



EMS for Children Advisory Committee

WV RETI Training Center Flatwoods, WV Meeting Minutes March 8, 2017

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
CORE					
Angelucci	Michael	Core (Vice Chair)	Yes	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)	
Boyce	Patty	Core	Yes	Family Representative	
Hildreth	Vicki	Core	Yes	EMSC Grant Manager	
Hurley	Marty	Core	Yes	Nurse with Emergency Pediatric Experience	
Marshall	Thomas	Core	Yes	Emergency physician (a physician who primarily practices in the emergency department; does not have to be a board-certified emergency physician)	
Mills	Michael	Core	Yes	EMS State agency representative (e.g., EMS medical director, EMS administrator)	
Rockwell	Sherry	Core	Yes	EMSC Principal Investigator	
Rundle	Todd	Core (CHAIR)	Yes	Family Representative	
Scheuch	Karen	Core	Yes	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)	
Spaulding	Deana	Core	Yes	Family Representative	
Wright	Melvin	Core	Yes	Physician with pediatric training (e.g. pediatrician or pediatric surgeon)	

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
HRSA RECOMMENDED					
Anderson	Trudi	Recommended	Yes	School Nurse	
Bosse	Johanna	Recommended	Yes	Child Death Review Representative	
Cramer	Cindy	Recommended	Yes	Highway Representative	
Dozier	Robert	Recommended	Yes	Data Manager	
Edmond	Steve	Recommended	Yes	State Trauma Manager	
Golden	Mekell	Recommended	Yes	Recipient of MCH block grant for CSHCN	
Green	Lisa	Recommended	Yes	Hospital Association Representative	
Hall	Connie	Recommended	Yes	Ambulance Association Representative	
Kinsey	Chris	Recommended	Yes	Highway Representative	
Kranz	Jim	Recommended	Yes	Hospital Association Representative	
Longstreth	Linda	Recommended	Yes	Legislator	
Molitor	Maggie	Recommended	Yes	Child Death Review Representative	
Pile	Ana	Recommended	Yes	Police Representative	
Robinson	Thomas	Recommended	Yes	Fire-based EMS Representative	
Sowards	Yolanda	Recommended	Yes	Disaster preparedness representative	
Stamper	Samantha	Recommended	Yes	Hospital Association Representative	
Summers	Amy	Recommended	Yes	Legislator	
Thomas	John	Recommended	Yes	EMS Training Manager	
Vacant	Vacant	Recommended	Yes	Bioterrorism representative	
Vacant	Vacant	Recommended	Yes	Parent teacher association representative	
Vacant	Vacant	Recommended	Yes	Tribal EMS Representative	
ADHOC					
Antol	Rick	Adhoc	No	Weirton Area Ambulance and Rescue Squad	
Boggs	Amy	Adhoc	No	WV Governor's Highway Safety	
Bryant	Ray	Adhoc	No	Logan Emergency Ambulance Service Authority	
Coleman	Mike	Adhoc	No	WV Division of Corrections	

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Cunningham	Mike	Adhoc	No	Adhoc	
Daniels	Alexander	Adhoc	No	Division of Infectious Disease, Epidemiology Office of Epidemiology & Prevention Services, WV Bureau for Public Health	
Denny	Margaret	Adhoc	No	Sexual Assault Nurse Examiner (SANE)	
Donathan	Jim	Adhoc	No	WVEMSTSN	
Douglas	Doug	Adhoc	No	Charleston Area Medical Center	
Dragoo	Gail	Adhoc	No	WVEMSTSN	
Faucett	Barri	Adhoc	No	WV Adolescent Suicide Prevention and Early Intervention	
Gilbert	Debbie	Adhoc	No	Women and Children's Hospital & CAMC Memorial Hospital	
Grant	Joshua	Adhoc	No	West Virginia Department of Education	
Hardway	Anna	Adhoc	No	WV Save the Children	
Huggins	Franklin "Chip"	Adhoc	No	WVU – Charleston Department of Clinical Pharmacy	
Hurley	Stephanie	Adhoc	No	Air-Evac Lifeteam 116 Inez, KY	
Justice	Kristi	Adhoc	No	Kanawha Communities that Care	
Kappel	David	Adhoc	No	WV Office of Emergency Medical Services, Division of Trauma, Categorization, and Designation	
Kerr	Patrick	Adhoc	No	WVU Dialectical Behavioral Therapy Services Program, Department of Behavioral Medicine & Psychiatry, West Virginia University School of Medicine	
Knight	Marsha	Adhoc	No	Cabell County EMS	
Kyle	Debbie	Adhoc	No	HealthNet	
Leonard	Olan	Adhoc	No	Weirton Ambulance Service Authority	
Miller	Cathryn	Adhoc	No	WV Save the Children	
Murphy	Cindy	Adhoc	No	City of Clarksburg Fire Department	
Price	Nancy	Adhoc	No	WVEMSTSN	

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Raynes	Melissa	Adhoc	No	WV Office of Emergency Medical Services	
Richards	Tony	Adhoc	No	WV Safe the Children	
Rosemond	Courtney	Adhoc	No	WV State Fire Marshal's Office	
Scharman	Elizabeth	Adhoc	No	WV Poison Center	
Seegar	King	Adhoc	No	Pendleton Community Care	
Smith	Caitlin	Adhoc	No	WV Child Advisory Network	
Stanley	Timothy	Adhoc	No	Tyler County Unit No. 1	
Summers	Dan	Adhoc	No	WVU-HSC; Emergency Nurses Association	
Tyree	Ken	Adhoc	No	WV State Fire Marshal's Office	
Weller	Jamie	Adhoc	No	City of Martinsburg Fire	
White	Jeff	Adhoc	No	Adhoc	
McGrew	Patty	Adhoc	No	(interim) WV Violence and Injury Prevention Program	

The Emergency Medical Services for Children (EMSC) Advisory Committee met at the Medical Coordination Center in Flatwoods, WV on Wednesday, March 8, 2017. Co-Chair Mr. Angelucci called the meeting to order at approximately 10:00 a.m.

WELCOME

Mr. Angelucci welcomed members and guests. The membership and guests introduced themselves and described their respective affiliations. The membership reviewed the minutes as distributed. Ms. Hildreth made a motion to approve the minutes with the revision of taking out note left by secretary. Her motion was seconded by Mr. Douglas and passed unanimously.

OFFICE OF EMERGENCY MEDICAL SERVICES UPDATE (Melissa Raynes)

Ms. Raynes reported that there are no new vacancies since the last meeting. She reported that the budget constraints, hiring freeze, meeting participation, travel, etc. continues. She reported that now that all EMT Miners are off the roster as they have moved to the Office of Miners Safety and Training. The number of certified versus active personnel on the rosters are more true to what is actually going on out in the field. There are approximately 6,000 individuals certified in the state and approximately 4,000 are active on runs at any given time. She reported that year-to-date there have been 338,000 runs compared to slightly over 550,000 in 2016.

Discussion took place regarding Naloxone administrations. In 2016 there were 4,202 naloxone administrations. That was an increase from 2015 totaling 3,330. So far in 2017, we are averaging 200 to 300 administrations a month.

She reported that the state response time continues to be about two hours; that is from notification to the time that the unit is back in service. She stated that they have 1,167 vehicles that are permitted in

the state with 199 licensed agencies.

Ms. Raynes reported that trauma runs are averaging between 4,500 and 5,000 per month with the most prevalent injury being falls with motor vehicle accidents being very close to that and unknown are a very high category, as well. She states that they have some work to do on documentation.

She reported that we are in the middle of the legislative session. There are several bills that they are following that will have an impact on EMS.

Ms. Raynes reported that they are looking at potentially moving their communications unit to DMAT (Disaster Medical Assistance Team). She states that they secretaries of DHHR (Department of Health and Human Resources) and DMAT are working closely on that.

She reports that the Health Care Preparedness Program within the Center for Threat Preparedness, which is a sister agency within the bureau, had some carryover funds so with the continuing resolution that drastically impacted Ms. Hildreth's budget, some assistance in the amount of approximately \$15,000.00 came from the HPP (Healthcare Preparedness Program) to help with Ms. Hildreth's salary, some travel for this group, workshops, trainings, etc. The Health Care Preparedness Program really helps not only hospitals but all entities within the health care continuum to be prepared, plan for, resilient, recover from disasters, whether they are manmade or natural. All the hospitals in the state do have a designated emergency preparedness person and they meet regularly with the Center for Threat Preparedness, the hospital association and facilitates those gatherings and educating those people. There are regional exercises that occur on an annual basis. She states that those requirements have gone from every three years, this grant period they are increasing to annual exercise requirements and EMS is being required to be a part of those coalitions and exercises because every region must evacuate a hospital every year.

Ms. Raynes reported that the new grant that is coming up has a requirement that the EMS Children's Program partner with HPP so they are getting funds for the next budget period for Ms. Hildreth's salary which she states is encouraging and quite a relief. Ms. Hildreth states that there will be some training dollars that will help with the hospital recognition program.

Ms. Raynes reported that the National Scout Jamboree is going to be held July of 2017. They are expecting 40,000 to 45,000 individuals. It will be at the Bechtel Summit site for about a two-week span of time. She reported that a lot of state entities have started planning. She stated that there will also be some exercises that are ongoing while the Scout Jamboree, and the National Guard, the FBI, and Fusion Center are among those involved.

Mr. Richard stated that this is just a warm up for next year when they host the International Jamboree. The committee discussed the issues with the language barriers that could hinder is care is needed. Ms. Boyce reported that WVATS (WV Assistive Technology System) was working on an app called Tap to Talk that could be used in medical, fire, and police emergencies and had approximately seven different languages with pictures. Ms. Boyce will check on the status of the app and see if the developer could possibly come to the next meeting and give a presentation on the program. Ms. Hildreth stated that the communication boards were also given out and there should be one on every emergency vehicle.

OEMS MEDICAL DIRECTOR UPDATES (Michael Mills, D.O.)

Dr. Mills reported that the Community Paramedicine project is moving along and that they had met last week. He reported the biggest holdup appears to be funding and medical direction. He stated that those are the top priorities for the next three to four weeks. The agencies are going to reach out to some physicians or nurse practitioners to see if they can make arrangements for medical direction. He reminds the committee that Community Paramedicine is not emergency medicine, it is an entirely

different entity. It is not going to be associated with 911 and to access Community Paramedicine you would dial a ten-digit number and a Community Paramedic would come to your home. He states that there will have already been existing meetings with these people who call the ten-digit number and they will be in the system. He stated they have finally approved the first version of the protocols and they will not be released until they are completely ready to go. There will be a 30-day comment period.

Dr. Mills reported that CCT (Critical Care Transport) is moving along. He stated that he had received an email this morning that they have finished the protocols/revisions and wanted to know if he wanted them to put references in those. He states that he really doesn't want to at this point because he thinks that the MPCC (Medical Policy Care Committee) will be able to review and make sure that the therapy is current and appropriate. He stated that if they ask for references then they have to get permission and feels that this will set the whole thing back another six weeks. He reported that he told them that they can keep them if they want to but they are not going to use them at this time. He stated that the most exciting thing about CCT is that crew configurations are going to change and are going to be able to transport more patients with C3IFT and a CCT paramedic or nurse. He stated that they will be given guidelines but are going to be individual evaluations through medical command to see what the most appropriate modality or crew configuration will be. He reported that they are going to eliminate the medication list. He stated he believes that they originally did that to control what CCT could transport and came up with about 30 drugs under a formulary and if there are any drugs beyond those 30 drugs then you couldn't transport the patient which created a time delay in getting patients from hospital to hospital. He stated that they feel that they should be able to put that decision making on drugs being administered back on the sending and receiving physician as long as there is an in-service and a written order for the medication that would accompany the EMR to the receiving facility. .

He stated that their performance improvement has really moved forward this past year. He reported that they have identified several areas that they are going to change or at least modify based on a performance improvement recommendations and the state medical review committee. He reports that those will be forth coming. He stated that we will be seeing some new releases of policies. For example, the log sheets that the people use to keep track of their hours has been modified so that the face sheet will just state the hours that you need in the different categories and however you get them, as long as they are approved through CIS (Credentialing Information System), you get them that way. They are hoping that will be released next week. He stated that hazmat will be annually because of Ghent and the loss of life and the Chemical Safety Board reviewing the policies and procedures and as of August 2016. The letter they received from Chemical Safety Board is that they still want four hours of hazmat annually. Dr. Mills reports that there are now over 1000 online course available on CIS

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

Ms. Rockwell reported that the WV Trauma Symposium was held February 15th through the 17th in Roanoke, WV. She stated that CAMC Institute does the coordination but the other five level one and level two trauma centers help sponsor it. She stated that it was well attended. Mr. Douglas stated that everything went well and attendance was about 175. He stated that there was good feedback on the speakers this year and the focus was on active shooter and things like that. He stated that Dr. Eastman, from Texas, was awesome. Ms. Rockwell stated that it is an annual conference. She stated that Mr. Douglas has done a good job the last couple of years making certain pre-hospital hours are approved for all three days of the conference.

Dr. Mills reported that they are trying to approve more of the active shooter courses and terrorist violence type courses. He reported that there has been a resistance to use Tactical Combat Casualty Care (TCCC) courses because it is military and it doesn't address pediatric or geriatrics and uses equipment that is expensive and different from what EMS is using. He reported that there is a national course Tactical Emergency Casualty Care (TECC) which does the same thing that TCCC does except

that it does have pediatric and geriatrics and it is much better. He stated that this is really needed because this is a whole different world.

Ms. Rockwell reported that the Fourth Annual Pediatrics Symposium was held on February 24th at the Medical Coordination Center in Flatwoods, WV. She stated that they had an active shooter component of that symposium that was amazing. Her name was Bethany Hayes, a law enforcement officer from Ohio. Ms. Rockwell stated that Ms. Hildreth has her contact information if anyone has something coming up and would like someone to speak. Ms. Raynes stated that you leave that training with a new appreciation of being aware of your surroundings, people, entrances and exits of buildings, etc. Ms. Rockwell stated there were about 70 people in attendance, including nurses, paramedics, EMTs, nurse practitioners, and a couple of physicians. She reported that the evaluations and feedback was amazing.

Due to receiving funding from HPP's carryover funds, on June 28th EMSC will be having another Annual Pediatric Symposium at the WV RETI Training Center in Flatwoods, WV. She stated that based on the topics that they got they are going to do to sessions on Personal Safety, by Kip Teitsort. He is a national speaker on personal safety. She stated they are also doing a "Stop the Bleed" campaign. Mr. Douglas showed a short video on the "Stop the Bleed" campaign. He stated that it is a national push. He stated that too many people are dying in the streets because of mass shootings and massive trauma events. If we can stop the bleeding on the front levels, before EMS arrives, the first responder, the rapid responder with the initial responders being teachers, pastors, clergy, people, regular civilians, etc. He stated that schools, churches, and public events are where shootings are taking place. He stated that right now their focus is the schools. Their goal is to put "Stop the Bleed" kits in every school in WV and teach the teachers, nurses, principals, and law enforcement how to use them. He stated that the kits are around \$800 each. He states that their goal is to put one in every school and begin training the teachers by June 28th. He reported that they are also attending the Kid Strong Conference. He stated that everyone in attendance at the Pediatric Symposium will be trained in "Stop the Bleed" and how to put on a tourniquet. He stated they also want to put a "Stop the Bleed" kit in every police cruiser. He stated that regular civilians don't fully understand how to "Stop the Bleed", but they will teach them how to pack the wound, use quick clot, and apply a tourniquet. Ms. Hildreth reported that she recently made a call and is attempting to get some funding to put towards this to get the kits in the schools. She states that she was asked to do a proposal. Mr. Richards stated that they are talking with the State Department of Education for a Preparedness campaign and are doing some pilots next month. He and Mr. Douglas will see about collaborating. Mr. Douglas reported that the Mountain State Injury Child Prevention committee is supporting this financially to get these kits out into the schools. He stated that WVU and CAMC are two major pushers for this and their board of director's support and endorse it and right now they have applied for some grant money at their hospital to get them in to local schools in the Charleston area. A committee member stated that they could also get the State Department of Education Superintendent to back them up too. It was reported that the initial push would be at Kid Strong which came out of this meeting last time. Ms. Hildreth stated that she will ask Mr. Yauch if they could possibly use a Safe Kids grant for the kits as well. Ms. Rockwell states that at the symposium they hope that Mr. Douglas, Leslie Willard from WVU, and Dr. Kappel (all trainers) can do a train the trainer that individuals will be able to take back to their communities. She stated that other topics for the symposium, Dr. Mel Wright has agreed to do two lectures on "Pediatric Sepsis" and "Bronchiolitis". She stated that they do not have a brochure yet. Steve Murray from the Cabell county Medical Command Center is going to do a lecture on "Can You Hear Me Now?" and taking calls about pediatric patients. Ms. Rockwell stated if the committee has any topics that would be good for the symposium please forward them to Ms. Hildreth. Mr. Richards asked if they had done anything with ACES (Adverse Childhood Events) yet? He reports that there has been a big study out west. He stated that he will get them more information on it.

Ms. Rockwell stated that the STABLE class was held at the Medical Coordination Center in Flatwoods, WV on February 27th. She stated there were about 70 people in attendance including nurses, paramedics and EMTs. She stated it was well received and they wanted to thank the Huntington group that comes

and does the STABLE class for them.

Ms. Rockwell stated the motorcycle helmet legislation has been re-introduced this year. It is currently House Bill 2135, but the Senate is going to introduce it March 8th, today, and it will be Senate Bill 549.

Chair/Vice-Chair Updates (Michael Angelucci)

Mr. Angelucci reported that he, Mr. Rundle and Ms. Hildreth met to discuss goals for this upcoming year. Mr. Angelucci reported that the By-Laws were revised. Ms. Hildreth stated that she didn't get any response from the email that she sent out. Mr. Angelucci asked for a motion to accept the revisions. Ms. Hildreth made the motion to accept the revisions, Karen Scheuch seconded the motion. All voting members present were in favor of the revisions and the By-Laws passed as revised.

EMSC UPDATES (Vicki Hildreth)

Ms. Hildreth reported she received persons from HRSA to move some funds to order 30 digital pediatric scales and 25 infrared heat lamps to assist hospitals in meeting the ARK criteria. She stated that they are going to start with critical access hospitals and will be working on a dissemination plan for the remainder as these are some of the things holding up hospitals regarding meeting the ARK criteria

Ms. Hildreth stated she ordered some activity books regarding calling 911. Ms. Hildreth stated that she and Ms. Raynes have talked about developing a training to take into schools to start teaching children when the appropriate time to call 911 is. She stated that they also ordered 687 "A Kids Guide to Standing up to Bullying" quick series. Ms. Hildreth stated she also purchased Blood Gas Charts to disseminate to participants of the STABLE course. She states that they also purchase for the office an inexpensive webcam to help them some since their cost are being cut to help them maybe save money on travel and it also gives them opportunities to train differently. She states that they ordered four licenses for Nuance software to help them with PDF documents. She stated that she does not know the figure yet for the amount that was unspent for FY 2016-2017.

Ms. Hildreth states they have three new performance measures were added to EMSC. She states that she emailed out yesterday a link with all the new performance measures. She stated that they have updated and re-numbered everything. She reports that there are two performance measures that EMS agencies are going to be accessed on: "Do you have a pediatric emergency care coordinator in place?" and National EMS Information System (NEMSIS) 3. She stated that she had to test the online survey and once the EMS agency has the data, the survey takes approximately five minutes. Ms. Hildreth reported that WV has yet to score less than 100% on the assessments, whether it is hospital or EMS assessments.

Ms. Hildreth reported three people including Ms. Hildreth and Rocki Loudon will be attending the Journey of Hope training. Ms. Hildreth asked Mr. Richards to talk a little bit about Journey of Hope for those who did not attend the last meeting. He stated that Journey of Hope was developed out of Hurricane Katrina when they realized that there were no mental health services for children. They have developed a program for children to teach them how to handle their emotions dealing with trauma and how to use their coping skills. He stated that the first two days are mandatory. The program talks about psychological first aid. He stated that days three, four and five they talk about Junior Journey of Hope which is Pre-K to first grade, grades two through six, middle school Journey of Hope and high school Journey of Hope. He states that the high school Journey of Hope is a new program because it used to be three sessions. He states that they are training the trainers and hoping that they take it back to their communities and train the response staff, firefighters, ambulance people, etc. Mr. Richards spoke about taking care of yourself first. He reported that they have trained a lot of teachers in the state already. They have trained disaster case managers.

Family Area Network (Deana Spaulding)

Ms. Spaulding reported that she was on a conference call with MADD National (Mothers Against Drunk Driving). She stated she was approached to go to the capital on March 15th about a house bill that they are trying to pass that weakens the DUI (Driving under the influence) laws. She reported that in talking with Ms. Hildreth it would be a good thing to take the Stay Alive Just Drive videos. Ms. Spaulding stated that she was excited about giving the video to the people at MADD National. She reported that she is going to take about 200 videos and a flyer to the Legislature. Delegate Jim Butler has already approached the senate and the house for approval and they are taking Andrea's Army and place a DVD/Flyer on each one of their desks. She reported that they will also have the opportunity to speak, not in the session, but since they will be there a little early they will get to talk with the delegates who arrive early. Ms. Hildreth gave a brief description of what the Stay Alive Just Drive video is for the new committee members.

WV Poison Center (Elizabeth Scharman, Pharm.D.)

Ms. Scharman reported that when looking at what her systems codes as intentional suicidal exposures, which they cannot tell if it was attention seeking versus actual wish to die, but it was not for abuse, they weren't sure if it was abuse gone wrong or self-harming; it is unknown. She stated that these are the ones where there is evidence that it was a purposeful self-harm. In 2015, they had 412 instances in children less than 19; last year they had 428 in that age group; this year they are already at 117. She stated that 15 and 16-year-olds are the peak age group this year. She stated that when you look at what they are getting into, the adult populations is a smattering of drug and non-drug products. In children, less than 19, it is almost exclusively drugs with maybe one or two non-drug instances. She states that they are seeing single drug ingestions. The most common drug is ibuprofen with acetaminophen being second. She states that a smattering of drugs used in pediatric patients like Clonidine or Vyvance® for ADHD, most common adult medications that they seem to be getting into include Benzodiazepines and other drugs used in that population and anticonvulsants and anti-psychotics. She stated when it is a single drug the key ones are ibuprofen, acetaminophen, aspirin, and some of the cough cold medications. They have access to it so they take it in large quantities. She stated that this data base picks up a different set because a lot of these children are self-referred, some come through EMS system, but a lot are self-referred, "don't tell mom", "don't tell dad", "don't tell their friend". She stated they will find with their intentional suicides, especially if they are very young or very old, they are usually not diagnosed as a suicide until they are admitted and it is clear what is going on. Ms. Scharman stated that if you just go by ER admission data you might miss a lot of the kids because they are admitted as unknown illness, etc. She stated that this is a disturbing trend they are seeing this year

Ms. Scharman reported some positive trends they are seeing, when the FDA worked with the manufactures of liquid acetaminophen to do away with the acetaminophen infant drugs that were chronically getting mis-dosed and dosed as if they were the elixir which is a much lower percentage product, she stated that no matter what they did they were still getting mix-ups so they just that product off the market. Acetaminophen overdoses in children went down. She stated that as of two weeks ago, the manufactures got together with the FDA and they are going to be eliminating the 80mg chewable acetaminophen tablets. She reported that all solid dosage forms will be one strength only. She stated that it will take a few months because all the products previously made are still on the shelves, and will take a few months to get them off the shelves. She stated that there will only be one so parents are going to have to be halving or doubling up tablets but the goal is to try and eliminate those. She stated they work on product regulation, they get rid of poisoning children such as with the cough cold and the acetaminophen products but other products come along to take their place like the small disc batteries. Ms. Hildreth asked if there are still issues with the laundry detergent pods. Ms. Scharman reported that there were when it comes to household products the liquids and pods are still one of the top issues with children causing significant esophageal burns and cornea injuries. She stated that the manufacturers are adjusting how they package products.

Ms. Scharman reported in 2016 they had one case of a pediatric patient that got Naloxone. She stated that with exposure in the pediatric population with children under the age of 19 with unintentional exposure or suicide very few opioids. She stated that what they get with their youngest ones is buprenorphine and it just takes one tablet to be toxic for a child so there needs to be a lot more work with people prescribing it and dispensing it in order to be counseling patients on keeping it in its original container.

Meningococcal Disease Transmission (Dr. Joel Massey)

Dr. Massey stated that he works for the CDC (Centers for Disease Control) and has been assigned here in West Virginia. He stated that one thing that he has recognized is that kids are important and the community values kids but sometimes we don't necessarily show that with the resources that we invest in them. He stated he works with is the infectious disease epidemiology, and they realize that sometimes training targeted towards children is somewhat lacking and we could do better with it. He reported that they are hoping to work on developing training models that they can disseminate regionally because it is not always easy, and certainly not convenient to come to Flatwoods all the time for training. They are starting with a pilot program to talk about Meningococcal Meningitis at Marshall University. He stated that Marshall University stepped forward and said that they would like to initiate this because they have had cases of meningococcal meningitis on their campus. He reported that they have four hours of CE (continuing education) credit for EMS providers approved already for the April 14, 2017 training. He stated that the bacterial form is highly fatal in 50 percent of people who contract meningococcal meningitis. He reported that 15 percent of those who survive have long term complications like seizures and strokes, and some have amputations due to infarcts to peripheral vascular. He stated these are some of the things that people will learn during the training. He stated they will talk about some of the symptoms that is geared towards more the college-aged group but will also talk about symptoms that are related to younger children. They are wanting to encourage EMS providers to be aware if you get a call for a child that has a fever and a rash, especially if they have seizures accompany that fever and rash to be thinking about meningitis. He stated that there are some occupational exposure hazards you need to be aware of because there are lots of different types of meningitis. Viral meningitis fortunately is the most common type of meningitis seen in WV and it is much less fatal and easier to recover from; however, for those that do have bacterial meningitis, that is communicable, person to person, with close contact. He stated that up to 25 percent of persons who have invasive meningococcal disease are asymptomatic carriers meaning they never show symptoms, they carry it in their respiratory tract, in their nose and the back of their throat and can pass it along to their children or to you as a provider without you knowing about it. Having a high index of suspicion is important as first responders and is part of the training they want to get out there. Dr. Massey stated that another part of the is that there are standard precautions that should be observed, but if you suspect meningococcal meningitis, droplet precautions is something that you should also be observing. He stated that the other things to think about are the communicability, what is a close contact. They will define that as part of the training. Dr. Massey reported that the purpose of this training is going to be education and networking. Ms. Hildreth asked Dr. Massey if there was a cost for the training. Dr. Massey stated that registration is free but the training is in Huntington and travel is on your own, there is no funding for it. Ms. Murphy asked if there was a plan at some point to do a train-the-trainer so it could be pushed to the other regions. He stated that Marshall University is going to record the training. He states that this type of training should be disseminated in a regional type of model, however, he may not be able to initiate that on his own. Dr. Massey stated that vaccination of children is important and when they are in school in WV it is required to get the quadrivalent vaccine. He stated there is another strain of meningococcus that the quadrivalent doesn't cover, meningococcus Serogroup B, which is the most common strain that they see in young children and it is the most common strain associated with college campus outbreaks. He stated that MMR (measles, mumps, and rubella) is the only vaccine that colleges require for students. Dr. Massey stated that neither of the meningococcal vaccines are required. He stated that policy needs to be talked about and what should be required. He stated there are no occupational requirements because the studies don't really show much bang for the buck in terms

of expenditure and lives saved with occupational exposures. Dr. Massey stated if you are in a high-risk environment, perhaps a pediatric ICU (intensive care unit) most people would recommend that but there is no official CDC or ACIP, Advisory Committee on Immunizations Practices recommendations for occupations to get the vaccine. You can go to your doctor and ask for the vaccine. He stated that the problem is that the newer vaccine for Serotype B just came out is not widely available. He stated that most providers are not carrying it right now because there is not a strong recommendation from ACIP, since it is new it is just a permissive recommendation only for this.

State Fire Marshall (Courtney Rosemond)

Ms. Rosemond introduced Tim Rock, who has been hired as their second Public Information Specialist. Mr. Rock stated he spent 15 years with WCHS TV as a photo journalist, editor, and silent editor. He stated during that time he got involved with Kanawha County ambulance and became an EMT. He then went to Division of Homeland Security in WV for close to a year and a half there as a public information officer until accepting the position in January with the Fire Marshal's office.

Ms. Rosemond stated they have a WV Safety Summit coming up May 12th at the Charleston Civic Center. She stated they have people from the NFPA (National Fire Protection Association) and Cindi Murphy is offering her expertise with the smoke alarm initiative program. They are trying to reach out to fire departments, EMS, and anyone who would benefit from it. She stated they recently started reaching out to people and sending letters.

Ms. Rosemond reported they are working on a statewide smoke alarm initiative. She stated they are still looking for partners and they will be reaching out soon. She stated the logistics squared away they will reach out to Ms. Hildreth for an email blast if anyone wants to get involved. She stated they want to get children involved in this initiative as well and make sure that they know what is going on. They are collaborating with the Red Cross. She reported they do have some bed shakers, as well.

Ms. Rosemond stated she has looked into grants for CO2 monitors but has not found any to date. She stated there is a foundation named after Jeffery that does do something with that.

ASPEN (Barri Faucett)

Ms. Faucett reported there is an advocacy day on Friday organized through the American Foundation for Suicide and Prevention (AFSP) WV chapter. She stated she will be there to educate not advocate. She stated essentially what is going to occur is there will be a display on the capitol steps where 340 pairs of shoes will be displayed for the 340 people that they lost in 2015. Ms. Faucett reported this is traditionally what AFSP does throughout the country. She stated each one of them has a message to represent in some compacity an individual without identifying the person. She stated they are going to have a breakfast in the morning and a few speakers. She reported the advocates which are actual volunteers, most all of them have lost somebody the love to suicide, will go and visit their legislative representative and advocate for increased awareness of suicide prevention. She stated there is no specific bill this year. The primary purpose is for education as well as support to continue Jamie's Law and not do any changes.

Ms. Faucett reported the Means Campaign is coming along in terms of development. She stated it will probably be launched in April but there is the PSA, the prescription bags, the partnership with the American Foundation for Suicide Prevention and National Sports Shooting Foundation that has created some literature that is going to be disseminated in gun shops. They are not telling people to get rid of their guns but these are some identifying factors that individuals who might be at risk and under these circumstances you might want to ensure that your firearm is stored safely.

Ms. Faucett stated there are a lot of trainings coming up, too many to mention. She reported they will

be at Kid Strong and a couple of other colleges and universities.

Ms. Faucett stated as follow up, the last time the committee met she talked about the Lifeline. She there has been a little bit of press about that recently, but the Lifeline for a little bit of time wasn't answered in WV because it was transferred to First Choice Health Systems which now answers the Lifeline calls for our state. She reported because of this there are some agreements with them. She reported they do follow up and right now it is specific to ten to 24-year old's and they are doing some supportive follow up for individuals who call that line with their consent. Ms. Faucett reported that follow up for attempt survivors or even with individuals with ideation can significantly reduce the likelihood of a completed suicide and that a lot of research supports that.

Ms. Faucett reported they purchased four different modules of Kognito. It is an avatar web-based training for suicide prevention. She stated they did it for high education last year but this year it is for higher education but medical professionals. She stated there is at risk for ED, at risk for primary care, there are different modules and that go 30 to 60 minutes. Individuals can go through and get some suicide intervention training. She stated they are free, but they did have to pay for theirs. She thinks there are continuing education credits that go along with those. She stated if you are not associated with the college or university, she will send it to Ms. Hildreth to send out to the group. They are just asking that you log in under the college or university near you. Ms. Faucett stated it is applicable to EMS and anyone in the medical field but the settings are emergency departments and primary care. She stated there is also one specific to adolescents.

Autism Training (Patty Boyce)

Ms. Boyce reported she was watching the news on Tuesday, February 21, 2017 on channel 5, WDTV, regarding a segment where Dr. Marc Ellison provided training in Autism for first responders in Buckhannon. She reported he did a training on teaching approximately 68 first responders how to handle situations with people involving autism. Dr. Ellison stated that first responders are running into individuals with autism more often and, due to lack of education and training, many are getting arrested for stalking and even being placed into institutional systems. He is doing these trainings all over the state and Ms. Boyce contacted Ms. Hildreth about having him attend the committee meeting. Dr. Ellison will be attending the June 2017 EMSC Advisory Committee. Ms. Hildreth asked if there was a cost associated with the training and Ms. Boyce responded that it is free. Ms. Boyce states that she is a big proponent of positive behavior support and thinks if people understand it, it is going to be better for everybody. She stated she hopes that it will help to decrease some of the behaviors because people will know how to approach them

DATA UPDATES (Bob Dozier)

Mr. Dozier this is the report that is used by EMS to answer questions. He stated there is a larger report that deals with more than just children that is produced once per month. He stated that report is not generally made available to the public but whenever there is an inquiry the data from that report is used to answer those inquiries. The data from the larger report is also going to be used to create a legislative fact sheet. He stated what is in this report is what will be given out whenever there are questions about EMS for Children. Mr. Dozier stated if there is something more that you would like to see in that report or if you have questions about this is your opportunity to ask those questions. This is your opportunity to shape the information that is given out to the public by the office. He stated there are some portions of the report that every meeting questions come up with the "unknowns" in the report. He stated the source of the data for the report is from what is commonly called run sheets filled out by EMS agencies. Every time an ambulance is dispatched regardless of whether there is a patient upon arrival, a run sheet has to be completed. He stated electronically the data from that run sheet is transmitted to their office and that is the basis for the reports. He stated there are fields that are required fields and they are going to be moving to a new version in the future which will have more required fields. He stated he can only

run reports against data that is turned into him and against the requirements of those run sheets. Ms. Rockwell and her group works with the regional quality assurance team, Quality Assurance Initiative and the teams in all the regions, each one of those teams has picked things that they want to work on, on quality, some of the regions are working on data reporting of particular elements. He stated if you have a particular thing that you are worried about the number of “unknowns” or “not collected” he would strongly suggest that the committee member talk with Ms. Rockwell and get her to work with the regional quality assurance improvement team. Mr. Richards asked if the data could be broken down by type of response? Mr. Dozier stated as far as he knows. He stated there is a federal standard of data collection in pre-hospital services called NEMSIS and we are compliant with NEMSIS Version 2 and the new version is Version 3 will be coming in the future. He stated it specifies all the data response elements that should be reported on a particular run and can be broken out in several different ways. He stated as far as he knows there is no field that reports domestic violence. Mr. Richards stated the reason he asks is because they are working on the Preparedness campaign but they focus on major disasters and it would be nice to get some data on poison, etc. to show the company that there is this need also and they could start focusing on that. Mr. Dozier states the person that Mr. Richards needs to work with is Ms. Raynes and Dr. Mills. Mr. Dozier reported he will be happy to work with him. Mr. Dozier stated there is a copy of the WV Data Dictionary that is out on the EMS website that specifies all the elements and response sets from those elements and also a large area for open ended responses.

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

Ms. Louden states that TSN has had a large cut in their budget so a couple of them are working from home and they have a couple of field offices still open. She stated she has been doing a lot of Narcan training after Senate Bill 335, and they did train the trainers. She stated she is very excited about the Journey of Hope. She stated when we were talking about approaching someone who is autistic, that is not something that is in their training and is badly needed. Mr. Angelucci states that he is not from Ms. Louden’s region but he has heard very good things about her region and the work that she does.

Other Business

Mr. Angelucci stated he has been in EMS for 17 years and he truly believes we have the best Office of EMS across all 50 states. He stated we have the most dedicated staff, we are getting very progressive, and it is refreshing to have protocols that adjust to our times. Ms. Hildreth reported that other states are looking at us and asking us how we do it. He stated communication out of the state office is wonderful, Ms. Rockwell is doing a great job with trauma and designation. Mr. Angelucci stated he feels the entire office deserves recognition for their hard work and dedication not only to field providers in WV but the people they serve.

Ms. Hildreth reported that she has worked with Josh Grant on the Stay Alive Just Drive video and he has set up on his list serve and information about the video was disseminated. Thus, she has since received 40 plus request from schools statewide.

WRAP-UP/AJDOURN

Dates for future meetings.

Future date for the meetings:	June 14, 2017
	Location: WV RETI Training Center, Flatwoods
	Time: 10:00a.m. to 2:00p.m.