MINUTES
NORTH CAROLINA EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY COMMITTEE

Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Dorothea Dix Campus
Wright Bldg., Room 134
Raleigh, North Carolina

December 14, 2011 – 10:00am

Members present
Dr. Kim Askew, Chair
Mr. Daniel Cheek
Mr. David Cuddeback (via conference call)
Dr. Cheryl Jackson (via conference call)
Dr. Mike Mitchell
Ms. Muriel Overman (via conference call)

Staff present:
Ms. Beth Diaz (via conference call)
Ms. Gloria Hale
Mr. Todd Messer
Dr. Tripp Winslow (via conference call)

(1) Purpose of the Meeting
To provide an update on initiatives of the EMSC Program and determine next steps for addressing needs in EMSC.

(2) Actions of the Committee
(a) Introductions were made and the meeting minutes from September 12, 2011 were approved with one spelling change.

(3) Old Business
(a) Dr. Cheryl Jackson provided an update on the Emergency Department Preparedness for Pediatrics project. One regional report has been completed of the statewide survey data and the remaining seven are being finalized. The ED Pediatric Preparedness workgroup will be reconvened in January 2012 to review the reports and develop next steps.

(b) NC EMS Standards/Policies Revisions – Dr. Tripp Winslow reported that the standards revisions have been forwarded to the NCCEP Board for approval. They are anticipated to be released for public comment by January 1st and finalized in March.

In a related matter, NCCEP is working on an EMD protocol that would direct the dispatch of law enforcement to the scene, along with EMS, for every suspicious or life threatening child emergency medical call to aid in local and state agencies' investigations of suspicious circumstances or unexpected deaths. In addition, it was noted that paramedics are utilized in some counties to assist medical examiners with child death investigations. Additional training should be explored to assist paramedics interested in doing this.

(c) EMS Education Agenda Implementation – Mr. Todd Messer reported that EMS education will be moving toward an affective standards base, meaning a cognitive and psychomotor approach, where EMS personnel will need to meet competencies. The North Carolina Association of EMS Educators will provide guidelines on the objectives. Our current EMT Intermediates will convert to EMT Advanced level providers. All changes in the state's education system will necessitate changes to rules before they can go into effect. Pediatric stakeholder input is welcomed in this process. In addition, a stakeholder workgroup has been meeting to develop a transition course for nationally-registered paramedics that will fill in gaps between the old curriculum and the new competency-based standards. This course may be available as early as January 1, 2012 or at the latest, July 2012.

In relation to EMS skills and education, Dr. Tripp Winslow reported that OEMS is working with the EMSPIC to review RSI use in children, easy IO use, and needle decompression. Those present were asked whether RSI should be done in children. There was consensus that RSI should not be done in children and that simple airway procedures are better. There was also discussion of intranasal administration of Fentanyl or Narcan. Narcan is approved for use by paramedics. It was confirmed that atomizers were present on EMS trucks and that it would be possible to administer Narcan intranasally.

(d) EMSC Program Update: Ms. Gloria Hale reported that neonatal/infant sensor cannula sets and filterlines were purchased with supplemental EMSC funding to allow for non-intubated and intubated capnography to be performed with recently-purchased defibrillator and capnography equipment.

KIDBase has now expanded to include the Camp Lejeune Marine base. Ms. Hale met with EMS and Camp Lejeune Naval Hospital representatives upon request. The process is underway to translate the KIDBase program materials into Spanish so they may be used for outreach and participation by Spanish-speaking members of communities.

The online training on restraining children properly in an ambulance went live in mid-October. The link is available via the EMSC web page. Nearly 1000 EMS personnel have taken the training to date. Participants will be mapped to determine where outreach needs to be focused. Many EMS Systems are requiring the training. DVD copies of the course are in the process of being produced as well. One copy will be provided for each EMS agency.

Two of three ENPC courses have been completed and one of two ENPC Instructor courses has been held. One remaining ENPC Provider course and one ENPC Instructor course will be held in early 2012.

Four PEPP ALS courses will be completed by the end of January 2012 and four others are in the planning process. Most of the courses are providing a Course Coordinator Orientation at the end to enable more instructors to obtain certification to coordinate courses in their own areas.

For grants administration, the program submitted a request for exemption from the statewide data collection requirement for a few of the performance measures since the state appears to have met them. A determination is expected from the federal EMSC program in January. In addition, the grant application and progress report for next year's funding was submitted on December 9th.

(4) New Business

(a) Ms. Hale reported that the report from the Child Fatality Prevention Team on EMS response to child fatalities due to homicide by parent or caregiver, SIDS, and toxins is now available on the EMSC web page. The EMS Advisory Council received and approved a recommendation from its Task Force on reporting suspected child abuse and neglect, directing the Office of EMS to send out an educational packet on the mandated reporter law and EMS personnel's responsibility to report suspicions directly to local DSS. In addition, the organization, Prevent Child Abuse North Carolina, Inc. has approached the EMSC program to work jointly to develop an online training on recognition and reporting of suspected child abuse and neglect.

(b) Health Care Delegation in Schools and EMS Personnel – Ms. Muriel Overman provided an overview of the law in regard to school nurse delegation of health care tasks, such as regular administration of medications, to trained school staff. The EMSC program received a call inquiring as to whether an EMT working in a school position unrelated to his/her EMS credential could be a delegate. Members discussed the OEMS policy regarding alternative practice settings for EMTs. This applies since the EMT is credentialed by the state and practices under an EMS medical director's license even though he or she is not employed in the school setting as an EMT. The committee recommended that OEMS develop a position statement to allow EMS personnel to perform needed medical care to students while under the direction and approval of their EMS medical director. Members also recommended that a meeting be convened with OEMS and the Board of Nursing to explore the use of paramedics employed by EMS agencies to serve the medical needs of students where there is no school nurse available.

(5) Other Business

(a) Stakeholder Updates – Mr. Daniel Cheek reported that UNC AirCare is continuing to provide its own Pediatric Emergency Care courses to EMS and ED staff. He requested that committee members let others know that the course is available and to contact him to get one scheduled. In addition, he expressed concern that some critically ill or injured children are not being transported initially to the nearest trauma center or pediatric-capable hospital, resulting in delayed care when transferred. Discussion ensued on whether a pediatric critical care transport team could do an intercept enroute with the initial transport agency to facilitate timely and appropriate care and transport to a higher level facility. It was not clear whether our rules allow this or not, but Ms. Hale will pursue further.

(b) The next two meetings will take place on March 7, 2012 and June 6, 2012. Both will begin at 1:00pm.

(6) The meeting adjourned at 11:50am.

Minutes respectfully submitted by Gloria Hale.