

EMS for Children (EMSC) Committee Meeting
Virginia Office of EMS
Hilton Norfolk-The Main
100 East Main Street
Norfolk, VA 23510
November 6, 2019
10 a.m.

Core Members Present:	OEMS Staff:	Guests:
Sam Bartle , Chair	Wanda Street, Exec. Secretary	Jim Burhop, CHKD
Steve Rasmussen , VA Emergency Nurses Association (ENA) Representative		Mark Cromer, Near Southwest Preparedness Alliance
David Edwards , EMSC Program Manager (VDH, OEMS)		
Jane Tingley , Office of Chief Medical Examiner (VDH, OCME) Representative		
Dusty Lynn , Pediatric EMS Educator- UVA		
Kelley Rumsey , Trauma Prehospital Committee Liaison		
Tanya Trevilian , Pediatric Trauma Coordinator, Carilion		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 10:02 a.m. by the chair, Sam Bartle.	
Introductions:	Everyone around the room introduced themselves.	
Approval of the minutes from July 31, 2019 meeting:	A motion was made by Steve Rasmussen to approve the minutes from the July meeting. The motion was seconded by Kelley Rumsey. The minutes were approved as submitted.	The minutes were approved as submitted.
Chair Report – Dr. Samuel Bartle:	This meeting will now be held in conjunction with the other Advisory Board Committees. We need to discuss the goals that we want to achieve in this committee. We will continue to work on the emergency department pediatric readiness initiatives and the pediatric disaster preparedness programs. Please feel free to share your ideas.	
OEMS Report:	Dave reported that most of the divisions at OEMS are fully staffed. The Trauma Division Manager, Cam Crittenden, left the Office of EMS briefly, but has returned. The epidemiologists in the office have been doing a great job in gathering the data and creating reports. The plan is to develop a pediatric dashboard to be accessed and updated either monthly or quarterly. We have to determine what data we want to include on the dashboard. Dr. Bartle stated that the Board of Health is looking at gun violence as a public health emergency.	
EMSC Program Report Highlights –	EMSC and the Office of EMS is collaborating with the Near Southwest Preparedness Alliance in a pediatric disaster response plan to address gaps in preparedness. Dave gave Mary Kathryn customized results for her area. He also has the ability for the hospitals in the area to get their gap reports. The hospitals are encouraged to implement	

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<p>Full Report is at the end of these minutes.</p>	<p>findings from the last survey. Some of them have already started implementing the recommendations.</p> <p>More child restraint systems will be ordered and distributed soon. If you know of any agencies that have a need, let David know. Generally, one or two will be sent per agency.</p> <p>EMSC funding has paid for a number of the registrations for symposium (\$195 value) and we are happy to continue with this each year. Thank you Steve for a great idea!</p> <p>The Governor’s EMSC Award will be given on Saturday night at the award reception.</p> <p>EMSC is still willing to provide funding for PEPP and ENPC Courses. The committee discussed holding concurrent courses.</p> <p>EMSC Performance Measure and Data Collection survey will go out to agencies in January and last through March of 2020. This is an annual requirement. It asks if they have a pediatric champion or pediatric coordinator or any interests in one. We will have a pediatric boot camp that will focus on developing pediatric champions.</p> <p>The committee extensively discussed pediatric readiness and freestanding ED toolkits.</p> <p>Please see David’s complete report for upcoming conferences and other pediatric EMS information.</p>	
<p>EMSC Family Representative Report – Petra Connell:</p>	<p>No report. Petra was not in attendance.</p>	
<p>Committee Member Organization Reports:</p>	<p>Mark Cromer, NSPA – NSPA is in the process of developing a disaster annex. Mary Kathryn asked Mark to ask the group if anybody is interested in being a part of this workgroup. Please feel free to contact her. He also discussed the pediatric disaster care in his area.</p> <p>Dusty Lynn, UVA – Dusty mentioned the NRP classes for prehospital providers. The class was offered three times and has filled up each time. Dusty also discussed several other successful classes at UVA..</p> <p>Steve Rasmussen, ENA – ENA is increasingly concerned and involved with pediatric behavioral health. There needs to be more local behavioral health treatment centers and more treatment options/training.</p> <p>Tanya Trevilian, Carilion Roanoke Memorial Hospital – Tanya mentioned the Trauma Resuscitation in Kids (TRIK) class which was developed in Canada. Her medical director is an instructor for the class. They are hoping to get more master trainers in the United States. The class is for providers and nurses. The cost is roughly \$1,200 per class and is a two-day course with CME awarded.</p>	

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	<p>Kelley Rumsey, VCU Children’s Hospital of Richmond – Kelly stated that they have had a tabletop exercise that was pediatric centric. It was an active shooter scenario focusing on internal hospital communications. They tested job action sheets that they developed in the inpatient areas and operating room, did an after-action report (AAR) and have started to set goals for next year’s exercise.</p> <p>Jane Tingley, OME – Jane is leaving her current position at the Medical Examiner’s Office. The Division Director, who will handle all 7 surveillance programs, will also handle all of Jane’s responsibilities. Data requests are still accepted, but turn-around times may be slower. The ME’s office is half-staffed, so some reorganization is being done.</p> <p>Jim Burhop, CHKD – Jim discussed the pediatric mental health issues and the telemedicine programs. His thought process is to improve telemedicine for pediatric patients in Virginia as it is in Maine.</p> <p>Dr. Bartle stated that the committee is at a point where they can start looking at another project of connecting disaster preparedness and telemedicine education.</p>	
Special Presentation:	There was no presentation scheduled for this meeting.	
Unfinished/Old Business:	<p>a) Potential Collaboration (Disaster Center of Excellence) b) Pediatric Data Dashboard c) Symposium 2019 Planning d) Pediatric Patient Care Guideline Templates – Dr. Bartle is working on pediatric guidelines for treatment of seizures. He is researching the guidelines that already exists and what guidelines to follow.</p>	
New Business:	<p>a) New Order for Ambulance Child Restraints b) EMS Agency Surveys (Jan-Feb-Mar 2020) c) Initiative to Identify and Support Pediatric Champions d) Symposium 2020 Planning (including EMSC Boot Camp) e) Future Meeting Dates (result of transition) f) Other</p>	
Public Comment:	None.	
Adjournment:	<p>The meeting adjourned at approximately 11:28 a.m.</p> <p>2020 Meeting Dates: (Tentative) February 7, May 2, August 5, and November (to be determined). Location: Normally, Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, VA 23294 Time: 3:00 p.m. to 5:00 p.m.</p>	<p>Please note August date change. It was listed as August 1 on the November agenda.</p>

Below is the full version of the EMS for Children program written report presented by David Edwards and provided as a handout at the EMSC Committee meeting:

VIRGINIA EMS for CHILDREN (EMSC) PROGRAM REPORT

Regional Pediatric Disaster Preparedness:

Virginia EMSC also works with regional hospital groups involved in the Hospital Preparedness Program (HPP) who receive funding through VDH via the Assistant Secretary of Preparedness and Response (ASPR). Currently we are participating in a project with the Near Southwest Preparedness Alliance (NSPA) to develop a Pediatric Annex to disaster planning in their region. This group will focus on addressing gaps in preparedness related to the pediatric population.



One resource the group plans to use is findings from the last *National Pediatric Readiness Assessment (NPRA)* of hospital emergency departments facilitated by the EMSC program nationally, and in Virginia in 2013-2014. (*The next online National Pediatric Readiness Assessment will launch in July of 2020 and will target every hospital ED in the nation.*)

Follow-up Items for Pediatric Readiness at Virginia Hospitals:

(Summarized from the previous *National Pediatric Readiness Assessment of hospital ED's.*)

Continuing EMSC recommendation (and plea) to Virginia hospital Emergency Departments:

- Weigh AND record children in **kilograms** (*to help prevent medication errors*).
- Include children specifically in hospital disaster/emergency plans.
- Designate a **Pediatric Emergency Care Coordinator (PECC)**—*nurse, physician, or both—the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.*
- Ensure *pediatric* patients are included in the quality improvement process.
- Review and/or adopt **pediatric safety policies** (*radiation dosing, medication dosages, abnormal VS*).

More Child Restraint Systems Available Soon:

All “ACR-4” child restraint systems previously procured by the EMSC program have been distributed to Virginia EMS agencies, and another batch of child restraint systems is on order as we continue to emphasize that *every child transported by ambulance in Virginia should be appropriately restrained*. EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the EMSC program is ready to assist. Several good resources to aid in developing these are available from the National Association of EMS Officials (NASEMSO) Safe Transport of Children Committee:



- <https://nasemsso.org/wp-content/uploads/Safe-Transport-of-Children-by-EMS-InterimGuidance-08Mar2017-FINAL.pdf>
- <https://nasemsso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances-v2.1.pdf>
- <https://nasemsso.org/wp-content/uploads/Challenges-Associated-with-the-Safe-Transport-of-Children-in-Ambulances-Poster-MD.pdf>

If an EMS agency leader identifies an agency need to obtain one or two of these devices, he or she should contact David Edwards (david.edwards@vdh.virginia.gov) and discuss these needs in detail.

(Funding for the child restraint systems was through the EMSC State Partnership Grant [H33MC07871] via the Health Resources & Services Administration [HRSA], and administered by the Maternal and Child Health Bureau [MCHB] Division of Child, Adolescent and Family Health.)

Registration Awards Provided by EMSC:

More than twenty EMS providers are receiving registration awards to the 40th Annual Virginia EMS Symposium, courtesy of the Virginia EMS for Children program. Awardees taking three or more pediatric-related courses at Symposium were eligible, and each award covers the full basic cost of registration. The EMSC program provides significant support for the pediatric track at Symposium.

Annual Governor's EMSC Award:

Regional council EMSC award winners are eligible for the "Governor's EMS Award for Outstanding Contribution to EMS for Children". A winner will be recognized and celebrated at the 40th Annual Virginia EMS Symposium Awards Banquet on Saturday, November 9, 2019 in Norfolk.

EMSC Funding Available to Support PEPP and ENPC

The EMSC Program is willing to support a limited number of Pediatric Education for Prehospital Professionals (PEPP) and/or Emergency Nurses Pediatric Course (ENPC) courses in regions that have difficulty in accessing pediatric training. Please let us know if you are trying to set up a course(s) and need some form of support for instructors, fees or materials in order to get these courses out there!

EMSC Performance Measure Data Collection in 2020:

From January to March 2020, the EMSC Performance Measure annual data collection will launch for all State Partnership (SP) EMSC grantees. The National EMSC Data Analysis Resource Center (NEDARC) and SP Program Managers from 58 states, U.S. territories and the freely associated states are ramping up, and they aim to reach about 18,000 EMS agencies.

The focus will be reassessment of the number of EMS agencies with Prehospital Pediatric Emergency Care Coordinators (Pediatric Champions) and the status of EMS personnel skills-checking on the use of pediatric equipment by the states and territories.

Beginning in January, EMSC SP Program Managers will have three months to complete data collection for the status of Performance Measures 02 and 03 from EMS agencies. EMSC SP Program Managers are currently *verifying* lists of EMS agencies to be surveyed in the NEDARC **Contact List Management System** (CLMS). All EMSC Managers are working hard to complete agency contact details verification before the data collection launch, and will work in conjunction with their NEDARC Technical Assistance Liaisons in preparation for this required data collection.

Focus On Developing/Identifying Pediatric Champions and Pediatric Skill Verification:

The coming year will see a major focus on seeking a Pediatric Champion for EMS agencies (or in some cases groups of EMS agencies) in Virginia. Working with input from the TCC Committee, a curriculum for Pediatric Champions will be developed, as well as methods for Pediatric Skills Verification for EMS providers. These two topics directly relate to national EMSC Performance Measures 02 and 03.

Creating Pediatric Disaster Care Centers of Excellence

(From the EMSC Innovation and Improvement Center's EMSC Pulse newsletter.)

Children represent 25 percent of the U.S. population and face specialized medical issues due to their unique developmental and physiologic characteristics. While pediatric hospitals provide excellent care for

children on a day-to-day basis, a regionally based pediatric disaster care capability is needed to manage the overwhelming and unique medical needs of children who are impacted by a disaster.

In September 2019, the U.S. HHS Office of the Assistant Secretary of Preparedness and Response (ASPR) awarded two cooperative agreements totaling \$6 million to pilot the creation of Pediatric Disaster Care Centers of Excellence (COE) to improve disaster response capabilities for children in the United States. HHS ASPR granted two cooperative agreements to the Regents of the University of California, San Francisco (UCSF), for a COE led by the UCSF Health System and UCSF Benioff Children's Hospital; and the University Hospitals of Cleveland for a COE led by University Hospitals Rainbow Babies and Children's Hospital.

These pilot projects also will define the delivery of pediatric clinical care when existing systems become stressed or overwhelmed. Under this pilot project, UCSF Health System and UCSF Benioff Children's Hospital and University Hospitals Rainbow Babies and Children's Hospital will ensure the needs of all pediatric patients, including children with special health care needs, along with their parents and caregivers are considered and integrated into the Pediatric Disaster Care COE plans and operations. "We are committed to the needs of children, one of our nation's most vulnerable populations," said Assistant Secretary for Preparedness and Response Dr. Robert Kadlec. "This pilot project will serve as the proving ground, and identify any gaps in health care resources and services that are vital to continuity of pediatric health care delivery to give children the physical and emotional care they need and deserve during disasters."

Pediatric care requires specialized training, equipment, supplies, and pharmaceuticals that may not be readily available in an emergency. Minimizing the impacts of children's exposure to trauma, infectious diseases, and other hazards during a public health emergency or disaster can challenge health care facilities that do not specialize in pediatric care and stress the health care system as a whole.

The pilot sites and awarded funds are part of a plan to address pediatric disaster care needs and known gaps. As COEs, the two recipients must develop or improve their capability and capacity to provide highly specialized care to pediatric patients within and outside their own regions. The recipients will: These pilot projects also will define the delivery of pediatric clinical care when existing systems become stressed or overwhelmed. Under this pilot project, UCSF Health System and UCSF Benioff Children's Hospital and University Hospitals Rainbow Babies and Children's Hospital will ensure the needs of all pediatric patients, including children with special health care needs, along with their parents and caregivers are considered and integrated into the Pediatric Disaster Care COE plans and operations.

Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email (david.edwards@vdh.virginia.gov), or by calling 804-888-9144 (direct line).



The EMS for Children (EMSC) Program is a part of the Division of Trauma and Critical Care, within the Virginia Office of Emergency Medical Services (OEMS).

The Virginia EMSC Program receives significant funding for programmatic support through the EMSC State Partnership Grant (H33MC07871) awarded by the U.S. Department of Health and Human Services (HHS) via the Health Resources & Services Administration (HRSA), and administered by the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health.

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