



EMS for Children Advisory Committee

RETI Training Center

Flatwoods, WV
Meeting Minutes
September 7, 2016

CORE Members Present	CORE Members Absent	Present
Nurse with Emergency Pediatric Experience	▪ Marty Hurley, RN, Co-Chair	No
Physician with pediatric training (e.g. pediatrician or pediatric surgeon)	▪ Melvin Wright, DO	Yes
Emergency physician (a physician who primarily practices in the emergency department; does not have to be a board-certified emergency physician)	▪ Thomas Marshall, MD	No
Emergency Medical Technician (EMT/Paramedic who is currently a practicing, ground level pre-hospital provider (i.e., must be currently licensed and riding in a patient care unit such as an ambulance or fire truck)	▪ Karen Scheuch, EMT-P	Yes
EMS State agency representative (e.g., EMS medical director, EMS administrator)	▪ Michael Mills, DO	Yes
EMSC Principal Investigator	▪ Sherry Rockwell, RN	Yes
EMSC Grant Manager	▪ Vicki L. Hildreth, Program Manager	Yes
Family Representative	▪ Todd Rundle, Co-Chair	Yes

HRSA RECOMMENDED Members		Present
Hospital Association Representative	♦ Samantha Stamper	No
	♦ Lisa Green	No
	♦ Jim Krantz	No
State Trauma Manager	♦ Steve Edmond, RN, BS	Yes
EMS Training Manager	♦ John Thomas, EMT-P	No
Tribal EMS Representative	♦ N/A	N/A
Data Manager	♦ Robert Dozier, MA	Yes
School Nurse	♦ Trudi Anderson, RN	No
Ambulance Association Representative	♦ Connie Hall	Yes
Child death review representative	♦ Maggie Molitor, Coordinator	No
Fire-based EMS representative	♦ Ryan Pennington, EMT-P	No
Police representative	♦ Sgt. David Nelson	No
	♦ Ana Pile	No
Bioterrorism representative	♦ Vacant	N/A

Disaster preparedness representative	♦ Yolanda Sowards	Yes
Parent teacher association representative	♦ Vacant	N/A
Children with Special Health Care Needs	♦ Mekell Golden, Director	No
Highway Representative	♦ Cindy Cramer, Acting Director	No
	♦ Chris Kinsey	No

Adhoc		Present
EMS Field Provider	Mike Cunningham, EMT-P	No
Injury Prevention Program	John Yauch, Program Director	Yes
WVOEMS	Melissa Kinnaird Raynes	No
State Fire Marshall's Office	Kenneth Tyree	No
	Courtney Rosemond	Yes
EMS Advisory Council	Stephen McIntire, EMT-P	No
ASPEN (Adolescent Suicide Prevention and Early Intervention)– Prevent Suicide WV	Barri Faucett, Director	Yes
WV Poison Center	Elizabeth Scharman, Pharm.D, DABAT, BCPS, FAACT Director	Yes
WV Governor's Highway Safety	Amy Boggs	Yes
WV School-Based Health Assembly	Kelli Caseman, Executive Director	No
WV School of Medicine and WVU Healthcare	William A. Tippets, MD	No
Associate Professor of Pediatrics Chief, Pediatric Critical Care Physician Informaticist, WV CTSI	Charles J Mullett, MD	No
Weirton Area Ambulance and Rescue Squad	Rick Antol, NREMT-P, Paramedic Supervisor	No
WVU Dialectical Behavior Therapy Services Program; Department of Behavioral Medicine & Psychiatry; WVU School of Medicine	Patrick L. Kerr, Ph.D. Associate Professor, Licensed Clinical Psychologist (WV#1005), Director	No
Division of Trauma Categorization and Designation	David Kappel, MD, Deputy State Medical Director	No
Logan County Emergency Ambulance Service Authority (LEASA)	Ray Bryant, EMT-P	No
Family Area Network	Deana Nibert Spaulding	Yes
Cabell County EMS	Marsha Knight, EMT-P	Yes
Program Manager I, Division of Developmental Disabilities	Cassandra L. Toliver	No
Skill Builders	Patty Boyce, MSW	Yes
WVEMSTSN	Nancy Price	No
	Jim Donathan, Program Director	No
	Gail Dragoo, Program Director	Yes
	Allisynne Dunlap, Program Director	No
	Rocki Loudon, Program Director	Yes

	Laura Forren, Program Director	No
	Craig Horn, Program Director	No
Air-Evac Lifeteam 116, Inez, KY	Stephanie Harris, EMT-P	No
Jon Michael Moore Trauma Center WVU-H	Holly Treen McCulley, RN	Yes
Charleston Area Medical Center	Doug Douglas, RN	Yes
City of Clarksburg Fire Department	Cindy Murphy	No
Women and Children's Hospital and Charleston Area Medical Center Memorial Hospital	Debbie Gilbert	No
ENA	Daniel Summers, RN, BSN, CEN, EMT-P	Yes
WV Child Advocacy Network Program Services Specialist	Caitlin Smith	No
Marion County Rescue Squad	Michael Angelucci, EMT-P	No
WV Legislature	Delegate Amy Summers, MSN, RN, EMSA-RN	Yes
	Delegate Linda Longstreth	No
West Virginia Department of Education, Health, Driver and Physical Education	Josh Grant	No
Air-Evac	Stephanie Hurley	No
HealthNet	Jeffrey White	Yes
	Debbie Kyle	No
Provider	Olan Leonard, EMT-P	Yes
Medical Review Coordinator	Amy Cartwright, RN, MSN	No
LEASA	Michael Cunningham, EMT-P	No
Valley Medical Transport	David Miles	Yes

The Emergency Medical Services for Children (EMSC) Advisory Committee met at the RETI Training Center in Flatwoods, WV on Wednesday, September 7, 2016. Chairperson Rundle called the meeting to order at approximately 10:00 a.m. *No action necessary.*

WELCOME

Mr. Rundle welcomed members and guests. The membership and guests introduced themselves and described their respective affiliations. *No action necessary.*

Mr. Rundle reported that the next meeting will be December 7, 2016 at the RETI Training Center in Flatwoods, WV from 10:00am to 2:00pm. He reminded the committee that it is the annual meeting and it will be time for elections and that it is the most important meeting of the year for pre-planning purposes and wrap up. He informed the committee that he was recently elected as a Marion County, WV Magistrate and will probably be taking office in November upon the retirement of the current magistrate, but he will remain a part of this committee. *No action necessary.*

The membership reviewed the minutes as distributed. Dr. Wright made a motion to approve the minutes. His motion was seconded by Ms. Hildreth and the motion passed unanimously. *No action necessary.*

OFFICE OF EMERGENCY MEDICAL SERVICES DIRECTOR UPDATES (Dr. Michael Mills, DO)

Dr. Mills gave report in the absence of Ms. Raynes and Mr. Thomas.

Dr. Mills reports that there are currently 52 WVOEMS educational institutes. They recently held a quarterly meeting discussing various policies. He reports that they had a very good meeting with them. Their next meeting is scheduled for October.

They have had 90 pediatric-related courses approved for the EMS providers this year. The courses are broken down by regions.

- North Central: 24 approved courses
- North East: 36 approved courses
- North West: 2 approved courses
- South East: 6 approved courses
- South West: 22 approved courses

Approximately 500,000 runs have been entered to date this year. He reminded the committee that they barely had 500,00 in 2015 and may actually hit 600,000 runs by the end of 2016. He stated that this is in the face of budget cuts, Centers for Medicare & Medicaid Services (CMS) payment deductions and International Classification of Diseases (ICD)10 coding. He states that very soon if not already there will be a pay for performance placed on EMS that will further diminish the EMS service.

Dr. Mills reports that McDowell and Monroe counties have lost their EMS services and they are having to move squads in adjacent counties to cover those counties. He reports that they have met with the county commission in Monroe county and are attempting to work something out with Peterstown.

They are working on Community Paramedicine, the legislation put an addition to 64CSR48 to allow for projects. There are five sub-committee's that are working on legal, policy and procedures, scope of practice, protocols, etc. They are trying to get them finalized before the October Medical Policy Care Committee (MPCC) meeting. They are hoping to go live with Community Paramedicine by January 1, 2017.

He reported that the critical care transport committee has been working diligently for a year and a half on revamping the protocols and scopes of practice. He stated that they have done a phenomenal job for the last 12 years in this state. There will be some major changes coming out of that including increasing their scope of practice and formularies that they are using in the field. One positive change is that there is a current restriction on the types of drugs that can be used on an interfacility transport. They are using an interfacility medication list that came out in 2009. The interfacility people are not allowed to transport any other drugs other than those on that list, and he is fairly certain they are doing away with that list. They are going to work on making sure that if the physicians will write an order for a drug and they are comfortable with letting the paramedic who is Class 3 Interfacility Transport (C3IFT) approved use the drug they will approve that. He stated that he supports the change and he doesn't think that there will be much resistance from the MPCC. He stated that the list has been in effect for

six to seven years and hasn't really been looked at and medications have changed. He reported that other states scope of practice has been increased all around us. He reported that all most all of the protocols that they have written have been in flowchart format now and this will be the same.

OEMS DIVISION OF TRAUMA, DESIGNATION AND CATEGORIZATION (Sherry Rockwell)

Ms. Rockwell reported on several items.

Ms. Hildreth has been requested to be a state content expert coach for the EMSC Innovation and Improvement Center's (EIIC) Pediatric Recognition Collaborative. This is a national appointment to be a coach for this newly formed program. Ms. Rockwell stated that it is because of Ms. Hildreth's expertise with our EMSC program here in WV and her participation in the Always Ready for Kids (ARK) program. Ms. Hildreth reported that they have already started webinars. Ms. Rockwell stated that this is a really nice appointment for Ms. Hildreth. Ms. Hildreth reported that she is to be working with the State of Louisiana. Ms. Rockwell informed the committee that if they would want more information, it is through the EIIC website. Ms. Rockwell reports that Ms. Hildreth has the backing of the Bureau of Public Health to participate.

Ms. Rockwell reported that the notification on June 27, 2016 that EMSC did not receive funding for the target issue grant. West Virginia was one of 22 applicants for five grants that were awarded. Ms. Rockwell stated that they received a lot of good feedback about their application. It was the first WV had applied for a targeted issues grant. Ms. Hildreth reported that she had an opportunity at the national meeting to talk to people who were part of the review process that stated our score was much better than some. Ms. Rockwell states that being able to use the Target Issues grant brought a lot of the physicians and their groups together including Dr. Wright, Dr. Kappel, Dr. Polack, and a lot of the different centers to work collaboratively on this grant.

Ms. Rockwell reported that if WV received the \$8800 carryover request, a tentatively scheduled fourth annual Pediatric Symposium for November 15th will be held in Flatwoods, WV. Ms. Rockwell reported that due to funding issues, only one will be available. It will be a full day and the application for contact hours for EMS and registered nurses will be made as soon as they are sure they can do the symposium. The speakers they have lined up include Dr. Mel Wright and Dr. Michael Mills. Dr. Allen Mock with the WV Medical Examiner's office, Dr. Pino from Pediatric Cabell Huntington Hospital and John Matlick from WVU for disaster management situations have been tentatively scheduled.

Ms. Rockwell reported on the WV State Trauma Audit Review Conference. It is a bi-annual conference that they have been having since 1991 where trauma centers get together and present trauma cases. It will be held October 8th at Cabell Huntington Hospital in the Harless Auditorium at a minimal cost. Continuing Medical Education credits (CME) have been applied for registered nurses and EMS prehospital field providers.

Ms. Rockwell reported that seven or eight facilities are current with Always Ready for

Kids. With the help of Dr. Wright, Dr. Marshall and Ms. Hildreth they are planning an Always Ready for Kids facility recognition program roll out at the RETI training center in Flatwoods, WV on September 16, 2016. It is scheduled from 10:00am to 1:00 pm. Ms. Hildreth reports that 21 hospitals, including the Clarksburg Veteran's Administration Hospital, are registered to participate. Ms. Rockwell asked that any committee members who have any influence with any to talk to them to encourage participation. Ms. Rockwell would also like to recognize Dr. Wright, Dr. Marshall and Ms. Hildreth for all their help to put this together and also the RETI Training Center for allowing them to hold this meeting here. *No action necessary.*

EMSC UPDATES (Vicki Hildreth)

Carryover Request

Ms. Hildreth reported that the carryover request for approximately \$8000.00 was submitted. She has learned that the federal government is getting much tougher on approving these. Requests for additional information including how we plan to overcome some of the barriers that prevented us from spending the money in the first place have already been received and responded to. She is hoping to have an answer by October so that she can finalize the plans and get the information out on the symposium. *No action necessary.*

EMS Performance Measures

Ms. Hildreth reports that there are currently 10 performance measures that EMS for Children is expected to make progress towards. In 2017, three more are being added. One of the things that they want states addressing is National EMS Information System version 3 (NEMSIS V3). Mr. Dozier explained that back in 1960 there was a white paper produced by the National Highway Traffic Safety Commission and it basically said that it was impossible to do any analysis of any traffic incidents that would be able to be projected across the nation because there was no standard for data collection. There needed to be a national standard for pre-hospital and police reporting of accidents. He reports that this gave rise to work by many different agencies but was basically sponsored by the National Highway Traffic Safety Commission. The result was NEMSIS that came about around the year 2000. This was considered to be the national standard for the definition of EMS data collection. There have been two revisions and now there is a third revision of the data elements that increases the amount of data collected and attempts to significantly decrease the amount of what he calls non-responsive answers. He reports that NEMSIS V3 is Health Level Seven (HL7) compliant and is in the last of the process to become the official national standard for pre-hospital care. He reports that HL7 is the standard that most hospitals use for their data collection. The final part of HL7 certification has to do with the electronic transmission of records. He states that it doesn't have to do with the definition of terms, it has to do with electronic transmission. He reports that once that is done then officially, federally, the NEMSIS Data Standard will be the standard for pre-hospital records. He reports that NEMSIS V3 has been out for about six months and WV has had some contract problems and some financial problems that prevented us from implementing NEMSIS V3. Mr. Dozier reports that he thinks those have been overcome. He reports that a Beta group has been set up of agencies that electronically transmit data to the state. They are working on the NEMSIS data system and the NEMSIS data standards for version three. Once that

is done the agencies that electronically transfer the information will be required to use NEMESIS V3. For those who use the web based system, that will come shortly thereafter. He is expecting the doors will be open for NEMESIS V3 for agencies to begin to transition by the end of this year. They have tentatively set six months after the doors open for all agencies to move from NEMESIS V2 to NEMESIS V3. Mr. Dozier told Ms. Hildreth that by the time her grant comes up for review he is hoping that they will have at least begun if not ended the transition. *No action necessary.*

Ms. Hildreth reports that the next performance measure they want to add in the performance measures for EMS agencies is for someone in that agency to be responsible for Pediatric Care in that agency. Ms. Hildreth asked Mr. Dozier if it was possible in CIS (Credentialing Information System), where we have STO's (Squad Training Officers) and Medical Directors, would it be possible to add a position because it would be the easiest way to track that. Dr. Dozier stated that it can be done. Mr. Dozier reports that right now they are in the midst of a RFQ (request for quotation) that may cause them to change their contractor and choosing a contractor will be a major change in the entire system. It is difficult for him to say what the system will look like after this contract goes into effect. He states that EMSPIC may or may not win the contract. If they win the contract, then they will stay with what they have. He states that under the current system they can certainly add another person. Mr. Dozier state that if you remember recently their office required a quality improvement officer to each agency and that was added to CIS. He states that in the future system we will have to see what we get. *No action necessary.*

Ms. Hildreth states that the third performance measure added would require EMS agencies to have a process in place for doing pediatric specific training with their providers. *No action necessary.*

2017-2018 EMSC grant

Ms. Hildreth reports that as a result of the new performance measures they are working on making changes on what the grant requirements are going to be. They are going to give them another continuation as opposed to it being a competitive grant. *No action necessary.*

National Pediatric Readiness Assessment

Ms. Hildreth reports that in 2012-2013 all the hospitals nationwide went through a Pediatric Assessment to determine their readiness to treat kids. It was sent out nationwide to approximately 5,000 hospitals. WV had 100% participation. They are doing a re-assessment that started early winter and WV again had 100% participation of our hospitals with some awesome data. She reports that it is getting to where they can compare the data with what they are saying now and see if we are making progress. She said that they have also developed something called a dashboard. Now we have the ability to go in and run reports ourselves. She reports that she just received an email that they are going to extend the assessment past the August 31st deadline. She believes that out of approximately 5,000 hospitals nationwide, only approximately 600 hospitals have completed the assessment. *No action necessary.*

National Governors Service Award

Ms. Hildreth reported at the June EMSC meeting she had nominated Deana Spaulding for the 2016 Governors Service Award. Ms. Hildreth reported that Ms. Spaulding was selected

as one of the winners. She was honored last night (September 6, 2016) at the Cultural Center where they had a dinner and an awards ceremony. Ms. Hildreth states that there were seven categories. She reports that Cindy Murphy was also nominated by someone in her area for the work she's performed in the Not One More Program. *No action necessary.*

Hug-a-Tree

Ms. Hildreth reports that she and Ms. Boyce were discussing doing a Hug-a-Tree program for a group of people with special needs, including Down Syndrome and Autism. Ms. Hildreth and Ms. Boyce are uncomfortable with handing a plastic bag to small children and those with special needs with the intent that they put it over their head in an emergency. Ms. Hildreth also talked to Mike Cunningham, Marty Hurley and some other people to discuss possible solutions. She asked for the committee's thoughts for alternatives to the bags. Ms. Boyce is willing to write a Safe Kids Worldwide grant to purchase the supplies. Ms. Boyce states that she had done some research and looked at reflective blankets with orange reflective tape to keep with the Hug-a-Tree theme. John Yauch is the Violence and Injury Prevention Program Director with the Office of Maternal, Child and Family Health and he is the point of contact for the Safe Kids Worldwide grant. Ms. Boyce will get with Ms. Hildreth to determine the number of supplies remaining and will work with Mr. Yauch on the grant. *No action necessary.*

Putnam County Wellness Coalition

Ms. Hildreth was asked to start serving and attending their meetings. She was also contacted by a Kevin Woodford, the PRO for a high school in Putnam county regarding the Stay Alive, Just Drive campaign. *No action necessary.*

List of our EMSC committee members

Ms. Hildreth reports that it has been brought up several times including the December 2015 meeting about a list of our members. She states that she would like to make it a topic at the December 2016 meeting to discuss how our membership looks and closely review the by-laws, particularly regarding voting. *Action Necessary: Committee members to email her with their official job titles, the organization they are with, email and mailing addresses.*

Travel Reimbursement (EMSC Advisory Committee Members)

Ms. Hildreth requested that the membership complete the appropriate forms and submit to her before departing the meeting. *No action necessary.*

FAMILY AREA NETWORK UPDATE (Todd Rundle)

Mr. Rundle asked Ms. Spaulding to give a report on what she has been working on. She reports that they are still getting request to come and show the Stay Alive, Just Drive video and talk to the participants. She reports that they are getting request from Jackson County and Ohio has reached out for the video. They were also contacted by the Juvenile Center requesting on information on how to do the data. Ms. Hildreth reports that she just found out that her travel to Albuquerque, New Mexico to speak at the Pediatric Emergency Care Council about the Stay Alive, Just Drive campaign was approved, so everyone in the nation will get to learn about it. *No action necessary.*

Mr. Rundle states that he is going to back us up to the last fiscal year where they approached The Legislature requesting line item funding. He states that with his recent conversations that the woes on our budget are going to continue and it is going to get worse than it currently is. He states that with him being one of the FAN representatives and being the chair, he has gone to the Legislature every year for the last 15 to 20 years and he will continue. He states that doesn't mean that you don't continue to educate and continue to put things in front of people's faces for when budget items do improve and that is what he intends to do. *No action necessary.*

He states that one of the things that he spoke about in a prior meeting was using the Stay Alive, Just Drive campaign to benefit public education in the court system. He reports that he has a spot at the Magistrates annual training, he will have a few minutes to discuss this video and how maybe the court systems throughout WV can initiate a process as we discussed at past meetings. He states that one of the questions that has come up with some is can we get an electronic version to share with those systems, not just on a CD. Ms. Hildreth states yes we can. *No action necessary.*

Ms. Hildreth explained, for the new people attending the meeting, about the Stay Alive, Just Drive campaign. She explained that Ms. Spaulding told the story about her 14-year-old daughter that she lost to a drunk driver and they have turned it in to a 10-minute educational video. Ms. Hildreth reports that it is also on the EMSC website and DHHR's YouTube page and anyone can go there and watch it. *No action necessary.*

Stay Alive, Just Drive Data (Doug Douglas)

Mr. Douglas reports that back in July he heard the video and started through the process at the hospital at CAMC (Charleston Area Medical Center) asking why they can't get the video on their CAM Net. He stated that his request was approved but their biggest question was what can they do with the data. He reports that the data now goes straight to Ms. Hildreth. He reports in the first two weeks they had 49 responses on the pre-survey and 20 in the post-survey and the end of August they had 90 responses on the pre-survey and 35 on the post-survey. He reports that it is voluntary to watch it on the CAM Net. Ms. Hildreth asked what the data was showing. Mr. Douglas gave a summary of some of the responses on the pre-survey including:

- Out of 90 responses 83% say they always wear their seatbelts, six say mostly and one said seldom.
- 74 females and 16 males have responded.
- For the category for taking their eyes off the road, zero say always, six say never and 82 say seldom.

Mr. Rundle asked about CAM Net. Mr. Douglas explained that employees log on to the hospital internet service and they can watch the video and do the surveys.

Ms. Hildreth reports that she is getting data in besides that from CAMC and she is left with what does she do with it. What system does she use to enter the data in. She reports that she has talked to Mr. Dozier and others about it. She states that she needs to earmark some time to figure out the best thing to do with the results.

WV GOVERNOR'S HIGHWAY SAFETY PROGRAM (Amy Boggs)

Stay Alive, Just Drive

Ms. Boggs reports she and Ms. Hildreth met to discuss how to get this video out a little bit further. Ms. Boggs does have someone in the office working with the Division of Motor Vehicles. They may be putting televisions in all the Division of Motor Vehicle Offices soon. She reports that it is not a free service.

Ms. Boggs reports that she also works with the WV Collegiate Initiative to address high risk alcohol abuse and they are planning a summit in April. Ms. Boggs is going to try and get Ms. Hildreth on the agenda with the Stay Alive, Just Drive campaign.

Ms. Boggs is going to try and get contact with people for the Department of Public Safety and Military Affairs to see what would be the possibility to get the video in all the prisons and regional jails. It would also cover the National Guard and State Police. Ms. Hildreth reports that they are using the video with the Air Guard at Yeager. Ms. Boggs reports that they get their funding from National Highway Traffic Safety Administration (NHTSA), and she is going to send the link to her NHTSA person to make sure that they have seen the video. Ms. Hildreth reports that Commissioner Dr. Gupta wrote a letter to the director of NHTSA and carbon copied approximately five different people with a video in it. Ms. Boggs reports that they came up with additional ideas to promote the campaign including some of the insurance companies and the DUI conference that hosts all the top DUI officers in the state to name a few

Child Passenger Safety Week

Ms. Boggs reports that Child Passenger Safety Week is September 18th - 24th Kanawha City. September 20th they have their annual celebrity car seat challenge. She has invited the local people running for office because it is an election year. They are also planning on having a kid's safety fair depending on the weather. At the end of Child Passenger Safety Week with will be doing Car Seat Check Saturday and they will be doing car seat checks Saturday throughout the state.

Valley Medical Transport (David Miles)

Mr. Miles reports that he is the Manager of Education & Performance Improvement for Valley Medical Transport. He reports that they have two main service areas. They are located in the Keyser and Cumberland market in the eastern panhandle. They have one service area that handles the Keyser, Cumberland and western Maryland area with one manager and then another manager has Martinsburg, that end of the eastern panhandle and then the Winchester market.

Mr. Miles reported on several things that his organization does.

- In Mineral County there is an EMS Career Demonstration for the sixth graders. They do a 2-hour demonstration, 4 weeks in a row, and every sixth grader in Mineral county participates. This is a program that they have been doing for over 20 years.

- They have been involved with Special Olympics in Mineral county and other areas.
- They provide the coverage for the Mountaineer Mile Walk, in the Keyser area, which is a part of the Governor's Youth Fitness campaign.
- They are involved in a camp in Front Royal, VA called Special Love for Children with Cancer. The children involved are from Children's National Medical Center out of Washington D.C. He states that they visit and do different demonstrations and do lots of different activities with the children but they are also there on standby. The camp cannot happen without an agreement or contract with an outside EMS agency. If the children would need transported, they have to go to Children's National Medical Center in Washington D. C. They cannot go to a local hospital.
- Each year they participate in Camp SuperKids which is a camp for kids with asthma. They provide demonstrations as well as provide medical coverage.
- Camp Follow the Leader is a camp for special needs children. They have teachers, therapists, and other professionals there. They provide demonstrations as well as provide medical coverage.
- They have a four-day middle school day camp for sixth to ninth graders which is sponsored by Winchester Medical Center. He states that they provide ambulance coverage for it but he states that they also have nurses, x-ray, and a lot of other people who come out and the students get to learn, have hands on, getting to use the mannequins to give them a little idea of what is going on with the health care industry.
- They hold the Medical Careers Investigation at SMH (MCIS) which is a smaller version of what they do at Winchester Medical Center, learn how to start an IV, do some basic bandaging, etc.
- They have Camp Med for eighth and ninth graders for children who are considering a career in health care.
- They have the Medical Careers Exploration for high school students which is a little bit more in depth than what they do for the medical school kids.
- They have the Come Explore the Health Care Professions for grades ten through twelve where they have cadaver labs, learn how to do an injection, start IVs, cast a finger, etc.
- Camp Page Memorial Hospital has a five-day camp where Valley Medical is there for two days doing nothing but transport related activities with the ambulance.
- They participate in a Community Safety Fair which is open to the public in Front Royal, VA in partnership with Warren Memorial Hospital. It is a children oriented event. It gets more in to the car seats and safety, including the helmets and a lot of different vendors.
- They operate the Neonatal Intensive Care Unit truck for Winchester Medical Center.
- They had an old ambulance that they intended on de-commissioning and they decided to donate it to the Shenandoah Valley Discover Museum which is a children's museum. They tried to make the ambulance kid proof which he states was very expensive. He states that it has been a big hit with the children who visit the museum.
No action necessary.

LUNCH

The meeting adjourned for lunch. After lunch Mr. Rundle called the meeting back to order.

PEDIATRIC PROJECTS (Dr. Melvin Wright, DO)

Dr. Wright reports that they are having a roll out next week with 21 hospitals that are interested in finding out more about the ARK program. He states that when the VA (Veteran's Administration) request came through he was initially stunned, but after thinking about it, it does make sense in a disaster situation where other facilities get overloaded they expect children to show up at the VA, and also the walk in's. He doesn't think that anyone would transport a child to the VA but they are subject to walk in's.

He also reports that another thing that they have going on is the development of a West Virginia centered Pediatric Disaster Life Support Training and Certification. He states that the state had this available in the past but the training program went to the wayside. They have decided to resurrect it. They have convened a Committee twice to identify their goals and to start sketching out the framework. The goals that they have established are to introduce an online didactic section where anybody can enroll and they will have a series of modules. They are hoping to have the content down to about a day's worth of modules. They would like for the enrollees to be able to pull out credit depending on how much they complete. If they complete the whole eight hours, then they can enroll in a live session where they work on simulation based scenarios. The materials that they have decided to center on are going to be based off another disaster life support course that is actually generated and distributed by the American Academy of Pediatrics. He states that they are not going to plagiarize the course because they want it to be very West Virginia centered, but they are using as a framework for developing the course content. The various modules will include: planning and triage disaster scenarios; a short nod to pediatric trauma mostly considering disaster specific injuries including drowning, bus crashes, hypothermia, hyperthermia's; being prepared to treat the patient in isolation for extended periods of time; infections in children following disasters; dehydration; delivery and immediate neonatal care; and some of the more social issues including the emotional impact of disaster on families and on children; and the needs that are specific to children including the vulnerability that they have to not only the emotional burden but also predators; they need to build up and discuss how to manage kids and keep them safe during disaster situations; and finally the special care needs that children may have including technology dependent, ventilators, G-Tubes, service pets, emotional disorders they may have, autism ADHD, etc. They are trying to keep it free or very inexpensive. Mr. Rundle asked about any future dates. Dr. Wright states that they are thinking that if they can put the whole thing together within a year that is a reasonable target. They have divided up the modules and they are all tackling them in concert. Mr. Rundle asked Dr. Wright if there were teamed up with anyone from Children with Special Health Care Needs for that module and Dr. Wright stated they are not. Ms. Hildreth states that others involved include herself, Dr. Mills, Sherry Rockwell, Rusty Doer, Rocky Loudon, Allisynne Dunlap, Jeff White, Dan Summers, and Doug McDonald. Dr. Elizabeth Scharman reports that her colleague does Pediatric Pharmacy Critical Care and she is the Deputy SNS (Strategic National Stockpile) Coordinator. She states that they have been pushing that even though you don't normally do pediatrics you may be providing care in a disaster and you need to be prepared. She reports that there is a piece on pediatric drugs and disasters. Dr. Wright states that they would be happy to pull her into this project and she can join them on the ARK committee as well. She states that they would love to join them. Ms. Hildreth added that although this is currently pre-hospital they are going to look at the hospital side too. Dr. Wright

confirmed that this is for pre-hospital engagement now but as they move forward they want to develop modules for hospitals to consider the same thing and also for local government to keep in mind as they move forward as well in preparing for disasters. He reports that they will specialize it later for those categories. *No action necessary.*

State Fire Marshall (Courtney Rosemond)

Ms. Rosemond gave a little introduction as to what she does in the agency. She states that she is gaining momentum in public education as far as fire safety. She reports that we are the third deadliest state in fire fatalities. We have had 35 fatalities so far this year which is six more than previous. She states that they are working on this through public education, networking, trying to educate fire departments. They are trying to make a public education network. She reports that she is trying to rebuild their website. She states that there are 442 fire departments in the state right now and unfortunately with budget, and economy. volunteers are going down and those numbers will probably get a little bit smaller and there will be some consolidation in the future. She states that they have Fire Prevention Week coming up October 9th thru the 14th. They are also working on a Fire Safety poster contest for kindergarten through fifth grade, touching base with all the 55 county board of educations. They are going to have a calendar afterwards that they can give to the Legislature and the schools and some of the money from that is going to go to the Fallen Firefighters Association. She states that they are wanting to get in to the school systems getting the kids involved talking about fire safety. She states that they are trying to avoid “Stop, Drop and Roll” and things like that because a lot of times children aren’t actually on fire. They are just trying to teach them the basics, just get out of your house, know what a smoke alarm is, etc. They have a safety spot newsletter that they have started on. She reports that she is creating a fire school program that she will be giving out to fire departments that will be teaching fire departments to help everyone get on the same page promoting the same message. She reports that she does have about 800 smoke alarms so if anyone needs one. You should have one on every level and one outside your bedrooms. They need to be tested every month. They are installing them and taking that data and putting it into a server where they can map where they have put smoke alarms, where they need them, high risk children, elderly, etc. With the smoke alarms she has a five-year trend project that is going to the fire commission and released statewide. She reports that they have the NFIRS which is the National Fire Incident Reporting System and all their fire departments are supposed to report their data and their funding is tied to that. She reports on the Legislative front House Bill 2852, the Fireworks bill, passed which concerns fireworks safety. She states that they can govern the sale but they can’t govern the use of the fireworks so she is thinking that some policies and city ordinances will be changed. Ms. Boyce asked if they had special needs smoke alarms and Ms. Rosemond states that yes they do. She states that she does not have them available in her office but she has resources for them. She states that they have bed shakers and strobe lights. If anyone needs one refer them to her. She reports that she hasn’t seen any grants for those types of smoke alarms. *No action necessary.*

WV VIOLENCE AND INJURY PREVENTION PROGRAM (VIPP) (John Yauch)

Mr. Yauch reports that he became the Violence and Injury Prevention Director in February. The first grant that he wrote in this position was for the Core Violence and Injury

Prevention Programs through the CDC. There were four topic areas of child abuse and neglect, traumatic brain injury, motor vehicle crash and intimate partner/sexual violence. He wrote a grant for a representative to work in each topic areas and included another topic area for drug overdose. He reports that the grant was approved but not funded. There are two grants for drug overdose, one is for prescription drug overdose prevention which they are targeting prescribers to change their prescribing habits and doing a health systems intervention with insurers, that would be PEIA and WV Medicaid. The other grant that they just received is for an instate surveillance on opioid involved morbidity/mortality, looking at fatal and non-fatal overdoses through EMS records, emergency departments, vital statistics and coroner/medical examiner reports. Mr. Yauch reports that they do have other federal and state level grants regarding sexual violence which include children as well. They have the West Virginia Foundation for Rape Information and Services which is involved in a lot of community level work and training that is done, focusing on a lot of by-standers interventions like the Green Dot program, bullying, and also rape prevention and sexual violence interventions as well. He is also the Safe Kids coordinator for the state. He states that they are a great resource for water safety, motor vehicle safety, driving, fire and home and medication safety. He reports that he was at a meeting yesterday about drug overdose and the recent incident in Huntington where 26 to 28 people overdosed in four-hour period. He states that he just learned at the meeting that there were as many as 40 children who were affected by this, who may be heading into foster care. He states that this will be addressed with some of the groups for which he is a member. He states that the plan for VIPP moving forward, he wants to get someone devoted to child abuse and neglect, child safety, as well as those other topic areas that he was discussing. Ms. Hildreth told Mr. Yauch that at some point they need to get together and discuss the safe driving video so that she can get some of the videos to him and he can get them to his people. He states that their website is currently in development and they are revamping it, but he feels that it would be the perfect venue for the safe driving video. *No action necessary.*

BEHAVIORAL/PSYCHIATRIC EMERGENCY TRAINING (Dr. Patrick Kerr)

Dr. Kerr reports that part of his sub-committees met recently and he states that the main task at that point was to review the manual that they had developed as a team for the guidelines. He reminded the committee that Ms. Hildreth formed a sub-committee that focuses on developing guidelines for EMS provider management of behavioral and psychiatric emergencies. Their goal is to develop the guidelines as well as develop a training that is going to roll those guidelines out and then provide training to EMS providers so that they can keep themselves safe while effectively managing patients who are experiencing behavioral and/or psychiatric emergencies. He states that they have been working on this project for close to two years now and they do have a first draft of the manual with the guidelines that have been developed by their team and the guidelines also incorporated the aspects of the Defense Tactics for EMS training that was provided to several providers on the team. He reports that the manual is approximately 27 pages right now. He reports that they decided to separate out one component of the manual that had originally been a part of their task. He states that they still conceptualize the stress management component of the training which will be a separate set of guidelines for EMS providers. The next steps in developing the guidelines is to further differentiate the steps that EMS providers will be advised to take when they encounter a behavioral/psychiatric emergency that involves a weapon. The first goal would be to get out of the situation as soon and as safely as possible. The Committee will be essentially refining the current draft

to make that differentiation even crisper. He reports that they have tools to help de-escalate the situation that EMS providers can use currently in the event that they are in an inescapable situation where a weapon is present. They want to provide additional guidelines in this section to help ensure the safety of the providers to prevent escalation and get out of the situation as quickly and safely as possible. Mr. Rundle reports that we have seen an increase of volunteer responders carrying concealed weapons since the West Virginia law passed (beginning June 5, anyone over age 21 who can legally possess a firearm will be allowed to carry concealed on their person without having to obtain a permit.) Mr. Rundle ask what is the policy or how do they plan to address that as far as county employees or people paid under state funds, etc. Dr. Kerr reports that they actually discussed that being an increasing concern for several organizations. Ms. Knight reports that as far as they know there is no knowledge of any policy in the state of West Virginia that allows possession of any weapon on any ambulance service, unless it is a SWAT team and in that case for a tactical SWAT team those weapons are locked on an ambulance in a safe or lock box. She states that most county agencies are firearm free. It was reported that even as a state medical examiner you cannot carry a weapon to scene in your personal vehicle. It was also reported that it is the EMS state code that you cannot carry a weapon on an EMS vehicle. Dr. Kerr reports that his team's task is to help EMS providers and health care providers to provide the care necessary in a behavioral/psychiatric emergency and that may at times require the support of law enforcement. One of the challenges that they wanted to bring to the committee was the question how and when law enforcement should be involved and provide support in behavioral/psychiatric emergencies. Ms. Hildreth reports that she has ran a lot of psychiatric calls, and truly has empathy for these patients, but at the end of the day empathy alone doesn't keep her safe. She reports that she takes a lot of things into account when determining if law enforcement should be notified; sometimes it is how far away is law enforcement; sometimes it's gut feeling, and/or your dispatcher's reaction to the call. Ms. Knight reports that in Cabell county they will not respond to a psychiatric call without law enforcement. She also states that EMS does not do mental hygiene; those are executed by law enforcement. It was suggested by a committee member that the guidelines should be the agencies prerogative. Ms. Knight stated that the guidelines are recommendations. It is ultimately going to be individual agency policy decision. Mr. Dozer reports that one percent of all calls in general had police listed some place on the documentation. He also reports that four percent of the calls mention either in the narrative or someplace else in the report police involvement. Ms. Knight reports that when police are called to clear the scene it is not normally documented on the run sheets. Ms. Hildreth reports at Dr. Kerr's request they pulled data that showed between 2013 to present there has been over 41,000 behavioral/psychiatric calls ran in West Virginia. Dr. Kerr discussed the implications of waiting for law enforcement and delaying care for a suicide attempt or drug overdose. It was discussed that one of the problems with this discussion was that all psychiatric problems were lumped in to group and saying that they are homicidal or a danger to EMS personnel. Dr. Kerr reports that they are going to continue to work on and refine the guidelines. *No action necessary.*

DATA UPDATE (Bob Dozier)

Mr. Dozier reports that he has provided a report for the committee. He reports that it is substantially the same as it was last meeting. He states that there was one question at the last meeting about the number of "unknown" and in order to demonstrate the "unknowns",

he asked the committee to look at page five of the report. He states you will see two graphs at the top of the page, there is an age breakdown with approximately six percent of the calls having an “unknown” age breakdown. However, in the middle of the page there is the disposition of the call. The disposition of the call can end in many different ways. A significant number of calls are canceled calls, no treatment given or no patient found. He states that if you subtract those calls and you only look at treated patients the percentage of “unknowns” in the age drop below one percent. He reports that the data committee met earlier in the morning and they discussed some things that they can do and they hope to have a report at the next meeting. Ms. Hildreth asked if there was another meeting scheduled and Mr. Dozier reported that the committee was going to work by email and they will meet at 9:00am preceding the next meeting. *No action necessary.*

TSN (WV EMS TECHNICAL SUPPORT NETWORK, INC.) UPDATES (Rocki Louden)

Ms. Louden reports that TSN assist providers with their certification and re-certification and complete the ambulance inspections. She states that she does want to thank the state office for the new policies on certification and re-certification that came out July 28, 2016.

OTHER BUSINESS

WV State Delegate Amy Summers

Delegate Summers stated that the committee was going to be contacted to be a part of a three-branch institute, that she is a part of, which brings the executive, judicial and legislative branches together. The state is taking on reviewing their child abuse, neglect, and fatality. One thing that they have learned is that more than one group is looking at the issues and being redundant and they have different sets of data so they are bringing together all that data. She reports that this is put on by Casey Foundation and National Governors Association. They have decided on three different things that they are going to look at to try to help children, although she did not report on what those were. One thing that she wanted to say where EMS providers can be helpful and why she wants to pull the committee in as participants is because EMS providers are in the homes, and what they are finding is that children under one are the ones dying most frequently and a lot of that is due to overdoses and unsafe sleeping. The EMS can be another set of eyes for their committee. Ms. Summers is going to get in touch with Ms. Hildreth at a later time for input. *No action necessary.*

WRAP-UP/AJDOUN

It was learned that the committee got off schedule for the meeting dates. The meetings are supposed to be the second Wednesday of the month. The annual meeting will be December 14, 2016, Flatwoods, WV at the RETI Training Center. *No action necessary.*

Adjournment

There being no further business, Ms. Hildreth moved for adjournment. Her motion was seconded by Dr. Wright and passed unanimously.