



**EMS for Children Advisory Committee  
 Medical Coordination Center  
 Flatwoods, WV  
 Meeting Minutes  
 June 13, 2018**

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
<b>CORE</b>					
Angelucci	Michael	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
Boyce	Patty	Core	Yes	Family Representative	Yes
Hildreth	Vicki	Core	Yes	EMSC Grant Manager	Yes
Hurley	Marty	Core	Yes	Nurse with Emergency Pediatric Experience	Yes
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)	No
Mills	Michael	Core	Yes	EMS State agency representative (e.g., EMS medical director, EMS administrator)	Yes
Rockwell	Sherry	Core	Yes	EMSC Principal Investigator	Yes
Rundle	Todd	Core <b>(CHAIR)</b>	Yes	Family Representative	Yes
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)	No
Spaulding	Deana	Core	Yes	Family Representative	No

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Wright	Melvin	Core	Yes	Physician with pediatric training (e.g. pediatrician or pediatric surgeon)	No
<b>HRSA RECOMMENDED</b>					
Anderson	Trudi	Recommended	Yes	School Nurse	No
Bosse	Johanna	Recommended	Yes	Child Death Review Representative	Yes
Cramer	Cindy	Recommended	Yes	Highway Representative	No
Dozier	Robert	Recommended	Yes	Data Manager	Yes
Edmond	Steve	Recommended	Yes	State Trauma Manager	No
Elswick	Carolyn	Recommended	Yes	Disaster preparedness representative	Yes
Golden	Mekell	Recommended	Yes	Recipient of MCH block grant for CSHCN	No
Green	Lisa	Recommended	Yes	Hospital Association Representative	Yes
Hall	Connie	Recommended	Yes	Ambulance Association Representative	Yes
Kinsey	Chris	Recommended	Yes	Highway Representative	No
Kranz	Jim	Recommended	Yes	Hospital Association Representative	No
Longstreth	Linda	Recommended	Yes	Legislator	Yes
Loudin	Sean	Recommended	Yes	Medical Doctor	Yes
Molitor	Maggie	Recommended	Yes	Child Death Review Representative	No
Pile	Ana	Recommended	Yes	Police Representative	No
Samples	Alisha	Recommended	Yes	Fire-based EMS Representative	No
Stamper	Samantha	Recommended	Yes	Hospital Association Representative	
Summers	Amy	Recommended	Yes	Legislator	
Thomas	John	Recommended	Yes	EMS Training Manager	Yes
Vacant	Vacant	Recommended	Yes	Bioterrorism representative	
Vacant	Vacant	Recommended	Yes	Parent teacher association representative	
Vacant	Vacant	Recommended	Yes	Tribal EMS Representative	
<b>ADHOC</b>					

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Boggs	Amy	Adhoc	No	WV Governor's Highway Safety	No
Brown	Ronda	Adhoc	No	St. Mary's Medical Center	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
Denny	Margaret	Adhoc	No	Sexual Assault Nurse Examiner (SANE)	No
Douglas	Doug	Adhoc	No	Charleston Area Medical Center	No
Faucett	Barri	Adhoc	No	WV Adolescent Suicide Prevention and Early Intervention	No
Gaskins	Rebecca	Adhoc	No	WVU Medicine	No
Grant	Joshua	Adhoc	No	West Virginia Department of Education	No
Grose	TFC Rachel	Adhoc	No	West Virginia State Police Crimes Against Children's Unit	No
Hamilton	Candice	Adhoc	No	WV Chapter of American Academy of Pediatrics	No
Hardway	Anna	Adhoc	No	WV Save the Children	No
Herbert	Matt	Adhoc	No	St. Mary's Medical Center	No
Huggins	Franklin "Chip"	Adhoc	No	WVU – Charleston Department of Clinical Pharmacy	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
Kerr	Patrick	Adhoc	No	WVU Dialectical Behavioral Therapy Services Program, Department of Behavioral Medicine & Psychiatry, West Virginia University School of Medicine	No
Knight	Marsha	Adhoc	No	Cabell County EMS	Yes
Kuhl	Mary	Adhoc	No	Maura Rae Kuhl AED Foundation	No

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Leonard	Olan	Adhoc	No	Weirton Ambulance Service Authority	No
Maxwell	Stefan	Adhoc	No	CAMC Womens & Children's Hospital	No
McClure	David	Adhoc	No	Cabell County EMS	No
McKitrick	Johana	Adhoc	No	CAMC Womens & Children's Hospital	No
Miller	Cathryn	Adhoc	No	WV Save the Children	No
Miller	Meg	Adhoc	No	U.S. Department of Transportation	No
Murphy	Cindy	Adhoc	No	City of Clarksburg Fire Department	
Owens	Shaneka	Adhoc	No	U.S. Department of Transportation, Federal Highway Administration, WV Division	No
Peal	Debbie	Adhoc	No	HealthNet	No
Phillips	John	Adhoc	No	WVU Medicine, Children's Hospital	No
Pickens	B.A.	Adhoc	No	Wood County Sheriff's Office	No
Raynes	Melissa	Adhoc	No	WV Office of Emergency Medical Services	Yes
Richards	Tony	Adhoc	No	WV Safe the Children	No
Robinson	Thomas	Adhoc	No	Charleston Fire Department	No
Rodriguez	Ramona	Yes	No	WVU Medicine Jon Michael Moore Trauma Center	No
Rosemond	Courtney	Adhoc	No	WV State Fire Marshal's Office	No
Sammons	John	Adhoc	No	Marshall University	No
Sanders	Sarah	Adhoc	No	WV Violence and Injury Prevention	No
Scharman	Elizabeth	Adhoc	No	WV Poison Center	No
Seegar	King	Adhoc	No	Pendleton Community Care	No
Sowards	Yolanda	Adhoc	No	Appalachia High Intensity Drug Trafficking Area	No
Stanley	Timothy	Adhoc	No	Tyler County Unit No. 1	No
Summers	Dan	Adhoc	No	WVU-HSC; Emergency Nurses Association	No

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
Sutler	Robert	Adhoc	No	Charleston Fire Department	No
Thomas	Mike	Adhoc	No	JanCare Ambulance Service	No
Tucker	Jeanne	Adhoc	No	Office of the Chief Medical Examiner Child Fatality Review Team	Yes
Tyree	Ken	Adhoc	No	WV State Fire Marshal's Office	NO
Weller	Jamie	Adhoc	No	City of Martinsburg Fire	No
White	Jeff	Adhoc	No	Adhoc	No
White	Rita	Adhoc	No	Kanawha County Emergency Ambulance Authority	Yes
Workman	Victor	Adhoc	No	Cabell County EMS	No
Last Name	First Name	Appointment Type	Voting Member	Role	
<i>Guests</i>					
Woodrum	Larette	Gues	No	Marion County Rescue Squad	No
Shaner	Rachel	Guest	No	Marshall University – Pre-nursing Student	No

The Emergency Medical Services for Children (EMSC) Advisory Committee met at the Medical Coordination Center in Flatwoods, WV on Wednesday, June 13, 2018. Co-Chair Mr. Rundle called the meeting to order at approximately 10:00 a.m.

**WELCOME**

Mr. Rundle welcomed members and guests. The membership and guests introduced themselves and described their respective affiliations. Mr. Rundle stated that the minutes from the last meeting are not available at this time and they will be presented at the next meeting for approval.

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

Ms. Raynes stated that year-to-date EMS agencies have ran nearly 490,000 runs. There are 6,200 certified personnel, 3,700 of which are active on runs at any given time. She reported that Naloxone administrations years-to-date are approximately 2,400 and if they stay on track with what they have been seeing during the first five months of the year they will be under what they saw in 2016 and 2017. She reported that they saw over 7,000 both years. Over 200 agencies are licensed and 1,241 vehicles. The average response time is 123 minutes which is from the time the unit is notified until they are back in service. She stated that on their online complaint system, 503 complaints have been submitted with 84% being closed.

In conjunction with the healthcare preparedness program, EMSC received funds to obtain 57 child safety restraints, which were distributed those to six EMS (Emergency Medical Service) agencies in the state based on their call volume of pediatric patients.

She reported that they are also working in conjunction with the preparedness program and the hospital association on the statewide “Stop the Bleed” campaign. They are working to get “Stop the Bleed” trainers in all the hospitals. The Center for Threat Preparedness is also working to get some of the trainers to some of the local health departments.

She reported that they are encouraged to see an increase in 2018 and 2019 “Always Ready for Kids” hospitals that are seeking that designation.

She reported that they have completed the behavior training which they have been working on for a couple of years. It addresses dealing with behavioral issues for the patients and self-care of the provider.

She stated that their next big project for this group is going to be human trafficking which she will talk more about at the September meeting. In response to Senate Bill 510, they are working with the STROKE advisory council. There are four levels of designation for stroke: Comprehensive, thrombectomy-capable, primary stroke centers, an acute stroke-ready. As of this month they are open for receiving applications. There are six facilities in the state now that have national designation and they anticipate they will be seeking state designation as well.

Ms. Raynes reported that the Morgantown office is now closed. To contact their trauma staff call the Charleston office and they will get you in contact with them.

Ms. Raynes stated that they are working on a project given by the legislature with the passage of Senate Bill 272 for a number of projects, included in the legislation for opioid reduction and elimination of the opioid problem. The piece that OEMS (Office of Emergency Medical Services) is involved in is a \$1,000,000 purchase of Naloxone for first responders. She stated that with that \$1,000,000 they were able to negotiate with a vender and get over 34,000 doses of Naloxone, 7,800 of those are going to the state police, 8,200 to the fire marshal and 8,000 are being focused on the eight high risk counties identified based on their population, Naloxone administrations and overdose deaths. The remaining 10,000, she is currently receiving applications from fire and EMS for allotments of 200 doses each. She reported that distribution will be completed by June 30<sup>th</sup>. Mr. Rundle asked what the counties are. Ms. Raynes stated that the eight counties are Ohio, Monongalia, Berkeley, Cabell, Kanawha, Harrison, Raleigh and Mercer. Ms. Raynes stated that historically, Cabell county has accounted for 25% of the Naloxone administrations for the state.

She reported that they are also working on a project for the fire/EMS sub-committee for the legislative session that they just had in May on dispatch response times.

Ms. Raynes stated that she is very pleased with the Neonatal Abstinence Syndrome training that was rolled out as a sub-committee of the EMSC group. She reported that there were over 100 individuals who were trained. Ms. Boyce reported that Skill Builders (a service coordination agency for WV Birth to Three) and WV Birth to Three (WVBTT) are holding a statewide Service Coordination Conference on October 2, 2018 at the Disability Action Center in Fairmont. Ms. Boyce had talked with Dr. Loudin and he has graciously volunteered to come and speak to the service coordinators about Neonatal Abstinence Syndrome. WVBTT Service coordinators report that anywhere from 25% to 75% of their total caseloads are babies who were born with toxic exposure. Ms. Boyce asked that Dr. Loudin talk to the group about what red flags to look for, what the resources are for the children, what therapies they may benefit from, therapeutic handling techniques, etc. so that the children can receive the appropriate early intervention while in the WVBTT program. Dr. Loudin has agreed to speak to the service coordinators at no cost.

Ms. Hildreth thanked Ms. Elswick for the ACR (Ambulance Child Restraint) funding. She stated that the agencies that received them are very happy. Ms. Hildreth stated that she had the opportunity when she went to Cabell county EMS to train on how to use it. Ms. Knight explained what an ACR is. Ms. Knight explained that is a package deal that has universal straps that hook to the cot and then there are four different size devices from large down to extra small and it is weight based for the child and from a range of 4 pounds to 99 pounds. The current Pedi-mate is ten pounds and above. She stated that you chose the device you want, and it lays on the cot and hooks to the universal seat belts and you can secure the child with a five-point restraint. Ms. Boyce stated that the hospitals are discharging babies at four pounds.

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

Dr. Mills reported that community para-medicine program is currently in in five different agencies and it appears to be extremely successful in Kanawha county. He stated that the last data that he received showed there is an approximate 85% re-admission reduction rate compared to the national average of 45%. He stated that there is no national funding for it yet so they are starting to work on a funding stream. The local hospitals are supporting the program for select individuals who are frequent re-admissions to the facilities and the hospitals are saving re-admission penalties.

He reported that in the state of West Virginia we have a unique program called C3IFT (Class 3 Interfacility Transport) which is a paramedic who has had a few extra weeks of training in interfacility transport. They have not had a protocol update for five to seven years, so they have been reviewed, they have been approved by the MPCC (Medical Policy Care Committee), they have gone out for a 30-day comment period, they have been received back and they are being finalized and they expect that the protocols will be released shortly. He reported that Critical Care protocols have also not been revised for probably seven or eight years and after a two-year period of meeting frequently the CCT (Critical Care Transport) sub-committee has revised those. They have added several new medications, a lot of new scope of practice procedures and they will be meeting the next to the last week of this month to finalize that and then set up training for CTT providers and C3IFT providers, so they will be doing a statewide protocol. He reported that one of the interesting educational sessions that is coming up this year will be a cadaver lab sponsored by Teleflex. He stated that they attempted to get a discount on their Intraosseous needles. He stated that he couldn't get that, but they offered the lab in lieu of a discount so they accepted their proposal. He stated there will be a notice going out on the webpage forthwith that will announce the date and time. He stated that there is only room for 80 people in the program, but they are hoping to have twice that many apply for it because if they do they will come back in six months and do it again. It is a very good anatomical review for paramedics with an experience that they don't get in the colleges that they are attending to get their initial certification.

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

Ms. Rockwell reported that we are in our new EMSC (Emergency Medical Services for Children) grant period. She reported that we were successful in obtaining the new grant for EMSC. She stated that they wanted to give an overview of what that grant looks like, what we will be hearing from Ms. Hildreth and herself on what they will be working on during the coming four or five years. She stated that she will be referencing "Emergency Medical Services for Children Performance Measures" and "EMSC 02 Pediatric Emergency Care Coordinator (PECC)" that were provided to the committee. Ms. Rockwell stated that if anyone does anything related to EMSC and would like to use the logo, please let Ms. Hildreth know and they encourage the use of this logo for things that you might be doing. Ms. Rockwell stated that in West Virginia the pediatric population, which for EMSC is 18 years and younger, is approximately 21% of our population. In 2016, the pre-hospital data system which is called PreMIS demonstrated that there were 554,252 patient transports and four percent of those transports were children under the age of 18. In 1984, Congress enacted legislation that allowed federal funds to be utilized for the EMSC program and this program is administered by the US Department of Health and Human Resources (HRSA) and the Office of Maternal, Child and Family Health

Bureau. The EMSC provides grant funds to help emergency medical services to improve emergency medical services for critically ill and injured children in the states, the US territory's and the District of Columbia. She reported that the aim of this program is to reduce childhood death and disability caused by severe illness or injury and hopefully to ensure that all children and adolescents regardless of where they live, attend school, travel and receive appropriate care in a health emergency. Since its establishment grant funding has been provided to all 50 states, the District of Columbia and all five US Territory's. In West Virginia the program is housed within DHHR (Department of Health and Human Resources) within the Bureau for Public Health within our office of EMS and rest within our Division of Trauma, Designation and Categorization. She reported that this program has received funding consistently since 2009. She reported that they did receive notification that they are funded through 2023. She stated that the committee will be hearing them talk more about the EMSC performance measures during this grant period. The performance measures are a systematic, uniform process focusing and measuring what's going on in each of the EMSC programs in the United States at a state level. All grantees are required to report on each of each of the specific measures yearly and sometimes more often than that. These are bench marks that were originally implemented in 2004 to measure the long-term progress of these programs in key areas of emergency care. They are bench marks that really are looking at ensuring that operational capacity that the states can provide emergency care for the pediatric population, they are setting training requirements for pediatric emergency care for pre-hospital providers, and they are establishing permanence for this program within each of the states. She stated that is what each of the performance measures are intended to do. She reported that the measures were revised in 2009. There are ten existing performance measures, there are hospital measures, hospital system measures, and then again establishing permanence. In 2017 they revised these measures and it was a result of all the data they had collected from 2004 and now there are nine performance measures. She reported that three of them are new and relate directly to pre-hospital measure. There are hospital-based systems and then there are measures that they want them to report on how they are establishing the EMSC permanence within the state. The first performance measure is the degree to which our pre-hospital agencies submit NEMSIS (National EMS Information System) compliant data which is the most recent version to our state EMS office. The goal right now is July 1<sup>st</sup> that the new NEMSIS data set will be utilized in West Virginia and they will submit the data to the state and all current pre-hospital agencies will implement the process. Mr. Dozier stated that in July the transition will begin. He reported that around the beginning of the year they should have everyone transitioned to version three. Ms. Rockwell stated that Performance Measure Two is the percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care. Performance Measure Three is the percentage of the EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. These are the performance that really deal with the pre-hospital. Performance Measure Four is the percent of hospitals with an Emergency Department (ED) that have a program that are able to stabilize and/or manage pediatric medical emergencies. Performance Measure Five is the exact same thing except it is for trauma emergencies. That is what the ARK (Always Ready for Kids) program is designed for in the state of West Virginia to help them meet Performance Measures Four and Five. Performance Measure Six is the percentage of hospitals with and ED that have written interfacility transfer guidelines that cover pediatric patients and that include pre-defined components of transfer, so it is making sure the kids have a process to transfer them. Performance Measure 07 the percentage of hospitals with an ED that have written interfacility transfer agreements with hospitals to cover pediatric patients. Performance Measure 08 is the degree to which the state has established permanence of EMSC in the state EMS system. Performance Measure Nine is the degree to which the state has established permanence of EMSC in the state EMS system by integrating EMSC priorities into statutes or regulations. She stated that the goals that have been federally set for all the states are that by 2020 they want to see 30% of the agencies have a designated individual who coordinates pediatric emergency care. By 2023 they would like to see 60% of the squad and pre-hospital agencies have a PECC (Pediatric Emergency Care Coordinator) and by 2026, 90% of the agencies should have a PECC. She reported that West Virginia, with Ms. Hildreth's coaching, has gotten a 100% response rate to the national survey that was sent out by NEDARC (National



EMSC Data Analysis Resource Center). In the 2017 - 2018 response, currently when this was conducted, 16% of our agencies or 21 of the 129 had a designated PECC. Six additional agencies said that they would like to have a PECC and 45 agencies said that they were interested. The goal during this grant period is to have at least 39 of the agencies having a PECC. She stated that they have presented this to EMSAC (Emergency Medical Services Advisory Council) and they asked that EMSC, the pediatric population, be added to the special interest of that group and that was granted. They went yesterday and did the presentation and they have asked for a formation of a small sub-committee to help to look at what this PECC should be, the role and responsibilities, what the function of that would be, what resources does a PECC need for their agency and to establish some of the guidelines and rules. Ms. Hildreth has gotten a response that there are at least four people that have signed up to be on the sub-committee and they are soliciting people that would be interesting in doing that. She stated that part of their work plan that they have to submit is making sure that the committee is informed with the process. She stated that they next one that they will work on with the agencies is the pediatric specific equipment. They are going to present that at the next EMSAC meeting and come up with a small sub-committee.

Ms. Rockwell stated that the Pediatric Symposium went great. Sixty people came, and the evaluations were amazing. They are planning another one in the fall. It is for pre-hospital providers, acute care facilities, nursing staff, ancillary personnel.

Always Ready for Kids program has a visit scheduled on August 1<sup>st</sup> with WVU hospital and Ms. Hildreth and Ms. Rockwell has made a visit to Summersville and they are very interested.

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

Ms. Hildreth stated that they received Federal funding for FY 2018 - 2018, however, they have not fully funded them, they have partially funded them. The grant is funded yearly at \$130,000 and they only got an NOA (Notice of Award) for \$61,555. She consistently sends messages to her project officer asking for the status and they tell her that it will be soon. She stated that they have been told there aren't going to be any issues.

Ms. Hildreth reported that they developed a committee to work on the West Virginia Stop the Bleed training initiative. They were able to utilize HPP (Healthcare System Preparedness Program), EMSC and some hospital association funds and purchase Stop the Bleed trainer kits and tourniquets for all 50 hospitals in West Virginia. Doug Douglas with CAMC (Charleston Area Medical Center) and Leslie Willard with WVU (West Virginia University) who have agreed to go out and train all the hospitals on Stop the Bleed and they are delivering the equipment for them. Ms. Green with the hospital association is tracking the training and where the equipment has gone. Ms. Hildreth stated that the first phase is to get the hospitals trained with the thought that they hospitals go out and train their communities by June 2019. Then they want to focus on getting into the schools because they want to get the kids trained. She reported that it is going extremely well. A committee member stated that she is with the hospital association and she has been working with Ms. Hildreth mostly on this program and just recently discovered in Wheeling the training that was delivered at OVMC (Ohio Valley Medical Center) has gained a lot of media attention. There was a huge article that come out this week because once they were trained they did go out into their community and donated she believed 57 kits to some of their community organizations. Ms. Hildreth stated that Mr. Douglas has done a really good job working with the counties that he goes into to train people. He has gone to EMS, the county commission and different people and they are starting to fund wall mount kits to put into the schools so that when EMS, fire, police goes in on a scene they can all be trained on exactly where to find the wall mounts. A committee member stated that they were at a public health conference this past Friday in the northern panhandle and Louis Vargo, one of the emergency managers did Stop the Bleed at the conference. Ms. Hildreth stated that she sent an email to all of the hospital CEO's (Chief Executive Officer) and their trauma program managers, the ARK contacts and she has gotten back some very positive comments.

Ms. Hildreth stated that they were able to use HPP funds and purchase blood gas charts and bedside references that STABLE (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support) produces. They also used HPP funds to provide STABLE trainings and were able to give the blood gas charts and bedside references to the participants. She has extras that are available. Mr. Dozier pulled some data for EMS agencies that do CCT transports and they are going to send them to the agencies that has those, so they can go on the trucks and they are also sending them to all hospital emergency departments for their crash carts.

Ms. Hildreth put together a document for the committee that highlights what has been accomplished between December 2008 and June 2018.

Ms. Hildreth stated that she had a meeting recently with Amy Boggs, with the WV Governor's Highway Safety program, and they are going to let Deana Spaulding, their FAN representative lead this because they developed the Stay Alive Just Drive video that was based on the death of Deana's daughter, who died as a result of a drunk driver with nine previous DUI's (Driving under the influence). So, they created the ten-minute video that is free to anyone who wants it, it is also available on the WVOEMS website. She is getting a lot of surveys back from the juvenile detention centers and they are using it a lot. It is also in the correctional facilities. They would like to see the program grow. They are going to form a very small sub-committee to look at developing posters with appropriate material from the law enforcement to tell them what some of the laws are. She stated that they have a little bit of funds now to produce them to hand out. They are looking for volunteers for the committee. The first meeting will probably be face to face and everything else will be handled via email. Contact Ms. Hildreth if you are interested.

Ms. Hildreth stated that they purchased \$239,000 worth of Pedi-mate child restraints to where they were able to make them mandatory equipment list item on the ambulances. She stated that she has ten remaining if anyone know of any agencies that need them.

Ms. Hildreth stated that they were able to purchase about 700 of the "Kid's Guide to Standing Up to Bullying". They gave a big box to Barri Faucett with the WV Adolescent Suicide Prevention and Early Intervention to distribute because they are in the schools doing the training. She stated that she does have some available if you have a small event, you need to go into a school, it is a subject you are passionate about she can provide you with some for a few classrooms.

Ms. Hildreth stated that they distributed the "Wrong Baker Pain Scales" a few years back and put them on all the trucks, sent some bigger ones to the hospitals, she still has some remaining. She is planning on taking them to some of the symposiums and trainings that they do and distributing them.

Ms. Hildreth had ordered hospital Communication Boards in the past. They ordered First Responder Communication Boards. She stated that they had the opportunity as our state to provide input to this company for the First Responder communication boards and this is the result. She still has some if anyone would like them.

Ms. Hildreth stated that if you are doing a safety event, EMS agency, a hospital, etc. contact her if you need materials like coloring books, crayons, bookmarks, etc. She states that she also has pamphlets on water safety.

### **FAMILY AREA NETWORK (FAN) (Todd Rundle)**

Mr. Rundle will give a legislative update at the next meeting in September.

He stated that one of the new things FAN has done is they were asked by the court systems in West Virginia through the West Virginia State Supreme Court go to high schools on Constitution Day. He was asked to be

one of those speakers and he volunteered to go to a couple of schools in his county (Marion). He stated that they not only talked about the judicial process, but they talked about bullying including the effects and legal consequences of bullying as well as stated policy through the Department of Education.

He also talked about the effects of DUI including what you can do not to get in the car, abstinence and so forth and talked about the laws on that. He stated that he is trying to get some of the judicial individuals to go speak at the high schools statewide to talk about those two concepts. He stated that those are the two things that they are seeing in every county that is causing major problems in the school system. He stated that by the end of next fiscal year at least in Marion county for a pilot program they plan to visit every high school and they will talk about the effects of drinking and driving specifically and they are going to tell some stories. By the end of May 2019, there are six businesses in Marion county who have volunteered, and they plan to get more, for a cost share to pay for a taxi and they are going to offer a phone number to all the students in the three high schools in Marion county that they can call if they get in that situation. Ms. Boyce asked about the legality of underage drinking and how they were going to handle that. She wondered if that would stop them from calling, thinking that they were still going to get into trouble. Mr. Rundle stated that they have not worked everything out yet. He stated that the primary thing is to get into all three schools in Marion county and provide the number and tell them about the program. This is going to be a community support program.

### **THE PROS/CONS OF PRE-SPORT PARTICIPATION SCREENING (John Phillips, MD, FAAP)**

Dr. Phillips stated that he is chief pediatric cardiologist at West Virginia University Medicine Children's with a sub-specialty training in electrophysiology, pediatric and adult congenital abnormal heart rhythm specialist and he states that how he originally got involved in this committee's mission. He stated that he was asked to talk about the benefits of ECG (electrocardiographic) screening in athletes in America. He stated that the condition to be detected has to be of public health importance, have an effective test for detecting the condition in its sufficiently early stage for intervention, there are available effective treatments for the condition when it is detected, there is evidence that early treatment before onset of symptoms leads to better outcomes and screening program is feasible in a cost-effective manner. Systemic screening of athletes for preventing sudden cardiac death would be justified if cardiovascular disease risk is sufficiently common to warrant the screening effort, test to distinguish athletes at risk from healthy athletes are available, restriction of sports activity significantly reduces the risk of sudden cardiac deaths, treatment before the onset of symptoms alters the natural course of the disease and decrease mortality. He stated that you would have to say yes to all of these to determine if ECG screening would be the right thing to do for all athletes and the screening program would have to be cost effective. He stated that the most recent guidelines from the American Heart Association (AHA) and the American College of Cardiology reported that about 76 people between the ages of 12 and 25 died from sudden cardiac deaths in America per year from participating in sports. He stated that there are approximately 10,000,000 children that would fall within that category and 76 of them would die suddenly, compared to cystic fibrosis where 103 die, 193 deaths from accidental firearm discharges, 273 from drugs, 631 deaths from drowning, 11,000 deaths from motor vehicle accidents, over 4,000 suicides between 12 and 25 years per age in America. He stated that the scope of what they are trying to accomplish to decrease the number of deaths of this patient population is relatively small compared to other issues. Dr. Phillips gave a list of the top five abnormalities that cause sudden cardiac death with sports that an EKG (electrocardiogram) is 80% sensitive in finding. He gave a list of three additional abnormalities that may cause sudden cardiac deaths in athletes that are not easily detected by ECG's. He reports that of the top four causes of sudden cardiac deaths in athletes, two of the most common are not going to be picked up by the ECG. He stated that it is recommended by the AHA 14-point screening guidelines and those of other societies be used by examiners as part of a comprehensive history taking and physical examination to detect or raise suspicion of genetic or congenital cardiovascular abnormalities. He stated that there is a list of questions that should be in every pediatric patients' chart, not just the athletes. Dr. Phillips read the questions for the group at the request of Ms. Hildreth. The second thing that they recommend is standardization of the questionnaire forms used for pre-

sports participation forms in America. He reported that eight to 12% of sudden death, the first symptom is the death itself, that is the problem. Ms. Hildreth asked Dr. Phillips, as the EMSC's sub-committee begins its work on sudden death for athletes, what does he recommend? He suggested that if the committee wants to do ECG screenings on a small scale he would be happy to help read the ECG's and it should be for everyone and do good history and physical with the ECG's. He stated that his other interest within sudden death are AED's (automated external defibrillator) which he feels pairs up beautifully with EMSC. He wrote a paper in 2012 about the school-based AED programs in the state of West Virginia and what he found was that 76% of all public high schools had an AED, of the ones who returned the surveys. Sixty-two percent of public middle schools and 67% of private schools in West Virginia already had AED's. Since that time, he is the medical director for the school-based AED program in Monongalia county and he is the physician liaison to two different foundations within the state of West Virginia that was started by parents who lost children to sudden death. He reports that all the schools in Monongalia, Putnam, Kanawha county have AED's. By law, they have to report to the EMS agencies that the schools have AED's, where they are located and how many they have. He stated that defibrillation is the number one way to save a person who goes in the field even before doing breaths or CPR (Cardiopulmonary Resuscitation). He stated that he would like a statewide data base of where the AED's are, what school they are in, where they are, who doesn't have them, track pad and battery expiration and send school reminders that they are expiring and go into schools and make sure that their programs are fully functional. Ms. Boyce asked about the free-standing sports field in the state that are not actually associated with a school. Dr. Phillips stated that it would be great if this committee got involved in ensuring that the AED's travel to the free-standing facilities. He reported that schools in the state of West Virginia are not required to have AED's. He stated that they do not feel that there needs to be a legislative mandate to put AED's in schools because most schools already have them. What we do need is organization to ensure that they work appropriately. The way to determine how many AED's are necessary for a school is a one-minute brisk walk to the AED and one-minute back to any part of the school. Ms. Scharman stated that one thing for the sub-committee to develop would information to assist donors in purchasing the right AED and providing it to the school or organization with the appropriate support.

#### **WV EMSC ECG PILOT PROJECT (Rita White)**

Ms. Hildreth provided a list of the sub-committee members and their mission, goals, and objectives to the advisory committee. The sub-committee has decided to meet face-to-face for their first meeting and by email after that and then report back to the advisory council at a later date.

#### **FAMILY AREA NETWORK (FAN) (Patty Boyce)**

Ms. Boyce stated the committee has talked in the past about the lack of knowledge about the resources in the state and national resources. Every county has different agencies and there are a lot of state and national resources. She stated that she has people call her almost daily for resources. She has started putting together a list of all resources, listed by name of resource, a description of what the resource is for, what counties they service, contact information and website link. She stated that it is going to be an ever-changing list because resources come and go due to lack of resources, changes in the needs, etc. Once the list has been developed, then decide how to put it on the website. She reported that they can be listed by county, by state, national, by what they do, etc. She stated that she feels the first thing that needs to be done is to compile the list. She stated that there are multiple resource guides in the state but there is not one master list of resources. Mr. Rundle stated that there is a lack of knowledge of resources especially for the more rural counties. Ms. Boyce stated that her goal is to make it as user friendly as possible. Ms. Hildreth stated that she had talked with Ms. Boyce about forming a sub-committee to work on this project because there are a lot of resources. Ms. Boyce also asked the committee members to forward resources for her to add to the list from all parts of the state.

#### **BEHAVIORAL/PSYCHIATRIC EMERGENCY TRAINING (Marsha Knight/Vicki Hildreth)**

Vicki Hildreth and Marsha Knight gave an overview of the training. Ms. Knight stated that they want this training to be interactive. Ms. Hildreth stated that they are going to include law enforcement in this training because there is a tiny medical component and there is also a component on how to talk to a psychiatric or behavioral patient. Ms. Knight stated that there is no training at this time that teaches de-escalation skills which are included in this training. Ms. Knight reported that there are three videos in the training. Ms. Knight showed one of the videos in its entirety that is being used as an introduction. Ms. Hildreth stated that she received permission from a gentleman in Canada to use the video. They are then going to talk about why you got into EMS. They will then give an introduction of what they are hoping to accomplish out of this training, to have some interaction about recognizing and managing patients who are experiencing behavioral and psychiatric emergencies. Ms. Knight stated that they will define what a behavioral and psychiatric emergency is and some of the strategies for managing those patients, the ones who are violent, those who are at high risk for suicide and those patients who have the potential to be a danger to you. She stated that stress management is a big issue with EMS. They provide some techniques, options, resources, helplines, contacts, etc. for the provider. Ms. Hildreth stated that they are trying to change the thought process that it is okay to ask for help. Ms. Knight reviewed some statistics, strategies, acute risk factors, prior history of patients, clinical factors, information on suicide, provided in the training. They developed the SAFELY mnemonic: Safely entering the scene, Assess the scene, Facilitate safety, Evaluating the patient's needs, Law enforcement, Your safety comes first. Ms. Knight played a clip of a dispatch call from a behavioral/psychiatric emergency. The training also reviews some additional trainings that are available. She reports that the training also addresses what they wear. EMS class A uniforms look like a law enforcement uniform complete with a badge and name tag and it is important to keep reminding the patient that you are not law enforcement. Ms. Knight stated that assessment is important, whether it is patient assessment, scene assessment, or trauma assessment, etc. They also defined what a weapon is. She also discussed how the training addresses how you interact with the patient, manage the situation, how you facilitate that and how you approach the patient. The training also discusses what they do not want you to do with the patient, for example try to take their weapon away and communication strategies. They also listed the protocols for EMTs and Paramedics. The training also addresses safe transport of the patient and importance of good documentation. Ms. Knight explained that the section on self-care and stress management is for the providers and has additional resources for the provider. Ms. Hildreth stated that one thing that really shocked them with this project is that there really wasn't a lot of information to guide them and they really had to develop this themselves.

### **OTHER BUSINESS**

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

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

Ms. Hildreth reported that Trooper Grose and John Sammons from Marshall University is attending the next meeting to do a presentation on Human Trafficking.

**Dates for future meetings:** September 12, 2018

December 12, 2018

**Location:** WV RETI Training Center, Flatwoods

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