

**EMS for Children (EMSC) Committee Meeting Minutes
Virginia Office of EMS**

**Location: Embassy Suites Hotel
2925 Emerywood Parkway, Richmond, VA 23294**

October 7, 2021, 3:00 p.m.

Core Members Present:	OEMS Staff:	Guests:
David Edwards , EMSC Grant Program Manager (Division of Community Health & Technical Resources--CHaTR, Office of OEMS)	Ron Passmore, Division Manager, Regulations and Compliance, (Office of EMS)	Dr. George McDaniel (UVA)
Tim Perkins , EMSC Grant Principal Investigator (Division Manager, Community Health & Technical Resources--CHaTR, Office of EMS)	Scott Winston, Assistant Director (Office of EMS)	Dr. Alix Paget-Brown (UVA)
Steve Rasmussen , Virginia Emergency Nurses Association--ENA Representative	Bob Page, EMS Educator Coordinator (Office of EMS)	
Mike Watkins , Nurse with Pediatric Emergency Experience (VCU, Deputy Chief, Goochland Fire & Rescue)	Chris Vernovai, EMS Systems Planner (Office of EMS)	
Petra Connell , EMSC Program Family Advisory Network (FAN) Representative		
Dusty Lynn , Pediatric Educator, University of Virginia		
Jeremy Wampler , EMS Field Provider, Wintergreen Fire & Rescue		
Dr. Barbara Kahler , Physician with Pediatric Training (American Academy of Pediatrics—AAP Representative)		
Tanya Trevilian , Pediatric Trauma Program Manager (Carilion Children's Level 1 Pediatric Center)		
Dr. George Lindbeck , EMS State Agency Representative (State EMS Medical Director, OEMS)		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:14 p.m. by EMSC Grant Program Manager, who is chairing the meeting on behalf of Dr. McLaughlin, EMSC Committee Chair, who could not attend.	
Introductions:	Everyone around the room introduced themselves.	
Approval of minutes from the July 20, 2021, meeting:	Minutes from the July 20, 2021, meeting were unavailable due a medical emergency of the senior secretary who scrive for the meeting—recording of the meeting exist and will be processed for approval at a future meeting.	Deferred action to a future meeting.
Chair Report:	Dr. Patrick McLaughlin was unable to attend (no report presented).	
OEMS Report: Scott Winston	Scott Winston (with help from Steve Rasmussen) gave an update on plans for the 41 st Annual Virginia EMS Symposium, including the precautions being taken in light of	

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	<p>the COVID-19 pandemic. Attendance will be likely be smaller and verification of vaccine status will be required for registrants. There will be elimination of nighttime social events, elimination of hands-on classes, planned social distancing, appropriate changes to way food will be provided and several other precautions. On a high note, both Steve Berry and Dr. Peter Antevy will be showcased at the EMS Symposium.</p> <p>Office of EMS employees are gradually returning to work, and all employees have executed telework agreements that define what their working location and hours will be moving forward. The way OEMS does business has changed a bit over the last eighteen months; in some ways it has made things easier for people to stay connected virtually, but it is difficult to replace the value of face-to-face interaction.</p>	
<p>Special Report from OEMS Rules & Regulations: Ron Passmore</p>	<p>Ron Passmore explained to the Committee that there is a chance to address a shortcoming in the EMS Regulations related to the safety of children being transported by ground ambulance. How adults are transported (on a stretcher with a minimum of three straps) is addressed, but we have no current regulations that specifically address how we transport children. We still see case of young children being transported on their mother’s lap, and I there are no regulations prohibiting this. We have regulations for “immobilization” devices, but that is different from safety restraint devices.</p> <p>Ron demonstrated how to get to the Virginia LIS online and how to look up the current language in Chapter 31. The sections we need to consider revising are Sections 710 and 860. A work group was established to bring recommended wording to the next meeting for consideration by the group.</p>	<p>EMS regulation language for the future Chapter 32 document regarding child restraints and child transport safety will be developed, with a goal of approving a recommendation at a special meeting of the EMSC Committee on January 6, 2022</p>
<p>EMSC Program Report Highlights: David Edwards</p>	<p>Copies of the report was distributed. Dave briefly discussed several of the topics of the report:</p> <ul style="list-style-type: none"> • EMSC Symposium registration awards • <i>EMSC Booth</i> at Symposium • Additional child restraints to be ordered • Course funding assistance available (PEPP, ENPC, etc.) • Annual EMS Agency Survey Jan-Mar 2022 (national EMSC) • National Pediatric Readiness Assessment (hospitals) closed • EMSC Program work groups • National training for Pediatric Champions underway • PECARN study targets pediatric asthma in the ambulance setting • Continuing recommendation to hospital emergency departments <p><i>(See the full report at the end of these minutes.)</i></p>	<p>Full Report is at the end of these minutes.</p>
<p>Special Presentation: Dr. George McDaniel, and Bob Page</p>	<p>Dr. McDaniel is a Pediatric Cardiologist and Electrophysiologist. He works with a rare subset of pediatric patients that have sudden critical events (often arrests) as a result of a primarily cardiac component, as opposed to the more usual arrests we would see in children that are primarily respiratory in nature. Education for EMS personnel on</p>	<p>Bob Page & Dr. McDaniel are developing this class—will bring to group when done for review</p>

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	<p>children with congenital heart diseases (like channelopathies and other conditions) would allow them to be more aware, and to react more quickly—especially if the condition is already known by the family.</p> <p>Bob Page is teaming with Dr. McDaniel to make a video of the training, and to write and produce simulation scenarios for his high-fidelity manikins. Bob travels around Virginia with these and presents training as contractor for the Office of EMS for EMS providers.</p>	
<p>EMSC Family Representative Report: Petra Connell</p>	<p>Petra led a discussion on several FAN and EMSC issues that were highlighted at the recent EMSC All-Grantee Meeting (virtual). Recordings from this are available online and can be accessed for some really interesting presentations. One such offering specifically recommended is about human trafficking and was done by a woman (former FBI agent) from Nebraska.</p> <p>Petra also asked that we revisit discussion in the near future as a committee regarding the voluntary Pediatric Facility Recognition Program (medical) that we have tried to advocate in the past. This program recognizes EDs for level(s) of pediatric readiness based upon consensus criteria. David added that eighteen states have such a program now and agreed that the federal EMSC program really emphasizes this Performance Measure.</p> <p>There was additional discussion about providing resources in the EMSC vendor booth at the Symposium, how the booth was to be utilized this year, and who would be monitoring the booth and representing the EMSC Program.</p> <p>The Marcus Alert program was also discussed, and its potential for alerting EMS personnel to special situations at locations they respond to. Tim Perkins updated the group on situation, as he is monitoring this for the Office of EMS.</p>	<p>David Edwards will send a link to the EMSC All-Grantee Meeting recordings.</p> <p>Voluntary Pediatric Facility Recognition Program will be added to the February 3, 2022 agenda.</p> <p>David Edwards will be staffing the EMSC Booth full-time at the EMS Symposium.</p>
<p>Committee Member Organization Reports & Related Updates:</p>	<p>Dr. Barbara Kahler – American Academy of Pediatrics— AAP has created several videos on various topics involving children in disasters that are available on the AAP website, and do not require membership to access (these are produced by their Disaster Preparedness Committee).</p> <p>Dr. George Lindbeck – Medical Director’s Committee discussed diversions, including “Code Black” situations, which apparently mean different things to different people. Generally, in Virginia it means that your institution is physically unable to take care of patients (electrical outage, flooding, something like that...). As far hospital ambulance diversions go, the MDC is considering putting together a resolution with recommendations in the future.</p>	<p>These links will be provided at the next EMSC Committee meeting.</p>

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	<p>The EMSC Committee had several minutes of interesting discussion about diversion issues, and Mike Watkins and Steve Rasmussen had relevant observations; Mike from an EMS administrator view (wasted hours of ambulance and personnel availability), and Steve from a hospital administration view (especially problems relating from the need for pediatric mental health evaluations and treatment).</p> <p>The group discussed the mental health issues more deeply and discussed the possibility of facilitating an appropriate group/individual to create some educational resources on the mental health issue for EMS providers. Bob Page offered to facilitate production for something like this if the right content experts would cooperate. Mike Watkins advocated for an end product that could be portable, and not tied to a specific time and date to better reach providers and their schedules.</p> <p>Steve Rasmussen, ENA – ENA has nothing to report at this time.</p>	<p>Jeremy Wampler and Dusty Lynn will look for potential subject matter experts to work with Bob Page on education for EMS providers related to dealing with pediatric mental health patients.</p>
Symposium 2022 Planning:	<ul style="list-style-type: none"> • The group discussed plans for a Pediatric Education for Prehospital Providers—PEPP Provider and Instructor Courses (with PEPP instructor kits included) to try and spread cadre of PEPP instructors on the state that could collaborate with Pediatric Champions in getting courses out to areas traditionally less served. • PALS Course • Handling Mental Health Emergencies • Pediatric Boot Camp (2-3 sections) • Human Trafficking (lady from Nebraska) • Neonatal Resuscitation • Pediatric Channelopathies 	<p>Topics will be revisited each EMSC Committee Meeting.</p>
Unfinished/Old Business:		
New Business:	<p><u>Confirm work groups:</u></p> <ul style="list-style-type: none"> • Regulations Wording Revision (for safe child transport) (Mike Watkins, Petra Connell, Alix Paget-Brown, Steve Rasmussen) • Pediatric Champions (Jeremy Wampler, Petra Connell, Dusty Lynn) • EMS Policies & Procedures for Safely Transporting Children (Peta Connell, Mike Watkins, Jeremy Wampler) 	
Public Comment:	None.	
Adjournment:	<p>The meeting adjourned at approximately 4:52 p.m.</p> <p>2022 Meeting Dates: Jan 6, Feb 3, May 5, Aug 4, Nov (TBD)</p> <p>Location: Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, VA 23294</p> <p>Time: 3:00 p.m. to 5:00 p.m.</p>	<p>Next meeting January 6, 2022, 3-5 pm at Embassy Suites Hotel.</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

Attending Symposium Courtesy of Virginia EMSC...

30 EMS providers will be attending November's Virginia EMS Symposium as guests of the EMS for Children program. Because they signed up for at least 3 pediatric offerings, their registration fee of \$195 is being taken care of by federal EMSC funding.

EMS for Children Booth at Symposium

Virginia EMSC will have an informational booth in the vendor hall at the Hilton. Please come by and connect with us—and gather some valuable information. We are actively recruiting EMS agency Pediatric Champions and stand ready to support them with training and resources.

Including Child Restraints in Future EMS Regulations

The EMSC Program is approaching the EMSC Committee to advocate an update to Virginia EMS regulations, which currently address only adult patient safety requirements. The addition would require child restraints be used for children being transported by ground ambulance. The proposal will be considered at the first meeting of the EMSC Committee in 2022.

Pediatric Champions Work Group Forming

A small EMSC Program work group is forming to collect resources and facilitate the appointment of Pediatric Champions for EMS agencies and/or groups of EMS agencies. They will be contributing to materials at the EMSC Booth at Symposium, and working on strategies to educate and recruit Pediatric Champions (sometimes call pediatric emergency care coordinators-PECCs).

Additional Child Restraint Systems Now Being Ordered

EMS agency leaders with interest in receiving an Emergency Child Restraints system should contact the EMS for Children program (david.edwards@vdh.virginia.gov) with their requests, as the last of our previous inventory has been disbursed. EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the Virginia EMSC program is available to assist in this.



(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.)

PEPP and ENPC Course Funding Assistance Available

Books and pretest codes are being provided for two upcoming Prehospital Education for Prehospital Providers (PEPP) courses offered in Wintergreen.

The Virginia EMSC Program continues to offer support for pediatric courses like PEPP and/or Emergency Nurses Pediatric Course (ENPC) in regions that have difficulty in accessing pediatric training. Please let us know if you are trying to set up a course and need some form of support for instructors, fees, or materials to get these courses out there.

Annual EMSC EMS Agency Survey Launches in January 2022

A total of 7,025 EMS agencies responded to this year's [EMS for Children Survey](#), which was sent to 15,768 EMS agencies across 58 states and territories. After the data was cleaned, the number of EMS agencies used in the performance measure calculations below was adjusted to include only those agencies that met the performance measure criteria (6,910 agencies).

The survey was conducted between January and March of 2021 by the [National Emergency Medical Services for Children \(EMSC\) Data Analysis Resource Center \(NEDARC\)](#). The goal of the survey is to improve understanding of EMS agencies' ability to care for children by collecting data on two specific EMSC performance measures: Performance Measure 02 assesses if an agency has access to a pediatric emergency care coordinator (PECC), while Performance Measure 03 focuses on an agency's process for skill-checking on pediatric equipment.

National and Virginia results will be available at the EMSC Booth at the Virginia EMS Symposium, and will also be distributed on the EMS listserv and on social media in November..

National Pediatric Readiness Assessment (for hospital ED's) *CLOSED*

The [2021 National Pediatric Readiness Project \(NPRP\) assessment](#) closed on August 31. A total of 3,647 emergency departments (EDs) across the nation in rural, remote, and urban areas answered the call to participate in this quality improvement initiative (QI), garnering a 71% response rate.

The NPRP assessment is the largest national assessment of emergency departments' capabilities in providing high-quality care for children. The NPRP is a collaboration between the Health Resources and Services Administration's Emergency Medical Services for Children (EMSC) program along with the Emergency Nurses Association, the American College of Emergency Physicians, the American Academy of Pediatrics, the National Association of State EMS Officials, and the American College of Surgeons Committee on Trauma.

The comprehensive survey, last conducted in 2013-2014, was hampered toward the end by a switch from online to manual submission of assessments (due to security issues). The Virginia EMSC Program is especially thankful to the Virginia Hospital and Healthcare Association (VHHA) Office of Emergency Preparedness, and the Regional Coordinators working in the

Hospital Preparedness Program (HPP) for their tireless assistance in convincing hospitals to participate in the assessment.

Results, both national and Virginia, will be distributed widely in early 2022. Hospitals that submitted assessments received immediate an immediate gap report showing them how they compare with hospitals of similar size and pediatric flow-through, and suggesting areas where improvement can be focused.

EMSC Program Work Groups

The EMSC Program is seeking volunteers to help with needed EMS for Children program workgroups. If you have passion and/or expertise concerning pediatric emergency care issues, and can donate some time, the Virginia EMSC Program can use your assistance. Please contact David Edwards (david.edwards@vdh.virginia.gov) if you can help us any of the following topics:

- Workgroup to support developing EMS Agency Pediatric Champions (forming now).
- Workgroup to develop recommended EMS agency policies and procedures for *restraining children during ambulance transport*.
- Best practices in creating a *voluntary recognition program* for hospital ED's that demonstrate a specified readiness level in caring for children (medical).
- Templates for and examples of *written hospital emergency transfer guidelines and agreements* (that specifically refer to pediatric patients).
- Advocating the inclusion of children in hospital disaster *plans and practices*.
- Local *family reunification* strategies and resources.

National Training for Pediatric Champions Underway

The [Pediatric Emergency Care Coordinator \(PECC\) Workforce Development Collaborative \(PWDC\)](#) began in September and will run through June 2022. The mission of this national collaborative, led by the Emergency Medical Services for Children Innovation and Improvement Center (EIIC), is to support healthcare professionals working in *prehospital and emergency department systems* to become effective pediatric champions (also known as PECCs).

PECARN Study Targets Pediatric Asthma in the Ambulance Setting

Cincinnati Children's Hospital Medical Center and local Cincinnati EMS agencies from the [Pediatric Emergency Care Applied Research Network \(PECARN\)](#) Midwestern research node, HOMERUN, are a major site in a national study of the efficacy of EMS administration of oral steroids to children with asthma exacerbations. The "Early Administration of Steroids in the Ambulance Setting: An Observational Design Trial" or "EASI AS ODT" study is a pragmatic

trial using a stepped wedge design, where each site introduces the intervention at a different period in time, rather than all at once. Using this approach, the study is looking at pediatric patient outcomes before and after EMS agencies introduce an oral steroid option for the treatment of asthma attacks. The study is led by Principal Investigator Jennifer Fishe, MD, a pediatric emergency medicine physician and pediatric EMS medical director from the University of Florida College of Medicine-Jacksonville, and is funded by a five-year National Heart, Lung, and Blood Institute K23 award.

“Asthma is the most common chronic childhood disease and a leading cause of emergency department visits,” says Dr. Fishe. “But there is little evidence and few guidelines on the best way for EMS to take care of pediatric asthma attacks while in an unpredictable and mobile environment. We hope to learn if and when oral steroids should be administered, to spare children the painful procedure of placing an IV.”

The study comprises seven sites, including Texas Children’s Hospital and the Houston Fire Department from PECARN’s CHaMP node, joined by five EMS agencies in Florida. The lead investigator from Cincinnati Children’s, Lauren Riney, DO, assistant professor of pediatrics in the Division of Pediatric Emergency Medicine, stresses the importance of pragmatic pediatric prehospital trials, including ones that are observational in nature: “Because EMS operates in such a unique medical environment, specific prehospital research is needed, and specific *pediatric* prehospital research is even more vital.”

Dr. Riney adds: “In addition to quantitative EMS data, Cincinnati is hosting focus groups with EMS clinicians for a qualitative analysis to identify barriers and facilitators to administering oral medications to children with asthma. We are already identifying important considerations that are not well-documented in the typical EMS report.”

Continuing EMSC Recommendations to 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 Champion** (Pediatric Emergency Care Coordinator--PECC). *This is 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).

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 Community Health and

Technical Resources (CHaTR), within the Virginia Office of Emergency Medical Services (OEMS). *If you have any difficulty connecting with David Edwards, please contact Tim Perkins via email (tim.perkins@vdh.virginia.gov) or by phone (804-888-9100).*

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.

