

**EMS for Children (EMSC) Committee Meeting**  
**Virginia Office of EMS**  
**Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294**  
**August 4, 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)	Jennifer Farmer (Lakeside Volunteer Rescue Squad)
<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)	Charles Feiring (CSEMS)
<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 (Pediatric Electrophysiologist)
<b>Tanya Trevilian</b> , Peds Trauma Program Manager (Carilion Children's of Roanoke)		Steve Bowe (Rockingham County)
<b>Tim Perkins</b> , EMSC Program Principal Investigator (Office of EMS, ChaTR Division Director)		Sam Bartle (VCU, Pediatric Emergency Medicine)
<b>Petra Connell</b> , EMSC Family Representative and Family Advisory Network (FAN) Representative		
<b>Kelley Rumsey</b> , Liaison to Trauma Prehospital Committee (VCU & Virginia Trauma System)		
<b>Jeremy Wampler</b> , EMS Field Provider (Wintergreen Fire and Rescue)		
<b>Dusty Lynn</b> , Pediatric EMS Educator (UVA)		

<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 May 5, 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 present some information during the "new business" section of the agenda.	
<b>OEMS Report:</b> <b>-Tim Perkins</b> <b>-Ron Passmore</b> <b>-Chris Vernovai</b>	<p>Tim Perkins (ChaTR-OEMS) gave an update on current issues at the Office of EMS, including the latest information on the 2022 Virginia EMS Symposium.</p> <ul style="list-style-type: none"> <li>• Virginia now has 141 EMS agencies that have signed on with Handtevy since the Handtevy initiative was started in January, and OEMS has also handed out 1,181 Handtevy pediatric resuscitation tapes. They are still doing monthly Handtevy webinars for interested EMS agencies.</li> <li>• OEMS will be also hosting some train-the-trainer Handtevy instructor courses, and Dr. Antevy and his staff will be at the Virginia EMS Symposium to present courses. There was discussion of pros and cons to EMS agencies of using the Handtevy system and sharing of practical experiences some of the EMSC Committee members have had so far during the implementation.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Chris Vernovai (EMS Planner) shared that the newest State EMS Plan will soon be forwarded to the EMS Advisory Board for final consideration.</li> <li>Ronald Passmore (Regulation and Compliance) gave an update on the progress of the revision of EMS regulations, and led a discussion on the “required vehicle equipment list (RVEL)” being changed over to be a “document included by reference (DIBR)” in the proposed new EMS regulations.</li> </ul>	
<b>EMSC Program Report:</b> <b>-David Edwards</b>	<p>David Edwards gave a brief oral summary of the EMSC report, but the full Virginia EMSC Program Report is included <u>at the end of these minutes</u>.</p> <ul style="list-style-type: none"> <li>Come visit the EMSC Booth at the 2022 Virginia EMS Symposium in the Hilton Vendor Hall (4<sup>th</sup> floor).</li> <li>A total of 48 pediatric related courses are being offered at the 2022 Virginia EMS Symposium.</li> <li>The EMSC program has a limited number of child safety restraints systems for distribution to volunteer EMS agencies that have need. EMS agency leaders should contact David Edwards if they have a need for these restraints but should consider making application to the Rescue Squad Assistance Fund (RSAF) if they need a larger number of restraints.</li> <li>The annual national EMSC EMS Agency Survey will be conducted during the first three months of 2023 (January-March) in conjunction with the EMSC Data Center (EDC).</li> <li>The Virginia EMSC program plans to fund a number of basic registration fees for EMS providers attending the 2022 Virginia EMS Symposium. Applicants must take at least 3 pediatric courses to be considered, and up to 50 awards will be made.</li> <li>The annual national EMSC EMS Agency Survey will begin January 3<sup>rd</sup> and continue through March 31<sup>st</sup>. This short assessment will be hosted online in conjunction with the national EMSC Data Center (EDC).</li> <li>An application for a continuing continuation of the EMSC State Partnership Grant is due to the Health Resources and Services Administration (IHRSA) by November 7. If successful, this grant will be for four years (2023-2027) with the possibility of a one-year extension at the end of that period.</li> <li>National training for Pediatric Emergency Care Coordinators (PECCs) ended recently. Several members of the EMSC Committee participated and there was a discussion of the benefits and limitations of the collaborative experience.</li> <li>The NASEMS Pediatric Council met in June and had a very successful meeting.</li> </ul> <p>The full EMS for Children Program Report is attached at the end of these minutes.</p>	<b>Full EMSC Program Report attached at end of minutes.</b>
<b>EMSC Family Representative Report:</b> <b>-Petra Connell:</b>	<p>No report. Petra was unable to attend as she is out of state this week.</p>	<b>No report</b>
<b>Committee Member</b>	<ul style="list-style-type: none"> <li>Mike Watkins – No formal report, Goochland is putting a new ambulance in service and OEMS/EMSC has provided us with one</li> </ul>	

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<p><b>Organization Reports:</b></p> <ul style="list-style-type: none"> <li>-Mike Watkins,</li> <li>-Sam Bartle</li> <li>-Kelley Rumsey</li> <li>-Tanya Trevilian</li> <li>-Bob Page</li> <li>-Dusty Lynn</li> <li>-Ron Passmore</li> <li>-George McDaniel</li> <li>-Bob Page</li> </ul>	<p>of the new restraint devices for our new unit to help us remain compliant.</p> <ul style="list-style-type: none"> <li>• Sam Bartle – Medical Directors Committee has no report.</li> <li>• Kelley Rumsey – Children’s Hospital of Richmond has a new tower set to open April 30<sup>th</sup>, 2023. Construction is near completion, and there may be some open invitations for touring as we start getting ready to move in. From the Prehospital Care Committee (trauma system), the Trauma System Committees have reviewed the quarter one data for trauma triage from the prehospital perspective. There is a significant breakdown on the peds data and the appropriateness of triage of triage. It also looked like only 65% of those patients who received a medication other than oxygen had a weight documented (estimated). This is higher than it used to be, but we need to quantify that. David Edwards suggested that we ought to build this into a pediatric dashboard as one of the ongoing data points.</li> <li>• Tanya Trevilian – Nothing from Southwest Virginia right now— stay tuned.</li> <li>• Dusty Lynn – We did our first “traveling” Neonatal Resuscitation Provider (NRP) course at the Central Shenandoah EMS Expo (funded by the EMSC program), and I’ve had several requests for an NRP course specifically for EMS throughout the state. I have instructors who are available to take the class mobile, so we’re going to Fredericksburg twice upcoming in September. Continued support from EMSC funding would be awesome. We have even had inquiries from Texas about how we developed the NRP course to be more applicable to EMS practice. We also did a PEPP course at the Expo, with more interest in taking PEPP statewide.</li> <li>• Ron Passmore – The Medical Directors Committee has an action item at the EMS Advisory Board regarding scope of practice recommendations for Advanced EMTs and some of the “red dot” authorizations. (There was discussion of the specifics of this for several minutes.) Also, Ron wanted to put on the record that the practice of going forward with pediatric variance requests (example: variance to not require pediatric restraints) had gone through Medical Direction, but was not vetted through the EMSC Committee, and going forward we plan to include the EMSC Committee before ruling on these requests. Dr. McLaughlin gave this a large “thumbs up”, saying “that’s why we’re here.” Ron Passmore also asked Dr. McLaughlin and Dr. Bartle if they would consider getting a Medical Director’s “Endorsement” through the state. (As long as you are Emergency Medicine (EM) boarded, you are qualified for endorsement. Both doctors were amenable and said they would try to arrange to do this.</li> <li>• Dr. George McDaniel – Bob Page and Dr. McDaniel will be presenting on channelopathies in kids at Symposium (on Saturday).</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> <p><b>Dr. McLaughlin and Bartle will consider becoming “endorsed” Medical Directors</b></p>
<p><b>Unfinished/Old Business:</b></p>	<p>a. <b>2022 Symposium</b> – 48 pediatric related courses are now set, both in and out of the designated Pediatric Track.</p> <p>b. <b>2023-2025 State EMS Plan</b> – David Edwards led the Committee through the relevant sections of the proposed 2023-2025 State EMS Plan affecting the EMSC Committee and recommended approval as presented. After discussion, the EMSC Committee voted to approve the recommendations and forward to the Chris Vernovai (EMS Planner).</p>	<p><b>Pediatric Track Set and Ready</b></p> <p><b>State EMS Plan recommendations Approved</b></p>

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	<p><b>c. Revision of EMS Regulations</b> -- Ron Passmore (Regulation and Compliance) contributed an update on the progress of the revisions to the EMS regulations being considered, noting that the recommended changes related to requiring child restraints previously submitted by the EMSC Committee were still intact.</p> <p><b>d.</b></p>	<p><b>EMSC revision recommendations still intact</b></p>
<b>New Business:</b>	<p><b>a. Future Meeting Dates</b> – Discussed, dates for 2023 will be presented at the November 17, 2022, meeting.</p> <p><b>b. School Nurse Representation</b> – Discussion of the history of school nurse representation on the EMSC Committee, and discussion about the need for school nurses in Virginia schools. (They are currently <u>not</u> required). There was a consensus to seek a new representative, as the school nurse we lost has not yet been replaced by the Virginia Association of School Nurses.</p> <p><b>c. Other</b> – Dr. McLaughlin presented an issue for discussion concerning EMS providers taking patient refusals for children that should he feels should probably have received evaluation by a physician. He specifically felt that whether or not to take a “patient refusal” for a sick child puts too much pressure on EMS providers. Several scenarios were discussed, and several members offered examples of how their agencies provide direction to providers regarding refusals for children. A spirited discuss ensued and all agreed to further discuss at future meetings. Also, there was a consensus that this topic needed discussion by the Medical Directors Committee, and that relevant data be requested from Jessica Rosner (OEMS Epidemiologist) to try and get some feel for the scope of the child patient refusals in Virginia (how often, and how old). Dr. McLaughlin suggested we might ask for the number of children under five, then under one, then under six months that had documented refusals of transport.</p>	<p><b>2023 dates will be available next mtg.</b></p> <p><b>Dr. McLaughlin will contact VASN about new representative</b></p> <p><b>Patient Refusals discussed – needs further consideration and also involvement of Medical Directors</b></p> <p><b>Dr. McLaughlin will help draft a data query request to present to Jessica Rosner</b></p>
<b>Public Comment:</b>	None.	None
<b>Adjournment:</b>	<p>The meeting adjourned at approximately 4:45 p.m.</p> <p><b>2022 Meeting Dates:</b> May 5, August 4, November 17  <b>Location:</b> Embassy Suites  <b>Time:</b> 3:00 p.m. to 5:00 p.m.</p>	Adjourned

**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**

### **Fifty EMSC Registration Awards Planned for Symposium**

The Virginia EMSC Program plans to award up to fifty EMSC Registration Awards for the 2022 Virginia EMS Symposium being held November 9-13, 2022 in Norfolk. To be eligible for a registration award (basic registration) one must sign up for at least three pediatric-related classes.

Those interested should contact David Edwards, EMSC Coordinator, at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov) for information on how to apply.

### **“Homeland Security for Children Act,” Reinforces Need for Pediatric Inclusion**

This newly signed bill directs the Federal Emergency Management Agency (FEMA) to identify and integrate the needs of children into all emergency preparation, protection, response and recovery activities dealing with natural and man-made disasters as well as terrorist actions. It will create a new position of Children’s Technical Expert within FEMA to guarantee that the needs of children are addressed and considered during these agency activities. It also directs the Department of Homeland Security (DHS) to report to the Congress annually for five years on implementation of the act.

### **Emergency Child Restraints Ready for Placement**

OEMS-EMSC still has an inventory of grant-funded Emergency Child Restraints (patient range 4-110 lbs.). EMS agency leaders with a legitimate need for these should contact the EMS for Children program ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with their requests. Only one or two of these devices can be given to qualified agencies. For greater numbers of restraints we can recommend grant alternatives (RSAF) and note that appropriate restraint of children being transported by ground ambulance in Virginia is a priority issue. 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.)*

### **Pediatric Emergency Care (PEC) Council Active Once Again**

The Pediatric Emergency Care Council met in June during the 2022 NASEMSO Annual Meetings held in Charleston, South Carolina. EMSC managers from fifty states and several US territories comprise the Council, which advises the National Association of State EMS Officials (NASEMSO) on pediatric issues and collaborates with various federal agencies interested in pediatric emergency care. Highlights of the two-day meeting agenda included:

- Results of PEC Council Workgroups:
  - PECC Welcome Packet
  - Pediatric EMS Skills
- “NEMSIS Cube – Data Visualization”
- State & U.S. Territory Updates (2 sessions)
- Tour: Medical University of South Carolina Children’s Health Hospital
- “State of NASEMSO”
- “Midwest EMSC Education”
- Chair Elect & Secretary Elections
- Regional Breakout Sessions:

- “National Roadway Safety Strategy – How it will change future of EMS”
- “New Pediatric Trauma Standards & National Pediatric Readiness Project” (with Trauma Council)
- Handtevy Spotlight Presentation
- 2022 PEC Council Meeting – Lessons Learned & Takeaways

## **National Training for Pediatric Champions Wraps Up**

The Pediatric Emergency Care Coordinator (PECC) Workforce Development Collaborative (PWDC) began in September and ran through June 2022. The mission of this national collaborative, led by the Emergency Medical Services for Children Innovation and Improvement Center (EIIC), was to support healthcare professionals working in prehospital and emergency department systems to become effective pediatric champions (also known as PECCs—Pediatric Emergency Care Coordinators). Twenty-six Virginians, both hospital and prehospital, participated in the collaborative.

## **Coming Soon: EMSC Pediatric Suicide Care Collaborative (national)**

In late 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association collectively declared a National State of Emergency in Children’s Mental Health and called out the need to “address the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding.” In recognition that many emergency departments (EDs) across the nation are overwhelmed by the rate at which children and adolescents are presenting mental health emergencies, the Emergency Medical Services for Children (EMSC) program is gearing up to launch the EMSC Pediatric Suicide Care Collaborative to bring ED-based teams from across the nation together with nationally recognized experts in pediatric mental health to implement evidence-based best practices to optimize the care of children and adolescents presenting to the ED with acute suicidality.

The collaborative will begin in January of 2023 and is open to any hospital or freestanding emergency department that is interested in improving their care processes for children and adolescents presenting with acute suicidality. Hospitals or freestanding emergency departments will enroll as a multidisciplinary team of ideally three individuals. Teams should consist of individuals who regularly interact with children and adolescents presenting to their emergency department with mental/behavioral health emergencies. This might include physicians, advanced practice providers, nurses, social workers, internal mental health providers, child life specialists, sitters/medical watch, patient/family advisory board representatives or community-based partners such as mental health professionals, pediatricians, or school officials.

As mental health resources are often shared within a region, sites will be grouped into state/territory or region-based teams to encourage collaboration and efficient use of these often-limited resources. Sites are encouraged to promote participation in the collaborative across their hospital system and/or amongst neighboring hospitals and freestanding emergency departments. EMSC program managers who participate in the collaborative will have an opportunity to work with and support participating teams.

Participation will include monthly, one-hour virtual learning sessions as well as optional office hours for further assistance. These sessions will be recorded for those that cannot make the live events.

In addition to attending the virtual sessions, teams will work with their internal team and regional or network partners, to ensure high quality care for children presenting with acute suicidality. Using [quality improvement methodology](#) as an underpinning of this work, teams will select an improvement idea, implement change strategies, and monitor improvement in the care process. Continuing nursing education (CNE) hours will be available for participants that attend the live, virtual learning sessions and complete post-session evaluations. Maintenance of Certification Part 4 (MOC Part 4) credit will be provided to physicians who complete an improvement project as part of this collaborative.

Pediatric suicide screening tools and mental health care resources for prehospital professionals, ED-based teams, and patients and families can be found by visiting [PEAK: Suicide](#) and the [New England Regional Behavioral Health Toolkit](#).

### Interesting Pediatric Resources

- **ASPR TRACIE - [Healthcare Pediatric Surge Annex: Leveraging Templates For Operational Impact webinar slides & link to recording](#)**  
([https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV\\_HsUvxa4UFkdtPXMfN1foMa3MzH7pAb4wb-RPrad4qb-CGIG9YHy3f5qopJ5gnbiQE4ZUWOXIUpM-MBhXfKAVPyT\\_0VzPNdLpwkD8r8g3oX31suOmm74pTLadmdRpeYXKNqh0P2yvIIZec19gK3kphbariWhm15IFamx1NwfG47h8f\\_r8bpFpe\\_RCVXbErYKFcJCJg-&c=QVhJ8EaLlt0r7XYfpSplpmyS\\_lq5lR1boXKQsXbOq4xtukJsoniFSQ==&ch=Yc8jNNig3oOsQXTzBOjVYWAu8K4NH8WvYJxc32lWUCBgL5ShAGik7w==](https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV_HsUvxa4UFkdtPXMfN1foMa3MzH7pAb4wb-RPrad4qb-CGIG9YHy3f5qopJ5gnbiQE4ZUWOXIUpM-MBhXfKAVPyT_0VzPNdLpwkD8r8g3oX31suOmm74pTLadmdRpeYXKNqh0P2yvIIZec19gK3kphbariWhm15IFamx1NwfG47h8f_r8bpFpe_RCVXbErYKFcJCJg-&c=QVhJ8EaLlt0r7XYfpSplpmyS_lq5lR1boXKQsXbOq4xtukJsoniFSQ==&ch=Yc8jNNig3oOsQXTzBOjVYWAu8K4NH8WvYJxc32lWUCBgL5ShAGik7w==))
- **ASPR-TRACIE - [Healthcare Coalition Pediatric Surge Annex template](#)**  
([https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV\\_HsUvxa4Uxu6S10SX\\_Yn9jwJEM49Cc3wSThVNqRotuz0FO1QhnOrdR6Xwyjgi-UhqMQJU2qyZUHpyxys\\_o1DGfXjdbIRPpBjTPV1UImetjkRytPAIICgMqWL1W-hkMd1772K9AV0QbTLQergEqP8DZ6mgfvV5G8vSFpfKnf7\\_fcomj91gD9qWhwR2Hs7C5h6B7zo3WnCX&c=QVhJ8EaLlt0r7XYfpSplpmyS\\_lq5lR1boXKQsXbOq4xtukJsoniFSQ==&ch=Yc8jNNig3oOsQXTzBOjVYWAu8K4NH8WvYJxc32lWUCBgL5ShAGik7w==](https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV_HsUvxa4Uxu6S10SX_Yn9jwJEM49Cc3wSThVNqRotuz0FO1QhnOrdR6Xwyjgi-UhqMQJU2qyZUHpyxys_o1DGfXjdbIRPpBjTPV1UImetjkRytPAIICgMqWL1W-hkMd1772K9AV0QbTLQergEqP8DZ6mgfvV5G8vSFpfKnf7_fcomj91gD9qWhwR2Hs7C5h6B7zo3WnCX&c=QVhJ8EaLlt0r7XYfpSplpmyS_lq5lR1boXKQsXbOq4xtukJsoniFSQ==&ch=Yc8jNNig3oOsQXTzBOjVYWAu8K4NH8WvYJxc32lWUCBgL5ShAGik7w==))
- **American College of Surgeons Committee on Trauma - [The Revised National Guidelines for the Field Triage of Injured Patients](#)**  
([https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV\\_HsUvxa4UCU9MCpHM\\_W3H99dRZEYVBeghGY8zyC45Vf3XXVfdz-nc3BOsqWwg32ZdDVux2Ry2nNOXDv6jtQaKUWP2oepT9Fi82oRN22-xk5FncymLh-B35oEhzCGIQsOZe\\_chxhapyloAG9-lEp4wSaZmlARME-rt4-U9uvo&c=QVhJ8EaLlt0r7XYfpSplpmyS\\_lq5lR1boXKQsXbOq4xtukJsoniFSQ==&ch=Yc8jNNig3oOsQXTzBOjVYWAu8K4NH8WvYJxc32lWUCBgL5ShAGik7w==](https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV_HsUvxa4UCU9MCpHM_W3H99dRZEYVBeghGY8zyC45Vf3XXVfdz-nc3BOsqWwg32ZdDVux2Ry2nNOXDv6jtQaKUWP2oepT9Fi82oRN22-xk5FncymLh-B35oEhzCGIQsOZe_chxhapyloAG9-lEp4wSaZmlARME-rt4-U9uvo&c=QVhJ8EaLlt0r7XYfpSplpmyS_lq5lR1boXKQsXbOq4xtukJsoniFSQ==&ch=Yc8jNNig3oOsQXTzBOjVYWAu8K4NH8WvYJxc32lWUCBgL5ShAGik7w==))
- **Minnesota Department of Health - [Pediatric Surge Plan](#)**  
([https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV\\_HsUvxa4UnlDR7trTYcoNhR71Yu2Z02IpLCIyroxbmkKJ8PHAJaZeVgJKeQeJGYjZkBlkn1jr1RIQ10g-uRDkJasEHWnlWue-](https://r20.rs6.net/tn.jsp?f=001Edgmg7ZleMZSJ2ef0zwmC1VXhoN7tF7X0fNkiwVW5ZdAtfcdKd97mIV_HsUvxa4UnlDR7trTYcoNhR71Yu2Z02IpLCIyroxbmkKJ8PHAJaZeVgJKeQeJGYjZkBlkn1jr1RIQ10g-uRDkJasEHWnlWue-))

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## EMSC 2022 Annual EMS Agency Survey RESULTS

The survey collected data on specific EMSC performance measures related to EMS agency Pediatric Champions and skills checking of provider pediatric skills. EMS agencies across 58 US states and territories responded to the EMS for Children Survey, which measures progress toward national EMSC performance measures. Collated results will soon be issued to the EMSC Committee and forwarded to EMS agencies.

### **Continued EMSC Recommendations to 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 Champion (Pediatric Emergency Care Coordinator--PECC). (*This is 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 adopt pediatric safety policies (radiation dosing, medication dosages, abnormal VS).

### **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 804-888-9144 (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).

*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.*

