

Innovation and Improvement Center
EIIC
Emergency Medical Services for Children

EMSC*Pulse*

An online digest of EMSC Program News and Activities from the EIIC

#39 | July 18, 2019

Funding Opportunity Announcement: Pediatric Disaster Care Centers of Excellence

In April, the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) sought information on general concepts and specific ideas from providers particularly in the pediatric care community about a vision for an archetype of a more comprehensive, enhanced, national capability for pediatric care during disasters. Using the information received helped ASPR develop a new funding opportunity. ASPR recently released the Pediatric Disaster Care Centers of Excellence Funding Opportunity Announcement (FOA) to support the creation of up to **two Pediatric Disaster Care Centers of Excellence** (COE) that will serve as pilot sites.

Children represent 25 percent of the U.S. population and face specialized medical issues due to their unique developmental and physiologic characteristics. Pediatric care requires specialized equipment, supplies, and pharmaceuticals. While pediatric hospitals provide excellent care for children on a day-to-day basis, special consideration needs to be given to providing pediatric care during public health emergencies and disasters.

ASPR envisions this FOA as part of a multiyear plan to address pediatric disaster care needs as ASPR aims to address known gaps in pediatric disaster care of all pediatric patient populations by augmenting the existing clinical capabilities within states and across multi-state regions. Future elements of the vision would include field equipment, mobile medical facilities, telemedicine, and training and education. This FOA does not aim to establish the Network in its entirety, but instead funds a limited number of demonstration projects that will help identify issues, develop best practices, and demonstrate the potential effectiveness and viability of this concept to apply nationwide. For maximum success, applicants should have existing pediatric preparedness capabilities and the capacity to manage pediatric patients within their own state and within a self-defined multi-state region during a disaster. **The application deadline is August 27, 2019.**

American Heart Association Recent Statement on Pediatric Post–Cardiac Arrest Care

Cardiac arrest in pediatric patients is much less common than in adults, but does occur in and outside of hospital facilities. This recently released consensus statement from the American Heart Association (AHA) describes the epidemiology, pathophysiology, management of long and short term issues that occur after return of sustained circulation after cardiac arrest in the pediatric patient. It includes a summary of the current science with supporting evidence on caring for these patients.

We also include a summary of the updates to pediatric advanced life support guidelines for cardiopulmonary resuscitation and emergency cardiovascular care that were published late in 2018.

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Save the Dates! The EIIC website includes an Events page that lists upcoming events and activities pertinent to the EMSC community. Please bookmark and visit often.

EMSC Town Halls Occur Quarterly: Block your calendar now!

Remaining 2019 calls are scheduled from 3-4 pm ET on August 7 and November 13, 2019

- **EMSC Town Hall** – 3-4 pm ET, August 7, 2019
- **NEMSIS Annual Meeting** will be held in Park City, UT on Aug 12 & 13. Watch the site for more details.
- **Clinical and Community-Based Services Conference** hosted by The Indian Health Service (IHS) August 24-30 – Tigard, OR. Convenes nationally recognized speakers, health care providers, Tribal leaders, and officials committed to addressing emergent clinical and community health topics in Indian Country. The focus topics include but not limited to: opioid prevention, HIV/AIDS and Hepatitis C prevention, STD prevention, tobacco prevention, cancer prevention, and Youth Mental Health First Aid (MHFA) Training. Find information here. Registration is free but required.
- **NEDARC Scientific Grant Writing Workshop:** August 27-29, 2019, Chicago IL. See the NEDARC Website for the popular workshop description and registration details.
- ***EMSC: A Journey to Improve Pediatric Emergency Care.*** The EMSC Program's 2019 All Grantee Meeting will be August 19-23, 2019, at the Hilton Crystal City in Arlington, VA. This Program conference is an opportunity to interact with EMSC colleagues across the grant spectrum. Registration must be completed via this link. August 19 & 20 are preconference days. The main conference begins on Wednesday, August 21 and will conclude on Friday, August 23. Watch this page and your email for further details. All out of town registrants are expected to stay at the conference hotel. *The deadline for room block reservations is 7/19.*
- **Emergency Nursing 2019** in Austin TX Sept 29-Oct 2, 2019. Registration open now!
- **EMS World Expo 2019** in New Orleans, Oct 14-18. Registration now open.
- **EMSC Town Hall** – 3-4 pm ET, November 13, 2019
- **2019 National Conference on EMS** – will be held in Atlantic City, NJ, November 14-16. Registration is not yet open, but watch the conference site for information.
- **National Healthcare Coalition Preparedness Conference -** December 3-5, 2019, Houston TX. More details to come.
- **2020 National Association of EMS Physicians Annual Meeting –** San Diego CA January 6-11, 2020. Registration opens in September.
- **2020 Annual EMS Today Conference –** Tampa FL, March 4-6, 2020. Watch for more information.

Social Media Outlets

Please be sure to watch for items of interest to the EMSC Community including **national projects, webinars, and opportunities to support EMS for Children** on the EIIC Facebook page, Instagram, LinkedIn and Twitter. We use these channels to announce items on short notice.

PDTree
A Tool for Prehospital Pediatric Destination Choice

The recording of the webinar, *Optimizing EMS Destination Choice for Pediatric Patients,* featuring Dr. Jennifer Anders of Johns Hopkins Children's Center and Dr. Jennifer Fishe of the University of Florida - Jacksonville & Nassau County Fire and Rescue Department is now available on the website. Check it and other past EMSC webinars out here.

Here are some tips/tricks and lists for assisting breastfeeding mothers and infants during a disaster from:

International Lactation Consultant Association

American Academy of Pediatrics

EMSCPulse welcomes articles about people, programs, and initiatives related to emergency medical services for children. Submit to EMSCInnovation@TexasChildrens.org

Emergency Nurses Association Announces Recipient of 2019 Pediatric Readiness Improvement Award

This ENA award recognizes a member who has demonstrated outstanding efforts to improve readiness in *caring for children in the emergency care setting* was presented to **Karen Kaskie, BSN, RN, CEN, CPEN, CFRN, of South Dakota.** This is the second time this distinguished prize has been awarded.

Karen works full time as a RN Simulation Specialist at a large, regional health care system in South Dakota that has a number of critical access and rural locations. Karen provides neonatal, infant, and pediatric simulation scenarios to professionals ranging from providers, nurses, RTs, medics, EMTs, and first responders. She travels to remote areas to provide education and also reviews pediatric resources and provides recommendations to improve pediatric care. One of her favorite simulations is on emergent delivery and pediatric airway. She provides pediatric reference materials including vital sign and equipment size charts/posters and badge cards. Karen works closely with her EMSC manager to promote the pediatric readiness assessment and best practices for pediatric care throughout a variety of emergency environments ranging from first responder vehicles, critical access EDs, urban EDs, and flight teams. Karen is also involved in government affairs advocacy efforts of ENA where she participated in the action alert supporting pediatric readiness on airlines.

Through simulation and rural outreach, Karen is immersed directly into the environment of some of the most frontier and vulnerable settings in South Dakota that may lack pediatric resources. She empowers nursing staff to host open and candid conversations promoting organizational readiness and excellence in pediatric care, emphasizing the importance of safety in all aspects of pediatric care especially those that are high risk and low frequency

Maryland's State Partnership Celebration of EMS for Children Day, 2019

Maryland held an EMS award ceremony during EMS Week (May 19–25) on May 22, 2019, a day also recognized statewide and nationally as EMS for Children Day. Maryland Lt. Governor Boyd K. Rutherford joined the celebration and presented two proclamations: one recognizing EMS Week and another naming May 22 as EMS for Children Day. *The Stars of Life* (given for an outstanding rescue under extreme circumstances) and *Right Care When It Counts* award winners were selected by a statewide committee of career, volunteer, and commercial EMS clinicians, after being nominated by peers or a member of the public.

The *Right Care When it Counts* award is sponsored by the Maryland EMS for Children State Partnership and recognizes children/youth in the state who have demonstrated Steps to Take in an Emergency or Ways to be Better Prepared for an Emergency in the prior calendar year. Ongoing for 16 years, six young heroes received the *Right Care When It Counts* awards this year for bravely taking action to help someone in need. The Maryland Family Advisory Network (FAN) Chair Mary Ellen Wilson led the call for nominations and the review process. Listed below are five of the honoree's stories (not all pictured).

Amara Monroe



Pictured L-R: Clay Stamp, EMS Board, Cynthia Wright- Johnson, Director for the MD EMSC Program; Amara Monroe; Adam Miller, FF/ NRP; Dr. Jennifer Anders, Associate State EMS Medical Director for Pediatrics; Dr. Ted Delbridge, MIEMSS Director.

While home with her grandmother, Amara witnessed her grandmother fall down the steps. She immediately recognized the extent of the emergency and called 9-1-1. She was able to provide needed information for help to be dispatched to her grandmother. Amara then proceeded to a neighbor's house in order to get additional adult help to her grandmother's side. The neighbor gave further information to the dispatcher and the call was upgraded. Amara gave the EMS crew the full story of what had occurred which greatly helped with medical treatment. The patient received prompt care and attention due to Amara's ability to recognize the emergency, activate the EMS system by calling 9-1-1 and stay calm at a critical time. Amara bravely made the right call for help and made a difference during this frightening incident.

Taurian L. Jones-Duke

With his mom and dad at work and schools closed due to icy conditions, sixteen year old Taurian Jones-Duke knew it was his job to keep an eye on his sister and little *(next page)* *(continued)* brother. They were upstairs in the kitchen, joking, and cooking something for lunch. Suddenly he heard

some popping sounds and smelled smoke, which instantly concerned him. Seconds later he heard his sister scream and the smoke detector went off. Taurian sprinted upstairs to find a smoke filled kitchen with flames shooting out of a cooking pan. He moved his sister and little brother aside and instructed them to get out of the house right away. Taurian grabbed a pot holder to lift the pan off the stovetop. As he turned toward the sink, a strong wind rushed through the open door his siblings had just exited, splashing the boiling grease onto him and the floor. Taurian sustained deep third degree burns and was transported to the Pediatric Burn Center at the Johns Hopkins Children's Center. Despite all the pain and surgeries Taurian had to endure, he would do it over again to protect his brother and sister.



Pictured L-R: Clay Stamp, EMS Board, Cynthia Wright- Johnson, Director for the MD EMSC Program; Taurain L. Jones-Duke; Dr. Jennifer Anders, Associate State EMS Medical Director for Pediatrics; Dr. Ted Delbridge, MIEMSS Director.

James "Wyatt" Toulson

Early on Sunday, April 8, 2018 Wyatt and his father, who is a Firefighter/ Paramedic and a tow truck driver, went to the middle of New York State to tow a truck for a friend. Wyatt often rides with his dad when towing vehicles. As his father finished the tow and secured the truck to return home, he caught his right hand between two moving pieces of the truck, causing a crush injury and partial amputation of two of his fingers. Wyatt immediately grabbed towels from the truck, while his father called 9-1-1. After giving his father the towels Wyatt put the rest of the equipment back in the truck, secured and locked it, while constantly checking to make sure his dad was okay. He picked up the glove with the tip of the fingers and gave it to the EMS clinicians to take with them to hospital. As the ambulance crew was loading his father, he called his aunt, a nurse/ paramedic, and very calmly stated that "We have a problem, dad has cut his fingers and may need stitches". He continued to periodically relay information to his aunt, remaining calm the entire time. His father required emergency surgery to repair his partially amputated finger and de-gloved finger. Wyatt remained with his dad, keeping him calm and reassured. Once his father got home, Wyatt was quick to offer to help change dressings or do whatever else he could do to help. Wyatt's quick thinking and actions likely saved his father from further injury.



Pictured L-R: Clay Stamp, EMS Board, Cynthia Wright- Johnson, Director for the MD EMSC Program; James "Wyatt" Toulson; Dr. Jennifer Anders, Associate State EMS Medical Director for Pediatrics; Dr. Ted Delbridge, MIEMSS Director.

LaTrelle Wiggins

Last December, nine year old LaTrelle was the only other student in the room with his teacher at the Mt. Hope/ Nanjemoy Elementary School in Southern Maryland when one of his classmates had a seizure. While his teacher assisted the student, LaTrelle was asked to go find another teacher to help. LaTrelle walked across the hall and loudly and clearly asked for help. He led the other teacher to his classroom to assist in providing care to his friend. LaTrelle remained calm understanding how important it was to help his teacher and his friend, and to keep himself safe in a stressful situation.



Anders, Associate State EMS Medical Director for Pediatrics; Dr. Ted Delbridge, MIEMSS Director.

Gabrielle Keener

On the evening of January 20, 2018, 12 year old Gabrielle (not pictured) called 9-1-1 to report that her grandfather was having trouble breathing. Based upon a clear description of the problem, units from Prince Georges County EMS were dispatched. Upon arrival, the EMS clinicians found an unresponsive male with a pulse. Gabrielle was the only one on the scene and was able to provide pertinent information about her grandfather to the crew. Gabrielle remained calm during this stressful event. Her quick thinking and fast actions allowed for the medics to assess and treat her grandfather. He ultimately went into cardiac arrest and cardiopulmonary resuscitation efforts were administered. He regained his pulse and was transported to the hospital. Although he did not survive post arrest, Gabrielle was recognized for her quick thinking and heroism during this difficult time.

Request for Information (RFI): Guidance on Current Clinical Experience in the Use of Tele-mental Health for Suicide Prevention in Emergency Department Settings -

This Request for Information (RFI) seeks input on current clinical experience in the use of telehealth in ED settings to reduce suicide ideation and behavior, and to identify research gaps in the evidence base for providing this type of care. Information is sought from ED providers, as well as from tele-mental health services providers. **Responses due August 30, 2019**. Click here to learn more

Stay Up to Date with Resources through ASPR TRACIE

Brought to you by HHS ASPR, the Technical Resources, Assistance Center, and Information Exchange (TRACIE) was created to meet the information and technical assistance needs of many. Since ASPR TRACIE's launch in 2015, their staff and Subject Matter Experts have developed resources to support healthcare system preparedness, public health preparedness, and disaster clinical professionals plan for, respond to, and recover from all hazards disasters and emergencies.

A complete listing of ASPR TRACIE-developed resources can be found here. Of particular interest to the EMSC community should be the recent comprehensive refresh of the Pediatric Topic Collection.

Collaborate on Development of Pediatric Annexes

ASPR TRACIE and the ASPR Hospital Preparedness Program (HPP) have also collaborated to develop a Healthcare Coalition Pediatric Surge Annex Template. This template is intended to be a high-level response plan identifying the experts and specialized resources that exist within health care coalitions and the processes that will be used to determine which patients are transported to which facilities in a mass casualty event. The pediatric-focused annex is meant to be an annex to a health care coalition's response plan. The template includes general headers, descriptions, and sample resources/plans that may provide guidance or a template for health care coalitions to assist in their planning efforts. The publication of this report provides a wonderful opportunity for EMSC stakeholders to connect with their HPP colleagues to offer input on these pediatric annexes.

The National Pediatric Disaster Coalition: A Great Source of Information for the EMSC Community

The mission of the National Pediatric Disaster Coalition (NPDC) is to advance community preparedness, mitigation, response and recovery for infants, children, and their families in disasters. This includes development of pediatric specific Health Care Coalitions and advisory committees that integrate into the existing Health Care Coalition model. Here is *just a sample* of the information shared in the past few months:

- Online training resource? One of CDC's 14 Preparedness and Emergency Response Learning Centers: Northwest Center for Public Health Practice
- Save the Children: Paediatric Blast Injury Report and Field Manual
- An assortment of Child Care Preparedness Guides including from the CDC, FEMA and several states
- Colorado's resource kit for EMS and emergency department providers in responding to pediatric distress including developmentally appropriate activities for children and their caregivers
- An evidence based guide to decision making for triaging and decontaminating in a chemical accident

IMPROVING PEDIATRIC DISASTER PREPAREDNESS

If you are not already on their List Serve, please send an email to Patricia.Frost@cchealth.org .

Emergency Nurses Association President Testifies Before House Committee in Support of EMSC Program Reauthorization Bill

In her testimony to the Health Subcommittee of the House Committee on Energy and Commerce, ENA President Patti Kunz Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN, discussed the importance of the EMSC Reauthorization Act, a bill which supports appropriate prehospital and emergency department care for children in the United States. ENA has long supported EMSC and made it a focal point of its annual Day on the Hill event in May this year.

ENA recognizes the unique challenges this patient population presents, including the need for specialized supplies, equipment and medications. As part of its commitment to pediatric care, ENA encouraged lawmakers to reauthorize the EMSC program through 2024 to ensure it continues to make a positive impact on the treatment of children in the emergency department.

Family Advisory Network (FAN) Mail! Starts here!



Infographic courtesy of Safe Kids Worldwide

Family Advisory Network (FAN) Mail!

What is FAN Mail? In each issue of the EMSC Pulse, you will find a "FAN Mail" section with information specific to our Family Advisory Network (FAN) members. Each issue will contain announcements, links to resources and highlights of the work being accomplished by the FAN members across the country.

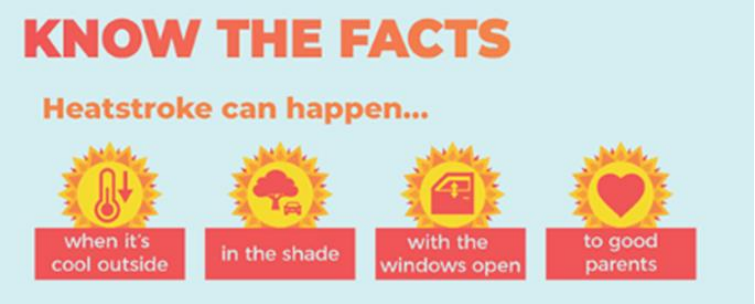
Advocacy Opportunity for FAN Members

National Association of Emergency Medical Technicians (NAEMT) Advocacy Coordinators are NAEMT members who have been appointed to help our members build and support NAEMT's advocacy efforts within their respective states. Their roles and responsibilities will include:

- Conducting outreach to NAEMT members in the state to encourage and support member participation in national EMS advocacy efforts
- Updating members on the status of pending national legislation and regulation
- Coordinating visits to the district offices of the state's U.S. Senators and House Representatives to educate congressional leaders and staff about the issues that affect delivery of EMS to communities within the state
- Building relations with the state EMS office and state EMS association(s)
- Coordinating state involvement in national advocacy campaigns

Contact the advocacy coordinator in your state and let him/her know that you are interested in federal advocacy issues and are willing to help. States that currently do not have an advocacy coordinator are Arkansas, Georgia, Maine, Minnesota, Montana, New Mexico, New York, Oklahoma, Washington, Wyoming, and the District of Columbia.

A-C-T to Prevent Vehicle-Related Heatstroke by Kristen Beckworth, MPH, CHES, CPSTI



As temperatures continue to climb the summer, we all need to prepare ourselves and our loved ones for what some experts say will be an even longer, hotter summer than usual. When heat levels rise, so does the risk of heatstroke, a fatal form of hyperthermia, in adults and children alike.

In fact, heatstroke is the leading cause of vehicle-related deaths in children behind car crashes. These statistics are frightening; especially considering these heat-related tragedies are completely preventable. On average, a child dies every 10 days from a heatstroke in a vehicle. In 2018, 29 children have died from heatstroke in vehicles so far – two of these incidents occurred in our Greater Houston area.

It could be easy for any of us to forget a quiet infant or child in car when they're often sleeping so peacefully or occupied by a device. It might also be tempting to grab your keys and leave them alone in the car while you run into the store quickly. In all cases, leaving a child alone in a hot car can lead to serious injury or death from heatstroke. Young children are particularly vulnerable in these situations, as their bodies heat up 3-5 times faster than an adult's.

When you stop the car's air conditioning before hopping out, the internal temperature of the car will quickly become hotter than outside of it. If the temperature outside is 80 degrees Fahrenheit, the inside of a closed car could reach 109 degrees Fahrenheit within just 20 minutes. Cracking a window does very little to keep the inside of a car cool. It's critical to remember that we can all ACT together in preventing heat-related injuries and fatalities from hot vehicles.

Family Advisory Network in Action, share your accomplishments!

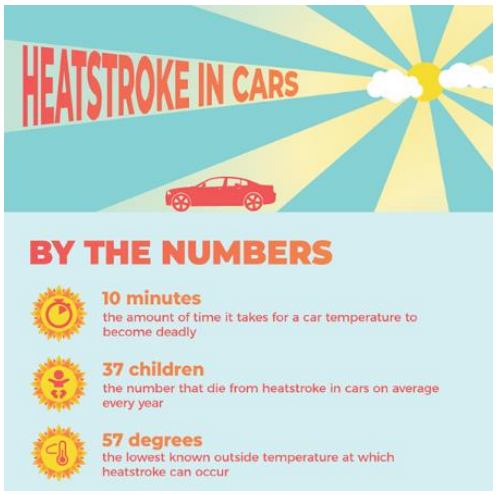
If you have pictures or content you wish to share on the EIIC Facebook page and Twitter, please email Cassidy Penn at the EIIC.

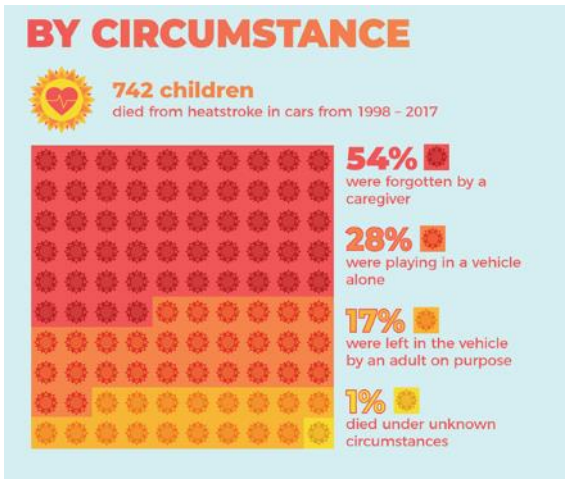
Heatstroke in Cars **A – C – T**

A: AVOID heatstroke and other heat-related injuries by never leaving your child alone in a car … not even for a minute. In Texas, this is a crime and can result in a class C misdemeanor in the most harmless of situations. When the vehicle is at home, keep the doors locked and keys out of a child's reach.

C: CREATE reminders! Place an item you need in the back of your car or next to your child, such as a briefcase, wallet or cell phone. This is especially important if you're not following your normal routine. If your child is with a care provider, ensure vehicle-related procedures are in place, such as vehicle searches or locking vehicles when not in use. Use technology to your advantage and use apps or other communication methods with your childcare provider.

T: TAKE action. If you see a child alone in a car, call 9-1-1. Emergency personnel want you to call, and they're trained to respond swiftly to these situations. One call could save a life.





Heatstroke in Cars: By the Numbers

- **10 minutes:** the amount of time it takes for a car temperature to become deadly
- **37 children:** the number that die from heatstroke in cars on average every year
- **57 degrees:** the lowest known outside temperature at which heatstroke can occur

742 children died from heatstroke in cars from 1998 – 2017

- **54%** were forgotten by a caregiver
- **28%** were playing in a vehicle alone
- **17%** were left in the vehicle by an adult on purpose
- **1%** died under unknown circumstances

CHECK the back seat every time you leave the car

TELL your childcare provider to call you when your child is absent

SET UP a reminder system by leaving your phone in the back seat

ALWAYS keep car doors and trunks locked and keys out of reach

CALL 911 if you see a child left alone in a vehicle



Sources and Info:

Source: U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA), Traffic Safety Marketing. Fact Sheet: 2018 Heatstroke Prevention Campaign.