

EMS for Children (EMSC) Committee Meeting
Virginia Office of EMS
Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294
August 3, 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 (UVA)	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)

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

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Chair Report: -Patrick McLaughlin	<ul style="list-style-type: none"> • Dr. McLaughlin used his time to thanks members for preparing for the special session today evaluating the Emergency Child Restraint and other pediatric restraint devices. 	
OEMS Report: -Mike Berg -Tim Perkins	<ul style="list-style-type: none"> • Michael Berg (Office of EMS) reported that the Rescue Squad Assistance Fund (RSAF) application process received 19 million dollars’ worth of requested items, of which the state was asked to pay 12 million dollars. In the end, we were able to award 3.4 million dollars and impact 39 agencies. <p>Regarding the standards creation project of the National Association of State EMS Officials (NASEMSO), Mike reported on the detailed testing method writing process. The project is seeking a national standard testing process three categories of pediatric ground ambulance patients: the supine patient, the seated patient, and the specialty transport patient.</p> <ul style="list-style-type: none"> • Tim Perkins (Office of EMS) provided a quick Handtevy update. Since Virginia launched the project 253 agencies have signed on , making a total of 356 agencies for the whole state. There will be one Handtevy instructor course and two Handtevy provider courses being offered at Symposium, along with all the other classes that Dr. Antevy teaches. <p>Registration for the EMS Symposium is set to open on August 7th, with some minor changes in store in the procedure for securing lodging (to prevent one person from reserving 12 or 14 rooms at a time).</p>	
EMSC Program Report: -David Edwards	<ul style="list-style-type: none"> • In the interest of conserving time for today’s special presentation, David Edwards provided only brief highlights from his report and referred members to the full EMSC Program Report (which was available at the meeting and is attached at the end of these minutes). 	Full EMSC Program Report attached at end of minutes.
EMSC Family Representative Report: -Petra Connell:	<ul style="list-style-type: none"> • Petra gave an update on activities of the Family Advisory Network (FAN) and highlighted the involvement of FAN members in the upcoming bi-annual HRSA All-Grantee Meeting being held in Austin. 	
Unfinished/Old Business:	<ol style="list-style-type: none"> Status of 2023 Symposium pediatric track Changes to 2024 EMS agency assessment plans Regional pediatric training 	All discussed
New Business:	<ol style="list-style-type: none"> 2023 EMS agency assessment results – Discussed and handouts of results were shared. Voluntary facility pediatric recognition program (hospital) – Discussed as part of EMSC Program Report. Voluntary pediatric recognition program (EMS agencies) – Discussed as part of EMSC Program Report. Pediatric restraints discussion - There was a wide-ranging spirited discussion of pediatric restraints usage, problems, and 	All discussed

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>best practices prior to the special presentation. One particular point made by Bob Page was that you can't solve an issue by throwing equipment at people. We can choose the right equipment, but without commensurate training it's going to fall apart. It doesn't matter who you are, you must be able to put that strap on. So, we need to have a program organized where people can learn how to do it (and maybe a video). The people from Virginia can show them how it is done, not a sales pitch from the company, but a video of our people putting it on and then having people practice over and over again. Problems occur when you give a piece of equipment with</p>	
<p><u>Special Presentation: Practice and Evaluation of Pediatric Restraints</u></p>	<p>The current device being provided to volunteer EMS agencies on a limited basis by the EMSC Program with our federal funding was evaluated in this 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 to explore positive and negative features of the devices and ease of application.</p> <p>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.</p> <p>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.</p> <p><u>Summary:</u> 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 is advised not to offer the ECR device as an option when assisting EMS agencies in solving their pediatric restraint responsibilities, but to consider other devices as alternatives.</p>	<p>The EMSC Committee advised the EMSC Manager to pursue alternative restraint devices in the future when the current stock of pediatric restraints has been depleted.</p>
<p>Public Comment:</p>	<p>None.</p>	<p>None</p>

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Adjournment:	<p>The meeting adjourned at approximately 4:45 p.m.</p> <p>2023 Meeting Dates: November 16 2024 Meeting Dates: (To be determined) Location: Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294 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 – August 3, 2023

EMSC Registration Awards Again Available for 2023 Symposium

The Virginia EMSC Program will award up to fifty EMSC Symposium Registration Awards for the 2023 Virginia EMS Symposium being held November 8-12, 2023, in Norfolk. To be eligible for the \$125 registration award, one must sign up for at least three pediatric-related classes and complete the information below:

EMSC Registration Award Application:

- 1) Name:
- 2) Certification Level:
- 3) Certification Number #:
- 4) Affiliation:
- 5) Home Address:
- 6) Email Address:
- 7) Phone Number:
- 8) Symposium Registration Invoice #:
- 9) Short Statement (*why you deserve an EMSC registration award*):



Submit the information to David P. Edwards, MBA (Virginia EMSC Coordinator) at david.edwards@vdh.virginia.gov. (Come see us at the EMSC Booth in the Hilton vendor hall.)

New EMSC State Partnership Grant Begins

The new EMSC State Partnership Grant from the Health Resources and Services Administration (IHRSA) began in April and will run through March 31, 2027 (with the possibility of a one-year extension). Extensive reporting requirements related to wrapping up the old grant and beginning the new one is ongoing. 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 new grant period:

- Recruit and train EMS agency Pediatric Champions.
- Support increased offerings of regional pediatric training courses (NRP, PEPP, ENPC, Handtevy, pediatric emergencies CE, 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 voluntary 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 continued pediatric disaster planning with hospitals and EMS agencies.
- Upon request, provide free on-site evaluations of Emergency Department basic pediatric readiness capabilities to req.
- Fund the designated Pediatric Track at the annual Virginia EMS Symposiums.

The grant is 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 goals.

Pediatric Emergency Care (PEC) Council

Recently the Pediatric Emergency Care (PEC) Council, a standing council of the National Association of State EMS Officials (NASEMSO), assembled during the annual meeting in Nevada. 41 EMSC officials from 36 states and territories attended to discuss current EMS for Children initiatives, such as:

- Child restraints initiative (to develop pediatric ambulance crash testing standards to guide equipment manufacturers)
- National Pediatric Readiness Project (hospital emergency departments)
- Prehospital Pediatric Readiness Project (for EMS agencies/providers)
- National Roadway Safety Strategy (to decrease crash injuries/fatalities)
- Current national surveys of hospitals and EMS agencies being done by the EMSC program (to assess pediatric readiness through quality improvement strategies)
- Disaster preparedness toolkits (for prehospital and hospital use)
- Pediatric education toolkit (for EMS agencies)
- Community paramedicine programs
- Family Advisory Network (FAN) programs and initiatives in support of EMSC

Each participant brought examples of best practices used in improving pediatric emergency care in their states and territories, and Council work groups presented their developing work projects. Virginia contributes actively to the work of the Pediatric Emergency Care Council as part of its mission to improve quality pediatric emergency care in Virginia.

EMSC Supports Regional Pediatric Training

The EMSC program supports pediatric focused training around the Commonwealth as funds allow. If your area needs help paying for or accessing a course, contact these members of the EMS for Children Committee and explain your need:

- PEPP (Pediatric Education for Prehospital Providers) -- Contact Jeremy Wampler (jswampler5@gmail.com).
- NRP (Neonatal Resuscitation Provider) with prehospital focus – Contact Dusty Lynn (dustyllynnpedsrn@gmail.com).

- Pediatric Emergencies continuing education topics – Contact Dusty Lynn (dustyllynnpedsrn@gmail.com), or Bob Page (robert.page@vdh.virginia.gov).
- ENPC (Emergency Nurse Pediatric Care) – Contact David Edwards (david.edwards@vdh.virginia.gov).

As part of this initiative, we are developing a pediatric training newsletter, with the first edition slated for distribution in mid-August.

Pediatric Champions Recruitment Ramps Up

The EMSC program is collecting resources for EMS agency pediatric champion recruitment and education. See the information below:

Pediatric Champion defined:

A Pediatric Champion or Pediatric Emergency Care Coordinator (PECC) is an individual(s) who is responsible for coordinating pediatric specific activities. A designated individual(s) who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual(s) already in place who assumes this role as part of their existing duties. The individual(s) may be a member of the Emergency Department (ED) staff, EMS agency, *or work at a county or regional level and serve more than one agency.*

Purpose:

The intent of designating and developing the role of a Pediatric Champion/PECC is to ensure that there is a dedicated individual(s) identified in the Emergency Department *or local EMS agency* that represents pediatric interests and performs some of the roles listed below. An Emergency Department or EMS agency *does not have to have a single person performing the functions of a Pediatric Champion/PECC.* The responsibilities can be fulfilled by two or more people.

Who can fill this role?

Some **certifications** of the individual(s) who might fulfill the PECC role include, but are not limited to:

EMS Agencies

- Emergency Medical Technician (EMT) or Paramedic
- Registered Nurse (RN) or Advanced Practice Nurse (APN)
- Operational Medical Director (OMD) or Physician Assistant (PA)
- EMS Chief or Training Officer
- Other Prehospital professionals
- Additionally, there could be a region wide individual(s) that performs the responsibilities as a PECC for EMS agencies within a region

Emergency Departments

- Registered Nurse (RN) or Advanced Practice Nurse (APN)
- ED Physician or Physician Assistant (PA)
- Trauma Coordinator or ED Clinicians
- ED Manager

Responsibilities:

Some **responsibilities** of the individual(s) who might fulfill the PECC role could include, but are not limited to:

EMS Agency

- Ensure that the pediatric perspective is included in the development of EMS protocols.
- Ensure that fellow EMS providers follow pediatric clinical practice guidelines.
- Promote pediatric continuing-education opportunities.
- Oversee the pediatric-process improvement. Ensure the availability of pediatric medications, equipment, and supplies.
- Promote agency participation in pediatric-prevention programs.
- Promote agency participation in pediatric-research efforts.
- Liaise with the emergency department pediatric emergency care coordinator.
- Promote family-centered care at the agency.

Emergency Department

- Ensure that the pediatric perspective is included in the development of ED protocols.
- Ensure that fellow ED providers follow pediatric clinical practice guidelines.
- Promote pediatric continuing-education opportunities.
- Oversee the pediatric-process improvement.
- Ensure the availability of pediatric medications, equipment, and supplies.
- Promote ED participation in pediatric-prevention programs.
- Promote ED participation in pediatric-research efforts.
- Liaise with local EMS agency pediatric emergency care coordinators.
- Promote family-centered care in the ED.

In coming months there will be information on the EMSC program website in the Division of Community Health and Technical Resources (CHaTR). For more information about Pediatric Champions (or Pediatric Emergency Care Coordinators—PECCs), contact Lara Traylor (ltraylor@vaems.org) or David Edwards (david.edwards@vdh.virginia.gov).

Emergency Child Restraints

There is still a small number 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.

The EMSC Committee is now exploring several alternative child restraint systems and devices to allow for reasonable best practices as the industry evolves.

(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).

Results Just Released -- 2023 EMS Agency Assessment

The results of the 2023 EMS Agency Assessment were just released and will be shared with the EMSC Committee at today's meeting (August 3, 2023). A summary of these results will be available in the next Quarterly Report in November, and at the 2023 Virginia EMS Symposium.

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.

