

EMS for Children (EMSC) Committee Meeting
Virginia Office of EMS
Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294
May 4, 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)	Jennifer Farmer (Lakeside Volunteer Rescue Squad)
Heidi M. Hooker , Executive Director, Old Dominion EMS Alliance (ODEMSA)	Michelle Catalla (Office of EMS Consultant)	Greg Neiman (EMS Liaison, VCU)
David P. Edwards , EMSC Program Manager (VDH, OEMS)	Bob Page (Office of EMS, State CE Educator)	Alix Paget-Brown (UVA)
Mike Watkins , Nurse with Pediatric Emergency Experience (VCU), Deputy Chief, Goochland Fire & Rescue)	Michelle Ludeman (Northern Virginia EMS Council)	Nichole Laurin (Trauma Program Manager, CHOR)
Tanya Trevilian , Peds Trauma Program Manager (Carilion Children's of Roanoke)	Michael D. Berg (Office of EMS)	Steve Bowe (Rockingham County)
Tim Perkins , EMSC Program Principal Investigator (Office of EMS, ChaTR Division Director)	Charles Feiring (Central Shenandoah EMS Council)	Craig Bride (Bon Secours Southside)
Steve Rasmussen , Virginia Emergency Nurses Association (ENA) representative		Pier Ferguson (Bon Secours)
Dusty Lynn , Pediatric EMS Educator (UVA)		Whitney Pierce (Trauma Program Manager, CHKD)
		Katherine Davenport (Trauma Program Director, CHKD)

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:00 p.m. by the Chair, Patrick McLaughlin.	
Introductions:	Everyone around the room introduced themselves.	
Approval of Minutes:	The minutes of the May 4, 2023, EMSC Committee meeting were reviewed by the group and approved.	Minutes approved as submitted
Chair Report: -Patrick McLaughlin	<ul style="list-style-type: none"> • Dr. McLaughlin followed up with the folks in Houston (EMSC Innovation & Improvement Center-EIIC) regarding educational opportunities they might have and was directed back to what they already have online, so nothing to catch. He is reaching out to a former co-worker in the same organization who may be more amenable to help. • Dr. McLaughlin reported that Children's Hospital of Richmond at VCU stepped out on their own from the from the VCU Medical Center and opened a brand-new hospital. "It's been very fun, very exciting, and kind of a one-in-a-career type of event of most of us. I would like to pick you guys brains a little bit about some of problems that have 	

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	<p>presented.” (A discussion ensued regarding the challenge of multiple patients in one ambulance—each needing a different level of care—and how to deal with this appropriately).</p>	
<p>OEMS Report: -Mike Berg -Tim Perkins</p>	<ul style="list-style-type: none"> • Mike Berg (Office of EMS) reported that NHTSA (National Highway Safety Administration) has agreed to provide funding to do the initial work on a three-phase program to start writing crash-testing requirements as part of the NASEMSO (National Association of State EMS Officials) safe transport initiative to create accredited national standards for pediatric ambulance safety equipment. Mike is on three groups working to write the initial testing criteria for safe transport and will keep us informed of progress. We are still hearing horror stories of how patients are being transported in the arms of their mother... <p>Discussed ensued—Heidi Hooker (ODEMSA Executive Director) shared that when doing “agency updates” in her region of 100 agencies, she asked if they had child restraints and if they needed training related to them. Something like 265 restraints were needed (along with training) to completely equip these agencies. She has specifics as to who needs a child restraint system and how many they want. Obviously, this is beyond the ability of current EMSC funding to address and some alternatives were discussed.</p> <ul style="list-style-type: none"> • Tim Perkins (Office of EMS) reported that 425 presentations for 2023 Symposium had been selected by the Symposium Planning Committee. Since the Office of EMS launched a partnership with Handtevy in January of 2023, 252 more agencies have “signed on”, bringing the grand total of agencies using Handtevy materials to 357. We have held a Handtevy Instructor course at the main office (Dusty Lynn and Bob Page from this Committee attended) and the idea is that whoever is trained could teach up to ten other instructors with OEMS supplied equipment, mannequins, and a bag. Dr. Handtevy and his staff are contractually obligated to spend time with us at the 2023 Virginia EMS Symposium. There will be more information to follow, and it will be shared with the group. Tim referred folks to the “green book” (Quarterly Report) for other current OEMS information. 	
<p>EMSC Program Report: -David Edwards</p>	<p>David Edwards gave brief highlights from the EMSC Program Report.</p> <ul style="list-style-type: none"> • A new 4-year EMSC State Partnership Grant was awarded in April. Some plans for grant initiatives include: <ul style="list-style-type: none"> ○ Recruit and train Pediatric Champions. ○ Support increased regional pediatric training courses. ○ Facilitate access to child restraints for volunteer EMS agencies. ○ Support expansion of mobile continuing education capabilities with advanced pediatric simulation manikins. 	<p>Full EMSC Program Report attached at end of minutes.</p>

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	<ul style="list-style-type: none"> ○ Facilitate regular EMS provider pediatric skills checking. ○ Develop a voluntary hospital facility recognition program for pediatric readiness (EDs). Develop a voluntary EMS agency pediatric readiness program. ○ Support travel of OEMS leadership to NASEMSO and Pediatric Council meetings. ○ Expand role of FAN (Family Advisory Network) representative(s) in the EMSC program. ○ Facilitate pediatric disaster planning with stakeholders (hospitals and EMS agencies). ○ Provide free on-site evaluation of Emergency Department basic pediatric readiness capabilities (upon request). ○ Fund the designated Pediatric Track at the annual Virginia EMS Symposium. ● Virginia achieved an 82% response rate in the 2023 national EMS Agency Assessment conducted by the EMSC program. Special thanks go out to EMS Regional Councils for their efforts. ● Some child restraint systems are still available for placement. ● EMSC program’s continuing request of Virginia Hospital EDs: <ul style="list-style-type: none"> ○ Weigh <u>and</u> record children in <u>kilograms</u> (to help prevent medication errors). ○ Include children in hospital disaster/emergency plans. ○ Designate a Pediatric Champion (Pediatric Emergency Care Coordinator--PECC). <i>(This is the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.)</i> ○ Ensure pediatric patients are included in the quality improvement process. ○ Review and adopt pediatric safety policies (radiation/ medication dosages, abnormal vital signs). <p>The full EMS for Children Program Report is attached at the end of these minutes.</p>	
EMSC Family Representative Report: -Petra Connell:	No report. Petra was unable to attend in person, as she is participating in the FAN (Family Advisory Network) conference, but she will be at the next meeting in August.	No formal report
Committee Member Organization Reports: -Mike Watkins, -Tanya Trevilian -Bob Page -Dusty Lyn -Bob Page	<ul style="list-style-type: none"> ● Mike Watkins (Goochland Fire & Rescue) – Mike initiated a discussion about the considering alternative child restraints to what the EMSC program is currently distributing. There are pros and cons with the leading products, but Mike suggested that we keep our eyes open for different devices to provide when we next use grant funding. Jennifer Farmer (Lakeside Volunteer Rescue Squad) concurred, saying that she has found difficulties with the new version (now being distributed by the EMSC program in Virginia), in that it does not fit and apply nearly as easily as the previous devices that had been procured. The group indicated it would like to see and practice with some of the currently available devices at our August meeting, but without involving vendors at this point. Jen Farmer agreed to arrange for an 	The EMSC Committee will review some of the different child restraints available for ambulances at the August 2023 meeting (using real children)

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	<p>ambulance and stretcher and others said they would help find devices to use. The group also plans to use real children when working with the restraints instead of just manikins. Several of the existing devices on the market currently were discussed briefly.</p> <p>Mike went on to report on some statistics reviewed by one of the trauma committees from the Quarterly Trauma Report. They are working to create a pediatric dashboard on the website that will be publicly available at some point (pediatric trauma patients are considered to less than 15 years old). Pediatric trauma patients comprised nearly 5% of the trauma patients in the 4th quarter of 2022. Of the “step one criteria” patients (critically ill), 9% were pediatric during the same period (172 patients). Different destinations and trauma center levels were also addressed during this discussion, and Mike indicated the generally the pediatric trauma patients are also being flown to the appropriate destinations.</p> <ul style="list-style-type: none"> • Tanya Trevilian (Carilion Children’s of Roanoke) – Carilion has been doing pediatric outreach to the outlying facilities (southwest Virginia area), which has been well-received. Still working on the pediatric disaster annex for the region and will meet next week to discuss a recent tabletop exercise and evaluate the different entities involvement from the health care coalition, looking to recognize and analyze gaps. Tanya continues to work on her PPN (Peds Pandemic Network) scholar’s projects, with her focus on disaster. Tanya was glad to hear that the EMSC program plans to support prehospital education initiatives in the outlying areas. • Heidi Hooker (Old Dominion EMS Association—ODEMSA) – The EMS Councils met yesterday and spent quite a bit of time talking about geriatric education, and they had a presentation on a program that would track trauma, MCI’s, and patient resolution. Heidi also mentioned that she felt her region (ODEMSA) would likely have Pediatric Champions for their EMS agencies by this time next year. • Steve Rasmussen (Emergency Nurses Association—ENA) – ENPC (Emergency Nurses Pediatric Course) continue throughout the state, especially now that the pandemic is over, and we are doing more face-to-face courses. He inquired as to whether and EMSC fund was available to support ENPC courses, and David Edwards responded that there is. • Dusty Lynn (nurse and pediatric educator) – Dusty led a discussion on pediatric regional training that the EMSC program is helping support. Though it is a project of the EMSC program, the EMSC Committee functions as advisers, and it is very helpful to bounce ideas of the Committee. 	<p>Mike will keep the Committee informed about trauma statistics.</p>

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	<p>When we were discussing the EIIC (EMSC Innovation and Improvement Center—EIIC) Pediatric Champions website material, it became evident that much of the material there is very academic oriented and is a bit off-putting to local ED and EMS agency providers who might well function as Pediatric Champions. Several of us on the Committee thought we should come up with a way to connect people in various agencies who may be willing to be Pediatric Champions, and especially in the smaller EDs and EMS agencies. We envision a newsletter, probably quarterly, that would highlight best practices by agencies (example: Lakeside Volunteer Rescue) and Emergency Departments, and spread news about available training, like PEPP, NPR, ENPC, and Pediatric CE topics. We could also add some short topic articles and/or case studies of interest. Dr. McLaughlin advocated that we issue electronic reminders as we need material to assist in the newsletter project with deadlines clearly stated and needed subject matter described.</p> <p>Discussion continued for quite a while as members made suggestions on how to solicit articles and input as the newsletter begins to launch. Tools for spreading this information would also include informing EMS Regional Councils on a regular basis utilizing the EMS listserv and OEMSC social media options as appropriate. Tim Perkins added that OEMS has some portal options to get information out to people.</p> <p>Bob Page led another discussion about the importance of including Fire Department in the information loop, and various members suggested how that might be done, as if there is a plethora of difference entities that control training for the various Fire Departments. Mike Watkins also provided information on the widely varying education schedule options that Fire Departments have evolved in recent times that present special challenges. Mike asked if EMSC would fund any high-fidelity manikins for the project. David Edwards indicated money has been earmarked for this and efforts to procure are underway (but not without challenges).</p> <ul style="list-style-type: none"> • Dr. McLaughlin led a final discussion of the problem of multiple patients coming in one ambulance (pediatric and adult) to a children’s hospital, and how decisions are made as to which destination is most appropriate. This situation is apparently not rare; Katherine Davenport of CHKD (Children’s hospital of the King’s Daughters) mentioned that they have several occurrences each month of adult and pediatric trauma patients arriving at their children’s hospital in the same EMS unit—CHKDS, and obviously CHOR (Children’s Hospital of Richmond) is experiencing something similar in nature. The consensus of the group was that if you have adult and pediatric patient, you take them to the place where the most critical patient needs to be. 	<p>David Edwards will issue electronic reminders of needed newsletter content and deadlines to submit them as appropriate.</p>

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Unfinished/Old Business:	<ul style="list-style-type: none"> a. 2023 Symposium Pediatric Track – 35 pediatric related courses are now set, both in and out of the designated Pediatric Track. This was discussed previously in the meeting. b. 2023 EMS Agency Survey Status – 82% response, discussed. c. New EMSC State Partnership Grant status - Awarded 	Pediatric Track Set and Ready Began April 1
New Business:	<ul style="list-style-type: none"> a. Future Meeting Dates – August 3 and November 16, 2023. b. Regional Pediatric Training - Discussed earlier in meeting. c. Pediatric readiness recognition of ambulance agencies (voluntary) – (moved to next meeting) d. Other 	2023 dates final Moved to next meeting
Public Comment:	None.	None
Adjournment:	The meeting adjourned at approximately 4:16 p.m. 2023 Meeting Dates: May 4, August 3, November 16 Location: Embassy Suites Time: 3:00 p.m. to 5:00 p.m.	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:

EMS for Children (EMSC) Program Report (May 4, 2023)

New Four-Year EMSC State Partnership Grant Approved

The Virginia Office of EMS has been awarded a new EMSC State Partnership Grant by the Health Resources and Services Administration (IHRSA). The new grant period began April 1, 2023, and will run for four years (through March 31, 2027), with the possibility of a one-year extension. Every state in the United States was eligible to receive one EMSC State Partnership Grant, as well as nine U.S. protectorates. Virginia's grant was funded in its first year at a level \$190,650; future funding levels will depend upon annual congressional authorizations. Here is a short list of plans for the current federal grant funding:

- Recruit and train EMS agency Pediatric Champions.
- Support increased offerings of regional pediatric training courses (NRP, PEPP, ENPC, Handtevy, etc.).
- Facilitate EMS agency acquisitions of ambulance child restraints and as funds allow purchase and disseminate child restraints to volunteer EMS agencies.
- Support expansion of mobile continuing education in Virginia by purchasing advanced pediatric simulation manikins for more realistic scenario training.
- Facilitate regular EMS provider 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.
- Upon request, provide free on-site evaluation of Emergency Department basic pediatric readiness capabilities.
- Fund the designated Pediatric Track at the annual Virginia EMS Symposiums.

The grant is being administered by the Division of Community Health and Technical Resources (CHaTR), with Tim Perkins as the Principal Investigator and David Edwards as the Program Manager. The EMS for Children Committee of the State EMS Advisory Board serves as an advisor to the EMSC program in its mission to make progress toward national EMSC Performance Measures.

Virginia Achieves 82% Response Rate in National Survey

Virginia EMS agencies responded strongly as 82% completed an online questionnaire related to assessing progress toward certain national EMS for Children Performance Measures. EMS Regional Councils were instrumental in facilitating survey submissions, with four of the councils achieving a 100% survey response rate over the three-month survey.

Last year over seven thousand EMS agencies responded to the [EMS for Children Survey](#), which was sent to agencies across 59 states and US territories. Results of the 2023 assessment will be shared with EMS agencies, the state EMS Advisory Board and the EMSC Committee once the data has been processed.

Emergency Child Restraints Ready for Placement

OEMS-EMSC has a new shipment of grant-funded Emergency Child Restraints (patient range 4-110 lbs.) available. EMS agency leaders with a legitimate need for these should contact the EMS



for Children program (david.edwards@vdh.virginia.gov) 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. 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.)

EMS for Children's Continuing Request of Virginia Hospital EDs:

- 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).

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 804-888-9100. 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) 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.

