

EMS for Children (EMSC) Committee Meeting
Virginia Office of EMS
Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294
November 16, 2023
3:00 p.m.

Core Members Present:	OEMS Staff:	Guests:
Patrick McLaughlin , Chair (EMS Advisory Board, Pediatric Emergency Medicine VCU)	Wanda Street (Office of EMS, Secretary Senior)	K. Fivelstad (UVA EMS Fellow)
Heidi M. Hooker , Executive Director, Old Dominion EMS Alliance (ODEMSA)	George Lindbeck (Office of)	Ali Akbar (Greene County EMS)
David P. Edwards , EMSC Program Manager (VDH, OEMS)	Bob Page (Office of EMS, State CE Educator)	Kate Davenport (Trauma Medical Dir., Children's Hospital of the King's Daughters-CHKD)
Mike Watkins , Nurse with Pediatric Emergency Experience (VCU), Deputy Chief, Goochland Fire & Rescue)	Michelle Ludeman (Northern Virginia EMS Council)	Jennifer Farmer (Lakeside Volunteer Rescue Squad)
Tanya Trevilian , Peds Trauma Program Manager (Carilion Children's of Roanoke)	Michael D. Berg (Office of EMS)	Valerie Vagts (Tidewater EMS Council)
Tim Perkins , EMSC Program Principal Investigator (Office of EMS, ChaTR Division Director)	Charles Feiring (Central Shenandoah EMS Council)	Sarah Elizabeth Smith (VCU Ped Emer Med Co-op)
Steve Rasmussen , Virginia Emergency Nurses Association (ENA) representative	Lara Traylor (Rappahannock EMS Council)	Pier Ferguson (Old Dominion EMS)
Dusty Lynn , Pediatric EMS Educator	Chris Vernovai (Office of EMS, CHATR Division, EMS Planner)	Craig McBride (Bon Secours)
Petra Connell , Virginia EMSC program family representative (Family Advisory Network-FAN)	Bob Page (OEMS CE Educator)	James Reynolds (Chesapeake Fire & EMS Advisory Board)
		Joseph Williams
		Mark McLaughlin
		Nicole Lauren (Trauma Program Mgr. Children's Hospital of Richmond-CHOR)
		Greg Bryant (Bon Secours)

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:00 p.m. on November 16, 2023, by the Chair, Patrick McLaughlin.	
Introductions:	Everyone around the room introduced themselves.	
Approval of Minutes:	The minutes of the August 3, 2023, EMSC Committee meeting were reviewed by the group and approved.	Minutes approved as submitted

Chair Report: -Patrick McLaughlin	<p>Dr. McLaughlin reported that he has been re-appointed to the EMS Advisory Board and will continue to serve as Chair of the EMS for Children Committee. He also expressed disappointment that we will be unable to have our usual November discussion and rehash of the EMS Symposium—given that it had to be canceled this year.</p>	
OEMS Report: -Mike Berg -Tim Perkins	<p>Tim Perkins (Office of EMS) – Deferred report in light of the Commissioner’s scheduled remarks to the EMS Advisory Board tomorrow.</p> <p>Michael Berg (Office of EMS) – Still participating in the standards creation project of the National Association of State EMS Officials (NASEMSO). They meet monthly and met recently in New Orleans at the EMS Expo Conference—three different work group met for four hours. Dr. McLaughlin asked Mike if he would bring the proposed language to him or Dave to review, and perhaps share with the Committee when it is allowable. Mr. Berg agreed.</p>	
EMSC Program Report: -David Edwards	<p>David Edwards discussed these topics summarized from his written EMSC Program Report:</p> <ul style="list-style-type: none"> • Any future child restraints purchased by the EMSC Program will be different from the current vendor’s product and will reflect the input of the EMSC Committee. • The Pediatric Champions newsletter is undergoing the last hurdles for VDH approval, and the first issue should be distributed soon. Kudos to Lara Traylor for resolving the formatting issues and to all who contributed to the content. • Summary of the planned initiatives connected top the current EMS State Partnership Grant, which will end March 31, 2027. • Summary of the some of the current national collaboratives being curated by the EMSC Innovation & Improvement Center (EIIC). The EMSC Manager is participating in these to gain knowledge of best practices for upcoming initiatives required by the grant. • Brief history of the National Pediatric Readiness Project (NPRP) hospital assessment and some facts collected from the last survey. • Notice that a more comprehensive EMS Agency Assessment will be conducted this year (May through July) instead of the annual assessment usually conducted January through March. • Last of the current stock of child restraints are now being distributed (with appropriate caveats). • Reviewed handouts showing the kind of data the EMSC program is collecting. <p>The full EMSC Program Report (which was available at the meeting) is attached at the end of these minutes.</p>	<p>Full Nov. 16, 2023, EMSC Program Report is attached at the end of these minutes.</p>
EMSC Family Representative Report: -Petra Connell:	<ul style="list-style-type: none"> • Petra Connell gave an update on activities of the Family Advisory Network (FAN) and a detailed description of the 3-day HRSA All-Grantee Meeting held September in Austin, where Petra, Tim Perkins and David Edwards represented the Virginia EMSC State Partnership program. • Also, a FAN Strategic Plan is being required by HRSA of all EMSC state programs this year. In addition, we are searching for an additional family advocate(s) to work with the EMSC program. 	

Unfinished/Old Business:	<ul style="list-style-type: none"> • 2023 Symposium pediatric track—cancelled for 2024. • Regional pediatric training—suspended temporarily while internal audits proceed. 	All discussed
New Business:	Dr. McLaughlin lead a wide-ranging and spirited discussion about “diversion” of ambulances in its various forms and asked for comments about what other areas (other than Richmond) are experiencing and how they handle it. Traum and medical diversions were explored, as well as accepting out of town patients who have little other alternatives. Tanya Trevilian, Steve Rasmussen, Mike Watkins, Ali Akbar, and others contributed comments during the discussion.	All discussed
Member Comments and Reports	<p>Valerie Vagts (Tidewater EMS Council) - Tidewater Healthcare Expo will be held May 14-19, 2024; great opportunity for additional continuing education hours in light of having not having Symposium this year. It will be at the Delta Hotel in Chesapeake, VA.</p> <p>Kate Davenport (Children’s Hospital of the King’ Daughters-CHKD) – Two weeks after the Tidewater Expo, CHKD will host our annual Pediatric Trauma Conference on our EVMS Executive Campus. Last year it was a nice group of a wide variety of speakers, difference audiences and EMS contributions, so that would be another opportunity for education.</p> <p>David Edwards (Office of EMS-EMSC) stated that the meeting schedule for 2024 was not able to be confirmed at this point, nor the location. Time Perkins noted that we intend to stay on schedule with meetings of the EMSC Committee in February, May, August, and November 2024.</p> <p>Cam Crittenden (Office of EMS) made some brief remarks and informed folks that she had accepted the position of Acting Director of the Office of EMS since Gary Brown’s retirement</p>	<p>Educational opportunities</p> <p>Meeting dates and times will have to be determined at a later date</p> <p>Remarks from acting director of OEMS</p>
Public Comment:	None.	None
Adjournment:	<p>Dr. McLaughlin adjourned the meeting adjourned at 4:05 p.m.</p> <p>2024 Meeting Dates: (To be determined) Location: (To be determined) Time: 3:00 p.m. to 5:00 p.m.</p>	Adjourned

Beginning on the next page 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:

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EMS For Children (EMSC) Program Report – November 16, 2023

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EMSC Committee Advises Different Child Restraints for Future Purchases

At the August 3, 2023, quarterly meeting of the EMS for Children Committee the current device being provided to volunteer EMS agencies on a limited basis by the EMSC Program with our federal funding was evaluated in a special hands-on member session. The Emergency Child Restraint-ECR and several other alternate pediatric restraint devices (ACR, Pedi-Mate, Neo-Nate, etc.) were applied to live children during a hands-on member special session to explore positive and negative features of the devices and ease of application.

At the end of this session there was a clear consensus among EMSC Committee members that future restraint system purchases should not involve the **current** version of the Emergency Child Restraint (ECR). Several alternative restraint system devices are available that members felt were less complex in application and considerably more comfortable for the pediatric patient.

The Virginia EMSC Program utilizes the EMSC Committee for expertise and advice in achieving EMSC strategic initiatives, which includes facilitating appropriate safe transport options for pediatric ambulance patients. The ECR devices that EMSC has been providing of late will do the job, but not without serious practice in application by EMS providers prior to using on live patients. And, in the judgement of the EMSC Committee, the ECR is not as user-friendly or comfortable as the restraint system previously provided with federal funding (the Ambulance Child Restraint-ACR), which is no longer being manufactured. The ECR was supposed to be the updated improved version of the ACR, but in the view of the EMSC Committee, the improvements made were at the cost of comfort and ease of application.

In summary, if funding exists in the future to continue providing a limited number of pediatric restraint devices (once our current supply is depleted), the Virginia EMS for Children Program will no longer be offering the ECR device as an option when assisting EMS agencies in solving their pediatric restraint responsibilities.

Pediatric Champions

A newsletter planned to be a resource for Virginia Pediatric Champions is slated to begin operations in the next few weeks as final format approvals are being considered by the Virginia Department of Health (VDH). Lara Traylor is the point person for assembling the newsletter content and is being assisted by Dusty Lynn, Jen Farmer, and David Edwards.

Future EMSC Initiatives

Projects and initiatives being considered for the EMSC Program at future EMS Committee meetings will likely include:

- Funding the designated Pediatric Track at the annual Virginia EMS Symposiums.
- Supporting increased regional pediatric training courses (i.e., NRP, PEPP, ENPC, Handtevy, etc.).

- Providing training and resources for EMS agency Pediatric Champions.
- Facilitating EMS agency access to appropriate ambulance child restraints—purchasing and disseminating child restraints (as funds allow) to volunteer EMS agencies.
- Purchasing specialized pediatric manikins for pediatric education/simulation.
- Supporting regular pediatric skills checking at the EMS agency level, where skills have been shown to degrade quickly.
- Developing a voluntary hospital facility recognition program (EDs)
- Developing an EMS agency pediatric readiness recognition program.
- Expanding the role of Family Advisory Network (FAN) representative(s) and recruiting additional FAN representatives.
- Facilitating pediatric disaster planning with hospitals coalitions and EMS agencies.
- Assessing hospital EDs (upon request and at no cost) for their current level of pediatric readiness.
- Developing and disseminating model child restraint policies and procedures for EMS agencies to consider.

PPN Requests FAN Involvement in “Domains”

The Pediatric Pandemic Network (PPN) is a collection of children’s hospitals that serve as regional hubs for improving care for all children in pandemics, disasters, and every day. PPN’s hospitals work with regional and national programs, academic institutions, community organizations, and individual experts to share pediatric-related information, educational resources, and best practices. Most EMS for Children State Partnership programs have at least one “family representative” as a core member of their EMSC Advisory Committee; in Virginia, this role is currently filled by Petra Connel, PhD. The PPN is requesting assistance from willing EMSC family representatives (who are part of the national Family Advisory Network-FAN) to participate in one or more of their PPN Domains.

- PPN “*Research and Innovation*” Domain:
This domain is looking for FANs who would like to provide feedback on Research and Innovation Domain activities, including pilot study reviews, research projects proposed by PPN affiliates, and to facilitate communication between the larger FAN and the domain around research needed/desired by parents and families. Meetings are held the first Thursday of the month at 1 pm ET.
- PPN “*Telehealth*” Domain:
This domain is looking add some FANs to their domain steering committee. Meetings occur virtually on the first Monday of the month from 3-4 pm ET, and this committee will be working on several documents aimed at families to help educate them about telehealth. Specific topics will include addressing distrust/mistrust in telehealth and educating about the high-quality care that can be provided via telehealth. **This is the second request the domain has submitted for FAN assistance.**
- PPN “*Behavioral Health*” Domain:
This domain is looking for FANs to be a part of a specific, funded research project titled “Children’s Hospitals Readiness to Respond to Mental Health Surge.” They would like to recruit up to 25 FANs to provide semi-structured interviews about their experiences with

seeking mental health care for their children. If you know of someone who has experience with this *but is not a FAN*, please feel free to pass this opportunity on to them.

Virginia's EMSC Manager (david.edwards@vdh.virginia.gov) can connect those interested to the proper contacts at the EMSC Innovation and Improvement Center (EIIC) and/or the Pediatric Pandemic Network (PPN).

Current Collaboratives Sponsored by the EIIC...

The national *EMSC Innovation and Improvement Center (EIIC)* is currently sponsoring several pediatric readiness collaboratives for hospitals, EMS agencies and EMSC State Partnership Grant programs across the nation. The Virginia EMS for Children (EMSC) Program facilitates hospital and EMS agency involvement in these collaboratives and the EMS Manager actively participates in most of these to gather resources and best practices for future recognition program development in Virginia. Here is some brief descriptions:

- Pediatric Readiness Quality Collaborative
The Pediatric Readiness Quality Improvement Collaborative (PRQC) focuses on harnessing the work of the [National Pediatric Readiness Project](#) (NPRP) to help participating teams take the next step in addressing gaps identified by NPRP assessment. The current PRQC cohort kicked off in June 2023. It is a free, 18-month opportunity for emergency department (ED)-based teams to accelerate their pediatric readiness.
- Pediatric Readiness Recognition Programs Collaborative (PRRPC)
Pediatric readiness recognition programs are state-based programs that honor and acknowledge emergency departments (EDs) and prehospital agencies for achieving certain standards in pediatric emergency care. These programs help encourage adherence to pediatric emergency care guidelines and contribute to the development of a well-organized system of care for ill and injured children. With support from the *EMSC Innovation and Improvement Center* and the *Pediatric Pandemic Network (PPN)*, the Pediatric Readiness Recognition Programs Collaborative (PRRPC) will help [EMSC State Partnership Program](#) teams accelerate their recognition program efforts through shared learning, collaboration, and improvement science. The 16-month collaborative will help with both establishing new recognition programs *and* enhancing existing programs.

The PRRPC kicked off in September 2023 at the *EMSC All-Grantee Meeting* and runs through December 2024 (16 months). Monthly learning sessions are on the third Thursday of the month from 2:30–4pm ET. Sessions are recorded and posted for those unable to attend live. The PRRPC provides opportunities for EMSC State Partnership (SP) Program teams to work with and learn from other state/ territory teams. Participants have access to learning sessions led by experts, evidenced-based and best practice resources, and networking opportunities to build a robust pediatric readiness recognition program for EDs and/or EMS agencies in their state or territory. Between learning sessions, participants meet with their teams (if in existence) to work on their programs. The Collaborative monthly sessions concentrate on the following focus areas:

- ED recognition programs
- Prehospital Recognition programs

- Disaster Networking Collaborative (DNC)

The Disaster Networking Collaborative (DNC), coordinated by the Pediatric Pandemic Network (PPN), aims to support children's hospitals in preparing for and responding to disasters, including pandemics. The DNC recognizes the unique vulnerabilities of children and adolescents and aims to address their physical, mental, and social needs during emergencies. The DNC is a 10-month Quality Improvement (QI) collaborative that engages healthcare leaders in networking opportunities and the identification of evidence-based practices. It encourages collaboration among diverse healthcare practitioners to integrate the needs of children into emergency care systems. By sharing best practices and cost-effective solutions, the collaborative is seeking to enhance the infrastructure of children's hospitals to better handle disasters.

Continued Request of Virginia Hospital EDs (from the EMS for Children Program):

- Please *weigh and record* children in **kilograms** (to help prevent medication errors).
- Please include children specifically in hospital disaster/emergency plans.
- Please designate a Pediatric Champion (or Pediatric Emergency Care Coordinator-- PECC). *(This is the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.)*
- Please ensure pediatric patients are included in the quality improvement process.
- Please review and adopt pediatric safety policies (radiation/medication dosages, abnormal vital signs).

Last of Current Stock of Child Restraint Devices Ready for Placement

OEMS-EMSC still has a small inventory of grant-funded Emergency Child Restraints (ECRs) (patient range 4-110 lbs.) available. EMS agency leaders with a legitimate need for these should contact the EMS for Children program Dave Edwards with requests. For larger numbers of child restraint systems, we recommend applying for restraints through the Rescue Squad Assistance Fund (RSAF) and remind you that the appropriate restraint of children being transported by ground ambulance in Virginia is a priority issue.



It must be stressed that EMS providers need to train extensively with whatever pediatric restraint devices they have available to them before attempting application on children in the field. The ECR devices above that EMSC has been providing will do the job, but not without serious practice in application by EMS providers prior to using on live patients. When this supply of restraints has been depleted, alternative devices will be considered for future purchases. Also, EMS agencies are strongly 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.

(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.)

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.