

Purpose of the Advisory Committee Membership

Role	Purpose
1. Nurse with emergency pediatric experience	A nurse with pediatric emergency experience can provide critical input on pediatric emergency care in the ED and pre-hospital environment, including inter-facility transfer agreements and guidelines. He/she can also help establish education standards. This person can help ensure successful data reporting for performance measures 74 and 75.
2. Physician with pediatric training (e.g., pediatrician or pediatric surgeon)	This person ensures pediatric input to the committee is evidence-based and follows national consensus guidelines. This representative can also encourage support for EMS system changes from pediatricians and the surgical community across the State/Territory. They can be especially helpful in the development of inter-facility guidelines and agreements, as well as with pediatric education standards.
3. Emergency physician (a physician who primarily practices in the ED; does not have to be a board-certified emergency physician)	This person will ensure that pediatric emergency care recommendations meet national guidelines. This member will be very helpful in providing guidance for implementing all the performance measures and ensuring buy-in from State EMS medical directors for education standards, medical direction, equipment, and inter-facility transfer.
4. 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)	The person can provide important insights on pre-hospital issues, including medical direction, equipment guidelines, and pediatric training requirements. This person also can assure that data collection efforts from the pre-hospital agencies are successful.
5. EMS State agency representative (e.g., EMS medical director, EMS administrator)	This individual oversees key operations of the EMS agency or department assigned to ensure quality pre-hospital patient care. This person should be responsible for developing and implementing the EMS system throughout the State, which includes setting standards for training and the scope of practice of various levels of pre-hospital providers. He or she will be helpful as grantees plan their work on pediatric continuing education requirements for license/certification renewal of pre-hospital providers, requirements for pediatric equipment on ambulances, as well as off-line and on-line pediatric medical control for EMS.
6. EMSC principal investigator	In some cases, the principal investigator (PI) is also the EMS administrator or EMS director of the Office of EMS in the State/Territory or district. This individual provides oversight of the grant program and primary communication regarding Federal program requirements. Therefore, having this individual meet with the committee assures membership is up-to-date on Federal EMSC initiatives and national updates. He or she will provide the advisory committee with much of the leadership and support needed to achieve all of the performance measures.
7. EMSC grant manager	This person manages the program initiatives and financial aspects of the grant. They are often described as the program's driving force, holding State/Territory programs together. The EMSC manager assumes responsibility for achieving performance measure outcomes as outlined in the approved grant initiatives.
8. Family representative	A family representative is a parent and community leader who promotes family and children needs, and assures that they are considered in all aspects of the emergency healthcare system. This individual participates in advisory committee meetings and reviews state EMS rules, regulations, and medical protocols related to patient and family-centered care. The family representative also can help identify other potential community partners and participate in public education campaigns and other community outreach activities. This member can be a major EMSC supporter to help change State/Territory statutes/rules/regulations to help achieve many of the performance measures.

Based on the unique needs of each individual State/Territory, the EMSC Program has also identified a list of recommended committee members. The following 16 members are strongly encouraged (but not required) to play a role on the Advisory Committee:

- Hospital association representative
- State trauma manager
- EMS training manager
- Tribal EMS representative
- Data manager
- School nurse
- Ambulance association representative
- Child death review representative
- Fire-based EMS representative
- Police representative
- Bioterrorism representative
- Disaster preparedness representative
- Parent teacher association representative
- Recipient of MCH block grant for CSHCN
- Highway representative
- Legislator