the pre-hospital setting. The new TI awardees are:</p> <ul style="list-style-type: none"> • Scott Rodi, MD, principal investigator for "Innovating and Improving Pre-hospital Pediatric Care in Rural New Hampshire and Vermont: The Center for Rural Emergency Services and Trauma (CREST) Network for EMS Providers" based at the Geisel School of Medicine and Dartmouth-Hitchcock Medical Center; • Robert Silverman, MD, MS, principal investigator for "Pre-hospital Oral Steroids for the Treatment of Status Asthmaticus in Children (POSTSAC) Study" based at Hofstra North Shore-LIJ School of Medicine at Hofstra University; • Mary Fallat, MD, principal investigator for "Compassionate Options for Pediatric EMS (COPE)" based at the University of Louisville Research Foundation; • Andrew Stevens, MD, principal investigator for "Treat the Street: Pre-hospital Pediatric Asthma Intervention Model to Improve Child Health Outcomes" based at Indiana University; • Manish Shah, MD, principal investigator for "Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States" based at Baylor College of Medicine and Texas Children's Hospital; and • Brooke Lerner, PhD, principal investigator for "Development of the Charlotte, Houston and Milwaukee Pre-hospital (CHaMP) Research Node" based at the Medical College of Wisconsin. 	
<p>Committee Member Organization Reports:</p>	<p>Kae Bruch – (sent via email) HOUSE BILL NO. 134 Patrons-- Cole (By Request); Senator: Stuart http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+HB134+hil</p> <p>This bill allows that a "Diabetes care plan" means an agreement between parents and a delegated care aide that sets</p>	

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	<p><i>forth the care that a student diagnosed with diabetes requires and that the delegated care aide may provide in the event that a school nurse or physician is not present in the school or at a school-sponsored activity. Not the currently require physician authorized Diabetic care plan that is required for both health-aide trained in glucagon and insulin and a School RN. Imagine parents (no matter what their literacy, capacity or knowledge of diabetes) legally able to write an agreement with a non-medically trained individual to ‘set forth care’ for their student in lieu of the currently required physician signed authorized diabetic care plan and updates. C. The parents of each student who has been diagnosed with diabetes who have submitted a diabetes care plan shall notify a school nurse and the delegated care aide when the student's needs change during the school year and shall update the diabetes care plan accordingly. Parents shall also be responsible for informing the school in a timely manner of any changes to their emergency contact information.</i></p> <p><u>Allowing a parent to change medical orders (in this case verbally) for both a ‘delegated care aide’ and the School RN, as opposed to the currently required physician signed update to a currently existing plan faxed in from the physician’s office or a signed copy brought in by the parent or student to the school.</u> This bill is very similar to the one that failed last year, and was re-drafted by the same parent and delegate.</p> <p>Del. Eileen Filler-Corn Draft ‘Return to Learn’ bill</p> <p>This is a good intent draft bill, however it is written in a manner very open to interpretation and with no specified minimums or models to be developed. A ‘concussion trained health care provider’ - should be more tightly defined to mean a physician, physician assistant, or osteopath licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing. Some are suggesting the inclusion of the school’s athletic trainer as an appropriate licenses health care provider for this purpose, but there is a concern with regards to conflict of interest – this is not a problem for most ATs, but it is for some.</p> <p>‘Appropriate designated school personnel’ could be better specified as a staff or administrator familiar with the development of post-concussion based 504 plans which include modifications for decreased academic work load to be titrated back up to normal levels as tolerated, a plan that also must be sensitive to setbacks in recovery process. The bill also does not specify how school personnel would become alert to post-concussion cognitive and academic issues or who would develop a minimum model protocol for school divisions. <u>This bill could dilute 504 plans currently being utilized for this purpose to a one-size fits all pocket protocol that does not serve the individual student’s recovery and/or academic potential, and a protocol that may not have the teeth that a 504 plan does, to address teachers failing to be compliant. If passed as written, it could be difficult to effectively implement.</u></p> <p>The AAP has a very good article titled ‘Returning to Learning Following a Concussion’ for additional background information, it may be accessed at http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867.full.pdf+html</p> <p>Please let me know your thoughts and concerns on these bills, and any groups/organizations you may be aware of that have taken a support, oppose, or monitor positions. Also, please share bills that you think may be pertinent to School Health, that we may not yet be aware of.</p> <p>Heather Board – The Injury Prevention Division is watching about 23 legislative bills ranging from human trafficking to bullying to sports related concussions and many others. Heather will keep the committee updated. She is also excited about the data collection this is being received from about 70% of the Emergency Departments and all Patient First facilities.</p>	

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	<p>Barbara Kahler – Barbara asked that all pediatric bills that the Academy should be aware of be sent to her at blkahler@msn.com.</p> <p>John Messina – No report. He enjoyed the presentation.</p> <p>Valeta Daniels – Henrico Doctors PICU is having a Community Opening Saturday, February 8, 10 am to 2 pm. She is doing an EMS Pediatric Conference the next weekend, Saturday, February 15 from 8am to 5 pm and is in need of speakers. Please help. If interested, please email at valeta.daniels@hcahealthcare.com.</p> <p>Kimberly Burt – (sent via email) The Virginia Highway Safety Office will be accepting grant applications for the FY2015 grant year. All applicants who submit a grant application will be required to attend a Grant Application Workshop. We will hold 2 workshops for state agencies and non-profit organizations, Tuesday, January 28 from 10am to noon and Friday, January 31 from 1:00pm to 3:00pm. Both sessions will be held the DMV HQ location, 2300 West Broad St, Richmond, VA. Please <u>reply by January 13, 2014</u> as to which session you will attend and the names of who will attend. Due to spacing, the Project Director and 1 other person can attend. If this is your first time applying for a highway safety grant with us, please let me know by January 10, 2014.</p>	
Special Presentation:	<p>“Infant Sleep-Related Deaths: Findings From The Virginia State Child Fatality Review Team” – Emily Womble</p>  <p>EMSC 1.9.14.pptx</p>	
Old/Unfinished Business:	None.	
New Business:	None.	
Public Comment:	None.	
Adjournment:	<p>The meeting adjourned at approximately 3:57 p.m.</p> <p>2014 Meeting Dates: April 10, July 10, and *October 9 (*may need rescheduling)</p>	