

**EMS for Children Committee Meeting
Virginia Office of EMS
1041 Technology Park Drive, Glen Allen, VA
July 11, 2013
3-5 p.m.**

Members Present:	OEMS Staff:	Others:
Robin Foster, MD , VCU, EMSC Committee Chair	Wanda Street , VDH, OEMS, Secretary Sr.	Roger Glick , Carilion Roanoke Memorial Hospital, Emergency Management
Paul Sharpe , VDH, OEMS, Trauma/Critical Care Coordinator		Carol Lambert , Nurse Manager Educator, Forest ED
Petra Connell, Ph.D., MPH , EMSC Family Representative		
Theresa Guins, MD , Pediatric ED Physician, EMSC Program Medical Director		
Emily Womble , VDH, Office of the Chief Medical Examiner, Child Fatality Review		
Alice Ackerman, MD , Department Chair of Pediatrics, Carilion Roanoke Memorial Hospital		
Heather Board , VDH, Division of Injury & Violence Prevention		
Frank Romero , Emergency Medical Technician, Field Provider Representative		
Barbara Kahler, MD , VA AAP Representative		
Gary Brown , VDH, Office of EMS, Director		
Kimberly Burt , Virginia Department of Motor Vehicles, Highway Safety Office		
Cathy Fox, RN , Virginia Emergency Nurses Association		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:11 p.m. by Dr. Guins. Dr. Foster was on the way. She was stuck in traffic.	
Introductions:	Everyone around the room introduced themselves.	
Approval of Minutes from the April 11, 2013 meeting:	A motion was made to review and approve the minutes. The motion was moved by Petra and seconded by Cathy.	The minutes were approved as submitted.
Chairperson's Report – Dr. Robin Foster:	Emergency Pediatric Care Course Dr. Foster said that the EPC Course (Emergency Pediatric Care Course) that was planned at Southside Regional Medical Center will be rescheduled due to low enrollment. There were only 4 registrants. There will be an EPC course at symposium and there will be one in Fauquier County in September.	

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	<p>Virginia Child Fatality Review Team Report (2009) She also mentioned the State Child Fatality Review Team data that was presented at the last meeting. Emily shared that there 119 cases of infant sleep related deaths in 2009. Sleep related deaths include SIDS, SUIDS, and Unsafe Sleep. The Office of the Chief Medical Examiner (OCME) has divided the State into four geographical regions: Western, Tidewater, Northern and Central. Western is the largest district and had the largest amount of deaths at 40. Dr. Ackerman stated that hopefully these numbers will be falling with the Safe Kids initiative that they started over a year ago. They are working to provide education, port-a-cribs and sleep sacks for infants. They are also working with the local shelter in Roanoke to provide safe sleep equipment. They are educating the staff also. Dr. Foster stated that all of these cases were preventable. There a lot of mixed messages given by nursing staff. There is a need for a universal resource for new mothers. Dr. Foster spoke of taking two sleep environments into the room of the new mother and going over which scenario is safe for the baby. Cathy mentioned the ABC (Alone, on Back, Crib) campaign that the State of Maryland uses and how they have made great strides. This was discussed at a previous meeting. Frank mentioned the need for uniformity and not getting mixed messages. One nurse told them one thing and another nurse told them something else after the birth of their son. Heather also mentioned the need to explain why these things are risk factors for the baby. New mothers need to know the risks and why they are dangerous.</p> <p>Dr. Foster said that it this committee’s responsibility to come up with a universal, consistent message for the providers, the hospitals, the physicians, etc.</p> <p>Some the education tools suggested included an EMSAT video or a class at symposium. Frank also mentioned educating the Department of Fire Programs because in the rural areas Fire & EMS work closely together. Cathy mentioned doing a Statewide Public Service Announcement (PSA) for 15 or 30 seconds. If you have any other suggestions, please send them to Dr. Foster.</p> <p>Emily stated that a formal report will be released in December and then it will be published on the VDH OCME website early next year.</p>	<p>If you have any other suggestions in getting the safe sleep message out, please send them to Dr. Foster at rlfoster@hsc.vcu.edu.</p>
<p>OEMS Report – Paul Sharpe/Gary Brown:</p>	<p>Pediatric Trauma Designation From the trauma perspective, with the current Trauma Center Designation Manual Revision, all of the trauma centers are encouraged to offer pediatric care and the Trauma Committee is working on Pediatric Trauma Designation guidelines. The National criteria is being used in the draft and should be completed by the end the year. Dr. Guins recently joined the Trauma System Oversight and Management Committee as the EMS for Children representative. Previously, David Edwards was the representative. Dr. Guins stated that Children’s Hospital of the King’s Daughters (CHKD) is in the process of undergoing planning to become a pediatric trauma center.</p> <p>EMS Data An MOU has just been completed to take the EMS Registry Data and Trauma Registry data and combine them with other VDH data such as child fatality data, hospital discharge data, vital statistics data, etc. This is called data warehousing. This will show the outcomes of pediatric EMS responses. A workgroup or VDH user group will be put together of VDH departments who have an interest in or need of this type of data. Heather stated that she is interested.</p> <p>Trauma Registry This registry is currently being replaced by an ImageTrend product. OEMS currently uses ImageTrend to collect data.</p>	

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	<p>These databases will soon merge. Paul has been writing validation rules and the resource documents will be complete by the end of the month.</p> <p>Poison Centers The Poison Centers have received funding this year and National Capital has been restored into the legislative language. They will receive \$1 million to be distributed by the three centers based on population.</p> <p>National Registry The National Registry has been in effect for one year and the EMT Basic test scores are very low (66%). This of great concern for the Educational Division. They are working with their committees to create strategies/toolkits for instructors in order to improve the scores.</p>	
EMSC Program Report – David Edwards:	<p>Below are brief bullet points of David’s report.</p>  <p>EMSC Report Bullet Points 071113.docx</p>	
EMSC Family Representative Report – Petra Connell:	<p>No report.</p>	
Committee Member Organization Reports:	<p>Barbara Kahler – Dr. Kahler was a part of the H1N1 Summit that was a joint effort between the CDC and Academy of Pediatrics. The report is available on the ACEP website and the State CDC website. She shared a copy with the committee.</p> <p>Heather Board – The Injury and Violence Prevention Office of VDH is starting a pilot prescription drug abuse/misuse campaign to include some education in the Chesterfield area. It will include public awareness information, healthcare provider training and other activities. They will partner with SAFE (Substance Abuse Free Environment, Inc.), one of the 18 drug-free programs in the State. Depending on the evaluation of these activities, funds may be available to other drug-free organizations around the state also. She will keep the committee updated on this project.</p> <p>Kimberly Burt – As of June 30, The Highway Safety Office data shows that youth fatalities are on a decline. The child fatalities (under 18 years of age) are also on a decline. The pedestrian fatalities are also down compared to last year.</p>	
Special Presentation:	<p>Virginia Pediatric Disaster Coalition – Roger Glick Mr. Glick is speaking on behalf of the Hospital Emergency Management Committee (HEMC). He explained the grant fund process and explained that HEMC is the committee of VHHA that coordinate the grant funding. This funding goes to six hospitals for the purpose of hospital emergency preparedness.</p> <p>Mr. Glick has been asked to lead a Virginia Pediatric Disaster Coalition to 1) Identify the opportunities that are available and 2) Prioritize those opportunities based on a hazard vulnerability analysis (looking at the likelihood of an occurrence and the severity of the occurrence). His purpose here today is to discuss the following questions: What should the coalition look like? Who should be involved? What should it do? Also, what resources are needed?</p>	

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	<p>He feels it is time to change the unacceptable pediatric disaster readiness standards and lack of plans. There is also very little documentation on surge management of pediatrics. One of the research initiatives that Dr. Ackerman is looking at is what occurs in a disaster in a children's hospital. How do you manage that?</p> <p>Dr. Foster said that this committee would be more than happy to help with this. Per Mr. Glick, this is a statewide initiative. Dr. Ackerman suggested taking what is learned from the National Readiness survey and starting there to develop a toolkit on how to create a pediatric disaster plan. Use the stronger hospitals from the survey on the workgroup to assist with the toolkit for the areas that were weaker.</p> <p>Paul suggested having pediatric disaster drill scenarios.</p> <p>Mr. Glick asked: How do we start?</p> <p>Dr. Foster said that you want to educate the masses. Identify what the pediatric hazards are. Put together an education piece for the entire hospital system. Dr. Guins suggested getting the disaster preparedness staff of several hospitals together would be a good place to start. Mr. Glick said that these staff members already meet. He feels that interested pediatric people would better fit this need. Dr. Kahler suggested school nurses. Someone else mentioned child care facilities, general community pediatricians (Dr. Kahler). Paul was asked who at VDH did disaster preparedness and he said that VDH has an Emergency Preparedness Division where Bob Mauskapf is the Director. Would it be possible for that office to do a pediatric drill? It may be an eye opener for the facilities. The committee talked about the lack of pediatric supplies that the hospitals carry and the communications aspect of hospitals not communicating with each other. They talked about using the VHHA portal on a daily basis to report their status and open beds, etc. Dr. Foster agreed to assist in any way she can on the coalition.</p> <p>Mr. Glick will create an action plan based on today's discussion. He thanked everyone for allowing him to present this to the committee.</p> <p>Cathy stated that when the Emergency Nurses Association updated the Emergency Nurse Pediatric Course (ENPC) 4th Edition, they added a whole chapter on pediatric disaster preparedness. This is a hybrid course and nurses have to take an online assessment and test before attending the class.</p>	
Old Business:	<ul style="list-style-type: none"> • Training Update (EPC, ENPC & Symposium) • Equipment for EMS ambulances (final list issued pre-publication) • National Pediatric Readiness Assessment (quick results, next steps) • EDAP Designation Project (update) • State EMS Plan (EMSC edits submitted) 	
New Business:	<ul style="list-style-type: none"> • Virginia Pediatric Disaster Coalition • Other 	
Public Comment:	None.	
Adjournment:	<p>The meeting adjourned at approximately 4:35 p.m.</p> <p>The next tentative meeting date is October 10.</p>	