



MEETING MINUTES

EMS for Children Advisory Committee
 Thursday, November 03, 2016, 9am
 Conference Call / Webinar

Attendees:

- Louis Bellace
- Kay Ella Bleecher
- Ashley Graves
- Mike Guerra
- Stephen Hall
- Robert Hrabar
- Kristina Lynch
- Dr. Jennifer Marin
- Jenine Melo
- Amy Morgan
- Dr. Sage Myers
- Teresa Olsen
- Trevor Pearson
- Judy Popple
- Dr. Kim Roth
- Donna Snyder
- Duane Spencer
- Dr. Nate Weberding
- Tom Winkler

AGENDA	DISCUSSION	ACTION
Welcome and Introductions	Mr. Winkler called the meeting to order at 9:05am. Mr. Stuart was unable to attend due to a family emergency.	
Minutes from Last Meeting	No Discussion – moved by Dr. Roth; seconded by Mr. Pearson	Approved as Presented, Unanimous
<i>OLD BUSINESS</i>		
Pediatric Symposium Webinar Series	Mr. Winkler reported that there have not been any webinars since the last meeting due to the EMS conference PEHSC hosts. Mr. Winkler asked the Committee for assistance in finding presenters for the webinar series	Mr. Winkler will work to find additional presenters for the webinars.
CPR/First Aid Training in Schools	No report provided. Mr. Bohr was unable to attend the meeting.	
QI Collaborative for Facility Recognition	Mr. Winkler provided an update on the Collaborative. Mr. Winkler reported that the core team has been built and consists of representatives	Mr. Winkler will continue to provide updates on the project.

Program	from PTSF, DOH, Penn State Hershey Children's Hospital, HAP, and the Pennsylvania Chapters of ENA, AAP, and ACEP. Mr. Winkler reported that the group will be meeting later this month to discuss pediatric readiness and facility recognition and allow attendees to ask initial questions about the project.	
NiPPV for the Pediatric Patient	Mr. Spencer stated that the long-term goal would be to roll-out to EMS agencies through the Bureau. Mr. Spencer stated that long-term education will be a challenge, but that would be addressed as the project continues. Mr. Spencer reported that he is continuing to make forward progress on the topic and will provide more information at the March meeting.	Mr. Spencer and/or Ms. Popple will continue to provide updates to the Committee.
PTLS Course	Mr. Winkler reported that the PTLS course held as part of Pennsylvania's Annual EMS Conference's preconference sessions was a success, with 24 students completing the course. Mr. Winkler reported that Uwchlan Ambulance Corps in Chester County is looking to host a course.	Mr. Winkler will send out information on the course as it approaches.
Birth in the Field	Mr. Winkler brought additional concerns about birth in the field to the Committee's attention. Mr. Winkler reported that a new position statement from the American Academy of Pediatrics supported skin-to-skin contact of newborns for at least one hour after birth. Mr. Winkler asked the Committee for input on this consideration. Dr. Roth stated that she believed newborns should still be transported immediately, as a stable newborn could rapidly decompensate. Dr. Marin pointed out that the position paper noted only in stable environments should this be considered. Dr. Myers stated that she supported the statements by Dr. Roth and Dr. Marin and felt that this would be ideal for the hospital setting but not the prehospital setting. Dr. Roth suggested reminding EMS providers through education or an awareness program to get the newborn back to skin-to-skin contact upon arrival at the emergency department. Mr. Hrabar stated that having units remain on scene for an extended period could strain resources, and Ms. Lynch noted that units are already on scene for a time where they could be promoting skin-to-skin contact prior to transport.	The Committee supports maintaining the current recommendations in protocol and does not recommend EMS units remaining on scene for an extended time period to promote one hour of skin-to-skin contact.
<i>NEW BUSINESS</i>		
Annual Review and Update on	Mr. Winkler reported that there are now 163 EMS agencies recognized under the Program. Mr.	The Committee recommends the addition of

PVRP	<p>Winkler stated that it is time for the annual review of the PVRP and topics suggested to him included considerations for endotracheal tubes and the additional of Pennsylvania State Police criminal record checks. Dr. Roth stated that she felt that the current requirement for endotracheal tubes was sufficient and should not be changed. Mr. Spencer stated that he supported adding the requirement of the PSP criminal record checks to the Program. Ms. Lynch asked if there were any renewal requirements as part of the Program. Mr. Winkler stated that there were not any at this time, but the Program recommended renewal every two years. Mr. Winkler stated that the current law requires renewal every 57 months for those who are required to complete background checks.</p>	<p>the Pennsylvania State Police P.A.T.C.H. criminal record check to the PVRP at the Intermediate Level. Moved by Mr. Spencer, seconded by Dr. Roth, passed unanimously.</p>
Stop the Bleed	<p>Dr. Roth provided an overview of the topic. Dr. Roth stated that she sits on a group that has been discussing the federal Stop the Bleed initiative and wondered if the Committee has taken any steps towards implementing this program in their areas. Dr. Roth also reported that she and Mr. Winkler would be holding a conference call with representatives from the Pennsylvania Association of School Nurses and Allied Professionals (PASNAP) to discuss implementing the Stop the Bleed program in schools.</p>	<p>Dr. Roth and Mr. Winkler will continue to work on this project.</p>
CPS Technician Course and Safe Transport Update	<p>Mr. Winkler provided the report in place of Mr. Stuart. Mr. Winkler stated that the EMSC Program will again be supporting a CPS Technician course for EMS providers that is also taught by EMS providers. Mr. Winkler stated that this course will be held in April 2017 at Cranberry Township EMS and that he would release more information as it became available.</p> <p>Mr. Hrabar provided the safe transport update in place of Mr. Stuart. Mr. Hrabar reported that he, Mr. Stuart, and Ms. Strotmeyer continue working on the safe transport presentation for EMS providers in the Commonwealth. Mr. Winkler stated that there will be a conference call soon to continue work on this project.</p>	<p>Mr. Winkler will send out more information in 2017</p> <p>Mr. Winkler and Mr. Hrabar will work with Mr. Stuart and Ms. Strotmeyer to keep this project moving forward.</p>
<i>PARTNER REPORTS</i>		
BEMS	<p>No representative from the Bureau of EMS was present.</p>	<p>No report provided.</p>
PEHSC	<p>Mr. Winkler provided the report. Mr. Winkler</p>	

	<p>reported that the conference is coming up in September and that registration is open. He reported that with the ongoing staffing changes that this is currently a large focus of the staff and he asked for patience with processing any requests.</p>	
EMSC TI Grant	<p>Dr. Myers provided an overview of the TI grant and the work they are planning to do over the next three years. Dr. Myers stated that she was very glad to be a part of the EMSCAC and would provide routine updates to the Committee.</p>	<p>Mr. Winkler will work with Dr. Myers to share information.</p>
EMS for Children Family Rep.	<p>No report provided.</p>	
SCAN	<p>Ms. Olsen provided the report. Ms. Olsen thanked Mr. Winkler for assisting in getting instructors for the SCAN EMS Program. She reported that Ms. Yunghans would be retiring soon from PA AAP and that Ms. Zittle would be leaving PA AAP as the DOH was taking back the grant for Child Death Review to administer the program internally.</p>	
<i>OTHER BUSINESS</i>		
ADJOURNMENT	<p>MEETING ADJOURNED at 10:30am by Mr. Winkler (moved by Mr. Pearson, second Ms. Olsen, unanimous).</p>	

Staff Contact – Thomas Winkler, EMS for Children Project Director, twinkler@pehsc.org, 717-795-0740

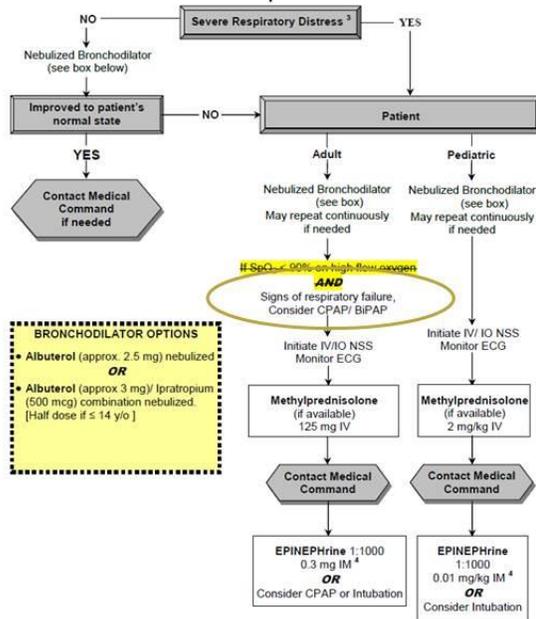
Chair Contact – Josh Stuart, Medical Rescue Team South Authority, jstuart@mrsta.com

Non-Invasive Ventilation in Pediatrics

- Is there a role for NIV in pediatric patients?
 - Primary care
 - Acute Respiratory Distress Syndrome
 - Acute Asthma
 - Bronchiolitis
 - Pneumonia
 - Continued care of @home therapies
 - Interfacility care
- Pediatric = GT 30 days life

Pennsylvania Department of Health
Respiratory
ASTHMA / COPD / BRONCHOSPASM
STATEWIDE ALS PROTOCOL

4022 – ALS – Adult/Peds



Objectives of NIV in Pediatrics

- Reduce work of breathing (Reduce oxygen consumption).
 - Reverse hypoventilation (Increase TV).
 - Increase Functional Residual Capacity (improve oxygenation, lung compliance).
 - Maintain and splint collapsed airways.
 - Preserved defense mechanisms.
 - Improve diaphragmatic activity.
 - Less sedation.
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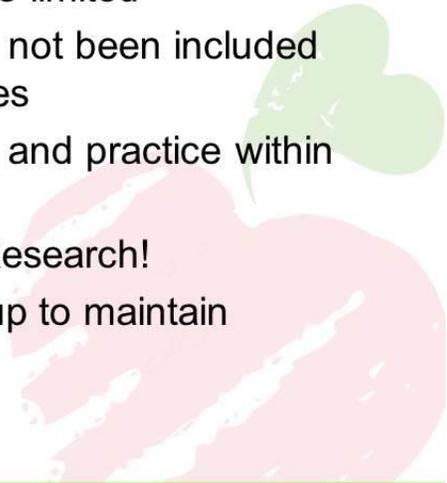
Contraindications of NIV in Pediatrics

- Apneas* (central apnea not included)
 - Hemodynamic instability
 - Refractory hypoxemia
 - Impaired mental status
 - Moderate to severe bulbar weakness
 - Inability to handle oral secretions
 - Inability to tolerate nasal or face masks
 - Upper gastrointestinal bleed
 - Acute facial trauma
 - Upper airway abnormalities...choan a latresia..
 - Cleft palate
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Non-Invasive Ventilation in Pediatrics

- Technologies advancements
 - CPAP vs BiPAP
 - Nasal mask vs full face mask devices
 - Nasal prongs or pillows
 - Addition of PEEP
 - Exhalation valve vs Closed Face Mask
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Non-Invasive Ventilation in Pediatrics

- Out of Hospital research is limited
 - Newer technologies have not been included in the recent limited studies
 - Current state applicability and practice within scope of ALS providers
 - New data through EMS Research!
 - Local study – control group to maintain research integrity
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Non-Invasive Ventilation in Pediatrics

- Formal process - IRB
- Out of hospital patient population study
- Pediatric transport team
- Mix of disease types
- Standard treatment modalities and equipment

