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

September 12, 2011 – 1:30pm

Members present
Dr. Kim Askew, Chair (via conference call)
Dr. Cheryl Jackson (via conference call)
Ms. Muriel Overman (via conference call)
Ms. Rose Whitehurst (via conference call)

Staff present:
Ms. Gloria Hale
Ms. Nadine Pfeiffer

(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 May 23, 2011 were approved.

(3) Old Business
(a) Ms. Gloria Hale reported that the Safe Pediatric Transports for Children Online Training was in its final stages of development. Technical issues had been resolved and inputting the video on APT's web streaming service should be completed within the next couple of weeks. Providers will be able to link to the online quiz hosted by the EMS Performance Improvement Center at the end of the video. After successfully passing, a certificate of completion for one CEU will be able to be printed out.

(b) Dr. Cheryl Jackson provided an update on the Emergency Department Preparedness for Pediatrics project. The hospital survey was now closed and resulted in a response rate of over 90%. A graduate student from UNC Chapel Hill has been hired as a temporary employee to analyze the data. As a first step, a profile of hospital responses in each RAC region will be compiled so that the responses can be easily compared by region.

Additional analyses will be planned once the profiles are reviewed. It is anticipated that the workgroup for the project will be reconvened in the fall.

(c) NC EMS Standards/Policies Revisions – a detailed update was tabled. However, it was acknowledged that the NCCEP Committee working on the revisions was moving forward with the process. In addition, Ms. Gloria Hale reported that staff of the state Child Fatality Prevention Team (CFPT) had recommended to the committee that resuscitation not be initiated on obviously deceased children as per NCCEP policy since data suggests that this is happening. The concern is that artifacts from the resuscitation process can hamper investigations into child deaths. In addition, CFPT staff recommended that law enforcement be dispatched to each suspicious or life threatening child emergency medical call to aid in investigations. It is not clear at this time what response the NCCEP Committee has had to these recommendations.

(d) Ms. Gloria Hale provided an update on EMSC program initiatives as follows:

- An analysis of the EMSC Performance Measure survey data on pediatric equipment in ambulances showed that the top three missing items on EMT-Paramedic ambulances were transcutaneous cardiac pacemakers with pediatric pads/cables (73 (8%) ambulances), at least two endotracheal tubes in size 5.5mm (67 (8%) ambulances), and end-tidal CO2 detection devices with pediatric capability (60 (7%) ambulances).
- The program applied and received approval for $13,000 of supplemental EMSC funds. These are being used to purchase neonatal/infant circuits for use with 12 lead AEDs with capnography to ensure that these devices, which are being purchased for many EMS providers with other funding, are neonatal/infant capable.
- The state Child Fatality Prevention Team's study on EMS Response to Child Deaths due to homicides by parent/caregiver, SIDS, and toxins has culminated in a report that will be released on the web in the coming weeks. It is undergoing department approvals at this time. Key findings of the report included: low documentation of reporting by EMS of suspected cases of child abuse or neglect to hospital staff, no documentation of reporting of suspected cases of child abuse or neglect to DSS directly from EMS, resuscitation efforts provided by EMS on pediatric patients with obvious signs of death, and a need for an increase in law enforcement present on the scene of suspicious or life-threatening pediatric calls. The Child Fatality Prevention Team recommends that the North Carolina College of Emergency Physicians and the Office of EMS work to clarify the procedures regarding an EMS professional's duty to report suspicions of child abuse and neglect to DSS, require documentation that a report was made, and if transported, that their suspicions were reported to emergency department staff as well and documented. Ms. Gloria Hale reported that the EMS Advisory Council has voted to form a subcommittee to discuss how EMS would meet the reporting mandate. The subcommittee will be multi-disciplinary. Dr. Kim Askew will serve on this subcommittee.

- PEPP courses are being planned across the state in underserved areas. Courses will take place at Lenoir Community College, September 24-25, 2011 and Central Piedmont Community College, November 15-16, 2011. Plans are underway to hold courses in the following counties: Moore, Person, Brunswick, McDowell, Guilford, and Lee.
- ENPC courses are confirmed for: Haywood County in Clyde, September 13-14, 2011, Halifax County in Roanoke Rapids, November 1-2, 2011, and an EMPC Instructor Course in Davidson County, Lexington, on October 20, 2011. Planning is underway for an ENPC course in Greensboro and an Instructor course in Asheville, dates to be announced.

(e) Ms. Gloria Hale provided a report on the EMS Education Task Force recommendations in Ms. Heather Majernik's absence. The task force's recommendations were approved by the EMS Advisory Council and a workgroup has been convened to plan implementation. The four recommendations were: 1) Adopt National EMS Education for the Future recommended EMS personnel credential levels and terminology, 2) Initiate a process towards accreditation of initial Paramedic programs, 3) Keep the continuing education requirement to 48 hours biannually; and 4) Change the NC Emergency Medical Dispatch credential to a two year cycle to mirror proprietary requirements.

(4) Other Business:

(a) Ms. Gloria Hale reported that EM Today conference registration is open. Registrants will pay $60 pre-registration for EM Today only, $60 for DMPC only, and $130 for both if registering prior by September 16. After that, registrants will pay an additional $25. Four pediatric sessions will take place during EM Today, including one on assessment and treatment of the critically ill pediatric patient, burns, secondary brain injury of the traumatic brain injured child, and cardiac disorders.

(b) Discussion was held on the need to change the next meeting date due to scheduling conflicts. Ms. Gloria Hale will put out a meeting wizard request to members to determine which of three dates, December 5th, 7th, or 14th would work the best for the most members.

(c) There being no other business, the meeting adjourned at 2:35pm.