



**EMS for Children Advisory Committee**

**WV RETI Training Center  
Flatwoods, WV  
Meeting Minutes  
September 13, 2017**

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
<b>CORE</b>					
<b>Angelucci</b>	<b>Michael</b>	Core <b>(Vice Chair)</b>	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)	YES
<b>Boyce</b>	<b>Patty</b>	Core	Yes	Family Representative	YES
<b>Hildreth</b>	<b>Vicki</b>	Core	Yes	EMSC Grant Manager	YES
<b>Hurley</b>	<b>Marty</b>	Core	Yes	Nurse with Emergency Pediatric Experience	YES
<b>Marshall</b>	<b>Thomas</b>	Core	Yes	Emergency physician (a physician who primarily practices in the emergency department; does not have to be a board-certified emergency physician)	NO
<b>Mills</b>	<b>Michael</b>	Core	Yes	EMS State agency representative (e.g., EMS medical director, EMS administrator)	NO
<b>Rockwell</b>	<b>Sherry</b>	Core	Yes	EMSC Principal Investigator	YES
<b>Rundle</b>	<b>Todd</b>	Core <b>(CHAIR)</b>	Yes	Family Representative	YES
<b>Scheuch</b>	<b>Karen</b>	Core	Yes	Emergency Medical Technician (EMT/Paramedic who is currently a practicing, ground level pre-hospital)	YES

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
				provider (i.e., must be currently licensed and riding in a patient care unit such as an ambulance or fire truck)	
<b>Spaulding</b>	<b>Deana</b>	Core	Yes	Family Representative	NO
<b>Wright</b>	<b>Melvin</b>	Core	Yes	Physician with pediatric training (e.g. pediatrician or pediatric surgeon)	NO
<b>HRSA RECOMMENDED</b>					
<b>Anderson</b>	<b>Trudi</b>	Recommended	Yes	School Nurse	NO
<b>Bosse</b>	<b>Johanna</b>	Recommended	Yes	Child Death Review Representative	YES
<b>Cramer</b>	<b>Cindy</b>	Recommended	Yes	Highway Representative	NO
<b>Dozier</b>	<b>Robert</b>	Recommended	Yes	Data Manager	NO
<b>Edmond</b>	<b>Steve</b>	Recommended	Yes	State Trauma Manager	YES
<b>Golden</b>	<b>Mekell</b>	Recommended	Yes	Recipient of MCH block grant for CSHCN	NO
<b>Green</b>	<b>Lisa</b>	Recommended	Yes	Hospital Association Representative	NO
<b>Hall</b>	<b>Connie</b>	Recommended	Yes	Ambulance Association Representative	NO
<b>Kinsey</b>	<b>Chris</b>	Recommended	Yes	Highway Representative	NO
<b>Kranz</b>	<b>Jim</b>	Recommended	Yes	Hospital Association Representative	NO
<b>Longstreth</b>	<b>Linda</b>	Recommended	Yes	Legislator	NO
<b>Molitor</b>	<b>Maggie</b>	Recommended	Yes	Child Death Review Representative	NO
<b>Pile</b>	<b>Ana</b>	Recommended	Yes	Police Representative	NO
<b>Robinson</b>	<b>Thomas</b>	Recommended	Yes	Fire-based EMS Representative	YES
<b>Sowards</b>	<b>Yolanda</b>	Recommended	Yes	Disaster preparedness representative	NO
<b>Stamper</b>	<b>Samantha</b>	Recommended	Yes	Hospital Association Representative	YES
<b>Summers</b>	<b>Amy</b>	Recommended	Yes	Legislator	YES
<b>Thomas</b>	<b>John</b>	Recommended	Yes	EMS Training Manager	NO
<b>Vacant</b>	<b>Vacant</b>	Recommended	Yes	Bioterrorism representative	NO

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Vacant	Vacant	Recommended	Yes	Parent teacher association representative	NO
Vacant	Vacant	Recommended	Yes	Tribal EMS Representative	NO
<b>ADHOC</b>					
Antol	Rick	Adhoc	No	Weirton Area Ambulance and Rescue Squad	NO
Boggs	Amy	Adhoc	No	WV Governor's Highway Safety	NO
Bryant	Ray	Adhoc	No	Logan Emergency Ambulance Service Authority	NO
Coleman	Mike	Adhoc	No	WV Division of Corrections	NO
Cunningham	Mike	Adhoc	No	Adhoc	NO
Daniels	Alexander	Adhoc	No	Division of Infectious Disease, Epidemiology Office of Epidemiology & Prevention Services, WV Bureau for Public Health	NO
Denny	Margaret	Adhoc	No	Sexual Assault Nurse Examiner (SANE)	NO
Douglas	Doug	Adhoc	No	Charleston Area Medical Center	YES
Faucett	Barri	Adhoc	No	WV Adolescent Suicide Prevention and Early Intervention	YES
Gilbert	Debbie	Adhoc	No	Women and Children's Hospital & CAMC Memorial Hospital	NO
Grant	Joshua	Adhoc	No	West Virginia Department of Education	NO
Hardway	Anna	Adhoc	No	WV Save the Children	NO
Huggins	Franklin "Chip"	Adhoc	No	WVU – Charleston Department of Clinical Pharmacy	NO
Hurley	Stephanie	Adhoc	No	Air-Evac Lifeteam 116 Inez, KY	NO
Justice	Kristi	Adhoc	No	Kanawha Communities that Care	NO
Kappel	David	Adhoc	No	WV Office of Emergency Medical Services, Division of Trauma, Categorization, and Designation	NO

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
<b>Kerr</b>	<b>Patrick</b>	Adhoc	No	WVU Dialectical Behavioral Therapy Services Program, Department of Behavioral Medicine & Psychiatry, West Virginia University School of Medicine	YES
<b>Knight</b>	<b>Marsha</b>	Adhoc	No	Cabell County EMS	NO
<b>Leonard</b>	<b>Olan</b>	Adhoc	No	Weirton Ambulance Service Authority	NO
<b>Miller</b>	<b>Cathryn</b>	Adhoc	No	WV Save the Children	NO
<b>Murphy</b>	<b>Cindy</b>	Adhoc	No	City of Clarksburg Fire Department	NO
<b>Peal</b>	<b>Debbie</b>	Adhoc	No	HealthNet	NO
<b>Raynes</b>	<b>Melissa</b>	Adhoc	No	WV Office of Emergency Medical Services	YES
<b>Richards</b>	<b>Tony</b>	Adhoc	No	WV Safe the Children	NO
<b>Rosemond</b>	<b>Courtney</b>	Adhoc	No	WV State Fire Marshal's Office	YES
<b>Scharman</b>	<b>Elizabeth</b>	Adhoc	No	WV Poison Center	YES
<b>Seegar</b>	<b>King</b>	Adhoc	No	Pendleton Community Care	NO
<b>Smith</b>	<b>Caitlin</b>	Adhoc	No	WV Child Advisory Network	NO
<b>Stanley</b>	<b>Timothy</b>	Adhoc	No	Tyler County Unit No. 1	NO
<b>Summers</b>	<b>Dan</b>	Adhoc	No	WVU-HSC; Emergency Nurses Association	NO
<b>Tyree</b>	<b>Ken</b>	Adhoc	No	WV State Fire Marshal's Office	NO
<b>Weller</b>	<b>Jamie</b>	Adhoc	No	City of Martinsburg Fire	NO
<b>White</b>	<b>Jeff</b>	Adhoc	No	Adhoc	NO
<b>McGrew</b>	<b>Patty</b>	Adhoc	No	(interim) WV Violence and Injury Prevention Program	NO
<b>Brown</b>	<b>Josh</b>	Adhoc	No	WV Violence and Injury Prevention Program	YES

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
<b>Guests</b>					

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Hoffman	Jessica		No	Epidemiologist WVDRS OCME	YES
Haymond	Monica		No	TCES	YES
Sampson	Melinda		No		YES
Strass	Rebecca		No		YES

## **WELCOME**

The Emergency Medical Services for Children (EMSC) Advisory Committee met at the WV RETI Training Center in Flatwoods, WV on Wednesday, September 13, 2017. Chair Todd Rundle called the meeting to order at approximately 10:00 a.m.

Mr. Rundle welcomed members and guests. The membership and guests introduced themselves and described their respective affiliations. The membership reviewed the minutes as distributed. Ms. Stamper made a motion to approve the minutes, as written. Her motion was seconded by Mr. Hurley and passed unanimously.

## **OFFICE OF EMERGENCY MEDICAL SERVICES UPDATE (Melissa Raynes)**

Ms. Raynes reported that there are no new vacancies in the Office of EMS, but there is still an Office Assistant 3 position vacant within the trauma unit. She reported that the hiring freeze and other budgetary constraints continues. Ms. Raynes reported that there is an average of 20 investigations per month with about 75% of those being closed within the same month. She stated that many of those can be referred back to the agencies for resolution or the regional medical director but do not require further investigation at the state level. She stated that they have about 6,000 certified individuals on the rosters with about 4,000 of those being active at any given time. She reported that there is an average of 38,000 runs per month and at the end of July they were at 38,981 and finished out 2017 with 534,893 with 47% being BLS (Basic Life Support), 25% ALS (Advance Life Support), 1% Aeromedical, and 27% were unknown. Ms. Raynes reported that the largest age group is 50-90-year-old with about 5% of transports being for children ages 0-18 and it is highest at birth to one year of age and the 13 to 18-year-old. She reported that Naloxone administrations from January to July are 3,966. For calendar year 2016, they experienced 5,901. She stated that related to Naloxone administrations, the office is active in a number of opioid overdose prevention projects with the WV Violence, Injury and Prevention Program and the WV Injury Control Research Center, the Bureau for Behavioral Health and Health Facilities and the WV State Police. They have applied for a SAMHSA (Substance Abuse and Mental Health Services Administration) First Responder grant that would provide Naloxone to EMS agencies and funds for intervention projects for the selected communities. They are also facilitating a multi-disciplinary support group related to the overdose incident in Mason county in April 2017 similar to what was conducted after the Cabell county incident in August of 2016. She stated that DHHR (Department of Health and Human Resources) and Bureau for Public Health are creating an Office

of Drug Control Policy with Jim Johnson as the director and they will be hiring supplemental staff. Ms. Raynes reported that the state response time remains about two hours. She reported that there are 1,182 vehicles permitted in the state to 200 agencies. She reported that the trauma runs average between 4,500 and 5,000 with the most prevalent injury being falls followed by motor vehicles accidents. She stated that their partners at the Center for Threat Preparedness and their Health Care Preparedness Program have federal grant that requires exercises. She stated that some of those exercise requirements are changing with evacuation being a piece of the exercise now being required. She reported that EMS is becoming more involved in that. Ms. Raynes stated that they were working on transferring their communications unit to the Department of Homeland Security and Emergency Management. She reported that their Stroke Advisory Council is up and running, they had their first meeting in July and their next meeting is September 28, 2017. They are working on the designation and categorization of the Stroke facilities. She reported that they participated in the planning and response of the Boy Scout Jamboree that occurred in July with about 40,000 boy scouts. Ms. Hildreth asked Ms. Raynes to explain the Cabell county incident that she spoke about. Ms. Raynes reported that in August of 2016, in a four-hour span, there were 26 individuals who overdosed and were treated for overdose of opioids. She reported that there was a study and investigation done. In April of 2017, again in a very short span of time, there were 17 individuals who overdose in Mason County, and they are looking into that incident.

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

Dr. Mills was not able to attend the meeting today.

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

Ms. Rockwell reported that there are 35 designated trauma centers. She reported that Reynolds Memorial Hospital is working towards becoming a designated center. Ms. Hildreth stated that during the last meeting Dr. Huggins brought up the topic of getting data on ATV (all-terrain vehicle) and kids. Ms. Rockwell stated that she was reporting on the data from the last five years from the trauma registry.

Ms. Rockwell reported that the state trauma registry is the national trauma data bank that their facilities participate in and have all their data sent to. The data is then available for researchers to use if they would like to do that. She stated that to give the committee the numbers that they have recorded, they had 20,877 cases in the registry in 2015. Ms. Rockwell stated that the data that she presented is for ATV's not side-by-sides because ATV's are very different from side-by-sides in terms of mechanisms because of seat belts, location, roll bars, and cages. She stated that the data that she reported on was from ages zero to 18 and the incidents have gone down. She reported that the males are much more likely to be in an ATV crash than females. She stated that over the five years, 7% were males and 29% were females. She reported that in terms of death, there were seven deaths in that age group in that five-year period. She reported that the zero to three-year old were three percent of the crashes, four to nine-year old were 13%, 10 to 14-year old were 34% and 15 to 18-year old were 50%. The next thing she reported on were helmeted versus no helmets and the data shows that most of the children, 61%, involved in the crashes did not have helmets on. Ms. Rockwell states that 72% of children were drivers of the ATV's versus 16% who were passengers with two percent being unknown. She stated that in the system access category, "prehospital with trauma team activation" means they arrived at the hospital by EMS and the

trauma team was activated in the trauma center. So that means that they either met the criteria by mechanism of injury or physiologically they were impaired, or they had some type of anatomic injury. She reports that 35% of the children were injured bad enough to have a trauma team activated when they arrived. Ms. Hildreth asked if there was a law about ATV helmets? Mr. Douglas reported that under the age of 18 you have to wear a helmet and or parents can be fined. Mr. Hurley reported that there are also laws about the size of an ATV and the manufactures and dealerships must provide training for children under 18. Mr. Hurley and Mr. Douglas both stated that they are not being enforced. Ms. Hildreth asked if the committee thought it would be beneficial if the members would address this by maybe pulling in the children that do wear the protective gear to talk to the other children. Mr. Douglas reported that when they would go out and do the bicycle and ATV safety programs, there was an ATV and motorcycle dealer who will take his mannequin in full body gear, the cool gear. Mr. Hurley stated that he felt that they only thing that anyone can do, in his opinion, is to try an increase education, training and awareness opportunities. Ms. Hildreth stated that other than passing out booklets, the committee has not really addressed it. Del. Summers stated that they committee was so successful with the Stay Alive Just Drive video, that could be another goal. The committee discussed the video "A Trip Unplanned". The committee stated that the video does get people's attention although it is very graphic. Ms. Rockwell asked Mr. Douglas with him being on the Mountain Injury State Prevention Coalition, there is formalized Mountain Injury State Prevention Coalition in our state that trauma centers belong to and individual can belong too. She stated that maybe Mr. Douglas could take this data to that group in February and see if he can get come discussion and dialogue going, that maybe something the group would want to take on and maybe partner with this group to address this. Ms. Rockwell stated to Del. Summers that the numbers point to why ATV safety and having people like her advocate for that is so important because the numbers have gone down but we could still do better. Mr. Douglas stated that they used to sponsor the ATV Safety Program in Charleston, WV, but finding the land to do it and the insurance to cover the sanctioned event was very costly. He stated that paying the instructors and getting the ATV's donated was not the problem. He stated that he would love to revisit that if there were grant funding available. Ms. Hildreth stated that they might look at involving the Hatfield and McCoy Trail people because that is who they pulled in originally when they started this. She stated that they already have some trainings developed and they had access to trainers. Ms. Rosemond stated that the National Trail Fest in Gilbert, WV is coming up on October 5, 2017 and they are making little bags for about 1,000 people to hand out and maybe the committee could include a flyer. Ms. Hildreth stated that she has some ASI (All-Terrain Vehicle Safety Institute) books that she bought. She has two different types, one for parents and one for children. Mr. Douglas stated that he has brochures with West Virginia ATV laws that they give out to every child that comes into the hospital.

### **Chair/Vice-Chair Updates (Todd Rundle/Michael Angelucci)**

Mr. Rundle wanted to take a moment of silence to remember all the victims of 911. He stated that it has been 16 years since the attack. He also asked that they committee remember all of the first responders in the southern part of the country helping with the recent hurricanes.

Mr. Rundle commented on the strategic plan that their committee has been working on. He stated that the wanted to thank those involved in assisting Ms. Hildreth, providing information based on their individual programs or goals and objectives that she utilized in this undertaking. Ms. Hildreth reminded Mr. Rundle that it is not finished yet.

## **EMSC UPDATES (Vicki Hildreth)**

Ms. Hildreth reported that the EMS for Children Pediatric Symposium was held on June 28, 2017. She reported that they had nearly 70 participants. Ms. Rockwell reported on the evaluations. She stated that there was almost 100% return on the evaluation and they were all extremely positive with some great suggestions for topics. Ms. Hildreth reported that the funding for it was from the HPP (Healthcare Preparedness Program) carryover money that they shared. Ms. Hildreth stated that she thinks that she is going to have funding for one, maybe two, more symposiums. She states that they thought about bringing in a national speaker. Ms. Rockwell reported that out of the people who showed up for the Pediatric Symposium they now have the additional seven train the trainers for Stop the Bleed campaign. Ms. Rockwell asked if any of the committee members might know of an organization that might be interested in Stop the Bleed please share the information. Mr. Douglas reported that he and Leslie have been trying to grow the train-the-trainers. He stated that yesterday he did a webinar with the WV School Nursing Association and there were 100 school nurses. He reported that he had 33 of the Stop the Bleed wall stations to give out to all the middle and high schools in Kanawha, Lincoln, Putnam, and Clay counties. He stated that these were the only four counties that he was able to get funding for from his hospital this year. He stated that he was in Logan county recently and Roger Bryant has already allocated enough funding to purchase kits for every school in Logan county. Cabell county is up and running and getting ready to start the funding. He stated that they will be at Stonewall Resort on November 1st and 2nd for the WV School Nursing Convention Association meeting and doing a Stop the Bleed training there. Mountain State Trauma and Injury Prevention Coalition has allocated funding for any paid hospital that pays into that coalition can get a free training kit to do the training with and they are also going to allocate money to purchase the kits for some of the programs to take out to the schools. Mr. Douglas stated that their goal this year, 2017-2018, is to get these kits into every middle and high school in West Virginia. Ms. Boyce asked Mr. Douglas who would someone contact if they would want the training. He stated himself or Leslie. Mr. Douglas stated his cell phone as 304-533-2234 for the minutes.

Ms. Hildreth stated that the next topic is Always Ready for Kids (ARK) and equipment orders. She reported that she was able to obtain some funding from the HPP carryover and that allowed her to purchase some equipment to help some of the hospitals to meet the ARK requirement. She stated that they were able to order 30 digital pediatric scales that locked weigh only in kilos, 25 infrared heat lamps, and every hospital is going to get a set of Magill forceps in infant and child size, and a single pole pediatric traction splint. She stated that they are starting with critical access hospitals. She stated that this definitely helped each hospital get one step closer to ARK.

Ms. Rockwell stated that ARK has hit a plateau, with a lot of interest, it is just getting everyone to schedule their visits. She stated that everyone is putting their final changes on their policies and procedures. She reports that they have two visits for October, United Hospital Center re-verification and Monongalia General Hospital will be doing their verification visit with Cabell becoming due for their re-verification this fall. She reports that there are three or four that are right on the cusp. She stated that it is almost time to look at the documents again because it is one of their commitments that they look at it every year to make sure that it is still evidence based, to make sure that the stuff that is coming out from the American Academy of Pediatrics and the American Emergency Medicine Physicians with Pediatric emphasis, that they are right on target with it. Ms. Hildreth reported that they were asked to serve on a national collaborative to mentor other states with their program. She stated that she was contacted last week at the national level



wanting them to submit some names to help with the next phase of getting some people who were actually in the hospitals, nurses and physicians, to assist on these calls. She reported that they are submitting three names and she has already spoken with them and they have all agreed to help with it, Dr. Marshall out of United Hospital Center, Jenny McCumbers from Roane General Hospital, and Jeff Haught out of Mon Health Medical Center. They are wanting around 20 people, so it will depend on how many names are submitted, on who is chosen. Del. Summers asked how many hospitals are ARK certified? Ms. Rockwell answered seven right now.

Ms. Hildreth stated that Ms. Spaulding emailed her an update. Ms. Hildreth stated that on August 18th, Ms. Spaulding attended a media release for the Drive Sober Get Pulled Over fall campaign in Huntington at the request of Bo Evans from the Governors Highway Safety Program and while she was there she and Andrea's Army handed out 40 plus DVDs to the officers of the city, county and state police from Kentucky, Ohio and West Virginia, many of which took her info and would like Andrea's Army to help with their programs. She was also interviewed by channel three and 13 news stations and one of the news reporters took the contact information to see about doing a news coverage about the Stay Alive Just Drive video and programs and Ms. Hildreth reported that they did contact her, and she did forward it to her PIO (Public information officer) and she stated that they did a story on Ms. Spaulding, but she has not heard if they did a story based on the other. Ms. Spaulding reported that on August 26rd she attended an AA (Alcoholics Anonymous) meeting in Point Pleasant where she spoke about family's loss and how it affects them daily. She showed them the video and she reported that a few people came to her afterwards and told her what an impact the video had on them. She reported that the video has been received at two separate teen facilities in Gallia county, Ohio and they are waiting for a time and date to show and speak. She is still waiting for dates to attend the AA meetings in Gallia county, Ohio. She reported that an instructor from AA is checking to see if this can be used as part of their driving program for teens in Ohio.

Ms. Hildreth reported that the state of Mississippi's EMSC program coordinator contacted her asking if it was possible to send her some of the Stay Alive Just Drive DVDs. Ms. Hildreth sent her enough that she was able to give all their trainers one and each EMS agency in Mississippi and they have permission to make more copies if they need more videos.

Ms. Hildreth reported on the STABLE course. She stated that through HPP funds they were able to provide five STABLE trainings which is a post-resuscitation, pre-transport neonate program. She reported that it is a very intensive program which she recommends that people take especially with the increasing numbers of babies being born early due to the drug addicted moms. She stated that it is a great program that is free to attend. She asked that the committee members encourage their people to register because she had to cancel the training in Martinsburg because the participation wasn't there. Ms. Rockwell stated that they would like to have 40 to 50 participants in order to hold the training.

Ms. Rockwell reported on the NAS (Neonatal abstinence syndrome) committee. She reported that the committee has been meeting for about four months now. She stated that it is a small sub-committee that is looking at a train-the-trainer aspect for pre-hospital providers and probably emergency departments to be better equipped to care for drug addicted babies. She reported that they are in the final stage of that. She stated that Dr. Maxwell from CAMC (Charleston Area Medical Center) Women's and Children's has really been a main driver of this program, of putting the slides together and putting the content in. Ms. Hildreth reported that Dr. Frazier has contacted

her, from Cabell Huntington Hospital, and she plans on coming to the next meeting and would like to bring Dr. Pino. Ms. Hildreth reported that they probably have seven physicians from various hospitals who are involved in this project. Ms. Hildreth reported that Dr. Louden, who is the medical director for Lily's Place has been very involved in this also. Ms. Hildreth stated that it is really going to come in to play on the EMS side as Dr. Mills continues to progress with Community Paramedicine. Ms. Hildreth stated that they have expanded on the program too, it is not going to be just NAS babies but any substance-exposed baby. She reported that he has been talking about the babies who were exposed to alcohol, nicotine, Benzodiazepines, etc. Ms. Hildreth stated that she was not aware that people were using Neurontin to increase the "high". Del. Summers reported that Dr. Louden spoke to them in a committee meeting about marijuana and its effects on neonates. Ms. Rockwell reported that the Neonatal abstinence syndrome is being sponsored by HPP though the Center for Threat Preparedness with the assistance of the hospital association. Ms. Rockwell gave a big thank you for those programs.

### **Behavioral/Psychiatric Emergency Training (Dr. Patrick Kerr)**

Dr. Kerr stated that he was pleased to report that the training content for this phase of their project has been developed. The current slide deck is sort of their anchor point for developing the training itself. He stated that obviously any training is more than just a set of slides, it is also the content and how you engage with the audience which will be the next step in the development of this training. He stated that as it stands now they are at about 126 slides, if you subtract transitional slides, wrap up slides it is about 115 slides. He reports that one of the things that they have discussed recently within their committee or sub-committee of the committee has discussed in terms of the content of the training, is the flow and sort of where they want to start and where they want to end. One topic they discussed is the positioning with in the training of discussing self-care, so they developed guidelines for managing behavioral and psychiatric emergencies, however the training itself will incorporate a discussion about it, in workshop shop content related to self-care with the message being that the way that you take care of yourself or don't take care of yourself impacts the way you take care of patients or can take care of patients. He stated that they idea behind that is that EMS professionals are often asked to go into dangerous situations to help to save other people, but relatively little attention is given to how they care for themselves day in and day out in relation to the effects of that chronic stress. He reported that one option they considered was starting with the workshop content on self-care and then moving in to behavioral and psychiatric emergencies with the rational, if they put it at the end they are going to lose people's attention, and there is going to be this message that self-care always comes last no matter what. But they want to make sure that people get engaged right away. He stated that there seemed to be a consensus that they may not engage people immediately if they start off talking about things like self-care. He reported that what they decided to do is to start with a discussion about the things that people love about EMS and what keeps people working in EMS followed by a discussion about the most challenging parts of EMS and that will lead into the portion of the training where they will have people watch a video. Ms. Hildreth reported that the video was developed by a man in Alberta, Canada and she had seen it on Facebook. She reached out to him and he gave them permission to use the video in their presentation. The video is a very moving tribute to not only EMS providers but also includes law enforcement, dispatchers, fire, etc. Dr. Kerr stated that the video is a montage of images that reflect the more heartbreaking situation that our first responders, including EMS providers experience on a day to day basis. He stated that he thinks that one of the things that makes it more powerful is that there is a cover version of REMS "Everybody Hurts" which he thinks lends some emotionality to it. He stated that he thinks that

they will get everyone's attention. He stated that is going to be part making the case, first of all acknowledging how difficult this work is essential to taking care of yourself and is essential to developing a good stress management plan and that is going to be used as a bridge to the material at the end they will focus on self-care. So, they are still going to focus on self-care and stress management at the end, but they are going to talk about it, and the importance of it in the beginning so that it will not be de-prioritized. He reported that in terms of the content itself, related to stress management and self-care, part of that involves a description of stress sub-type: differentiating healthy stress, normative stress or what you would normally think of as "you" stress, distress, chronic stress, post-traumatic stress. They discussed the signs of post-traumatic stress disorder, what that actually looks like, there is a brief description of the neuro-biology of post-traumatic stress and post-traumatic stress disorder, because they are not always one and the same thing. They discuss vicarious trauma and the significant risks of vicarious traumatization doing EMS work. He stated that they wrap up with a more workshop oriented piece focused on developing a plan for self-care during the workshop. Ms. Hildreth stated that she thinks that if you can engage your audience and get the dialogue going you have a much better training. She reported that one of the things that they are going to do is go around the room and ask what do you do to take care of yourself, what do you do to take care of yourself when you have run the bad call. Ms. Hildreth stated that they end the training with a moving video on empathy.

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

Dr. Scharman reported that they are barely funded for this year and next year is a maybe, but they will keep doing the best that they can when they are open. She stated that through a grant from the Office of Threat Preparedness they meet with the hospital pharmacists every year for a training in May and in 2016 they went over the concept of the ARK programs with the hospitals. She stated that this year's focus in May was being ready for pediatric disasters from the pharmacy and drug side, so they did a lot of very specific information on exactly where you find the resources, where you look, what is available, where the protocols are, where are you going to get information on what kinds of medication you need to have, including the scales so you will know what the children weigh so you can dose them correctly. She reports that she also gave them information they could provide to their hospital administrators.

She reports that the Poison Control Center is also continuing their collaboration with the Office of Healthy Schools. She stated they worked with them a few years ago so it is written into their medication administration policy that any medication errors or overdoses have to be reported to them, so they can track those in the schools. As part of that they also track any epinephrine auto-injectors in the schools if it is part of their stock supplies. She stated that if a child uses their own it does not come under mandatory reporting. She reports that since the program started about three years ago there has been less than 15 uses and the majority of those were defined waiting for EMS. She reported that they also track Naloxone administrations in schools. She reported that there has not been a lot of uptake yet in schools developing their own Naloxone programs which she thinks is a monetary issue as well as some hesitancy on the part of the school nurse side. Del. Summers reported that the nurses were not allowed to give the Naloxone in the schools until a law was passed. Dr. Scharman stated that since they have opened up home food back in the schools they are working with the school nutritionist with the Office of Healthy Schools on policies on what would happen if a piece of food was contaminated how that message would go out to parents and they could help answer parent's questions after hours.

Dr. Scharman reported that they are also keeping track of what's happening in other states for recreational and medical marijuana have started. She stated that in those states where they have edible marijuana products, they are seeing significant toxicity in children with a much higher concentration than marijuana of old. They are seeing difficulty breathing, coma and seizures in children. They are hoping that there is some strong input into the safety issues. She stated that the states that have legal marijuana have worked with their poison centers on how the safety labeling for children looks, what the wording on the packages is. She stated that the states have developed rules where the edibles have to be in single units and not bulk and kids stay away kind of labeling.

Dr. Scharman reported that another thing that they are trying to promote and make a dent in is making sure that parents who have ADHD (Attention-deficit/hyperactivity disorder) medications for their children receive safety information along with the drug information. She states that they have seen a lot of hospital and ICU (intensive care unit) admissions from children who have gotten into their sibling's medications.

Dr. Scharman stated that if you want to look at the most common poisonings that send kids to the ER's for weeks to months it is still cleaning products that cause severe burns.

Dr. Scharman reported their entire outreach budget for all 55 counties is \$10,000

She reported that another big project that they are working on is getting people to call them first which she stated is a big problem now because people Google things. She stated that this a problem because if they do not see something on a non-toxic list, in their mind its toxic. She stated that since Google usage has gone up their self-referrals have gone down. She stated that a lot of what they see is that people are using ambulance services which might be best used somewhere else and they are in ER's which is a huge expense. She stated that another issue is that they go to smaller hospitals who are really not comfortable with pediatric patients, so these children get transferred. Del. Summers asked Dr. Scharman if the hospitals were calling the Poison Control Center. Dr. Scharman stated that some of the hospitals will call. Del. Summers asked if they had a social media presence. Dr. Scharman reported that they have a web page and a Facebook page that they post to, but they don't have Twitter because her educator is only part-time, so they don't have the staff. She reported that they do send out media faxes every month to the media around the state. She stated that the insurance companies don't want to do it because the message would reach people who aren't insured by that coverage, so they haven't had a lot of success with them getting the message to the people who are enrolled. Ms. Hildreth stated that when they were doing the pediatric medication dosage errors she developed a poster that they could print off themselves and they were sent to hospitals, so they could hang them near the pediatric digital scales to remind to lock scales to weigh only in kilos. She stated that if she would like to do a poster they could help get them out to the hospitals. Dr. Scharman stated that they had a couple campaigns that they have sent out to hospitals and pediatricians. Ms. Boyce asked if they had a fact sheet that the WV Birth to Three Service Coordinators could reproduce and hand out to their families during their home visits? Dr. Scharman stated that yes, they had something that they could provide. She reported that they are working with the Family Resource Networks, Mothers of Preschoolers, and local health departments. Ms. Rockwell stated that some of the ED's (Emergency Departments) have pamphlets for their visitors to pick up and asked if that would be possible? Dr. Scharman stated that they do provide packets for member hospitals. Ms. Rockwell stated that they can help from the trauma aspect as an injury prevention activity if Dr. Scharman can get something to them. Ms. Hildreth stated that she didn't think WV Poison Control was linked on the website. She stated that

they could put that on their resources and link them up through EMSC. Dr. Scharman stated that they do not have the money for mass production of the materials. Ms. Boyce stated that as long as she can copy the material in black and white she can make copies for the families. Dr. Scharman stated that they have made sure to provide materials that look good in black and white. She stated that when Googled the poison control centers do not come up first because it is very expensive to be a landing page.

### **Family Area Network Update (FAN) (Deanna Spaulding, Patty Boyce, Todd Rundle)**

Mr. Rundle stated that Ms. Hildreth had already read Ms. Spaulding's updates.

Mr. Rundle stated that he will have a better update in December. He stated that as the committee knows he has given updates the last two or three meetings about the legislative efforts to get line item funds. He told Del. Summers that he would very much appreciate it if she could call or email him and give him her aspect. He stated that he has reached out to staff at the governor's office and some legislatures that he knows. He stated that he is kind of getting the same information, they need to step it down and try to maybe a onetime funding to get the foot in the door, go smaller on the numbers, instead of trying to get immediately on a line item. He stated that he is waiting for suggestions from those individuals on how they can approach in a better way, can we get out foot in the door to get started somehow? He stated that he continues to educate, which is one of the biggest goals in the strategic plan. He stated for the Stay Alive Just Drive update, the do it in the magistrate court and he believes that they are close to having Tucker county start doing it on some level when they are having their DUI (Driving under the influence) people come in. Mr. Rundle is doing a presentation to the entire freshman, sophomore, junior and senior class on the legalities of that and he is also going to incorporate aspects of that program. He stated that he is hoping to do more high schools. Mr. Douglas asked Mr. Rundle if he had access to a driving simulator. Mr. Rundle stated that he did not. Mr. Douglas stated that they have one and they team up with the police department and they go to the high schools with the distracted driving or drunk driving simulator and then they also show the video and the Charleston Police Department has the goggles. Mr. Rundle asked if it was power point with goggles. Mr. Douglas stated that they actually have to put the goggles on and complete a field sobriety test.

Ms. Boyce has no updates at this time.

### **Violence and Injury Prevention (Josh Brown)**

Mr. Brown reports that the West Virginia Violence and Injury Prevention Program is through DHHR Bureau of Public Health's Office of Child and Maternal Health. He reported that they are finally staffed since April 1<sup>st</sup>. He stated that their new director as of July 1st is Sarah Sanders. He stated that he thinks that they have 2.5 Epidemiologist now for their program and they have two academic detailers on board as well. He stated that this is CDC (Centers for Disease Control and Prevention) funding that they were able to secure, and they have had some additional funding as well. He stated that their program has been involved in the Naloxone distribution and the overdose incident in Mason county. He stated that there are other disciplines that they would like to concentrate on: child abuse prevention, TBI (traumatic brain injury) prevention, etc. They are still trying to work on those to get them up where they need to be. He stated that they got the lines of communication back open with SafeKids Worldwide to get some programs back up and running and possibly explore some other options that they have. As far as funding, he stated that they are

looking at what departments within DHHR that they can leverage and help each other, join efforts. He stated that looking outside they have partnerships with WVU (West Virginia University) and they are trying to work on one with Marshall. He reported that the academic detailers are going out to do clinical education with prescribers starting in Cabell county, then they will probably go to Parkersburg and Elkins. Ms. Hildreth stated that one thing that she learned during the strategic meeting with the FAN representative in attendance, Ms. Spaulding, who is the mother of the little girl who passed away in the Stay Alive Just Drive video, has produced dog tags with her daughter's picture on it and they are hanging on the rear-view mirror of the cruisers. She stated that one thing they have talked about is trying to mass produce them and have one for every cruiser in the state. She stated that maybe they could collaborate with Violence and Injury Prevention to fund the project. He stated that they do have to follow CDC guidelines. Ms. Hildreth stated that they collaborated with them on the videos. Dr. Scharman stated that one thing that they have been hearing from Cabell county, they have the "Don't Drink and Drive", on prescription medication they put on the bottles don't take this medication and drive, but there really isn't any campaign "don't use your heroin and drive". Mr. Brown stated that the CDC does have some media materials that they are supposed to be delivering so people should start seeing those go out across the state.

### **Co-Chairs Presentation (Todd Rundle/Michael Angelucci)**

Mr. Rundle and Mr. Angelucci wanted to recognize Ms. Hildreth for the extraordinary job that she has done with the EMSC program with a plaque.

### **LUNCH**

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

### **ASPEN (Barri Faucett)**

Ms. Faucett reported on new initiatives. She reported that the National Suicide Prevention Life Line is being answered in West Virginia again, there was a little bit of a lapse where it wasn't. She stated that the same people who answer HELP4WV or 1-800-Gamblers answer this as well. She reported that they have trained most all of their staff in the evidence based assist. She reports that the nice partnership they have with First Choice is adolescents who call, if the consent to be followed up, they can do some follow up to ensure that they are engaged in treatment. She reports that they do a really good job of that already, but they are complimenting that just for adolescents right now. She reported that she checks in with Heather probably monthly about the circumstances of the calls, just to identify the geographical trends or what is going on just for prevention efforts. She reported that they are doing a really good job answering the lines.

Ms. Faucett reported that they are still working on their efforts, initiative in regard to continuity of care with attempt survivors with emergency departments. She reported that they met last week with CAMC just to disseminate the packets that they are attempting to get to the attempt survivors and their families. It provides for a wide array of resources regarding how to care for yourself after discharge. She reports that there is a referral in the packet and if the individual signs it and sends it to them they will provide for supportive follow-up. She stated that there is a lot of research that says if we provide for supportive follow-up including checking to see if they have a safety plan, did they get to their appointments, are they having barriers to treatment, that in itself can

decrease the re-admission and potentially subsequent attempts or completions. She reported that she thinks that the marketing packets helped because at a minimum they will have that information.

Ms. Faucett reported that another really big thing that they are working on is the AFSP (American Foundation for Suicide Prevention) and the National Sports Shooting Association have collaborated to create a fire arms and suicide prevention brochure, which can tend to be controversial. She reported that the idea of the campaign is to go to gun shops and say here is this brochure, gives a little bit of education to look for including how to secure your firearms. They are hoping to launch it in October. She stated in conjunction with that she has completed a 60 second PSA (public service announcement), television campaign, that should start launching in October as well. She reports that they have taken a snippet of that for a 30 second commercial campaign for Metro News, high school sports night, etc. She stated that they are trying to get it from October to January for the firearm and suicide prevention. She reported if you sit on the Child Fatality Review committee or the Domestic Violence review you would know that the reason for this message is that in almost every case they had the firearm was immediately accessible. She stated that it is going to be a very challenging campaign and it will probably not make her the most popular person in West Virginia, but it is not saying get rid of your firearms, they are just saying to keep your guns safe. Del. Summers stated that she thinks that it is a great idea because West Virginia is such a culture of hunting and use of guns and Ms. Faucett is just recognizing that what we have in this state that is part of the culture and how can we work together. Ms. Faucett reported that this will probably be a two-year campaign. Ms. Faucett reports that she and Dr. Kerr are also collaborating on a research study regarding the impact to see if they can motivate some change. Ms. Faucett reported that another part of the campaign is they will be purchasing gun locks on various levels. Ms. Faucett reported that 60 percent of firearm deaths are suicide.

Ms. Faucett reported that she is a part of the AFSP West Virginia chapter which is comprised of volunteers who are survivors of suicide loss or attempt survivors. She stated that they are starting to grow, they are only in year two, but they do several of the “out of darkness” walks as fundraising campaigns throughout the state. It is for individuals who have lost someone or even support the cause. She reported that all the money goes back into AFSP and then they back curriculum and those kinds of things. She stated that she serves as a volunteer and they have four walks upcoming if anyone is interested. She stated that Bluefield’s is this Saturday and registration starts at 10:00am for all of them. Parkersburg’s is October 24th, Moundsville’s is October 25<sup>th</sup> and Charleston is November 7<sup>th</sup>. Ms. Hildreth asked if there was a link where she could like it to the website. Ms. Faucett stated AFSP WV and you could find a walk near you.

Ms. Faucett stated that they try to continue to do education. So far, they have given presentations in 60 schools since the beginning of the school year.

Ms. Faucett reported that Dr. Peterson, at CAMC, who is the Health Net director, has expressed an interest in potential collaboration with her in regard to training for personnel.

Ms. Faucett reported on Suicide Prevention Month. She reported that they have little post-it’s with the life line number on it and they have the kids write positive messages to each other and then when they come to school the next day every locker has positive message.

### **State Fire Marshall (Courtney Rosemond)**

Ms. Rosemond reminded the committee that if they know of anyone who needs a smoke alarm to let her know and she will make sure that they get one.

Ms. Rosemond reported that they have been focusing a lot on data. She and Mr. Rock, who is the other public information specialist, just completed a community risk reduction, a kind of overhaul of information and all of the data they were provided from the investigators and through fatal fires from the fiscal year 2016-2017. She reported there was a total of 70 fatalities, the year previous was 43 so it was a significant increase. She reported that she has looked at data through the years from 2009 up till 2015 and it is on an upward trend right now. She stated that what they are trying to focus on now is what is actually happening. She stated that as she was going through the reports she was starting to see some different things like there are a lot of people ages 25 to around 35 where most of the fires are undetermined because they are burned completely to the ground, but a lot of them had been using drugs, alcohol, things like that so that issue in the entire state with crime, overdoses and things is also reflecting fires as well. She stated that they have really been focusing on the data and the overall conclusion was that actually of those 70 fatalities, and some of them were dead prior to the fire of arson so there was really nothing that could have been done to save them. But, what they actually did realize is that smoke alarms really do save lives. She reported that of the 70 fatalities, of the 60 fires total 7 of them had working smoke alarms, one was a child who was two years old and couldn't get out of the fire, two of the fatalities was from smoking on oxygen. She reported that more than 50 percent of the fatal fires are age 50 and above. She reported that age 65 and above are twice as likely to die in a fire. As far as children from zero to four years old it was 3%, ages five to ten it was 7%, and 11 to 18 years old there were no fatal fires. These figures are for the fiscal year 2016-2017. She reports that children are considered high risk because a two-year-old child cannot necessary get out on their own. She stated that two of the children who passed away last year in a fire, their mother has been charged with their deaths.

Ms. Rosemond reports that they are continuing with their poster contest this year and it ends this week. They will, again, take the winning posters and they will turn them into a calendar. The winners will be announced by the governor's office.

Ms. Rosemond reports that Fire Safety, Fire Prevention week is coming up October 8<sup>th</sup> through the 14<sup>th</sup> and the theme is Escape Plans, having two ways out. It is based on what they have found with smoke alarms, escape plans are the second means of education. She stated that they had a lot of seniors pass away because they couldn't get out of their homes. She reported that a lot of fire departments get involved with fire prevention week, but she stated that they want the focus to remain all year long, not just one week.

Ms. Rosemond reported that Get Alarmed West Virginia kicked off last Saturday, to get smoke alarms into home. They have collaborated with the American Red Cross to do that. She reported that they have reached out to several fire departments and the campaign that they had "Save a Life Sound the Alarm" will be going on in the spring. But the fire departments that have committed are still moving forward with the smoke alarms. On the 23<sup>rd</sup> of September, the state fire marshal and a couple of others from the Institute Fire Department will be doing installs. She stated that they have a goal of 150 installs. She reported that Ken Tyree, State Fire Marshal, has a goal of 250 to 500 smoke alarms. She stated that as they were able to get the messages out more fire departments were reaching out to them.



Ms. Boyce stated that she had asked a family during a home visit where their fire locator was and they family did not know what it was. She stated that she is seeing families that don't know what they are, they don't have them, or if they have them they are worn off and they are blank, or they don't know their number. She thinks that it is something that we may need to revisit again. Ms. Hildreth stated that she did not know what a fire locator was. A committee member stated that it is a sign in the yard so that when you are looking for a home that doesn't have a house number you can still find them. Del. Summers stated that her only thing with fire locators is with the GPS (Global Positioning System) people enter the address and it does take you right to it if the home is in there. Ms. Rosemond stated that she will definably look in to that.

### **West Virginia Hospital Association (Samantha Stamper)**

Ms. Stamper passed out a single handout of a basic overview of the HPP program. She stated that HPP stands for the Hospital Preparedness Program although it is more comprehensive now and the focus is broader than just hospitals. She stated that they have elected to start using the term Health Care Preparedness Program. It is a federal program, so it is the Assistant Secretary for Preparedness and Response or ASPR. The Assistant Secretary for Preparedness and Response is under HHS (Health and Human Services) which is the federal funding office. She reported that each state receives an annual allocation and West Virginia is in the bottom ten percent of funded states due to our population. Initially it was to train, supply and equip hospitals. That was the focus for many years. She reported that five years ago the focus became working with your response partners. You could be prepared within in your facility but if you didn't know how to coordinate with your other partners then you really weren't prepared to help your community. She stated that after that five-year focus this is the first year of a new five-year focus and that is that they have supplied and equipped you and you have trained together and have established relationships so now they want to see you prove and operationalize response. She reported that it is very action and response driven. She stated that they have seven regions in the state that the Center for Threat Preparedness receives federal funding and then there are aside from the hospital association there are others sub-recipient including Dr. Scharman with the Poison Center, WV Primary Care Association and VOAD (Voluntary Organizations Active in Disaster). She stated that the Hospital Association oversees the funding and makes it available to the coalitions, and there are seven. She reported that they are hospital lead coalitions because hospitals were the core members. She stated that it is a requirement that the core membership include hospitals, EMS, emergency management, and public health. She stated that they also have hospice, behavioral health and rehab centers, nursing homes, school clinics and a wide variety of different health care organizations that participate. She stated that all seven of the coalitions do things a little differently but all kind of have the same consistent objectives and those are written in to the National Home Land Security objectives. She reported that the National Home Land Security Objectives cover a lot of different sectors and one of the sectors is health and medical so there are established goals that hospitals and health care entities be able to do certain things. She stated that there is a national expectation that we be able here in West Virginia as it is in other states to be able to respond appropriately and be able to take care of people in the community in a variety of different circumstances. She stated that in the past, they did large functional exercises with a region that would include the hospitals in that region based on the most likely hazards that could affect the facility and it is based on the HVA (hazards vulnerably assessment). She reported that hospital management and other organizations are required to do those. She stated that most of the time it will be a weather event, or it can be an infrastructure or facility issue such as water, lack of water, lack of power, those being the most common. She reported that a popular one is an active shooter

and high impact disease is a fairly common one. She stated that they would use a common scenario and they would make sure that each of those participants had something that they could test, or practice related to their emergency operations plan. She reported that 33 different organizations were getting credit for exercise requirements, for example joint commission, emergency management and nursing homes. She reported that the federal government gave them an evacuation based exercise requirement and provided them with an exercise package that every coalition in the country under the HPP program is using. She reported that the exercise does exclude a lot of the groups that they were working so well with and they were able to include, and it was all mutually beneficial. She reported that there are three core members that are going to participate in this exercise, hospitals because they are the ones who evacuate, EMS because they are the ones who do the transports for evacuation and emergency management because they are the ones who assist when those resources are overwhelmed, and they come up with the plan when they need a place to temporarily triage patients or they need the school system with buses to transport the mobile patients. She stated that a big role they play is working with applicable groups to get information into the hospitals facilitates.

Dr. Scharman reported that the Neonatal Abstinence Syndrome (NAS) Training is going to be directed at prehospital or EMS services and emergency department (ED) staff. She stated that they work very closely with ED nurse managers and ED physicians. The HPP program has a presence in the hospital ED's with training and awareness needs. HPP funding is really directed out at coalitions. This year they will be deciding on what training they will do as a coalition. She stated that hazmat training comes up a lot because it is needed annually and there is a lot of turnover. Active shooter continues or workplace violence, hostile visitors, tend to be popular ones. She stated that they are also providing funding, about \$25,000er region, for them to look at what are some of the gaps they have found maybe from an exercise or going through one of their risk assessments.

### **Child Fatality Review Team (Johanna Bosse)**

Ms. Bosse reported that her unit is fully staffed. Within the unit they have the child fatality review, domestic violence, and Ms. Molitor secured a grant through the CDC (Center for Disease Control) for the national violent death reporting system so they have that as well and they also work with the Office of Violence and Injury Prevention on the opioid death portion of their grant. She reported that this year they have around 450 violent deaths. She reported that during the last six months of 2016 they had around 400 opioid deaths. She reported that she wrote the 2014 child fatality review panel report and it is on the state legislatures website. She stated for the 2015 child fatality review, they should be finished reviewing all of 2015 preventable deaths at their next meeting the first week of October and she can start writing the 2015 report which will be due around December 1<sup>st</sup>, which will be reviewed and go to the legislature. With the 2014 report, she reported that they made 35 recommendations that came out of those preventable deaths. She asked the committee to look at those and see if anything has been done on any of the recommendations, and if they see anything that has been done notify Ms. Hildreth, and she will forward it to them, so they can see that some of the things that they are recommending is happening. She reported that between 2014 and 2015 the top three causes have pretty much stayed the same, unsafe sleep, vehicles and ATVs, and suicides. Ms. Hildreth asked Ms. Bosse, when she mention the number for violent deaths for this year she there was around 450, she asked what most of those deaths were from and Ms. Bosse stated from suicides. Ms. Bosse reported that the report on violent deaths for the national violent deaths is real time so the track them. Ms. Faucett reported that is 2015 the

number of suicide deaths was 340. Ms. Rosemond stated that she did not have the numbers, but she is starting to see a lot of fire related suicides as well.

### **Legislative Updates (Delegate Summers)**

Del. Summers stated that Ms. Hildreth reached out to her recently and asked if she could give an update on bills that were passed, some legislative action that revolved around children.

Del. Summers reported that because of the increased drug problem there was House Bill 2083 where they increased the penalties for people who exposed their children to methamphetamine manufacturing where they are cooking it in the house and exposing children. The penalties were increased from one to five years to two to ten years and if your child suffers serious bodily injury it is three to 15 with \$25,000.00 fine as a possibility.

Del. Summers reported that Senate Bill 225 is allowing magistrates the ability to issue temporary emergency protective orders, there was an area lacking there that they needed them to be able to step in and help them with.

Del. Summers reported that Senate Bill 445 there was a law put forth that addressed if you were a child conceived of rape your parent that caused this rape to occur can get custody of you. She stated that it did not flow with the US Department of Justice federal law, so they needed to change it to say that a child who is conceived of rape is considered an abused child to that rapist so that the other parent could terminate the rights of that parent.

Del. Summers reported that House Bill 2318 dealt with human trafficking and they are seeing a big uptick in that in WV. People are selling their children for sex to get drugs. She stated that the WV law used to say you had traffic two kids, so they changed that to traffic one child. She stated that they also removed the ability for these minor children to be charged with prostitution or solicitation because their not doing it voluntarily.

Del. Summers reported that she wrote a bill this year House Bill 2301, and being the Vice Chairman of Health, 97 percent of children in WV are covered with health care, but they do not have enough access to health care to care for everyone. She increased the ability for Nurse Practitioners to see patients more easily. They have the scope of practice to do it, but WV law regulated them to where they could not practice to their full scope. She reported that the past year they did the same thing for Physician's Assistants. She reported that she passed a bill called Direct Primary Care where it provides another model of care for some people to go to when there is no insurance at all. She reported that with the Direct Primary Care model you have access to your physician almost 24/7.

Del. Summers reported that they are trying to improve telemedicine. She stated that they keep changing that bill each year as they find ways that it's not working. They did a big broadband access bill to try to get better broadband access in WV because telemedicine cannot work without broadband.

Del. Summers reported that bus drivers can now do the epi pen if the child has it. They did a bill so that the nurses can do Narcan. If you are under 18 you cannot tan anymore.

She reported that Senate Bill 76 is called the Second Chance for Employment Act. She stated that they were having a lot of testimony from parents that they committed a crime when they were 18

or 19 years old and now they were in the welfare system because no one will hire them because of the felony. She stated that it does take ten years for you to have a clear record then you can go through the court system to see if you can have a second chance. There are certain crimes that you cannot have a second chance, including violence. Del. Summers stated that it does not completely remove from their record, but it does reduce the felonies. She stated that they have tried to find a way to classify these felonies now as misdemeanors under this law.

Del. Summers reported that it is a crime now if you distribute sexual images and someone did not consent for you to do that.

Del. Summers stated that there was legislature passed on marijuana, but it will not go into effect till 2019 because there are a lot of things to work through and a lot of lessons to be learned from Colorado, Washington state, and other states that have done this and they will be able to give us their lessons learned. She stated that there are a lot of parents that have children with seizure disorders were begging for this opportunity.

Del. Summers reported that health care providers can render care at school during athletic events with immunity now. She stated that it is not complete immunity, you can't be negligent or do something that would not be appropriate care.

Del. Summers stated that the last two things that she had, had to do with drug awareness. She reported that they are requiring comprehensive drug awareness and prevention programs in schools for sixth through twelfth grade. She stated that they have secured funding to establish additional substance abuse treatment beds using the money from the settlements from the big drug companies.

Del. Summers stated that the foster care system is exploding in our state. She reported that this is going to be our crisis for this year that they are really going to have to talk about and where funds are going to go, but with the drug epidemic there are not enough homes to take children.

### **Other Business**

The committee would like to thank Michael Angelucci and Marion County Rescue Squad for lunch.

### **WRAP-UP/AJDOURN**

Dates for future meetings.

Annual Meeting, December 13, 2017

Location: WV RETI Training Center, Flatwoods

Time: 10:00a.m. to 2:00p.m.

Del. Summers made a motion to adjourn the meeting. Meeting was adjourned.