

EMS for Children Committee Meeting
Office of EMS
1041 Technology Park Drive, Glen Allen, VA
April 8, 2010
3-5 p.m.

Members Present:	OEMS Staff:	Others:
Robin Foster, MD, VCU, VA ACEP Representative, EMSC Committee Chair	Sherrina Gibson, Informatics Coordinator	
David P. Edwards, MBA, VDH, OEMS, Virginia EMS for Children Coordinator	Wanda Street, Secretary Senior, VDH, OEMS	
Petra Connell, Ph.D., MPH, EMSC Family Representative		
Virginia Powell, Ph.D., VDH, Office of the Chief Medical Examiner		
Kae Bruch, Virginia Association of School Nurses Representative		
Barbara Kahler, MD, VA AAP Representative		
Paul Sharpe, RN, VDH OEMS, Trauma/Critical Care Coordinator		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Foster at 3:07 p.m.	
Approval of Minutes from January 14, 2010 meeting:	A motion was made to review and approve the minutes.	The minutes were approved as submitted.
Introductions:	Everyone around the room introduced themselves to Sherrina Gibson.	
Chairperson's Report – Dr. Robin Foster:	<p>Committee Structure Reorganization</p> <p>Dr. Foster stated that she has not received a response from the Virginia College of Emergency Physicians about an appointee to the committee.</p> <p>Dave received an email from Alice Ackerman, Department Chair of Pediatrics at Carilion Roanoke Memorial Hospital. She is applying for a Targeted Issues grant through EMSC. She has requested Dave's help with the grant and that someone from her team become a member of the committee. Her proposal is exciting in that they want to improve care for pediatric trauma and mass casualty in the rural hospital setting. Dr. Foster feels that having someone from Carilion</p>	

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	<p>Roanoke on the committee would be a great asset. Dr. Foster will call Ms. Ackerman to get clarification of what their goals are to see if other committees such as the Emergency Management Committee would be of any value to them.</p> <p>Gang Violence Video Uses/Training Dr. Foster contacted the AG's office about "The Wrong Family" video and was told that Marla Decker has another position and that Jessica Smith is the contact person. Dr. Foster would like to set up a face to face meeting with the Attorney General's office to discuss the options that are available to us. She and David plan to attend the meeting to explain the vision of the committee which is to use the video as a Train the Trainer tool for providers that could possibly be shown at symposium in November.</p> <p>EMS Regulations – Call Sheet Documentation The committee discussed the comments that were made on the Virginia Town Hall about call sheet documentation being left with the patient at the time of delivery. This item is being addressed by Michael Berg of OEMS.</p> <p>Pediatric Ambulatory Safety David has talked with Frank Cheatham and he has agreed to do a presentation on child safety immobilization. They are putting together a best practices collection from different states and from fire and safety resources. Nadine Levick will be at symposium doing a presentation on patient transport safety in the ambulance. There's an entire safety track being taught this year.</p>	<p>Dr. Foster will call Alice Ackerman about the Targeted Issues grant.</p> <p>Frank Cheatham has agreed to do a child safety immobilization presentation.</p>
<p>OEMS Report – Paul Sharpe:</p>	<p>Budget The budget will be finalized by the Governor this month and it seems that OEMS has done fairly well although the Trauma Fund and Poison Control Centers were affected. The Poison Control Centers were cut 68%. They have applied for HRSA grants and have asked OEMS for supporting documentation. Paul feels that they all will remain open.</p> <p>EMS Regulations Legislature has passed a bill that designates EMS Providers as Vaccinators. EMT Intermediate and EMT Paramedics are qualified to give Seasonal Flu and H1N1 vaccinations to children. Paul stated that he was not sure if this was the intent. Barbara stated that the intent was to enlarge the pool of providers in a pandemic event. Also, the DUI regulations are a hot topic. The DDNR regulations received no public comments. The only thing that is changing is the administrative process. There will be a downloadable form which can be copied and can be accepted by nursing homes and hospitals. Kae stated that in a school setting, the school nurses cannot recognize the form. Paul said that an educational component needs to be available. Kae was advised that a new interpretation needs to be made from the Attorney General's office. Paul will submit a request to our AG representative, Eric Gregory.</p> <p>Furlough Day The state's furlough day is May 28, 2010. No state employees are allowed to work unless it is absolutely vital and it must be approved before April 9. Other states are also implementing furlough days.</p>	<p>Paul will submit a request to Eric Gregory about changing or updating the DDNR policy in schools.</p>
<p>EMSC Program Report- David Edwards:</p>	<p>HRSA Grant The competing HRSA grant request was approved effective March 1, 2010. All indications point to it being converted to a four year grant award at \$520,000.</p>	

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	<p>Hospital Categorization/Recognition David will be working more with the hospitals on the Pediatric Emergency Care readiness and creating categories of recognition. This is a voluntary program in which they can demonstrate their pediatric capabilities. EMSC will also get assistance from the \$10 million ASPR grant in which the Office of Emergency Preparedness is writing. They have written in a categorization component for EMSC.</p> <p>David will present drafts of the hospital categorization levels to this committee as well as the Trauma System Oversight & Management Committee. He will also get Benny Long of VHHA to review the categories before they are finalized. OEMS has the VDH Commissioner's support on this initiative.</p> <p>Meetings David will attend the Hospital Emergency Management Committee meeting next week to speak to them about the upcoming hospital surveys, transfer guidelines and agreements, etc.</p> <p>He will also attend the Small Rural Hospital Conference in Williamsburg next week to speak about EMSC issues, categorization, hospital surveys, etc. He sees this as a great networking opportunity. He is also waiting for NEDARC to release the survey results.</p> <p>David, Paul and Petra will attend the annual Mid-Year NASEMSO Conference in Bethesda, MD, May 24-27. They have changed the name of the EMSC Council to Pediatric Emergency Care Council and a meeting will be held on May 25th from 8 am to 5 pm at the conference. David suspects that he will be nominated as the Vice President.</p> <p>Broselow Tape David will order enough Broselow tape so that every ambulance in the state will have an updated tape. They talked about having a more durable tape which is less prone to errors. The committee talked about doing an EMSAT on the proper use of the tape. Dr. Foster suggested having a resident go out with David to do a demonstration (mock code) of the Broselow. The committee agreed that this is a great idea. It could also be shown done incorrectly as well as the correct way.</p>	
<p>EMSC Family Representative Report – Petra Connell:</p>	<p>Petra sent the attached article to the committee members via email.</p>  <p>Z:\Scanned Documents\Family Prt</p> <p>Every year Petra takes the EMSC Governor's Advisory Board winner to the NASEMSO meeting to be nominated for the National EMSC award on behalf of the Office of EMS. Wanda Willis of Harrisonburg Fire & Rescue and her Safe Kids Coalition have been nominated for National EMSC Provider of the year.</p> <p>Petra inquired about a list of the due dates for the 11 regional awards. She wants to motivate and encourage people to submit EMSC nominations. Petra will ask Marian about the dates.</p> <p>David informed everyone that Betsy Smith has officially resigned from the committee. She and Petra shared the Family</p>	

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Committee Member Organization Reports:	<p>Rep position. The national award (plaque) that she received two years ago will be sent to her via first class mail.</p> <p>Kae Bruch, VASN – Kae’s report was forwarded by email also.</p>  <p>EMSC School Nurse Rep Report for 04081</p> <p>Barbara Kahler, VA AAP – This has been a very busy year legislatively for the Academy of Pediatrics. The only thing that filtered out of it that may have an impact on EMSC is the head injury law that was passed when a child is injured during a sporting event.</p> <p>Virginia Powell, VDH OCME – No report.</p>	
Special Presentation: Virginia Pre Hospital Information Bridge (VPHIB) – Sherrina Gibson & Paul Sharpe:	<p>Sherrina updated everyone by stating that OEMS has been collecting pre-hospital care data for years but the quality and completeness of the data was not up to par. It wasn’t online and was gathered in many different formats. So now with this new ePCR system, the data can be gathered accurately with no “pregnant men”. It can be submitted in a more timely fashion; every 30 days instead of quarterly. She reviewed the phased implementation schedule and stated that face to face training was first given at symposium last November and then staff along with ImageTrend, went out to thirteen areas of the state for hands-on training. Every Friday webinars are held. There are nearly 700 agencies and not all of them are on board. Many have asked for extensions. Sherrina feels that the implementation has gone pretty well.</p> <p>She explained the pediatric reporting capabilities. The system has a Broselow tape that can be clicked and a list of medications and amounts come up automatically. Hopefully, this will lessen the Broselow errors. Reports can be pulled showing how many kids were seen in the ER this year, how many kids were involved in motor vehicle crashes, etc. The age groups on the Broselow can even be broken down in an ad hoc report. She also reviewed the Field Bridge pediatric assessment component where you can choose a baby, or a little girl or boy. This is what the EMS providers use when entering patient information while out on a call.</p> <p>Virginia wanted to know if the system had any means of reporting if a Sudden Infant Death Syndrome (SIDS) baby is deceased but still being transported to the hospital. Paul and Sherrina stated that the report won’t exactly say that but there are variables that tell you what has occurred. The narrative would probably be the place to put the pertinent data, though it was not always legible because it was small. Virginia stated that this would be helpful for them in performing their investigation and the preventive measures of SIDS. David reported that NASEMSO has a Pediatric Death Workgroup.</p> <p>The hospitals have the option of going into the system and pulling the report. They don’t have to wait on the call sheets which have been requested to be left at the time of the patient delivery. The committee discussed the grant supplied through books and the use of the VPHIB program which is free. Paul hopes that all of the providers in Virginia will take advantage of the opportunity to use the system at no cost. The committee also discussed data collection and that all agencies should report data one way or another and if they don’t; they are not compliant. They risk losing their agency licenses if they do not comply.</p> <p>The committee also discussed uniformity of protocols and the possibility of getting the medical direction committee to adopt some of the pediatric protocols and pediatric special health care needs protocols.</p>	

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	Some members of the committee are interested in a report that shows how many kids are being transported from schools. They also discussed getting feedback from the Department of Social Services (DSS) about mandated reporting. Per David, DSS agreed that they should have tracked them and will make the necessary changes to do so.	
New Business:	The October 7 th meeting may need to be changed. An email will be sent with the new date if it is changed.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 4:40 p.m.	The next meeting is to be held on July 8 at Tech Park Drive, Glen Allen, VA.

DRAFT