



## EMS for Children Advisory Committee

### WV RETI Training Center Flatwoods, WV Meeting Minutes June 14, 2017

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	
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)	
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)	YES
Spaulding	Deana	Core	Yes	Family Representative	
Wright	Melvin	Core	Yes	Physician with pediatric training (e.g. pediatrician or pediatric surgeon)	

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

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

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

Last Name	First Name	Appointment Type	Voting Member	Role	Attended
<b>Guests</b>					
Daniels	Alexander		No	WV Department of Health & Human Resources, Infection Control Assessment and Response Epidemiologist	YES
Ellison	Marc		No		YES
Elswick	Carolyn	Adhoc	No	Center for Threat Preparedness, Healthcare System Preparedness Director	YES
Justice	Kristi	Adhoc	No	Kanawha Communities that Care	YES
Largent	Matt	Adhoc	No	Firefighter/Paramedic	YES
Rodruguez	Ramona		No	WVU Medicine Jon Michael Moore Trauma Center	YES
Tucker	Jeannie		No	Child death review representative	YES
Willard	Jolene		No	WV Governor's Highway Safety	YES

The Emergency Medical Services for Children (EMSC) Advisory Committee met at the Medical Coordination Center in Flatwoods, WV on Wednesday, June 14, 2017. 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.

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

Ms. Raynes reported that there are no new vacancies or new hires since the last meeting, but there is still an Office Assistant 3 position vacant with their trauma unit. She reported that the Communications Unit as well as the Electronic Technician positions have been transferred to the Department of Homeland Security and Emergency Management and they no longer have responsibility for the towers and the siren network. She reported that the hiring freeze continues related to the budget as well as travel and hospitality constraints.

Ms. Raynes reported that they continue to average 20 investigations a month, with about 75% being closed within the same month. There are approximately 6,000 individuals certified throughout the state with about 4,000 of those practicing at any given time. There have been 478,000 runs completed so far, year to date. She reported that Naloxone administrations continue to increase. They have 1,186 vehicles that are permitted with 199 licensed agencies. The trauma runs are running consistently between 4,500 and 5,000 per month. However, in the last few months they have seen a decline of that with between 3,000 and 4,000 runs. She reported that the injuries that are the most prevalent continue to be falls and motor vehicle accidents.

Ms. Raynes reported that their sub-recipient, TSN (Technical Support Network) has closed all field offices except Huntington so if there are any needs or request for information those need to go to the Huntington office.

Mr. Huggins asked Ms. Raynes if when she talked about the numbers do they incorporate off road vehicles like ATV's (all-terrain vehicle), dirt bikes and things like that as motor vehicles or do they count those separately? Ms. Hildreth asked if he was talking about the EMS side or the trauma side. Mr. Huggins stated the EMS side. Mr. Dozier stated that the standard for reporting EMS data, NEMSIS (National EMS Information System) does not have a way to pull out off-road or ATV vehicles. Mr. Dozier stated that they can "tease" it out by looking at the narratives but the numbers are not dependable. He reported that there has been a national push by several states like West Virginia to look more closely at ATV-related accidents. He stated that there is no way to pull it out of the data right now. Ms. Hildreth asked if NEMSIS Version 3 would have that? Mr. Dozier answered that he does not know, but as a state we can try to push some of those things but they do try to follow the national standard. Ms. Rockwell answered from the trauma registry side, which would be the patients that get admitted to the facilities, treated or flown. She stated that they are more specific, they know from the codes that they have it broken down into mechanism, that it will reflect ATV crash and they also have it reflected if it is a side-by-side that is a little different mechanism because they've got roll bars and seat belts, so they are able to break it down in the WV Trauma Registry. Mr. Huggins asked if they try to capture if the injured party was wearing a helmet? Ms. Rockwell stated "yes". Mr. Dozier reported that in the EMS side protective devices and the specifics of the protective devices are included with the limitations that he already discussed. Ms. Rockwell stated that if this was something that this committee would like to see she could do a report on that for the next meeting, of the children 18 and under that are in the trauma registry. Ms. Hildreth stated that ATV safety is going to be a focus on the national level. Mr. Huggins stated that as he scanned their ICU (intensive care unit) census, occasionally for the past couple of months, he saw way more ATV accident children than he does traditional motor

vehicle accident children. Mr. Dozier stated that Ms. Hildreth has been pushing for this for nine years, and that a continued resolution from this committee to say the importance of collecting that would not be out of line. He stated that it is his understanding that the purpose of this committee is to continue to push for changes that need to be made, both within the state and nationally. Ms. Raynes stated that the American Trauma Society put out an article a couple of weeks ago that we are in the 100 deadliest days for our children right now.

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

Dr. Mills reported that the Office of EMS is continuing to move forward in Community Paramedicine. They have developed protocols for Community Paramedicine. It is about 179 pages, and it has been approved by the Medical Policy and Care Committee. There has been submitted a mobile health provider which would utilize EMTs in the Community Paramedicine program. It is about 117 pages, however is not finalized. He reported that they are having a meeting in the next week or so to go over those protocols. Kanawha county has found funding for their program and are moving into the Community Paramedical field, so they do have a program up and running. They have five agencies interested in the program right now. Dr. Mills reported that Critical Care Transport has reviewed their protocols, policies and procedures and there are some major changes coming out for Critical Care Transport. An additional C2 IFT (Interfacility Transport Paramedic) is being developed and it will require policy as well as possibly legislative change before it will be implemented statewide. They are considering allowing a critical care transport person and another individual to transport a non-acute critical care transport in an ALS (Advanced Life Support) vehicle rather than a CCT (Critical Care Transport) as long as the equipment is provided by the hospital that the ALS Vehicle may not have. They are probably going to roll this out no later than August 1<sup>st</sup> in a limited version. Webster County is going to participate as a small unit and Princeton Rescue Squad will represent the larger agency. He stated that because this involves medical commands and a real system change with what they are doing with critical care transports they want to roll it out slow. After approximately 90 days of evaluating and tweaking the material they will more than likely allow an agency like JanCare to participate because they will include all five medical command centers and will interact with multiple facilities. This is going to require education for the squads, hospitals, and medical command.

Dr. Mills reported that they are moving away from the limitations of the medication list that allows the class one through six transports. They are going to honor physician's written orders for whatever medication order not included on that list. He stated that they are giving responsibility back to the sending and receiving facilities rather than locking themselves in to a process which can't easily be updated.

Dr. Mills reported on the drug shortage. He stated that the FDA (Food and Drug Administration) has already signed contracts with Australia to start importing some medications that they are short. Dr. Mills reported that Epinephrine 1:1000 is no longer on the shortage list and the link has been provided on the WVOEMS website for those who do not have the 1:10,000 by utilizing the 1:1000 and mixing it in a 10-cc syringe with saline. He reported that Atropine, Lidocaine and Fentanyl, are short. The FDA is considering extending the expiration dates six months, possibly a year. He doesn't know how long that will take to become effective especially since they are signing contracts with other countries to get this medication in. He is encouraging agencies to not send in their expired medication back yet, just in case the FDA acts quickly. He reported that if that happens they will extend, and if they get so critically short, they may ask the attorney general to approve them to extend their current supplies. He stated to check their website for several of the relief policies went out yesterday.

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

Ms. Rockwell reported on the trauma centers. She reported that there are 35 designated trauma centers

in the state out of 50 acute care facilities.

Level I centers:

- Charleston Area Medical Center (CAMC) General Hospital
- WVU

The Level II centers:

- Cabell Huntington Hospital
- St. Mary's Medical Center in Huntington
- Ohio Valley Medical Center
- Wheeling Hospital in Wheeling

Level III centers:

- Berkeley Medical Center,
- Camden Clark Medical Center
- Raleigh General Hospital

Level IV centers:

- Beckley ARH Hospital,
- Bluefield Regional Medical Center,
- Boone Memorial Hospital,
- Braxton County Memorial Hospital,
- CAMC - Memorial Hospital,
- CAMC - Women & Children's Hospital,
- Fairmont Regional Medical Center,
- Jackson General Hospital,
- Jefferson Medical Center,
- Logan Regional Medical Center,
- Minnie Hamilton Health System,
- Mon Health Medical Center,
- Pleasant Valley Hospital,
- Pocahontas Memorial Hospital,
- Preston Memorial Hospital,
- Princeton Community Hospital,
- Roane General Hospital,
- Sistersville General Hospital,
- St. Joseph's Hospital,
- Stonewall Jackson Memorial Hospital,
- Summers County ARH Hospital,
- Summersville Regional Medical Center,
- Thomas Memorial Hospital,
- United Hospital Center,
- Weirton Medical Center
- Wetzel County Hospital.

Ms. Rockwell discussed the statistics that Ms. Raynes reported on earlier in the meeting. The first couple months of the year, January through April, are usually lower for trauma numbers because people are not out doing recreational activities. She stated that the numbers normally go up again in the months of April, May, June, July, August probably through September and she stated that it will be interesting to see what those numbers will look like when the committee meets again in September.

Ms. Rockwell reported on Stop the Bleed. It is a national campaign trying to get tourniquet usage out to the public, schools, many places. She stated that this is similar to the AED (automated external defibrillator) push a few years ago that got AED boxes on the walls in places for people to use. Stop the Bleed is a campaign nationwide that is trying to do the same thing only having boxes with tourniquets available for people to use. She stated that if anyone is interested in more information there is a website for Stop the Bleed. Berkley Medical Center and Jefferson Medical Center have some scheduled visits to go to schools and do Stop the Bleed in the area. A committee member asked if they were providing the Stop the Bleed kits as well. Ms. Rockwell stated no, they are just providing the training. They are going to do a train the trainer session for Stop the Bleed at the Pediatric Symposium on June 28th.

Ms. Rockwell stated that the motorcycle helmet bill, where they were trying to get rid of the motorcycle

helmets, did fail so there is still a motorcycle helmet law intact in West Virginia.

Ms. Rockwell stated that the EMS Pediatric Symposium is June 28, 2017, with 55 people registered as of yesterday. It will be at the Medical Coordination Center in Flatwoods, WV. There is no charge for the symposium thanks to HPP (Healthcare System Preparedness Program) funding. She stated that registration information is online on the WVOEMS website. She reported that Pre-hospital contact hours have been offered, nursing hours that have been applied for and in the future, they will be working on physician contact hours.

Ms. Rockwell gave an ARK (Always Ready for Kids) update. She reported that they had a rollout for Always Ready for Kids hospital recognition program in the fall. They had great response with people who really want to get their programs Always Ready for Kids recognized. Ms. Rockwell reported that Ms. Hildreth has done an amazing job contacting people, following up with people. They probably have four visits that they hope will be scheduled before the end of the year and maybe more than that. Ms. Hildreth stated that if those follow through, they may be at 15 to 20 by the end of the year. Ms. Rockwell stated that Mon Health System has really made a push about updating the kid policies and have been very willing to share those policies with people.

Ms. Rockwell stated that a STROKE Code had passed in the state last year. They had to write a legislative rule to go with it. She stated that she believed that it was out for public comment at the end of the month. Their first meeting of the STROKE advisory council will be held at the Medical Coordination Center in Flatwoods, WV on July 14<sup>th</sup>.

Ms. Knight reported that they are doing a Stop the Bleed train the trainer on Monday with 20 people in Huntington. Their target is their two high schools with roughly 4,000 students in Cabell county. They plan on doing the middle schools next and then the elementary schools. She reported that they are working with their hospital and their pediatric trauma center and she asked the committee if they know of anyone who sells the kits who will offer a discounted price for multiple kit purchases please let her know. They will have 20 train the trainers after Monday who can come out and help and they can offer assistance at the symposium.

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

Mr. Rundle stated that they tried future planning but with the current state and federal budget is it very difficult. He stated that they have a couple of good ideas but until the budget is taken care it is hard to plan. He reported that sustainability is hard not only for this program but for others as well. They have several things that they talked about but right now it is a waiting game. He told the committee that if they had any ideas to contact them. Ms. Hildreth stated that money has never stopped her from working on a project. Ms. Hildreth stated that she feels that there needs to be a sub-committee to start developing a strategic plan that matches up with the performance measures and make sure that we are on track and gives the committee accountability. Mr. Rundle recommended putting it on the agenda for next meeting. Mr. Angelucci stated that Ms. Hildreth's dedication to this committee is admirable.

Mr. Rundle asked for a motion to approve the minutes as written. Ms. Hildreth made the motion to approve the minutes as written. Ms. Rockwell second the motion. All voting members voted to approve the minutes as written.

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

Ms. Hildreth reported on the federal budget. She reported that they had a 57 percent cut to the budget and they did not know if it was going to be permanent or temporary for this grant year. They had received minimal communication from the project officers, because they didn't have an answer, because HRSA (Health Resources and Services Administration) wasn't able to give them answers.

They had recently received an email stating that they are on target to get the rest of the money back but are unsure when. She doesn't know if they will give an extension to spend the funds if they don't get it back soon. Ms. Hildreth stated that Ms. Sowards is the one who saved EMSC (Emergency Medical Services for Children) with the HPP money because there wasn't funds to cover, salary, fringes, overhead, and that was cutting out travel, everything. She stated that the extra funds that Ms. Sowards willingly gave helped to pull off some extra projects like the Pediatric Symposium. They are bringing in a speaker from Georgia. Dr. Wright is doing a couple of presentations. She stated that they were also able to tie it to hospital preparedness due to the Always Ready for Kids program. Ms. Hildreth explained that the Always Ready for Kids (ARK) is a hospital emergency department recognition program that ensures that the emergency departments are prepared to treat pediatric patients in both a medical and trauma emergency. It is voluntary. She stated that they were able to take some of that money and ordered 30 digital pediatric scales because they require in ARK that they only weigh in kilos to reduce pediatric medication dosage errors. She stated that critical care access hospitals get them first and then after that it is based on need and how close they are to ARK. She stated that they were also able to order 25 infrared heat lamps for the emergency departments because that was another hold up to meeting the criteria. They recently ordered 50 pediatric traction splints because that is also a requirement so every hospital will get a traction splint, a well as 50 Magill forceps in infant and child size. She stated that was a tremendous help on the hospital side.

Ms. Hildreth reported that last month they did their yearly update on performance measures. She stated that submitted it and it came back from the project officer. She stated that they needed her to put 100 percent in one box and the electronic handbook won't allow her to enter anything in it so they have submitted a request in to HRSA so they can try to correct it so she can enter 100 and then they all the reports submitted.

Ms. Hildreth stated that she had talked with Ms. Raynes and they think that we need a committee that monitors the committee's performance measures, to help keep us on track, make sure that what we say we are doing, we are doing. She stated that they did add a couple of new ones which we just finished and assessment through NEDARC (National EMSC Data Analysis Resource Center) where they surveyed 133 EMS agencies and they received 100 percent completion on that. Ms. Hildreth asked if anyone was interested in serving on the committee. She stated that it would be done by emails and conference calls. Ms. Hildreth stated that she feels that this would be helpful for completing reports. Marsha Knight, Debbie Peal, and Ms. Hildreth will serve on the committee.

Ms. Hildreth reported on the Stay Alive Just Drive project. At one of the past meetings we discussed sending out on the board of education's list serve information about the Stay Alive Just Drive video. She explained to some of the new people in attendance that we partnered with the Violence and Injury Prevention and created a \$70,000.00 video where they told the story of a mom who lost her 14-year-old daughter to a drunk driver who had nine previous DUI's. She was from Mason county. Ms. Hildreth reported that Josh Grant sent the information out for the schools to contact her for the videos and she was bombarded with request. She stated that she is starting to get feedback and survey's back. Mr. Rundle asked if she was sending them out to all high schools and wouldn't it be better to send them to driver's education classes. Ms. Hildreth reported that the driver's education classes had already gotten them at a conference that they were at. She reported that they ordered 5,300 copies of DVD's and it is free to anyone who wants it and it is also on the website.

Ms. Hildreth stated that part of the new HPP grant is that they collaborate with EMS for Children. She stated that part of the funding that we are getting from HPP is going to be used to hold regional S.T.A.B.L.E. trainings. S.T.A.B.L.E. is a post-resuscitation/pre-transport stabilization care of sick infants. Ms. Hildreth stated that this is an important course with more babies being born with drugs in their system and more babies being born premature. It is an intense day long course. The courses are offered free of charge and she will be planning regional courses soon. Ms. Boyce asked if there is something that can be done to help train the social workers and case managers who are out in the field

and are working with children with NAS (Neonatal abstinence syndrome) children on their caseloads after they leave the NICU (neonatal intensive care unit). She stated that people need to be trained better what to expect, what to look for, what services they may need, where to get the services, etc. Dr. Mills reported that the community paramedicine program is working on and has already had a sub-committee meeting for neonatal abstinence syndrome. He stated that community paramedics want to get involved that and be a resource for those patients who are discharged, they can go in and do a follow up and a pill count, make sure that the families are sober and bring in other professionals as necessary to provide continuum of care for that child until they finish the program. Ms. Boyce reported that a lot of the children with NAS on her caseload are in foster care and the foster parents are not given the proper training or information regarding NAS. A committee member asked if Dr. Maxwell with the Perinatal Partnership would be able to give any information on training for the social workers. Dr. Mills stated that Dr. Maxwell is already a part of the sub-committee. Dr. Mills stated that the NAS committee had already developed it but they are working to modify it for other individuals. Dr. Mills reported that the group is still forming. He stated that they have the group together and the plan when they left the last meeting was that Dr. Maxwell and company are going to modify protocols and their training to be more consistent with EMT and Paramedic training more than RN training in the hospital, etc. He stated that based upon that training they are going to develop protocols for the community paramedicine program and then the community paramedics would get involved when they were notified that the patients were discharged from the hospital and make routine visits to the homes. He stated that they have not received the educational process so they are not able to move forward yet. A committee member stated that it sounds like it is something that DHHR (Department of Health and Human Resources) needs to tackle as far as efforts to get training for their social workers. Ms. Boyce asked Dr. Mills if a child would go from a foster home in one county to a foster home in another county would there be a record or would that community paramedic be able to follow that child to the new county, some way to provide continuation of care? He stated that he is sure that is something that can be arranged once they get the program developed.

Ms. Hildreth and Mr. White reported that also in that funding they have \$40,000.00 to order quantum ambulance child restraint system that is probably going to replace the Pedi-mate only goes up to a maximum of 40 pounds. The child restraint system goes from four to 99 pounds, with three different harnesses for different sized children. It is the five-point harness. It comes with four seat belt buckles that either go around the rail of the cot or go on to a back board. You put the child in the harness and snap it into the buckle so they are secure. They can be supine or they can be seated, however you need to place them. Ms. Hildreth stated that they are going to order \$40,000.00 worth. She reported that they are \$319.00 each. She reported that if they are ordering \$40,000.00 worth they should get a discount. She stated that this will not happen until after July 1, when they get the funding. She stated that she thinks that it will come out to about one per agency.

Ms. Hildreth reported she received a phone call from June Kuhn with Camden Clark Memorial Hospital. She stated that they are preparing for ARK. Ms. Hildreth stated that Ms. Kuhn is the president-elect for West Virginia's ENA and she attended the national ENA conference in February and she said that at the conference they brought up West Virginia's ARK program and used it as an example.

Ms. Hildreth stated that if anyone has travel, fill out a travel reimbursement form and turn it in to her.

**APIC (Association for Professionals in Infection Control and Epidemiology) Guide to Infection Prevention in EMS (Alex Daniels, MPH)**

Mr. Daniels introduced himself. He is the infection control, assessment and response epidemiologist for DHHR and he works for the health care associated infections program, the division of infectious disease epidemiology. He stated that the presentation will briefly discuss the importance of infection prevention in EMS, outline the Ryan White CARE Act, and introduce the guide itself and the key

concepts and the plethora of example material. MRSA (Methicillin-resistant Staphylococcus aureus) is prevalent in all corners of the population. He stated that in 2015 a review of the literature showed that as many as 22 percent of firefighters and 4.6 percent of EMS personnel are colonized with MRSA. The National Institutes for Occupational Safety and Health (NIOSH) conducted a national survey of paramedics between 2002 and 2003 to gauge incidents of exposures of blood among paramedics and the study found that nearly a quarter of the respondents had at least one exposure to blood in the previous year. He stated that 70 percent of advanced life support ambulances in Chicago were positive for at least one strain of MRSA in a study. Another part of his job is that he is responsible for Carbapenem-resistant Enterobacteriaceae (CRE) surveillance for the state of West Virginia. That CRE is the next big superbug that is sometimes resistant to all available antibiotics. Although it is more common among older people what have had multiple exposures to health care, he has seen it in children as young as seven or two years old with confirmed cases of CRE. He stated that you may encounter it as it is moving from the hospital setting into the community much like MRSA did so there is a very good chance you will encounter it if you haven't already. He reported that information on the victim's infectious status is rarely available which can make potential exposure incident that much more nerve racking. The Ryan White notification care law outlines requirements for reporting of these sorts of things. Part G of the Ryan White care act has had an unstable history. It was originally written in 1994 and is the provision that established the need for the designated infectious control officer for EMS agencies. DICO (Designated Infection Control Officer) act as liaisons between emergency responders who may have been exposed while on duty and receiving hospitals. He stated that the provision was not included in the 2006 revision of the law but push back from EMS groups nationally caused legislatures to reinstate it in 2009. There are free charts for the three different modes of notification in the guide itself for free.

Mr. Daniels reported that APIC is the Association for Professionals in Infection Control and Epidemiology. It was established in 1972 mostly by nurses and hospitals. Each state has an individual chapter, with some states having several. West Virginia has one chapter. He stated that they group provides educational resources to infection control professionals and generally anybody who wants it. You do not have to be an Infection Preventionist to join or to gain access to the information. They provide guides to help you pass the test for certification and they provide guides for long term care, EMS, laboratories, acute care, etc. and most of these are available for free to anybody. He reported that the guides for infection prevention in EMS is one of those guides that are available free at <https://apic.org/Professional-Practice/Implementation-guides#Emergency>. It was published in 2013 and has not been updated since. Mr. Daniels gave a brief description of the content of the eight chapters including Overview; Epidemiology and Pathogenesis; Risk Factors; Surveillance; Engineering and Work Practice Controls and Personal Protective Equipment; Occupational Exposure Health Issues; Bioterrorism and Infectious Disease Emergency Preparedness; and Education, Training, Compliance Monitoring, and Summary.

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

Dr. Kerr reported that at the last meeting that he presented the summary of the guidelines that their sub-committee developed over the course of about two years. That is the first step in a long term and multi-phase process of developing effective guidelines for managing behavioral and psychiatric emergencies within emergency medical services as well as all domains that intersect with emergency medical services including law enforcement, emergency dispatchers, and ultimately emergency department hospital staff. Dr. Kerr reported that phase one, the development of the guideline is completed and phase two or one-B, which is the development of training modules for training EMS providers to use these guidelines is well on its way to being completed thanks in a large part to Ms. Hildreth, Ms. Rockwell and Ms. Knight who have worked tirelessly in developing these training modules. So, the training materials are a nice blend of didactic with experiential materials so EMS providers will walk of out this training without just having been lectured to for several hours but will walk out having been able to practice managing different real-life scenarios, very realistic scenarios that will help them

understand how these guidelines will apply to their day to day practice. Ms. Hildreth reported that when they roll this out they are also going to do a train-the-trainer so they will roll it out to the training institutes. Ms. Knight reported that next they have to present it to the office of EMS to go through the approval process for CE (Continuing Education) hours. She stated that hopefully it will be finalized and go back to Dr. Mills and go back to Ms. Raynes and whatever has to be done on the state office level for approval. Ms. Hildreth stated that the intention was to keep the providers and the patient safe. She stated that she is hoping that the critical incident, stress management part of it will help maybe loose some of the stigma of “we don’t ask for help”, “we don’t talk about it”, “we just keep it all inside”. Ms. Hildreth stated that as she talks with other states and going to national meetings, she has been asked if they would be willing to come to other states and train their providers, and if they would be willing to share their product. She stated that they have considered publishing a book because they have determined that there is not much out there on the subject and all the profits would go back to EMS for Children training. Dr. Kerr reported that the next part of this project will involve monitoring the implementation. They have to identify if people are actually using it and the matrix of that so there is a built-in quality control piece to this. He stated that the train the trainers model does provide better access to this training better than sitting through it. He stated that making sure that they can identify obstacles to people actually applying these guidelines is going to be part of the ongoing process in the coming months, years. He reported that subsequent phases for this project will also include working in a similar way, perhaps a bit modified, with other areas of emergency response, first responders, that intersect with EMS providers including emergency dispatchers and law enforcement. Those are phases two and three that are longer term processes that will require their own approach for getting buy-in for developing guidelines and developing working relationships between the EMS providers and the other provider communities that allows for more collaboration during behavioral and psychiatric emergencies. Dr. Kerr reported that about eight months ago he was contacted by someone in the Civil Rights Division in the Department of Justice, in Washington, D.C., who had heard about West Virginia’s initiative to develop this protocol. He stated that this attorney whose office, focuses on making sure the children who experience psychiatric problems, psychiatric disorders are receiving the care that they need and are receiving it as close to home as possible. He stated that he had the opportunity to meet with her and some staff from her office on site at his office a few months ago and they were really impressed that they had taken up this initiative because this is one important way that anyone, including children, who has a psychiatric disorder can access services that are humane, ethical and potentially effective from the point of contact with EMS forward. Mr. Dozier stated that he would like to work with the sub-committee and he hoped that they were remembering to talk about the documentation on the run sheets. He would like for them when they are discussing the matrix, for the outcome, to talk about the difference in recording after their training. Ms. Hildreth stated that she, Ms. Rockwell, Ms. Knight and Dr. Kerr were not the only ones who are working on the project. She stated that Dr. Mills, Dr. Wright, Dr. Kappel, Ms. Faucett, Mr. Edmond, Mr. Bryant, Mr. Leonard, Mr. Jarrett, and Ms. Hurley.

### **Autism Training Center (Dr. Marc Ellison)**

Dr. Ellison introduced himself. He is the executive director of the West Virginia Autism Training Center and their main office is in Huntington, WV on Marshall University’s campus. They are statewide program, they have satellite offices in Fairmont and the eastern panhandle. They developed tiered paths so that they do two assessments early on and put people into tiers so that people can move through faster based on their needs and in January their wait list will be gone. He stated that they are a technical assistance and direct service program. He reported that they work very closely with the Department of Education on early childhood, schoolwide positive behavior support programs, they develop leadership teams at 120 schools around the state that focus on climate change in the schools. They have a college support program, which is the first in the county, and they support about 70 students who were diagnosed with autistic disorder. About 94 percent of students that they supported since 2002 has graduated. They are still doing the Family Focus Positive Behavior Support. He stated that one of the things that he would like to work with the committee on over the next few months are the regional

trainings and workshops that they do. They do those for families, especially trying to target people that are foster families, people that are getting somebody with autism in their life very quickly and need a lot of support. They do a series of regional workshops. They do parent cohorts where parents of children with newly diagnosed come together for five or six sessions to focus on resources and evidence based strategies.

He stated that one of the things that he would like to work with the committee on is first responder training which was developed about three years ago. Dr. Ellison stated that a friend of his, Bill Cannata, who is retired fire chief from Boston, MA, has a grant that has allowed him to go across the country and do trainings for first responders. Dr. Ellison reported that they brought him to West Virginia twice to do trainings with first responders. He reported that Mr. Cannata has re-upped his grant and put West Virginia in as a state so there potential next year to have him come to do two, three or four times and do a large-scale training for first responders. Dr. Ellison stated that he just spent two days in Buckhannon doing first responder training for police officers and emergency personnel. He stated that they have a free common core training but they will tailor it around what the needs are. Ms. Hildreth stated that they might look in to scheduling a training on a statewide basis, regionally or in one location. Dr. Ellison stated that understanding symptoms and characteristics of autism is really how you support people with autism, sensory problems, theory of mind problems. People with autism can't necessarily read body language, etc.

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

Ms. Rosemond reported that there are a lot of fatalities related to fire in West Virginia and we are averaging more to date than last calendar/fiscal year. They are continuing to push getting smoke alarms in all homes. She reported that they have smoke alarms available for installation. She reported that as far as children, they are going to continue with their calendar. They were able to do a poster contest in all the elementary schools and then they did a calendar which was really well received. They had a lot of teachers reaching out to her throughout the year hoping that they didn't miss it. She will send all the superintendents a letter in August reminding them that they would be doing it again this year and will give them till about September to finish those. They are going to try to get the fire departments involved as well. She reported that it is really hard to get into schools for fire safety unless it is fire prevention week so they really focus on trying to get that information to them. They design it so that they could take it home to show their parents what the fire safety message is so that they are talking about it more than just that fire prevention week. They try to go out to fairs and other community activities and rather than just giving them coloring books and crayons they really try to quiz them on fire safety and do they know what to do to get out in case of a fire. Ms. Hildreth asked Ms. Rosemond if the trainings that they have for parents are on their website. Ms. Rosemond reported that yes, a lot of it is on their website. Ms. Rosemond stated that she tries to post information on Facebook. She stated that the National Fire Prevention Association (NFPA.org) have revamped their website and it has really good resources for kids. There is Sparky.org also. Ms. Hildreth asked Ms. Rosemond to send her the link and she will have it put up on the WVOEMS website.

#### **Kanawha Communities that Care (Kristie Justice)**

Ms. Justice introduced herself. She reported that she is the executive director of a non-profit organization in Kanawha county called Kanawha Communities that Care which was established in 2004. She stated that it was a grass roots effort where local people came together to work on the substance abuse prevention. Even though they focus primarily in Kanawha county they receive a federal grant that comes straight to the federal government to them as well as a small state grant. There is a substance abuse coalition in every count in West Virginia. Some are a little bit more active than others and some received more additional funding than others. If you would like to get involved in your coalition she can give you the information that you would need for your community. They have a coalition meeting once a month, the second Thursday of every month from 2:00pm to 4:00pm where

a lot of stakeholders and partners come together. She stated that their first responders are a very vital part of it. They had the opportunity to go to Washington D. C. a couple of times to meet with Senator Manchin and Senator Capito about funding that needs to be put in to West Virginia and ask them what on a federal level are they doing to help with the epidemic that we are facing in West Virginia. When they look at prevention they look at the whole continuum of care from prevention, intervention, treatment and recovery. She stated that one of the things that they focus on, and they have to look at, is the prescription drug problem and the heroin problem on a comprehensive approach.

In Kanawha county, they have seven permanent drop boxes for individuals to take their unused medication and she reported that there are a number across the state with at least one permanent drop box in each county. She stated that their goal is to get the unused medications off the street. They partner with the DEA (Drug Enforcement Administration) for their drug take back days. She reported that last April in Kanawha county they collected 1600 pounds of unused medications. They also have little RX disposal pouches that they give out to the community. They also partner with law enforcement, other first responders and the University of Charleston School of Pharmacy to go into neighborhoods to work with parents on how to safeguard their medication and provide them a lock box to lock up their medications. They hold a number of community meetings, parent meetings in Kanawha county. They partnered with University of Charleston School of Pharmacy to implement a program called Generation Rx which is a program that you can download off the internet.

Ms. Justice reported that recently the WV Council of Churches conducted a series of listening sessions across West Virginia where they asked the faith based communities what they could do to help the drug epidemic. They have put together a video that is available on their website <http://www.wvcc.org/> that has the results of that listening session. They are also looking to partner with people from all areas.

Ms. Justice reported that one of the things that they are working on in Kanawha county is collecting that data of where those overdoses occur to identify those hot spots and on the prevention end that is where they want to put their services. She reported that in 2016, in Cabell, Kanawha and Putnam county, there were over 260 deaths related to overdoses.

She reported that they also conducted an Anti-stigma survey in region five which is ten counties with people who were actively in addiction or in recovery. They were asked questions on where did they experience stigma. She reported that they partnered with HIDTA (Appalachian High Intensity Drug Trafficking Area). Ms. Justice reported on some of the statistics that came out of the survey. There were 741 surveys collected throughout region five. The average age of those taking the survey was 25-35 years old. Forty-three percent stated that their drug of choice was heroin and 34 percent reported that they had experienced an overdose.

They have kits called Give Me a Reason which is a drug kit for parents or caregivers which they promote it as a prevention tool. She stated that within the kit is a drug test for ten drugs as well as information on how you talk to your kids about drugs, how to talk to your kids if you were taking drugs, and if you would have to use the kit where could you get help. They partnered with their local EMS and they gave them a couple hundred for them to have them on the ambulances when they go out.

Ms. Justice reported that she has a good relationship with Kanawha-Charleston Health Department. They work closely with them on their Harm Reduction program which was established in December 2015 and from that point through the end of May they have seen over 3,300 unique clients, or clients that has come to their clinic one time. They have seen clients from 29 counties in West Virginia. When a person comes in to receive their needles there are also people in the room that offer services for HIV (human immunodeficiency virus) and Hepatitis testing as well as recovery coaches, Help 4 WV, navigator with the Health Plan to offer other services and can get them into treatment right then. She stated that there is also a Narcan training every Wednesday at noon. Ms. Justice reported that another thing that they focus on is prevention and building youth leadership skills through Students Against

Destructive Decisions (SADD) which is a statewide effort with about 275 active youth within Kanawha county. She reported that one of the other things that they do is teach beverage server training. There are a number of certified trainers across the state of West Virginia and they work closely with ABCA (Alcohol Beverage Control Administration) in this effort. Some more of the programs that they support or teach include: Too Good for Drugs, Keep a Clear Mind, Alcohol Literacy Challenge, Give Me a Reason, National Prescription Drug Take Back, the Matrix Model, Handle with Care, The WV Highway Safety Program, DEA 360 Program. The Stay Alive Just Drive is one of the tools that they offered to the community and this year they wanted to make sure that video was shown to all the health classes in Kanawha county and it was. There was also a mock accident at South Charleston High School and after the mock accident they had all the juniors and seniors watch a video before they went to the prom.

Ms. Justice reported that the Help 4 WV is a 24-hour network or help line. You are going to get a live person every time you call. Most of the people who work for Help 4 WV are in recovery themselves and they will follow that individual and make sure that they receive treatment, if transportation is a challenge for that individual, they can help them with transportation and it is all over the state. They are located in Charleston but they also have a satellite office in Morgantown.

Ms. Hildreth and Ms. Justice discussed the fact that WV SADD had more participants at their state conference than go to the national level.

#### **WV Governor's Highway Safety Program (Amy Boggs)**

Ms. Boggs reported that they just ended their national Click It or Ticket It enforcement, which is the seat belt enforcement. And they just ended their annual seatbelt survey, they do a survey every year across the state to determine seat belt use, whether it is getting better or getting worse. She reported that last year it got worse, this year the results are still out.

Ms. Boggs reported that they are also in the middle of the 100 deadliest days on the roadway in the year. Right now, West Virginia is at 116 fatalities on the roadways which is 15 more than this time last year. She stated that their summer enforcement, August through Labor Day, that they normally do is impaired driving, drugs, alcohol and distracted driving.

The Child Passenger Safety Coordinator has two, possible three classes if anyone is interested in being a certified technician for car seats. There is one in Martinsburg next month, and one in Charleston in August and possibly one in Moundsville or New Martinsville in September.

Ms. Boggs stated that they are working on federally funded Tween Seatbelt demonstration project in Cabell county. They generally focus on children in car seats and booster seats and then teenagers through adulthood in seatbelts and not the eight to 14-year-old age range. They have a demonstration project starting up in Cabell county in the middle schools. It is law enforcement led but education based. It will go through the entire school year. If it goes well then it can be an example for the rest of the country that National Highway Traffic Safety will implement.

They are also working on a bicycle safety video for high school students but it can be for anyone. It covers bicycle rules and laws.

#### **Pediatric Disaster Response and Emergency Preparedness (Franklin "Chip" Huggins)**

Dr. Huggins reported on the Pediatric Disaster Response and Emergency Preparedness course which FEMA (Federal Emergency Management Agency) teaches through Texas A & M Engineering School. He stated that the target audience is pre-hospital providers and the lay public that deals with large groups of children like school administrators and then those on the hospital side, the emergency

department personnel, law enforcement. The course is not very clinical it is more of a management type of course. Topics include planning and response, needs assessment, mass sheltering, triaging children, remediation and recovery activities and re-unification. Dr. Huggins and Ms. Hildreth talked about doing the training at the Medical Coordination Center in Flatwoods, WV because it is more centrally located. Dr. Huggins stated that he was going to get in touch to see what they need to do to set it up. It will be no charge because it is funded by FEMA. It is a two-day, 16 hour training. Ms. Hildreth stated that she has gotten feedback from other states and they loved this training. They are going to try to arrange for pre-hospital CEs for it. It offers nursing and physician CE credit. He stated that we would need 30 people to have a class and the Medical Coordination Center can hold up to 150 people. Ms. Hildreth and Dr. Huggins stated that there is a wait list for this training and they are scheduled throughout the rest of the year. Dr. Huggins was maybe planning for early spring. Dr. Huggins stated that they provide the materials and facility.

#### **EMS Advisory Council Updates (Jamie Weller)**

Mr. Weller reported that he was asked to give an update on EMSAC (Emergency Medical Services Advisory Council). He stated that it is 15 individuals sit on the council, they are all appointed by the governor and confirmed by the senate and they provide direction in conjunction with the Office of EMS. He reported that he took over as chair in December and they have had two meeting since then. They meet quarterly. He stated that he spent a lot of time with the legislature this year and was given direction as to what they wanted EMSAC to do and it has been completely restructured. He stated that everything gets done in committee. The first committee started with a special interest group and that is primarily community paramedicine, CCT, and tactical paramedics. Everyone one who attends has a voice and it is also attended by EMSAC members and then those recommendations will be made that afternoon to EMSAC and move forward. He stated that the process went very well and they were able to get a lot of things approved and it will go to MPCC (Medical Policy Care Committee). They have a lot of buy in from all parties. They have special sub-committees that are working on projects, they have a business advisory group that is looking into failed squads. He reported that there have been 40 EMS departments close in the last two years and they are looking in to why that happened and what they could have done to prevent it. Another thing that the committee is addressing is certification and re-certification for EMT's and paramedics. National registry is changing their requirements and the MPCC want to look at a different direction to go so they developed a sub-committee to look at that and they were able to put that together and it still meets national registry, state requirements and meets the requirements of MPCC. That went through and is moving to MPCC. They have spent the last six months working on infection control measures and they are published on the EMSAC website which is WVEMSA.org. They developed the website to keep the smaller squads informed, they are live streaming every committee meeting and every EMSAC meeting. They are also videoing those meetings and posting them on the website. Ms. Hall reported that she is the chairman of the safety committee for pediatrics and yesterday they were tasked with ATV and UTV safety and heatstroke in pediatrics.

#### **DATA UPDATES (Bob Dozier)**

Mr. Dozier reported that his report is the same as last time, its content changed a little bit. He reminded the committee that if there is something that they would like added to the report just talk to this committee and Ms. Hildreth and it will be included in the report. The source of the data are EMS run sheets that are sent in to them and from the credentialing information system that gives them those people who are certified in West Virginia and the certification process of those people who are either being certified or re-certified in West Virginia. Mr. Dozier stated that there are sometimes questions that come up that have to do with data reporting errors. He commends Ms. Rockwell for her work, there are now quality improvement council in every region in the state, and that council looks at data reporting errors and issues as well as things that have been reported directly but inappropriately done. He encouraged the committee members to become involved with their regional council. Ms. Rockwell

can give information on who and where the regional councils are. He reported that he has been moved out of WVOEMS and he now works for the National Information Systems of DHHR. He still provides services and his primary job is making sure that WVOEMS has the data and data overviews that it needs. His email address is [Robert.L.Dozier@wv.gov](mailto:Robert.L.Dozier@wv.gov).

Ms. Rosemond stated that consumer fireworks went illegal to buy in the state last year. She has never been able to find statistics for firework injuries. She asked if anyone would know where she might be able to find them. She stated that if there was a fatality it would get reported to her office but injuries are not. Mr. Dozier reported that we are what is called a NEMSIS state, that is the National EMS Information System and it is a federal standard of data reporting for pre-hospital run sheets and they follow the NEMSIS almost exactly, they don't collect all the data that the federal government have suggested. He stated that they do about 80 percent of the data. As far as he knows, he doesn't remember seeing fireworks any place on the run sheets. He doesn't know of any place to directly pull information on fireworks, there is no box to check. EMS professionals are trained and re-trained on writing a narrative response for every run and they are encouraged to not just simply check the boxes but to create a narrative that describes everything that took place in detail. He stated that he has a new data system that does a pretty good job of doing an open search in that particular narrative field. He has never looked for the word fireworks or injury related to fireworks but he would be happy to do that. Ms. Rosemond stated that she would appreciate it. He also stated that the more words that you can give him that would be specific to the kind of thing the better off he will be, so when they work with Ms. Hildreth in order to come up with the data request put it through Ms. Hildreth and Ms. Raynes and he will attempt to run the data request.

#### **Education and Training Updates (John Thomas)**

Mr. Thomas reported the Pediatric Symposium credits have been approved. If S.T.A.B.L.E. begins after July 1, it will be approved for credit. Mr. Thomas stated that Mr. Weller talked about the changes in re-certification, that will potentially affect pediatric education. Ms. Hildreth asked that when he figures out on the number of hours because there are requirements on the EMSC performance measures.

#### **Other Business**

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

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

Ms. Rockwell made a motion to adjourn the meeting and Ms. Knight second the motion. Meeting was adjourned.

#### **Dates for future meetings.**

Future date for the meetings:	September 13, 2017
	December 13, 2017
	Location: WV RETI Training Center, Flatwoods
	Time: 10:00a.m. to 2:00p.m.