EMS for Children (EMSC) Virginia Partnership
Committee Meeting
Via TEAMS
May 5, 2026, 3:00 p.m.

Committee Members' Present:

Patrick McLaughlin, MD, Chair
Tanya Trevilian, Vice Chair
Petra Connell
Sheena Brannum
Jennifer Farmer
Lisa Bell
Dusty Lynn
Alix Paget-Brown
Kevin Gutermuth, MD – MDC representative

Guests:

Joseph Greer
Matt Lawler
David Hipkins
Matthew Poche
Lara Traylor
Casey H
Kelsea Bonkoski
Deanna Willis, MD - VCU

In Spirit:
Mike Watkins
Heidi Hooker

Staff:
Michael D. Berg

I. The meeting was called to order by the Chair at 3:00 pm
    a. A quorum was present
II. The February 2026 meeting minutes were approved without objection
III. The Chair gave a brief update
IV. Staff Report – attached
    a. HRSA is seeking a date in August to conduct a two day "working meeting". This meeting will include at minimum the Chari and Vice Chair of the EMSC committee. Staff will provide details as they are made available.
    b. Staff shared via email the updated HRSA Program Manager's manual
    c. Staff shared a brief report on the NASEMSO national meeting he attended last week. The acronym 'LSCO' was utilized frequently during presentations.
V. FAN Representative – Petra Connell
    a. Previously reported concerns regarding the category for the EMSC Governors Award could be in jeopardy for the lack of nominations. It is confirmed there were several quality nominations this year and as such, the concerns have been alleviated.
    b. Seb Prohn cannot attend and will report on the grant application at our next meeting.
VI. MDC Liaison – Dr. Gutermuth
    a. "REVL (Required Equipment Vehicle List) - there has been discussion about what restraint devices should be required for ambulances. I know EMS-C has previously

created a list of approved devices without specifically recommending any one item. Might be worth a refresh."

i. Committee reaffirmed their stance that all ambulances should be equipped with age-appropriate transport devices

b. "Pediatric Pain Project - I am leading a team writing a White Paper on pediatric prehospital analgesia. Currently the team includes myself & Dr. Lindbeck (UVA), as well are our future EMS Fellows and a VTC EM Resident interested in EMS. We are hoping to cover the areas for improvement, and recommend incorporation of oral/PR Acetaminophen, as well as potentially Ibuprofen, and to reiterate safety and efficacy of Fentanyl (IV/IM/IN), Ketamine, etc."

VII. Hospital/Prehospital workgroup – update provided
   a. Moving to a single level of recognition
      i. Application process includes a review and assistance to meet any gaps before any formal recognition

VIII. Prehospital PECC – update provided
   a. Seeking confirmation from workgroup to formalize the Prehospital PECC as a standing committee under the EMSC Committee

IX. Hospital PECC – update provided
   a. Will also be seeking to formalize this workgroup as a standing committee once the numbers of trained PECC's increase
   b. A **motion passed** (Paget-Brown/Farmer) to accept both the Instructional Presentation and Resource Manual created by the workgroup for use in providing Hospital PECC instruction.
      i. Efforts underway to obtain ENA CME (awaiting formal adoption by this Committee)
      ii. Investigating the ability to gain physician CME

X. Dr. Willis
   a. Presented her assignment for VCU facilities and Peds readiness
   b. Offered to participate with Hospital Recognition Workgroup and VCU be the "test" facilities

XI. Bylaws discussion
   a. A motion passed (Paget-Brown/Lynn) to adopt the draft Bylaws as presented.

XII. HB2753
   a. Working to finalize report for eth General Assembly due in October
   b. This is a multi-year work effort

XIII. Proposed Meeting date
   a. Many have schedules not released
   b. Seek to convene prior to or just after the HRSA meeting
   c. Prefer to schedule after the next Governor's EMS Advisory Board meeting

XIV. Adjournment – 4:03 pm