

EMS for Children (EMSC) Committee Meeting
Virginia Office of EMS
Embassy Suites
2925 Emerywood Parkway
Richmond, VA 23294
February 5, 2020
3 p.m.

Core Members Present:	OEMS Staff:	Guests:
Sam Bartle , Chair	Wanda Street, Exec. Secretary	Chrissy Snyder
Steve Rasmussen , VA Emergency Nurses Association (ENA) Representative	Cam Crittenden, Trauma and Critical Care Manager	Donna Hurst
David Edwards , EMSC Program Manager (VDH, OEMS)		
Petra Connell , EMSC Family Advisory Network (FAN) Representative		
Mary Kathryn Alley , Regional Healthcare Coalition Representative		
Heidi Hooker , EMS Regional Council Representative		
Tanya Trevilian , Pediatric Trauma Program Manager, Carilion		
Kae Bruch , VA Association of School Nurses Representative		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:14 p.m. by the chair, Sam Bartle.	
Introductions:	Everyone around the room introduced themselves.	
Approval of the minutes from November 6, 2020 meeting:	A motion was made by Steve Rasmussen to approve the minutes from the November meeting. The motion was seconded by Petra Connell. The minutes were approved as submitted.	The minutes were approved as submitted.
Chair Report – Dr. Samuel Bartle:	Dr. Bartle stated that the committee will discuss ways to better serve children in EMS services.	
OEMS Report:	Cam gave an update on legislature pertaining to EMS. Gary Brown sends out a weekly legislative grid. Dave encouraged the committee to review the OEMS quarterly report on the website for updates.	
EMSC Program Report Highlights –	Copies of the report was distributed. Dave briefly discussed several of the topics of the report. Dave announced that Dr. Peter Antevy will be at symposium. He will teach an 8 hr. instructor course on Nov. 11 and will be a keynote speaker on Nov. 12. He will also teach a one-hour pediatric course. Topic to be determined. The EMS Survey is now in progress with a 25% response rate. Petra will assist David in making calls to the agencies to increase participation.	Full Report is at the end of these minutes.

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	See report at the end of the minutes.	
EMSC Family Representative Report – Petra Connell:	Petra congratulated Dr. Bartle on receiving an EMS Governor’s Award! (Applause filled the room.) The FAN had nothing relevant to report.	
Committee Member Organization Reports:	Steve Rasmussen, ENA – ENA has nothing to report at this time. ENPC courses will be announced soon. Tanya Trevilian, Carilion Roanoke Memorial Hospital – Tanya stated that the Trauma Resuscitation in Kids (TRIK) class is full. Kae Bruch, VASN – No report.	
Special Presentation:	There was no presentation scheduled for this meeting.	
Unfinished/Old Business:	<ul style="list-style-type: none"> a) Symposium 2020 Planning b) Pediatric Data Dashboard c) EMS Agency Surveys (Jan.-Apr. 2020) d) Purchase of Additional Child Restraints e) Identifying and Supporting Pediatric Champions f) Pediatric Patient Care Guideline Templates – Dr. Bartle has someone looking at different council’s protocols to see what they have in common to develop a sample evidence-based, statewide guideline template for seizures. 	
New Business:	<ul style="list-style-type: none"> a) Identifying Work Groups – Dr. Bartle suggested establishing a workgroup to gather peds data for pediatric educators across the state. The committee gave Cam data that they wanted for the next meeting. Jessica will attend the next meeting. b) Other With the flu season and coronavirus approaching, Steve Rasmussen asked about isolation for peds and medics. Do we have well established protocols for isolation and decontamination of the EMS vehicles? Cam stated that there are infection control measures and decontamination procedures for the ambulances. Heidi explained the protocols that her region has in place. 	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 4:49 p.m. 2020 Meeting Dates: May 6, August 5, November (to be determined). Location: Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, VA 23294 Time: 3:00 p.m. to 5:00 p.m.	

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

EMSC Bringing Peter Antevy to Symposium!

Dr. Peter Antevy, founder of Handtevy Pediatric Standards, Inc. will be coming to the 41st Annual Virginia EMS Symposium this November in Norfolk. The *Handtevy Pediatric System* is now very well known, and is being used at a number of EMS agencies in Virginia. EMSC funding will support two days of Dr. Antevy at Symposium:

- 11/11/20 -- Pre-conference 8-hour *Instructor course* (for those who wish to teach the new 4-hour **Handtevy Pediatric Course**. We would prefer that participants in this course also be willing to serve as their agency's Pediatric Champion.)
- 11/12/20 -- *Keynote address* (and one additional pediatric topic 1-hour course to be determined.)

Call for Presentations Closes February 10th:

The Virginia EMS Portal is your mechanism for proposing topics for the *pediatric track* at the 41st Annual Virginia EMS Symposium in November. Time is running out, so please submit a placeholder topic—even if your complete presentation is still not ready. We need quality pediatric topics—so please set aside some time this week to propose one or more pediatric-related topics.

EMSC Surveys of EMS Agencies Now in Progress!

The first week of January marked the launch of the 2020 EMSC Performance Measure data collection effort by all State Partnership (SP) EMSC grantees. The National EMSC Data Analysis Resource Center (NEDARC) and SP Program Managers from 50 states and 9 U.S. territories freely associated states are working collaboratively to reach 18,000 EMS agencies. In Virginia, **489** agencies are being invited to participate in the survey. The focus is two-fold:

- Determine the number of EMS agencies that have identified (or plan to identify) Pediatric Champions.
- Determine the status of EMS personnel “skills-checking” on the use of pediatric equipment by the states and territories.

EMSC SP Program Managers have three months to complete data collection for the status of Performance Measures 02 and 03 from EMS agencies (ends March 31 at 5 pm Eastern). The 5-10 minute online survey depends heavily on reaching legitimate contact persons at the agency level, which tends to be a moving target in many states. Only one survey per agency can be accepted, so if you are not sure if your agency has responded, go online to www.emscsurveys.org and use the drop box to find *Virginia*, and then your *county*. If your agency name appears after you click on your *county*, select it and begin. If your agency name does not appear under your *county*, then a survey has already been submitted. Contact the Virginia EMSC for Children Coordinator (david.edwards@vdh.virginia.gov) if you have any questions.

It is very important that we verify current email addresses for EMS agency representatives and validate them in the national **Contact List Management System** (CLMS) maintained by the NEDARC in Utah. EMSC Managers in every state and 9 U.S. protectorates are working hard to correct agency contact details as the survey progresses, working closely with their NEDARC Technical Assistance Liaisons to reach the **80%_response** threshold required by our federal EMS for Children program partners.

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

Over the next three years, the Virginia EMS for Children program will focus on identifying and supporting Pediatric Champions for EMS agencies (or in some cases groups of EMS agencies). Working

with input from the Training and Certification Committee, a curriculum for Pediatric Champions is being developed, as well as clear methods for Pediatric Skills Verification for EMS providers. These two topics directly relate to national EMSC Performance Measures 02 and 03.

Follow-up Items for Pediatric Readiness at Virginia Hospitals:

(Summarized from the findings of the 2013 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*).

EMSC Funding Still 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!

Additional Child Restraint Systems to be Distributed Soon:

All “ACR-4” child restraint systems previously procured by the EMSC program were distributed to Virginia EMS agencies. Another cache of child restraint systems is being ordered 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.)

Regional Pediatric Disaster Preparedness:

Virginia EMSC also partners with regional hospital coalitions involved in the Hospital Preparedness Program (HPP) who receive funding through VDH via the Assistant Secretary of Preparedness and Response (ASPR) to improved pediatric disaster planning and readiness.

Currently we are participating in projects with two coalitions; the Near Southwest Preparedness Alliance (NSPA) and the Northwest Regional Hospital Coalition (NWRHC) in developing a Pediatric Annex to augment existing disaster and mass casualty plans in their regions. These groups are focusing on surge planning and addressing gaps in preparedness related to the pediatric population.

One of the resources utilized by the groups utilize is summary findings from the 2013 *National Pediatric Readiness Assessment (NPRA)* of hospital emergency departments facilitated by the EMSC program nationally. The Virginia EMSC program customizes results from the hospital regions for comparison with state and national findings. *(The next online National Pediatric Readiness Assessment will launch in July of 2020, and will again target every hospital emergency department in the nation.)*

Volunteers Needed for EMSC Projects:

If you have passion and/or expertise concerning pediatric emergency care issues, the Virginia EMSC Program can use your assistance. Consider helping us with the following topics:

- Curriculum and resources to support *EMS agency Pediatric Champions*.
- Best practices in creating a *recognition program* for hospital emergency departments who have demonstrated a specific readiness level in caring for children (medical).
- Pediatric medication *dosing safety*.
- Evidence-based *pediatric protocols*.
- Templates for *written transfer guidelines/agreements* (that specifically refer to pediatric patients).
- Including children in hospital disaster *plans and practices*.
- Agency protocols for *restraining children during ambulance transport*.
- Local *family reunification* strategies.

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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