



Pediatricians, Emergency Physicians and Nurses Create Joint Recommendations to Ensure Injured and Critically Ill Children Receive the Best Emergency Care

The American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) published updated joint guidelines, “Pediatric Readiness in the Emergency Department,” that recommend ways health care providers can make sure every injured or critically ill child receives the best care possible.

The [joint policy statement](#), published in the November 2018 issue of *Pediatrics*, represents a revision of the 2009 policy statement and highlights recent advances in pediatric emergency care that may be incorporated into all emergency departments that care for children. The statement emphasizes the importance of evidence-based guidelines and includes additional recommendations for quality improvement plans focusing on children and disaster preparedness.

“Children have unique needs that are heightened during serious or life-threatening emergencies,” said Colleen Kraft, MD, MBA, FAAP, President of the American Academy of Pediatrics. “It’s imperative that all hospitals have the medications, equipment, policies, resources, education and training, and capable staff to provide effective emergency care for children of all ages.”

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Input Requested on Ways to Enhance Emergency Medical Care Research

NIH is asking members of the public, providers and researchers about their experiences conducting research under the Exception from Informed Consent Requirements for Emergency Research guidelines

The National Institutes of Health (NIH) recently issued a [request for information \(RFI\)](#) seeking input that will help inform:

1. The development of good emergency medical care research practices under Exception from Informed Consent (EFIC) and
2. Policies and procedures for the design, implementation, and oversight of NIH-supported emergency medical care research conducted under EFIC.

Because obtaining informed consent from patients with emergent, life-threatening conditions is so difficult, research in emergency and prehospital settings often falls under EFIC guidelines. There are significant challenges to conducting emergency care research and NIH is looking for feedback on those challenges and how they can be addressed.

Safely reducing barriers to EMS research is a priority of the profession that was mentioned frequently during the two years of gathering community input for EMS Agenda 2050. The NHTSA Office of EMS strongly encourages individuals and organizations from the EMS community to [respond to the RFI](#) and share their ideas that can help facilitate high-quality and safe EMS research. **Responses are due by December 17, 2018.** More details as well as instructions for how to respond are [available online](#).

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Save the Dates! The EIC website now has an [Events page](#) that includes a list of upcoming events and activities pertinent to the EMSC community. Please bookmark and visit often.

- **Human Trafficking: The Nightmare Next Door --** This [webcast](#), produced by the Alabama Department of Public Health in partnership with the Alabama Public Health Training Network and the Alabama AHEC, will be broadcast live Tuesday, November 27, 2018, 10:00-11:00 a.m. (Eastern Time). Register [here](#) for this program.
- **National Healthcare Coalition Preparedness Conference** will be held in New Orleans November 27-29, 2018. The registration portal remains [open](#). Major participation by the National Pediatric Disaster Coalition (NPDC) is planned to include:
 - 12 pediatric/poster presentations AND
 - 2 special meetings
 - **NPDC Executive Committee Meeting**, November 28, 5:45 - 7PM in the Jackson Room
 - **Pediatric Meet & Greet**, November 29, 11:45AM - 1:15PM in the Jackson Room
- **EIIC Webinar: Prehospital Medication Dosing Errors** featuring Dr. John Hoyle on 12/13/2018 from 3-4 pm ET. [Click here for a calendar hold](#) and call-in information.
- **Joint Commission 2019 Emergency Preparedness Conference** will meet in Washington DC, April 23 & 24, 2019. Registration pending.
- [Pediatric Academic Societies](#): April 24-May 1, 2019, Baltimore
- [National Association of State EMS Officials](#): May 13-16, 2019, Salt Lake City
- [Society for Academic Emergency Medicine](#): May 14-17, 2019, Las Vegas
- **MARK YOUR CALENDARS: EMSC Program Meeting**: August 19-22, 2019, Hilton Crystal City in Arlington VA. This conference is an opportunity to interact you're your EMSC colleagues across the grant spectrum. Watch [this page](#) and your email for further details.

Resources Available

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 [EIC Facebook page](#) and [Twitter](#). We use these channels to announce items on short notice.

Find the Childcare Aware Disaster Response and Recovery Webinar Series Archives on their website.

[Topics include:](#)

- Child Care Emergency Supply Kits
- After the Disaster – Food Safety and Dealing with Mold
- Keeping Kids Safe – The Basics of Active Shooter Response



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

Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act signed into Federal Law

In late October, President Trump signed the above named legislative package into federal law. It is designed to address the opioid crisis by reducing access to and the supply of opioids and by expanding access to prevention, treatment, and recovery services.

It is important to the EMSC Community because children can be effected by opioids throughout their lifespan. Treating neonatal abstinence syndrome can be costly and difficult for families. Children with parents suffering substance use disorders face an increased risk of child neglect and trauma,

and often end up in foster care. Adolescents are vulnerable to opioid use and dependence, which can continue throughout adulthood.

The [new law](#) provides support for children and families affected by parental substance use, ensures improved access to care for children and adolescents by lifting Medicaid restrictions and decreasing telehealth geographic constraints. It also provides demonstration grant funding supporting substance abuse treatment and increased adolescent access to medication-assisted addiction treatment.

Joint Recommendations to Ensure Children Receive the Best Emergency Care *(cont. from page 1)*

According to the 2014 National Hospital Ambulatory Medical Care Survey, there were approximately 5,000 emergency departments in the United States. Of the more than 141 million emergency department visits, an estimated 20 percent were for children younger than 15 years. As many as 83 percent of children in need of emergency care go to a community emergency department versus a pediatric emergency department.

“The joint recommendations help improve and standardize care delivery for children of all ages in the emergency department, create best practice benchmarks for emergency departments and strengthen pediatric patient safety efforts,” said Vidor Friedman, MD, FACEP, president of ACEP.

AAP, ACEP and ENA are longstanding partners in the shared effort to optimize high-quality, family-centered care of children in emergency departments. In 2013, the groups collaborated with the federal EMS for Children Program, to launch the National Pediatric Readiness Project (NPRP) to ensure pediatric readiness of emergency departments.

“The delivery of pediatric care should reflect an awareness of unique pediatric patient safety concerns. ENA, AAP and ACEP are working together to maintain and improve the quality of care that pediatric patients receive in hospitals and emergency departments. These updated recommendations are intended to serve as a resource for clinical and administrative leadership of emergency departments as they strive to improve their readiness for children of all ages,” said ENA President Jeff Solheim, MSN, RN, CEN, TCRN, CFRN, FAEN, FAAN.

Consensus-based Criterion Standard for the Identification of Pediatric Patients Who Need Emergency Medical Services Transport to a Hospital with Higher-level Pediatric Resources Released

Emergency medical services (EMS) providers must be able to identify the most appropriate destination facility when treating children with potentially severe medical illnesses. Currently, no validated tool exists to assist EMS providers in identifying children who need transport to a hospital with higher-level pediatric care. For such a tool to be developed, a criterion standard needs to be defined that identifies children who received higher-level pediatric medical care.

A national expert panel developed a 13-item consensus-based criterion standard definition for identifying children with medical complaints who need the resources of a hospital equipped to provide higher-level pediatric services. This criterion standard will allow creation of a tool to improve pediatric patient care by assisting EMS providers in identifying the most appropriate destination facility for ill children. *This work is supported in part by an EMSC Targeted Issues grant.*

Studnek, JR et al., Consensus-Based Criterion Standard for the Identification of Pediatric Patients who Need EMS Transport to a Hospital with Higher-Level Pediatric Resources. *Academic Emergency Medicine*. Published online October 3, 2018. [doi: 10.1111/acem.13625](https://doi.org/10.1111/acem.13625).

Trends in the Incidence of and Charges Associated With Firearm-Related Injuries Among Pediatric Patients, 2006-2014

A recent research letter by Gani and Canner, in *JAMA Pediatrics* describes a study of emergency department (ED) visits for patient younger than 18 years with firearm-related injuries. Data was obtained from the Nationwide Emergency Department Sample (NEDS) for visits January 2006 through December 2014.

The researchers identified qualifying visits then adjusted to estimate national numbers at approximately 75,000 (11.3 ED visits per 100,000). Of these pediatric visits, 86.2% were male and 13.8% female. The mean [SD] age was 14.8 [3.3] years. The highest incidence of visits was among male patients 15 to 17 years of age. Researchers found the visit incidence was in

a downward trend from 2009-2013, but noted an increase in 2014. The most common mechanisms of injury were assault (49.0%), unintentional injury (38.7%) and suicide (2.0%). Of these visits, 35.3% were admitted as inpatients. Overall mortality was 6.0%.

The authors acknowledge limitations to this study, but believe that it is the broadest study examining pediatric firearm-related ED visits in the United States.

Gani F, Canner JK. Trends in the Incidence of and Charges Associated With Firearm-Related Injuries Among Pediatric Patients, 2006-2014. *JAMA Pediatr*. Published online October 29, 2018. [doi:10.1001/jamapediatrics.2018.3091](https://doi.org/10.1001/jamapediatrics.2018.3091)

AHA Guidelines for CPR and ECC Updated

On November 5, 2018 the American Heart Association (AHA) released the [2018 AHA Focused Updates on Advanced Cardiovascular Life Support and Pediatric Advanced Life Support \(2018 Focused Updates\)](#). Prior to 2017, the official AHA Guidelines for CPR and ECC had been updated every five years. **Focused Updates** represent a move toward continuous evidence evaluation and more frequent updates. Continuous evidence evaluation allows the rigor of a comprehensive review and expert consensus in as close to real time as possible. There will be no changes to AHA products and materials. However, the AHA offers the following guidance for training ACLS and PALS providers:



- Instructors may allow students to practice using either amiodarone or lidocaine during CPR in ACLS, ACLS EP, and PALS courses, consistent with the student's local protocol.
- For testing purposes, AHA Instructors will continue to use the ACLS and PALS Skills Testing Checklists and the Skills Testing Critical Skills Descriptors.
- For more information, AHA Instructors should visit the [AHA Instructor Network](#) (News & Archives section) to review the document, "2018 Focused Updates: Implications for Training ACLS and PALS Providers."

All AHA guidelines, including the 2018 Updates, can be found on their [Guidelines for CPR & Emergency Cardiovascular Care](#) webpage.

'What the HECC' Pediatric Symposium *by Kjelsey Polzin, Minnesota EMSC State Partnership Program Manager*

The Heartland EMS for Children Coalition (HECC) hosted an all-day pediatric training symposium for pre-hospital and hospital-based providers in North Sioux City, SD on October 19, 2018. HECC is made up of the EMSC State Partnership Programs in Iowa, Kansas, Nebraska, Minnesota, North Dakota and South Dakota.



The day was all about kids and began with an overview of the Federal EMSC Program and HECC. Content included a plenary on safe transport of children in ambulances by Katrina Altenhofen and breakout sessions; medication administration (DKA, Stroke) and Stop the

Bleed, both included lecture and hands-on portions. HECC's FAN Reps shared personal experiences in a moving panel discussion on children with special healthcare needs. Recognizing serious infections in children, pediatric mental health and showcasing resources available in each state rounded out the day.

Thirty-eight providers from all HECC member states attended and raved about the training; ninety-five percent rated the overall experience "excellent." We received one "hecc" of a surprise in the form of a visit from former SD EMSC Program Manager and former HECC Chair, Dave Boer! It was truly inspiring to see his continued support of the EMSC program despite his retirement.

Many thanks to all HECC members and FAN Reps for reviving the pediatric symposium to the region! This event would not have been possible without the amazing HECC ladies: Amy Keller, Corolla Lauck, Deb Hummel, Debbie Kuhn, Kjelsey Polzin and Tracy Cleary).



Pictured (left to right): Melissa Winger (MN FAN), Kjelsey Polzin (MN EMSC PM), Katrina Altenhofen (EIC), Dave Boer (former SD), Debbie Kuhn (NE EMSC PM), Tracy Cleary (KS EMSC PM), Deb Hummel (IA EMSC PM), and Corolla Lauck (SD EMSC PM).

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PHOTO CONTEST

The EIIC has created a **photo contest** to feature a one-of-a-kind gallery that will inspire all viewers to **recognize and appreciate the work of our EMSC community**. We look forward to your creative submissions!

What We're Looking For...

1. Photos of any EMSC activity. (The photos may contain family members and care providers but a photo release may be requested.)
2. Then, include a title that is unique to what is being highlighted in the photo. The title/phrase will be mounted next to the photo.

The EIIC will select the top photos for display at the 2019 EMSC All Grantee Meeting in Arlington, VA in August 2019.

GRAND PRIZE!

The winner will receive a professionally mounted enlargement of their submitted photo and recognition in the Conference Agenda and at the Opening Plenary.

All photographers will be recognized on the photos displayed.

General Rules:

Who may enter:

- The contest is open to anyone age 18 and above

What to enter:

- Original photographs you have taken and own.
- For a photo in which a person is recognizable, you must be prepared to provide a release from the subject or, in the case of a minor, the subject's parent or guardian to the EIIC upon request.

What not to enter:

- Photos that violate or infringe upon another person's rights, including but not limited to copyright, are not eligible.
- Photos that contain sexually explicit, nude, obscene, violent or other objectionable or inappropriate content, as determined by the EIIC in its sole discretion, are ineligible for this contest.

For full details on how to enter please see the [EIIC Photo Contest Page](#).

6 Family Advisory Network (FAN) Mail!

EMSCPulse

Help the EIIC Plan the All-Grantee Conference

If you are interested in choosing content for the next conference, creating interactive social media posts or even for the EMSCPulse, we want you to join the FAN steering committee! Help us know how we can support FAN members! Sign-up or nominate a FAN member by [clicking here](#)!

Upcoming Webinar

Join us for the first of four FAN webinars later this year, time and date TBD. The first webinar will focus on FAN and SP Managers Working Together Effectively. Stay tuned for more details!

FAN Resources

1. [Transition "Starters" for Everyone](#)
2. [Transition Toolkit for Youth with Disabilities](#)
3. [National Resource Center for Supported Decision-Making Resource Library](#)
4. [Health Care Transition Resources for Youth and Families](#)
5. [Share Your Supported Decision Making Story](#)

Welcome to 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.

Follow EIIC on Social Media

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

American Samoa: Mary Taufetee, **Connecticut:** Jennifer Groves Fusco & Nanfi Lubogo, **Delaware:** Trina Cale Rosario, **District of Columbia:** Donnie Shaw, Doreen Hodges, Elva Anderson and Karen Gay, **Federated States of Micronesia:** Julio Marar, **Guam:** Claire Meno, **Maryland:** Mary Ellen Wilson, **Massachusetts:** Suzanne Gottlieb, **New Hampshire:** Laurie Warnock, **New Jersey:** Kenneth White & Adele Bascom-Poplawski, **Palau:** Margie Ngirmidol, **Puerto Rico:** Miguel Roman, **Rhode Island:** Tara Townsend, **Saipan:** Antonio Borja, **US Virgin Islands:** Jacqueline Greenidge-Payne, **Vermont:** Jamie Rainville, **West Virginia:** Todd Rundle, Deana Spaulding & Patty Boyce.

**Washington, Nevada, Idaho, Illinois and Hawaii are actively recruiting for a FAN*



Meet our
FANs!