

EMS for Children (EMSC) Committee Meeting
Virginia Office of EMS
1041 Technology Park Drive
Glen Allen, VA 23059
October 4, 2018
3-5 p.m.

Core Members Present:	OEMS Staff:	Guests:
Sam Bartle, MD , EMSC Committee Chair, EMS Advisory Board Pediatric representative (& VA AAP)	Camela Crittenden, Manager of Trauma and Critical Care	Bob Page
David Edwards , EMSC Program Manager (VDH, OEMS)	Tim Erskine, Trauma and Critical Care Coordinator	
Steve Rasmussen , VA Emergency Nurses Association (ENA) Representative	George Lindbeck, VA EMS State Medical Director	
Kae Bruch , VA Association of School Nurses Representative	Wanda Street, Secretary Sr.	
Jane Tingley , Office of Chief Medical Examiner (VDH, OCME) Representative	Chris Vernovai, EMS Systems Planner	
Dusty Lynn , Pediatric EMS Educator		
Petra Connell , EMSC Family Advisory Network (FAN) Representative		
Heidi Hooker , EMS Regional Council Representative		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:02 p.m. by the Chair, Dr. Samuel Bartle.	
Introductions:	Everyone around the room introduced themselves.	
Approval of the minutes from July 12, 2018 meeting:	A motion was made by Steve Rasmussen to approve the minutes from the July meeting. The motion was seconded by Kae Bruch. The minutes were approved as submitted.	The minutes were approved as submitted.
Chair Report – Dr. Samuel Bartle:	Dr. Bartle reported that the Trauma System Plan that the Trauma System Plan Task Force has worked on over the past two years has been approved by the State Health Commissioner. This Plan adds 6 new committees to the EMS Advisory Board while renaming one committee. Each of these committees will have a pediatric representative. Dr. Bartle suggested inviting the pediatric representatives to this meeting once they have been appointed, and after discussion there was agreement that every effort should be made to propose pediatric-focused candidates for the available committee membership rosters where appropriate.	Members are encouraged to seek appointment to one of the new committees being formed.
OEMS Report:	Cam reported that the Office of EMS recently created a new division called the Community Health and Technical Resources (CHaTR) Division. Tim Perkins has become Manager of the new division and Chris Vernovai has been hired to assume the EMS Systems Planner position formerly held by Tim. In the Trauma/Critical Care Division, Narad Mishra was recently hired to perform statistical analytics, and Dr. Lindbeck is very excited about Narad’s abilities and the possibility of getting accurate reports.	All members will look for speakers and topics for the 2019 pediatric track at Symposium.

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	<p>The majority of EMS efforts from now until November will be focused on the upcoming 39th Annual Virginia EMS Symposium, where there will also be continuous “Stop the Bleed” classes going on for several days. David stated that 30 pediatric registrations were issued for Symposium and paid for by the EMSC program and thanked Steve Rasmussen for being instrumental in developing that concept. Next year, the 40th anniversary for the Symposium, will see quite a few special offerings. David also mentioned that planning has begun for an EMSC “Boot Camp” next year, intended to help recruit and equip Pediatric Emergency Care Coordinators (PECCs) for EMS agencies, provide guidelines for the PECC function, and provide tools for pediatric skills checking at the EMS agency level. David will consult with the Training & Certification Committee (TCC) and work with members of the OEMS educational staff to develop these curriculums.</p>	<p>David will work with the OEMS Division of Educational Development to develop curriculum for new EMSC Boot Camp.</p>
<p>EMSC Program Report Highlights – Full Report is at the end of these minutes.</p>	<p>David stated that if anyone wants to manipulate NEMSIS (National EMS Information System) data, there is now a “data cube” accessible via the web. David has more information if anyone is interested. Dr. Lindbeck stated that the Medical Direction Committee (MDC) would like to request that a member of this committee, preferably a physician, also serve on the MDC. Dr. Bartle will follow up on this. David will find out if the Training and Certification Committee (TCC) will also need new EMSC member representation.</p> <p>David explained that the EIIC (EMSC Innovation and Improvement Center) is starting a new learning collaborative for one year with a small number of the EMSC programs to develop best practices for helping increase the number of Pediatric Emergency Care Coordinators at the EMS agency level. HRSA supplemental grants are funding this initiative, and the resulting best practices are supposed to be shared with all EMSC programs.</p> <p>David also mentioned that the Office of EMS has a new Grants Manager, Luke Parker, who will help us with our grant initiatives and prioritizing EMS agencies eligible to receive child restraint systems. Petra stated that an EMSAT program (satellite education module) is scheduled for December called “Securing Pediatric Patients During Transport”. However, they are still looking for a speaker. Eddie Ferguson was highly recommended as a potential speaker. It may have more of an impact to incorporate the crash test footage that shows what could possibly happen if the child is not properly restrained. The committee also mentioned Jim Green as a possible resource/speaker.</p> <p>David shared a copy of a Pediatric Reference Guide that the Arkansas Office of EMS uses. Dr. Lindbeck stated that a set of model patient care guidelines or best practices would be beneficial to the state. The committee spent some time discussing the pros and cons of this. They discussed the pediatric protocols that already exist at each Regional Council and the top three that they would like to see which included: seizures, respiratory, trauma. Heidi Hooker will gather those from the Regional Councils to share at the next meeting. Tim Perkins might also be resource for this information.</p>	<p>Sam Bartle will follow up on an MDC representative from EMSC, and David will check with TCC re need for an EMSC representative.</p> <p>David will follow up on providing assistance for an EMSAT topic on securing pediatric patients.</p> <p>Heidi Hooker will bring pediatric protocols from each regional council to the next meeting.</p>

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	(The <u>complete</u> EMSC program report is included at the end of this report.)	
EMSC Family Representative Report – Petra Connell:	The Governor’s Awards Committee contacted Petra (our FAN representative) and asked if it was possible for the EMSC Committee to narrow the criteria for the EMS for Children Award. David distributed a list of the historical winners from the past, Petra pulled up the criteria from all eleven categories, and 9 out of 12 are for an individual, agency or single entity. Three can be an individual, organization or group. If we make the criteria stricter, there may be less nominees, and we would really like to see every region nominate every time. The committee agreed that narrowing the criteria is not a good idea. The committee decided to create a small workgroup consisting of Petra, Kae, David, Heidi and Dr. Bartle (if he has time). It was suggested to reach out to Heather (Board) and Safe Kids as well. David will get the Regional deadlines from Tristen Graves of OEMS.	A small workgroup was established to review the EMSC Awards criteria; David will facilitate where needed.
Committee Member Organization Reports:	<p>Dusty distributed two newsletters from the educator of the Poison Control Center in Blue Ridge to increase poison control awareness. She also introduced her husband, Bob Page, who is now regional. He is also an educator.</p> <p>Jane Tingley stated that she has been at the Medical Examiner’s office for a year and a half. Until a couple of weeks ago she was running the Family and Intimate Partner Violence Homicide Surveillance & Fatality Review Program. She is trying to balance the two roles. In terms of the Child Fatality Review Team, they did not hold the September meeting, given that it was her first day in the role. They will be holding the November meeting and are finalizing the recommendations for the “drowning” report. They hope to have that report out in early 2019, and will select a new topic for review at their January meeting. Steve Rasmussen asked about family violence and whether it is steady or has it declined in recent years. Jane stated that family violence remains to be about a third of all homicides in Virginia and this has been consistent since 1999. Steve asked if she would be willing to present an hour-long lecture at Symposium next year about the State of Virginia Pediatric Medical Examiner Report. Jane also stated that they finally have a Coordinator for the CDC project. Dusty suggested that Jane do a presentation about the pediatric death data.</p> <p>Bob Page shared that October is National Sudden Cardiac Arrest Month, and that there is a large campaign called “Parent Heart Watch”, which is about screening youth for preventable deaths. The website for this initiative is www.parentheartwatch.org. He did a talk about this last year to bring more awareness. This is the number one killer of kids at school. We see that kids die on the football field or basketball court at a rate of one every three days, and some of these deaths are preventable with the proper screenings and EKGs.</p>	David will provide access to the “Call for Presentations: online portal to Jane (and the rest of the EMSC Committee).
Special Presentation:	There was no presentation today.	

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Unfinished/Old Business:	<ul style="list-style-type: none"> a) 2018 Hospital Survey (status of PMs 06 & 07)--ended August 16, 2018, covered in EMSC program report. b) Update on pediatric dosing systems—covered in earlier discussion during EMSC program report.. c) 2018 Symposium status (pediatric track & sponsored registrations)—covered in EMSC program report. d) Newest EMSC State Partnership Grant (status)—covered in EMSC program report. 	
New Business:	<ul style="list-style-type: none"> a) New Personnel at OEMS (already covered in OEMS report). b) Future composition of the EMSC Committee--moved to future meeting. c) 2019 Symposium planning (& EMSC Boot Camp)--already discussed during EMSC program report). d) Performance Measure EMSC 02 (EMS agency pediatric coordinators)--discussed during EMSC program report; detailed description will be sent to members. e) Performance Measure EMSC 03 (EMS agency pediatric skills checking)--discussed during EMSC program report; detailed description will be sent to members. f) Other– Dr. Bartle asked for discussion about dates of the meetings, and whether they should be changed to be more in conjunction with other EMS Advisory Board committee meetings. The meeting dates will remain the same for now, as the entire meeting schedule for other committees in the system is under review with the impending changes to the makeup of the EMS Advisory Board (as the new Trauma Plan is implemented). 	<p>David will send out more detailed descriptions of the new performance measures to the Committee.</p>
Public Comment:	None.	
Adjournment:	<p>The meeting adjourned at approximately 4:59 p.m.</p> <p>2019 Meeting Dates: (All Tentative) January 3, April 4, July 11, October 3 Location: 1041 Technology Park Drive, Glen Allen, VA 23059 Time: 3:00 p.m. to 5:00 p.m.</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

(Given by David Edwards during EMSC Committee meeting October 4, 2018)

Reporting & planning abounds for EMSC State Partnership Grant.

The end of one grant and the beginning of another means many reports, lots of planning, and



limited time for other activities. Please be patient while this occurs, and do not be surprised if your help is solicited in moving forward with program initiatives to improve our abilities to assess and treat children.

If you are attending next month's EMS Symposium, please enjoy the dedicated pediatric track supported with EMSC funding, and stop by the EMSC Booth in the outside hall of the vending area. There you will find information on EMSC initiatives and contact information for receiving technical assistance. The EMS program was fortunate in being able to offer free registrations this year for **30** Symposium students attending pediatric track courses.

Each state receives only one EMSC State Partnership Grant, and in Virginia, the Virginia Department of Health through the Office of EMS administers the grant. The current grant will run through March 31, 2022 (with the possibility of a 1-year extension), relying on Congress each year to authorize specific budget amounts. The EMSC Committee of the EMS Advisory Board advises the EMSC program and assists in developing strategies to make progress toward achieving specific measurable national EMSC Performance Measures.

Developing a toolkit for enhanced "Stop the Bleed" training.

The Virginia EMSC program is collaborating with the VA Department of Education, the Central VA Coalition to Stop the Bleed, and the School Nurses Institute Partnership to develop a toolkit to assist school nurses (and others) in combining traditional "**Stop the Bleed**" training with scenario-based decision-making (and additional repetition of hemorrhage control techniques). School nurses will be able to receive continuing education credit as well for participating in these courses, in which participation of EMS agencies (as instructors, victims or students) can create a value-added experience.

Results of recent *Interfacility Transfer Guidelines & Agreements Survey*:

The focused survey of hospital *written inter-facility transfer guidelines and agreements* (Performance Measures EMSC 06 and 07) ended August 17. Having these guidelines and agreements approved in written form (in advance) discourages unintended delays, which at times have been tragic for a child or adolescent requiring an advanced level of care. Results of the 3-month assessment are below:

Virginia Results

Response Rate: 51% (of invited 24/7 hospitals with an emergency department)

EMSC 06 78% (interfacility transfer guidelines with all 8 components)

EMSC 07 69% (interfacility transfer agreements)

Consistent continuing message to Virginia emergency departments from the EMS for Children program (based upon previous Peds Ready Assessments):

- 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) (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 vital signs).

Ambulance child restraint systems distribution will continue over length of new grant.



As the project distributing limited numbers of child restraint systems to ground ambulances over the next 3 1/2 years continues, EMSC is establishing a method to prioritize current and future requests. EMS agency leaders with interest in receiving any of these Quantum ACR-4 systems need to contact the EMS for Children program (david.edwards@vdh.virginia.gov) with their requests.

EMS agencies are encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers. The Virginia EMSC program is available to assist in this.

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.

Submitted by David P. Edwards, MBA, EMT-P

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