

**EMS for Children (EMSC) Committee Minutes (DRAFT)**  
**Virginia Office of EMS**  
**Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294**  
**November 17, 2022**  
**3:00 p.m.**

<b>Core Members Present:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
<b>Patrick McLaughlin</b> , Chair (EMS Advisory Board, Pediatric Emergency Medicine VCU)	<b>Wanda Street</b> (Office of EMS, Secretary Senior)	Nicole Laurin (CHoR Trauma)
<b>Heidi M. Hooker</b> , Executive Director, Old Dominion EMS Alliance (ODEMSA)	<b>Chris Vernovai</b> (Office of EMS, EMS Planner)	Greg Neiman (EMS Liaison, VCU)
<b>David P. Edwards</b> , EMSC Program Manager (VDH, OEMS)	<b>Bob Page</b> (Office of EMS, State CE Educator)	Frank Bryant (Bon Secours)
<b>Mike Watkins</b> , Nurse with Pediatric Emergency Experience (VCU), Deputy Chief, Goochland Fire & Rescue)	<b>Ron Passmore</b> (Office of EMS, Regulation and Compliance Division Director)	George McDaniel (UVA Pediatric Electrophysiologist)
<b>Tanya Trevilian</b> , Peds Trauma Program Manager (Carilion Children's of Roanoke)	<b>Michael Berg</b> (Office of EMS, EMS Systems Funding)	Steve Bowe (Rockingham County)
<b>Dusty Lynn</b> , Pediatric EMS Educator (UVA)	<b>Scott Winston</b> (Office of EMS, Associate Director)	Sam Bartle (VCU, Ped Emer Medicine)
<b>Petra Connell</b> , EMSC Family Representative and Family Advisory Network (FAN) Representative	<b>Cierra Brown</b> (Office of EMS Administrative Assistant)	Alix Paget-Brown. MD (UVA)
<b>Kelley Rumsey</b> , Liaison to Trauma Prehospital Committee (VCU & Virginia Trauma System)	<b>Charles Feiring</b> (Office of EMS, CSEMS staff)	Michael Clark (Carilion Trauma Reg.)
	<b>James Larrack</b> (Office of EMS, CSEMS staff)	Michelle Ludeman (NVEMS)
	<b>Greg Woods</b> (Office of EMS, SWEMS Director)	Kate Davenport (CHKD Trauma)
		Jennifer Farmer (Lakeside Volunteer Rescue Squad)
		Tatiana Pedroza, MD (REMS)
		Craig Bride

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	The meeting was called to order at 3:00 p.m. by the Chair, Patrick McLaughlin.	
<b>Introductions:</b>	Everyone around the room introduced themselves.	
<b>Approval of Minutes:</b>	The minutes of the August 4, 2022, EMSC Committee meeting were reviewed by the group and approved.	<b>Minutes approved as submitted</b>
<b>Chair Report:</b> <b>-Patrick McLaughlin</b>	Patrick McLaughlin indicated he would not give a formal Chair Report but wanted to draw more attention to having an open forum toward the end of the meetings, discussing Symposium and future directions.	<b>Deferred to Open Forum</b>
<b>OEMS Report:</b> <b>-Mike Berg</b> <b>-Ron Passmore</b> <b>-Chris Vernovai</b>	The Office of EMS Quarterly Report (for the EMS Advisory Board) was posted online yesterday, and there is a lot of good information in there relevant to what's going on with EMS. We would refer you to that document and would be glad to answer any questions.	<b>See Quarterly Report</b>
<b>EMSC Program Report:</b> <b>-David Edwards</b>	David Edwards gave a brief oral summary of the EMSC report (see below), but the <u>entire</u> Virginia EMSC Program Report is included at the end of these minutes. <ul style="list-style-type: none"> <li>The EMSC Booth at Symposium was very successful.</li> </ul>	<b>Full EMSC Program Report attached at end of minutes.</b>

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<b>EMSC Report</b> (continued)	<ul style="list-style-type: none"> <li>• There is still a small quantify of child restraints available for distribution to volunteer EMS agencies who need them.</li> <li>• The annual online national EMS Agency survey begins Jan. 4, 2023. We will be working with regional EMS councils (Heidi H coordinating). Plans for this year’s survey were discussed, including how to boost response rates and participation, with input from Committee members.</li> <li>• The EMSC program paid the basic registration fee for 18 EMS providers this year in the form of Symposium Registration Awards.</li> <li>• Virginia EMSC submitted a new grant proposal to HRSA (4 years @ \$205,000 per year) in November—the result is pending.</li> </ul>	
<b>EMSC Family Representative Report:</b>	Petra Connell was unable to attend the meeting today.	<b>No report</b>
<b>Committee Member Organization Reports and OPEN FORUM:</b>  -Mike Watkins -Dr. McLaughlin -Dr. Sam Bartle -Kelley Rumsey -Tanya Trevilian -Bob Page -Dusty Lynn -Ron Passmore -Dr. George McDaniel -Bob Page  <b>OPEN FORUM</b>	<ul style="list-style-type: none"> <li>• Symposium discussion – The members discussed the timing of next year’s Symposium and competing events (like the Richmond Marathon, etc.). It was emphasized that Symposium has <u>always</u> been the first full week in November. There were also some good comments about the presentations by Dr. McDaniel and Bob Page (stretching the envelope of the usual provider education base) and Drs McLaughlin, Bartle and crew using advanced scenarios the are usually reserved for more advance levels of providers.</li> <li>• Dusty Lynn – Reported on her coordination of an EMSC funded Neonatal Resuscitation Provider (NRP) course for 20 at the 2022 Symposium, which went “wonderfully well”. Dusty and EMSC are looking at training at least 60 providers or more in NRP in the next year out in the regions. There was discussion among members of how certification courses can help keep pediatric focused training in the forefront at Symposium.</li> <li>• National Pediatric Readiness Project (NPRP) assessment (the last was in 2021) – There was discussion about how to stimulate hospital participation in the next round of the surveys when they occur. There will be advance distribution of the actual survey by the EMSC program and Emergency Preparedness will assist.</li> <li>• Mike Watkins – Mike presented some of the data specific to pediatrics from the Prehospital Care Committee (Trauma System Committee). He discussed a snapshot of the 2<sup>nd</sup> quarter data from 2022 that indicated that a about a third of the Step One pediatric trauma patients were transported to a non-designated facility or otherwise. Some of this is inevitable because of geography, but the Committee will be drilling down to get a better feel for the problem. In some of these cases, 911 services might end up being asked to transfer these patients to a higher level of care (which leaves large areas unserved by EMS for significant amounts of time). Some communities do not have private services to perform this task. Discussion ensued regarding the frequency of these data reports (generally quarterly) and the increasing future ability to track and trend the data in a practical fashion.</li> <li>• Air transports of pediatric patients were discussed, and how it happens that some of these patients end up being transported by air when they don’t really meet criteria that allow the air providers to get paid, and thus the surprise billing issue emerges. Some hospitals</li> </ul>	<p><b>Investigate including documented weight in pediatric dashboard</b></p> <p><b>Request funding consideration from EMSC to support more of these courses regionally</b></p> <p><b>Going forward, the EMSC Committee will be included in vetting process for pediatric variance requests</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
(continued)	<p>are calling flight services because they cannot find ground EMS transport to do the transport. This brought up discussion as well about the lack of beds on the pediatric side across the state, and the pressure this puts on pediatric physicians from distant hospitals to accept patients that would or should have gone somewhere closer to home (Dr. McLaughlin has experienced this). The lack of subspecialty surgical services in rural areas contributes to this phenomenon. Ron Passmore commented that there has been an increase in complaints from marooned patients that had gotten transferred all the way to Richmond, where they were taken care of, but when they are ready to be discharged and go home there was no easy way to get them back where they came from.</p> <ul style="list-style-type: none"> <li>• The increased incidence of flu, COVID and RSV pediatric patients being experienced by hospitals was discussed, and the challenges this presents. For many of these conditions there are not specific treatments to be offered, and education needs to be done for people on how to care for themselves and at what point they actually need to utilize a hospital. Dr. McLaughlin offered that local care providers have tried different treatments (for croup as an example), but parents are having difficulty giving the right dose (of steroid), or they don't know how to give steroid or racemic epinephrine nebulized. But there is a huge influx of these cases, and this kind of intervention can turn a kid around quickly. Children's Hospital of Richmond works on community outreach and educating, but it only goes so far, and we can only put up so many posters and things on social media—which may not reach the right audience. Ron Passmore suggested that an important part of that audience might well be the 254 endorsed medical directors in the Commonwealth, of which the majority do not have pediatric backgrounds, and they are not comfortable with EMS giving some of these treatments. Ron invited both Dr. McLaughlin and Dr. Bartle to come to some of the OMD workshops (usually done every month) and talk with the medical directors about racemic epi, which is in the scope of practice for a provider. Unfortunately, very few providers in the Commonwealth are authorized by their medical director to use racemic epi, because they are just not comfortable with it, or don't understand it. If our EMSC docs could talk to these 254 docs and get the docs at least the resource, they could get on the phone and call somebody else when they have questions regarding their pediatric protocols (which would probably be a huge help). OMDs are required by regulation to attend at least two of these workshops during the five years of their endorsement</li> <li>• Ron Passmore – Led a discussion about Operational Medical Director (OMDs) and the process to certify them and provide continuing education. He encouraged Dr. McLaughlin and Dr. Bartle to become involved to the extent that they are able to in the next year to connect with this group and experience some of their update training and discussion of issues. There is a communications network for the OMDs that is only accessible to the docs that our EMSC docs could use to get out essential information. This will be explored.</li> <li>• A discussion ensued about using various means to provide pediatric topics all year round that would be helpful to providers. Different</li> </ul>	<p><b>Dr. McLaughlin and Bartle will consider becoming “endorsed” Medical Directors</b></p>

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	<p>time frames (10, 15, 30, 60 minutes) were discussed, as well different medium. OEMS now has Blackboard, and there seemed to be a consensus that this could and should be utilized for pediatric education modules and messages.</p> <ul style="list-style-type: none"> <li>• Tanya Trevilian/Kelley Rumsey/Mike Watkins – Led a discussion about setting up one or more of the Pediatric Disaster Management classes put on by TEEEX. The courses are free but require a minimum of 30 students (can be as many as 50). There have been several courses in Virginia in the past and they have been very successful, increasing the confidence of participants tremendously. Some of the regional hospital coalitions will be approached for suggestions as to whether they might be able to host and when would be a good target date range. David will contact TEEEX about when their schedule might allow them to come back to Virginia.</li> <li>• Infant/neonate transportation devices – Michael Berg led a discussion with the group about the EMSC program considering the purchase of 2-3 “Baby POD 2” infant/neonate transportation devices, which can be strapped to a standard EMS ground unit stretcher, with the intent of placing them at selected EDs with high volumes of outgoing neonate transports. Mike examined devices at a conference in Orlando and sees a need based on his experience setting up transfers from multiple facilities involving small pediatric patients. EMSC is going forward with acquiring quotes and enough information to allow a decision on making such a purchase. There was discussion about how best to target the EDs where they could be based; David and/or Michael will get try to get Jessica (OEMS epidemiologist) involved in using data to help select appropriate EDS for placement.</li> </ul>	
<b>Unfinished/Old Business:</b>	<ol style="list-style-type: none"> <li>a. <b>2022 VA EMS Symposium</b> - All items were addressed during the open forum.</li> <li>b. <b>Status of competing continuation grant application (2023-2027)</b> -- Virginia EMSC submitted a new grant proposal to HRSA (4 years @ \$205,000 per year) and the result is pending. Discussed some of the initiatives to be funded if the grant is successful, discussed items required because of the grant and discussed some of the past projects and results from the EMSC State Partnership Grant.</li> </ol>	
<b>New Business:</b>	<ol style="list-style-type: none"> <li>a. <b>Annual EMS agency survey (Jan-Mar 2023)</b> – In progress. This was discussed during the EMSC Program Report.</li> <li>b. <b>Discussion of potential neonatal restraint transport device options (hospital placement)</b> – This discussion was held during the open forum.</li> <li>c. <b>Future meeting dates</b> – In 2023, we plan to meet on February 2, May 4, August 3, November 16.</li> <li>d. <b>Other</b> – None.</li> </ol>	
<b>Public Comment:</b>	None.	<b>None</b>
<b>Adjournment:</b>	<p>The meeting adjourned at approximately 4:05 p.m.</p> <p>-----</p> <p><b>2023 Meeting Dates:</b> February 2, May 4, August 3, November 16  <b>Location:</b> Embassy Suites  <b>Time:</b> 3:00 p.m. to 5:00 p.m.</p>	<b>Adjourned</b>

**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:**

**More Child Restraints on the Way...**

The Virginia EMSC Program has distributed all its current inventory of grant-funded child restraints to volunteer EMS agencies, but more will soon be available.



EMS agency leaders with a legitimate need for these vital tools should contact the EMS for Children program ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with their requests to be put on a waiting list. For those agencies who need more than one or two child restraint systems, we recommend applying through the Rescue Squad Assistance Fund (RSAF). The appropriate restraint of children being transported by ground ambulance in Virginia is considered a priority issue. Also, 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.)*

**Annual EMS Agency Survey (IN PROGRESS)**

The annual national EMSC EMS Agency Survey is underway, hosted online by the EMSC Data Center (EDC). The goal of the annual survey is to improve understanding of EMS agencies' ability to care for children by collecting data on two specific EMSC performance measures:

- EMSC Performance Measure 02 (assesses if an agency has access to a pediatric emergency care coordinator (PECC))
- EMSC Performance Measure 03 (focuses on an agency's process for skill-checking on pediatric equipment)

The EMSC program is benefitting from significant assistance provided by EMS Regional Councils in targeting this year's survey goal of an 80% response rate. It is very likely that several Councils will actually achieve a 100% response from their agencies.

Last year more than seven thousand EMS agencies responded to the [EMS for Children Survey](#), from more than 58 states and territories. Results of the 2023 assessment will be shared with EMS agencies, the state EMS Advisory Board and the EMSC Committee once the 2023 data has been processed. The survey portal ([emscsurveys.org](http://emscsurveys.org)) will be open through March 31, 2023.

**New EMSC State Partnership Grant Pursued**

An application for a new EMSC State Partnership Grant was submitted to the Health Resources and Services Administration (IHRSA) in early November. If successful, this grant will be for four years (2023-2027) with a possibility of a one-year extension at the end. Every state in the

U.S. is eligible to receive one EMS for Children grant, as well as nine U.S. protectorates. It is anticipated that the grant will be funded at a level of \$205,000 per year (an increase of more than 36% over previous years' funding). If funding is awarded it will be applied in several specific areas in Virginia:

- Fund the designated Pediatric Track at the annual Virginia EMS Symposiums.
- Support increased number of regional pediatric training courses (NRP, PEPP, ENPC, Handtevy, etc.).
- Provide training for EMS agency Pediatric Champions.
- Facilitate EMS agency acquisitions of ambulance child restraints—purchase and disseminate child restraints as funds allow to volunteer EMS agencies.
- Purchase of pediatric simulation manikins, support for pediatric skills checking.
- Develop a voluntary hospital facility recognition program (EDs).
- Develop an EMS agency pediatric readiness recognition program.
- Support travel of OEMS leadership to NASEMSO meetings (and Pediatric Council).
- Expand role of Family Advisory Network (FAN) representative(s).
- Facilitate pediatric disaster planning with hospitals and EMS agencies.
- Assess hospital EDs for current level of pediatric readiness (upon request and free).

### **EMSC Program Work Groups**

If you have passion and/or expertise concerning pediatric emergency care issues, the Virginia EMSC Program can use your assistance. Works groups are forming as described below. If you are interested in helping, please contact David Edwards ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)).

- Facility Recognition Work Group to explore creating a voluntary recognition program for hospital EDs that can demonstrate a specified basic readiness level in caring for children (medical).
- Emergency Transfer Guidelines and Agreements Work Group to develop templates for written *hospital emergency transfer guidelines and agreements* that specifically refer to pediatric patients. These would be intended as a technical resource available to Virginia hospitals.
- Pediatric Champions Work Group to support developing EMS Agency Pediatric Champions (also sometimes referred to as Pediatric Emergency Care Coordinators—PECCs).
- Child Transport Policies & Procedures Work Group to develop template(s) for suggested EMS agency policies and procedures appropriate for restraining children during ground ambulance transport.

### **Continuing Request of Virginia Hospital Emergency Departments**

Aggregate analysis of the last two National Pediatric Readiness Project (NPRP) assessments (of hospital EDs) resulted in specific recommendations to address pediatric readiness gaps:

- 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 (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).

## Two Virginia Hospitals Join New National Collaborative

At least two Virginia hospitals have joined a new national EMSC venture called the “*Emergency Department (ED) Screening and Treatment Options for Pediatric (STOP) Suicide Quality Improvement (QI) Collaborative*”. The Emergency Medical Services for Children Innovation and Improvement Center (EIIC) notified the Virginia EMSC Program of this and encouraged collaboration with the hospitals in pursuing their objectives.

## Pediatric Emergency Care (PEC) Council to Meet at NASEMSO Annual Meeting

The PEC Council will be meeting for two days as part of the *NASEMSO Annual Meeting* (June 11-15, 2023) in Nevada. These meetings are especially designed for the maximum benefit of its primary members who are key personnel in state offices of EMS. It is also an ideal venue for federal, association, and business partners whose mission relates to emergency medical services, specialty systems of care (trauma, stroke, STEMI, overdose), disaster preparedness and related matters.

## Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)), or by calling 804-888-9100. 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](mailto: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.*

