

**Emergency Medical Services for Children (EMSC) Advisory Committee Meeting
October 20, 2022, at 1:00 p.m.**

Roll Call

Members

Sandra Horning, M.D., Chair, physician with pediatric training

Michael Bologlu, Vice Chair, EMS Representative

Susie Kochevar, RN, nurse with emergency pediatric care

Bobbie Sullivan, EMSC Project Director

Douglas Oxborrow, EMSC Program Manager

Ex-Officio Members

Andrew Eisen, M.D., Chair and Child Death Review Representative

Kevin Haywood, EMS Data Manager

Molly Ray, M.D., Pediatric Emergency Medical Fellow

Christine Forsberg, School Nurse Administrator

Meeting Attendees

Dr. Lloyd Jensen

Nicole Brown

Committee Meeting commenced at 1:00 pm, location 4220 S. Maryland Parkway, Suite 100, Las Vegas, NV 89119 and via Teams meeting.

Michael Bologlu: At this time, we are going to start the meeting, I'm going to hand the floor over to Doctor Sandra Horning the EMSC Chair.

Sandra Horning: Hello, welcome everybody, thanks for being here. We're going to open with roll call.

Michael Bologlu: We're ready for roll call to confirm we have a quorum; I am going to go through the members list. Andrew Eisen.

Andrew Eisen: I am here.

Michael Bologlu: Thank you sir. Dr. David Slattery? Dr. Slattery? Stephanie Mead, Stephanie Mead? Susie Kochevar?

Susie Kochevar: Present.

Michael Bologlu: Jeremy Sonenschein, Jeremy Sonenschein? Darlene Amarie-Hahn? Darlene? Dr. Sandra Horning?

Sandra Horning: Present.

Michael Bologlu: Bobbie Sullivan?

Bobbie Sullivan: Present.

Michael Bologlu: Douglas Oxborrow?

Douglas Oxborrow: Present.

Michael Bologlu: Don Pelt, Don Pelt? Kevin Haywood?

Kevin Haywood: Present.

Michael Bologlu: Dr. Molly Ray? Molly are you with us? We're having issues hearing you Molly, but we can see that you are Present. Your mic is muting and unmuting so we will mark you as present, thank you, and then Christine Forsberg?

Christine Forsberg: Present.

Michael Bologlu: Alright chair, we have a quorum.

Bobbie Sullivan: Guys before you continue, can you please invite Janice Hadlock-Burnett to the meeting, like you did me? Thank you.

Michael Bologlu: Okay, she is being called.

Bobbie Sullivan: Thank you, my apologies for the interruption.

Sandra Horning: Next on the agenda is any public comments. Do we have any public comments at this time?

Lloyd Jensen: Hi, I am just here as a public attendee. Lloyd Jensen I am one of the doctors in the ICU, and with Susie and some others, we have been working on some training for EMS infield deliveries and we presented some of that to the American Pediatric Transport Conference, and there is some thought of trying to incorporate some of our training into an update for the pediatric education hospital professionals group. So, the AAT, NRT, and the transport committee is working on it. Susie has been teaching paramedics, so I think that's a nice step because in EMS individuals are not required to have NRP, and when they are doing PALS type resuscitation for the newborn, it is sometimes not as effective. So, anyway, just wanted to update people about that, I think what Susie has helped us develop over at Mountain View is a really nice framework, and that's all, kudos to Susan.

Sandra Horning: Thank you Dr. Jensen, and I would agree it's a great addition, we really need it, and however we can support that, it's really important. Any other public comments?

Bobbie Sullivan: For public information, I would like to pass along that last week, the EMS Office along with the Helmsley Charitable Trust Foundation, announced an award from the Helmsley Charitable Trust of nearly seven million dollars for access to defibrillators that will be deployed to law enforcement vehicles across the State of Nevada. This includes City, County, Tribal, our Federal Partners, Parks, and we are going to begin the training for that.

We're expecting nearly 3,000 defibrillators to be distributed, training is going to be held in all parts of the State, the feedback from those machines when they are deployed will be provided to us for analysis, and Dr. Slattery has offered to be part of that review committee, thank you Dr. Slattery.

We are also excited about this project because part of the grant also includes replacement of batteries and patches if the machine is used for the period of 8-years moving forward from now. It's quite a benefit to those law enforcement agencies who can start forward planning the financial cost to recover, or excuse me, for those anticipated costs of batteries and patches.

We're expecting the first shipment to be deployed sometime around Christmas or the first part of the year, because it is a specific device, but we hope to get those out within the next year statewide.

Sandra Horning: Thank you, that's excellent. Any other public comments? Alright, we'll go ahead for approval for the minutes of our last meeting from July 21st, if I can have a motion to approve.

Susie Kochevar: Motion to approve.

Sandra Horning: Thank you, and a second.

Doug Oxborrow: For the record, Doug Oxborrow, I second.

Sandra Horning: Anyone opposed? Okay, the minutes are approved, and Doug, we should talk about recruitment of additional members.

Doug Oxborrow: Yes ma'am, Doug Oxborrow for the record. We have been working over the past month or two getting the word out there and suggesting people. We have had a myriad of letters of intent and resumes coming in to start filling up the different positions. Some of the positions, even though they only need a single individual, it may be a good idea to have more than one individual in that position, just for a greater width of footprint for, EMS-C.

The current Ex-Officio member vacancies are, Hospital Association Representative, a State Trauma Manager, Hospital Data Manager, Ambulance Association Rep, and a Fire Based EMS Representative, Police, Bioterrorism Disaster Preparedness, a Parent Teacher Representative, Highway Safety Representative, and a Legislation Representative.

When those positions are filled, that should give us a fairly well-rounded board. If anyone would like to fill any of these positions, please, my email is at the top of the second page of this document, doxborrow@health.nv.gov to contact me to send the letter of interest (LOI) and resume.

Sandra Horning: Alright, thank you, and for the next item on the agenda we are going to talk about some possible committee members that have given us their information and resumes, letters of interest for us to vote on, and do we have everything for Kara?

Michael Bologlu: Kara Smith, are you here? I would suggest tabling this for the next meeting so that I can reach out to her and make sure she attends. I don't believe that we have a resume. Maybe we can get everything in line for the next meeting.

Doug Oxborrow: More important an LOI, we can't nominate anybody if we don't have it.

Sandra Horning: Okay, so you guys are going to reach out to her.

Doug Oxborrow: Yes.

Sandra Horning: Alright, and then Tiffany Collins.

Michael Bologlu: Tiffany are you with us?

Sandra Horning: She couldn't be with us today; she wasn't aware to my knowledge.

Michael Bologlu: Tiffany couldn't be with us today, but we did get a resume for Tiffany. We did have an issue with the document that was uploaded, so what I am going to do is I am going to share my screen so that everyone can see the document appropriately. Bobbie, can you see our screen?

Bobbie Sullivan: Yes.

Michael Bologlu: Perfect, so Doug and I did get Tiffany's resume and LOI, so I would be comfortable moving forward with this.

Bobbie Sullivan: Mike, can I interrupt?

Michael Bologlu: Yes.

Bobbie Sullivan: We should black out the first section. It's the demographic information on her resume.

Michael Bologlu: I cannot redact demographic information without Adobe Pro, so I will not scroll up, so it is blocked from the screen. At this time I will give the committee members a few minutes to review this resume and experience section before we go ahead and make a motion on Tiffany.

Sandra Horning: So, Mike, while we are reviewing, three of us know Tiffany personally. She is a great candidate because she has worked at EMS for many years, and then became a nurse, and now she is at the school district as a nurse, so she has a view, broad background to be a representative in that position, and we whole heartily endorse her.

Michael Bologlu: Okay, well hearing that, does any of the committee members have any questions about Tiffany?

Doug Oxborrow: Well should we vote on Tiffany being the School Nurse Representative?

Susie Kochevar: Susie Kochevar, I make a motion for Tiffany Collins to be the School Nurse Representative.

Sandra Horning: And a second?

Christine Forsberg: I second

Sandra Horning: And any oppose? The motion carries for Tiffany Collins.

Doug Oxborrow: I guess enough people know her to reach out and say, "Hey, guess what?"

Christine Forsberg: I can text her.

Doug Oxborrow: There you go.

Sandra Horning: Alright, how about Irene Mavis.

Michael Bologlu: Irene, are you with us?

Irene Mavis: I am here, thank you very much.

Michael Bologlu: You're welcome. Irene, I do apologize for being redundant. I know you introduced yourself at the last meeting, but just to jog everybody's memory, will you do a quick introduction and your background for the EMS-C please?

Irene Mavis: Sure, my name is Irene Mavis. I am currently acting as the Nevada Representative for the Western Regional Alliance for Pediatric Emergency Management, also known as WRAP-EM. It's a 6-state coalition of states that are involved in pediatric disaster preparedness and response, we are operating under a grant from the CDC through the ASPER, and part of our mission is to work closely with community groups and state groups.

I am one of the members of a focus group dedicated to EMS-C, and I also program manage several other focus groups that have a direct relationship with this group, and so I am very excited to have an opportunity to join your group and be that liaison between Nevada EMS-C and WRAP-EM.

My background is in planning, I have 30 years of planning background but about 10 plus years in emergency management. I was the assistant emergency manager for Clark County until February 2018 when I retired, and I have my own consulting business now in emergency management strategic planning.

Sandra Horning: I want to say that Irene was kind enough to give us a copy of the disaster handbook that she and her organization made for Nevada, which is excellent, and so having her on the committee would be really, really helpful.

Irene Mavis: Oh, and just one more thing. If I could add the categories that you have vacant, that you are looking for membership for. I have a lot of connections with communities throughout the state, and I can be helpful if needed to recruit members for those positions. Thank you.

Sandra Horning: That would be awesome. Alright, should we vote?

Michael Bologlu: Mike Bologlu for the record. I would like to make a motion to add Irene Mavis to the EMS-C Advisory Committee as our Disaster Preparedness Representative.

Sandra Horning: Alright, second?

Andrew Eisen: Andy Eisen, second.

Sandra Horning: Anyone oppose? Welcome Irene, thank you so much for doing this.

Susie Kochevar: Irene, is there a way that we could get a copy of that Disaster Handbook and contact information for Irene?

Irene Mavis: Sure, I can send it out again, or if Mike, or Dr. Horning, if you still have it, to send out to the group. I am happy to forward it on to Mike for distribution, and then if you just want to send out my bio sketch to everyone. That works for me, no problem sending that out. Thanks.

Sandra Horning: Awesome, we had another person who is in the process of applying as a Fire EMS person, from North Las Vegas. He had a family emergency and so is a little late in getting his information to us, but we will table him until the next time, and take a look at this as well.

Alright, any questions about the new committee members, anybody that has any connections like Irene was talking about, or any suggestions, please let us know. For these other positions, that would be awesome. So, moving on to some discussion of some possible EMS-C programs and items. We'll talk about this a little bit uh as we try to decide what our future will be and what kind of projects we would like to take on and work on. Suzanne why don't you talk about it.

Susie Kochevar: Okay I'm Susie Kochevar, we have been looking at the Handtevy system for pediatrics and we are very interested in trying to bring it to the State of Nevada. The statistics that have been shown out of other states are incredible. And I'll let Nicole speak to those. She has returned from the training at EMS Expo but the holdup for many agencies is cost and budget. We wanted to bring it to this committee with anyone that maybe have an idea of some of the grant opportunities through the EMSC Program. Our goal would be to get grant funding to bring it to all the agencies, both rural and urban for the initial cost and set up. Be able to track our numbers and then I think once it's here it will be here to stay. The great thing about the Handtevy system. It's not just for peds, it includes NRP, and you can run any adult code with it. The difference between that it's an app-based system versus the broselow. The biggest selling point there is you don't need to wait to weigh the child. You just need their age and then you can have everything predetermined on the way to the call, set up as a pit crew style. I'll turn the reasons we're interested in over to Nicole.

Nicole Brown: So as Susie was saying it's not just an application, it's a system change of thinking. It starts as soon as the call is received or as soon as the pediatric hospital received the telemetry. They can start the process of knowing what's happening. Handtevy themselves have been recording the data in Polk County since 2019. The save rate went from 5% to over 30% just using this one system. They're neurologically intact survival rate went up from 0% which is across the board. What PMS usually sees is 23.2% in just using this application of the app. So not only does it really help those pediatric populations, but the numbers of reduction in intended dosing went from 13% down to 6% and an overall medication dosing error was dropped by 60% in most systems. It's really making people the medics that are using it. The feedback that we got, it was making them more comfortable giving those scarier medications knowing that they were going to give it properly and dosing properly so that they would see the outcome instead of being afraid to just give the medications that we're used to. And then it also decreases time to first epi push. Our goal is to host a Handtevy training at our paramedic schools or the valley hospitals to help get those people trained. Nicole and I are both Handtevy instructors, it's a train the trainer type of training and then roll that out to the agencies and then we can secure the grant funding. We provide the training, we provide the funding, travel to the rurals to help them with the training as well because they have less exposure to those resources and once, they have done the training and work this system, the will be up and running. It's almost a no brainer because we need to increase survivability of our pediatric population and that the training segways to adults and it also encapsulates the neonatal resuscitation. We wanted to get the discussion started, especially in this group if anyone has grant connections or ideas.

Nicole is a grant writer, and we just want to look at all our bases to see how we can make this training a
Page 6 of 15

reality and not having funding has been the thing that stops that ... we're not forcing anything, we just need your input and your assistance and that those are ideas. I'm happy to entertain any questions about this.

Lloyd Jensen: Lloyd Jensen with the public, and I had a couple of questions. My understanding there are some of the agencies here in Las Vegas that use Handtevy, is that correct?

Nicole Brown: Clark County Fire Department uses it, Las Vegas city fire has considered it, the deciding factor was funding and with Clark County their feedback has been very positive. We haven't had a chance to look at Clark County's data and that's another piece you need, really clean data for our starting point because you can't improve what you can't measure. We approached the health district about how we get clean data as our starting point so we can follow our data all the way through and then publish the data along with the other states that have adopted it. 12 states have adopted Handtevy statewide as their system for pediatric resuscitation. Just for clarification, the program when it's set up for our system it would go by our protocols and the Medical Directors for each of the agencies have final say. So as a group you would be able to control what is happening. So that is also part of the medication reduction errors.

Sandra Horning: This is Sandra Horning. This also is an opportunity to be used in the emergency department. Absolutely. Because the majority of our children are not seen in pediatric emergency departments across the country and in our state, this is an excellent way to reduce errors and get the results soon as possible. It's not just prehospital. And it does all your charting for you and that concludes to the electronic medical record in the hospital as well. There's no breach in continuity of care. It's very well thought out and it's proving itself and we would love to take advantage of that.

Michael Bologlu: Michael Bologlu for the record just to answer some of your other questions. Yes, there is a grant funding application on the Nevada EMS website, we do have an EMSC grant application and we would effectively sub grant that money through a training center that will be providing the training. We don't need to list any specific programs in the meeting. But if there are state vendors registered to the State Treasurer's Office, and they have an active account so they can accept money through the state. And the timeline for that approval is about 60 days. We're at the end of this fiscal year that ends on March 31st, and we are working on another project to obligate our remaining funds for this fiscal year. We can talk timeline and everything, but there certainly is a path for EMSC to fund this training. You know, if not cover the training of this part of it maybe with an agreement with the training center. We can work on that with you. Let's set up a time sometime next week and we can kind of go over the process and I can send you. There are a few state forms that vendors have to complete. We can get a general plan of training and what the estimated costs are for this training program.

Sandra Horning: Do Northern Nevada people mind traveling to southern Nevada to do the training? What we need to do is provide training in both the north and the south. I'm just curious what your feelings are.

Michael Bologlu: I think long term having north and south training locations would be beneficial because you have to figure agencies that are in Reno and Carson City would have trouble traveling to Las Vegas for training. We could start in Clark County and then work our way North into the rurals. While implementing another project plan to start in Reno moving east and south to kind of meet in the middle. Instructors who are committee members, we could potentially pay you for your flights and per diem to come to Reno and do the training if you are open to that or vice versa. We can send somebody from Reno down to Vegas, you can complete your training and then fly back.

Sandra Horning: There's a lot of really good potential.

Michael Bologlu: Yeah

Lloyd Jensen: Does our budget end December 31st, or are we on the federal fiscal year? With two time periods we may be able get a grant for this period and then maybe after March 31st as well.

Bobbie Sullivan: Bobbie Sullivan

Michael Bologlu: Go ahead Bobbie.

Bobbie Sullivan: I just want to add to that conversation. We're talking north and south and we're talking southern Nevada and northwest Nevada. We also need to remember everything else in between. We have nearly 67 licensed agencies within the state. We want to get to the rurals.

Michael Bologlu: Yeah. Bobbie with the rurals, Susie was okay with going to Tonopah and doing that county. We can fund that travel out of the grant. And the one good thing about COVID is we have a little extra money in the travel budget.

Bobbie Sullivan: I agree with you. I'm just saying that you know, we've got the north south, but we need to figure everything else here in between here and there I believe you and I counted 67 agencies statewide.

Michael Bologlu: I think there is more than that when you count air services. But we have, I believe 50 core transport agencies that meet the requirements of the EMSC survey as a transporting agency that responds to pediatrics. But when you add the air services to that, the number almost doubles.

Bobbie Sullivan: That's my two cents. That's all.

Sandra Horning: We appreciate it. With our thoughts it is all inclusive.

Bobbie Sullivan: I appreciate that. We were looking at those numbers in a training perspective with the Helmsley Grant because when we look at the numbers and we start with the training, we're going to be utilizing AMR in Las Vegas to help host training. And then we worked out the other locations across the state and some of the folks were interpreting it as training in Las Vegas and training in Reno and then we'd be done and after we laid that perspective out a little bit clearer than everybody suddenly realized the other agencies that were outside of those areas.

Lloyd Jensen: Cool.

Sandra Horning: Awesome. Thank you. I'm going to pick on you a little bit for pediatric disaster preparedness. You sent out that excellent handbook which will get out to everybody again, but any comments on how we can help you with this uh area as independence.

Irene: Absolutely. And one of the things I was going to ask if, if there's any interest in joining WRAP-EM, to just hear the weekly updates for everything that's going on within WRAP-EM so you can have a better understanding of what's happening in the other states. We cover the gamut on mental health issues, MCI, trauma, and neonatal care.

We have a health disparities group. We have probably 13 or 14 different groups and I can get you more

information on WRAP-EM so you understand more of what we do, but there are a lot of products we put out, I am a program manager for the new born and infectious disease group and we've done a lot of vaccine fact sheets for example, that we've distributed and can also distribute it distribute to you for your use.

There are a lot of work products that we are currently working on that are not ready for prime time but will be soon, for example, a medical countermeasures sheet that converts adult doses to pediatric doses for use after chemical biological radiological incident. We'd like to share that with you of course and we will with the other EMSC Groups that we work with, but that's a really valuable piece of information. We're working on a number of tools related to mental health, not only for pediatric patients but also those who treat pediatric patients anywhere from first responders to hospital personnel with everything that's going on with COVID etc.

Those mental health tools are very helpful in those different settings and those are available now for use and I can help you with two-way communication between the subject matter experts that we have in WRAP-EM in the different groups as well as bring you those work products as they are developed. The most recent thing I was involved in is a radiation workshop that gave a background on how to treat pediatric patients as a result of a radiological exposure as well as countermeasures to use and resources that are available to you as a group, how to apply for grants and to get additional support for your activities related to radiological response.

There is a three-part online workshop that we created. I was one of the facilitators for the workshop and it is available on WRAP-EM website. I can send you that information and the link to it. It's divided into three-parts so that you can view it providers are on a break in their hospital setting, each segment is 15-20 minutes. There are 3 modules. We are also in the process of setting up a virtual tabletop exercise for the benefit of health care coalitions. We're piloting it with 10 healthcare coalitions in California and it will soon spread to other states, but I can always give you updates on seminars and workshops and tabletop exercises and any group activity that relates to pediatrics that would be of interest. Count on me to be that conduit of information and links to opportunities to meet other folks and to learn that you can also pass on to your other networks.

Andrew Eisen: I have a comment for Irene. At the American Academy of Pediatrics chapter led by LeeAnne McAllister, who's the executive director is very interested in being involved in any of the disaster preparedness information. The AP has a very robust program as well so maybe telling you with what she's doing could be very beneficial as well.

Irene: Absolutely we work with AP a great deal. They're one of our key partners and we do a lot of collaborative efforts with them. And in fact, Dr Deborah Cools who's a trauma surgeon at UMCI works with me nearly every day. I support one of her focus groups which is the burn focus group and she's at the aid conference this week doing that very thing. So happy to work with anyone you suggest and bring them into WRAP-EM and also provide information back to them. We do a lot of work and provide information for the ASPR-TRACIE website, which is a great resource, as well as some of the other pediatric disaster organizations that that exist. We're trying to do as much collaboration coordination as possible so we're not stepping on any toes or recreating the wheel in any way but just enhancing the efforts that people already have in the works. Thanks.

Sandra Horning: Irene if you could send Mike and Doug your contact information and about how we can join.

Irene: Sure. I'll be happy to. Thank you.

Sandra Horning: Next was pediatric readiness recognition program. I know that this is a national thing that

a lot of states are doing, and I know it has been looked at here, but has it moved forward? The question that I have for the committee is this something that we still would like to move forward? This is a pediatric recognition program that comes from the national group, but also through the state, it would be a certificate to get them noticed. There are criteria that is already in place for how you are designated as pediatric ready emergency department. And there are three levels. There's one for rural places and one for places that have issues and high levels of some specialty care. The issue is the details as it always is and that is that we would have to develop from our committee. A group of people who are willing to go out to the emergency departments and look at what the hospitals have and what they don't have and designate if they are ready or not. From that perspective what the group's feelings are about this? I personally think it's a very needed thing but it's a very intensive. It's very rewarding. And there are hospitals who have asked me all the time do we have a program. And we would like to participate. So, I open it for discussion.

Michael Bologlu: Michael Bologlu for the record. We absolutely need to move forward with this as it is one of our HRSA performance measures. We have hospital-based performance measures that in the past, the EMSC Program have struggled with. Those performance measures are a pediatric readiness and recognition program as well as developing a pediatric transport guide. Those are both hospital-based performance measures that we have struggled with. It is hard to build a house without a foundation or knowledge of where to even start. I think this is absolutely critical for our committee to pursue.

Irene: This is Irene. I'm sorry to interject, but something occurred to me through the WRAP-EM focus group. We were instrumental in developing the national readiness survey that was developed and distributed nationwide to hospitals, but we also developed a resource guide and reference tool that could be used as a guide for your own survey in the state, as well as outreach materials to market the benefits of participating in the survey and that is available on the website. I can make sure that you have access to that so that you can plagiarize and recycle it at will and use it for your own outreach efforts to convince hospitals across the state to participate in this program and to nominate folks or themselves as a peds ready hospital. I think those materials can give you a good start so you're not starting from scratch and not recreating the wheel. You can certainly recycle some of the questions too from the national survey that would be applicable to the state survey. I am happy to share those materials with you if they're helpful.

Sandra Horning: I can also show the group what was done where I was before, how the system worked and what the requirements were. We can get Irene's information and then send that out before the next meeting.

Lloyd Jensen: This is Lloyd Jensen from the public. One of the things is what Michael brought up. It sounds like my observation is something that I think this is a very important topic from a research standpoint. I'm trying to say especially in the west with a lot of rural facilities and how we can, you know, maybe say in Nevada, which has such disparity how that could be implemented in, you know, maybe try to, I don't know if there's grants or if this is part of what EMSC should be doing anyway.

Michael Bologlu: It's a little bit of both. I know this EMSC survey costs money. We're operating on \$130,000 a year. Which across the state is like a drop in the bucket. The survey has been a multi-source project where we have five or six entities kind of pushing for the same goal and helping each other out.

Susie Kochevar: Do the committee members have to do the surveys or can we have other people who are interested in helping the committee do the survey?

Michael Bologlu: We can share the efforts - if it gets done. That's what we care about. Our goal is getting a 100% response rate. Typically, NEDARC helps us with the preliminary notifications but those typically are

not seen by agencies because they are sent to the spam folder. Then Doug and I do the massive lifting where we're calling hospitals or the EMS Agencies requesting that they fill out the survey. Last year the committee was very instrumental in getting us a 100% response rate. We had about a week to get 50% of our responses. A lot of the members stepped up and started calling people they knew in Vegas. Moving forward for all the surveys, yes, you guys will be needed especially for the hospital surveys.

Nicole Brown: Everyone here because they're participating, they're interested. But it's the same 10 people all the time that are doing that.

Douglas Oxborrow: That also shows the network works. In doing it last year, like Michael said probably about 15% of agencies responded to our initial survey request. Then you've always got that group that does not respond to email requests soon of us is constantly calling. Committee members and people within EMS Program offering to help. I'll tell you that people asked, and they did step up and so that shows that the network kind of exists for setting a standard to award EMSC certifications both within the hospitals and for pre-hospital. I know one of the States recently was talking about a group with a bunch of different EMS States was talking about from the prehospital transportation providers, they not only get a certificate, but they have an EMSC Bear big sticker thing that goes on the back of their ambulances. So now they're advertising their child certified services while driving around doing service and that turned out to be a pretty good cookie for them and they wanted to step up and get that and get that recognition.

Sandra Horning: Awesome. Next topic is informational EMSC newsletter and education. Doug found that we have a logo. It's got a Teddy Bear on it. So, we have a logo, and he has sent out a newsletter and some information about weighing children only in kilograms. That's a huge issue across the country not weighing in pounds. We have that capability, and we have a logo and we're trying to develop topics that we can send out in our newsletter. On that note, there are a lot of things that are out there that are free that have already been done that can be sent out for free to hospitals and hospital personnel through the national EMSC Programs. I brought one of them. This is a pediatric status algorithm; it starts with prehospital and goes all the way through the hospital. It's already made. I would like for us to be able to send these out on a consistent basis between meetings. The question I have for you is do you want to see them and approve them before we send them out or how would you like to accomplish this? I don't want to wait until the meeting to be able to send.

Mike Bologlu: We can't vote on training materials that are not readily available to us. I would say that if anybody on the committee has anything that they would like to send to me and Doug, we can review it. We're going to have to get state approval from the health division to post training materials. But like Sandra said we posted the weights in kilograms, so if you guys have information, , flyers, free videos we would be happy to review it and present it to the state for approval. Doug and I have access to every provider and every EMS service within Nevada and we can share approved training materials with them.

Sandra Horning: I love it. Alright, that'd be perfect. We'll do it. Next pediatric pre-hospital education resources to include development of a pediatric resource panel. At the last Southern Nevada Health District, Clark County EMS meeting with Molly. I don't know if you can hear me Molly and the fellows and some other resources throughout our system, not just one hospital. There are people who are more than willing to develop a resource for education for prehospital and even hospital providers. that the training is free and can be done online, zoom, or in person. There's a lot of really good resources out there on YouTube and online simulations that are really very good that are free. At the meeting I volunteered that we would do this and have this available as a resource panel. And Molly has been instrumental in being interested in doing this is fellowship in our city and I think it would be an excellent thing for us to sponsor. Have our logo and everything on it that if anybody wants. Somebody can even do it at two or three in the

morning because we can do it online and some of these sims you can do remotely. And I'm telling you my experience that when you turn on that thing, it's like you know feel that fresh adrenaline, you see that child. I think this would be an excellent thing for us to develop and to provide for the state since we can do it remotely as well. I just wanted your opinions.

Mike Bologlu: Mike for the record, my only question is, who approves the education? We're happy to send out training sims or materials to providers EMS provider education needs to be approved by our office in order for providers to receive CEU's. In my experience, with EMS providers are more likely to attend a training if they receive continuing education units.

Sandra Horning: I think if the committee agrees that this would be something soon, we can look and make sure that but there's a lot of interesting uh providing this and I try to go to all of the uh the EMSC hours for these for the every month. And there is a there are always questions about issues. And I'm just ... absolutely. But I might get your expertise to see, how some of these are approved does anybody object to that idea? One of the other topics we talked about last time was pediatric urgent care, Education resources. You know, we have our views, and we have our pre hospital, but a lot of our Children are seeing in urgent cares and that kind of setting and whether we should look at some education resources for that group as well. And try to develop some guidance as to what to send and when you know when you have overreached what resources you have there and when you need to go and having that happen without judgment on either. And I think that would be very important. I think that's another area that we can explore uh because everybody wants to do the right thing, and everybody wants to make sure that the child gets the care that they need and just be able to come.

Susie Kochevar: For the record, an idea is we use committee members when we need to and can double dip and have that person and their network as a way to distribute that information.

Michael Bologlu: We have through HRSA any ex officio members I know recently we made a pediatric emergency fellow from Molly Ray. If we want to add an urgent care pediatric representative as an ex-officio member we can easily add that position to our committee if we have somebody in mind. The HRSA requirement is for our core members but as far as an ex officio list, we can add or subtract to that list anytime.

Sandra Horning: Ok, the last topic that I wanted to discuss is EMSC supraglottic airways. And I'm going to defer to you guys with your expertise. But what I see is in trying to do some education with the residents is that there's just a smattering of different types of devices and it makes it really hard for providers to figure out how they work sometimes. Not so much on the prehospital in that environment but in the hospital environment which ones are in place and which ones aren't. And I don't know how the community feels about saying that we would prefer only one type. Like I-gels for everybody or what your feelings are, but it seems to be an issue.

Susie Kochevar: Susie for the record. In EMS we only have adult i-gels right now. And then in our neonatal resuscitation training, we had all the I-gels, and it was an easy segue for the EMS personnel, but nobody carries those pre-hospital. That that can be an item in and of itself, but the ease of use of those and so many people are familiar and they're coming in with the I-gels. Now in the city of Las Vegas, city fire uses devices that are confusing to me. I wouldn't have a problem endorsing the easiest one that would have the most success. Which in my experience has been the I-gels,

Andrew Eisen: You know, at the national meeting is we were talking about transport. That was the focus, this has something that's simple and easy.

Michael Bologlu: I know that was a big part of your in the field delivery the training that we were discussing. One of the biggest roadblocks was no one out in the rurals has i-gels. Some agencies have the adult sizes but not pediatric sizes. One of the big roadblocks with of pushing Dr. Jensen's training was no one had the equipment. The EMSC Program would have spent all of its money buying equipment and not being able to afford the training. I think if we can get the resources and data showing why those are more effective than alternative methods of intubation or supraglottic airways, then we can provide that data that to the EMS Coordinators and Medical directors. Besides agencies in Clark County, EMS agencies have their own autonomy to do determine their own protocols. We can give the data to show this is where the medicine is going, and this is why and hopefully agencies are open to that and start discussing and making protocol changes within their agencies. From the state's perspective, I think that would be a great way to start pushing that information out. We can also forward that to the Southern Nevada Health District, they have their county protocols but maybe Southern Nevada might be open to making changes that benefit their patients.

Susie Kochevar: I kind of feel like we could investigate I-gels and their training or use. I'm sure they have some data on that one going to investigate. Okay then make suggestions. But it's been my experience when people once they see it and try it then the "sell" is a lot easier than just the idea and having to move mountains to make that happen and then it comes back to budget. How many trainings are we going to have to pay? It would be so nice to get on the docket and you can start working towards that. I think it'll fit in. Yes. Right in line with some of the other projects that we're doing.

Sandra Horning: I did talk to Laura palmer who said if that's what we recommend and decide that's an easier sell for her.

Bobbie Sullivan: Bobbie Sullivan for the record to expand on Mike's explanation on the protocols for the Medical Directors to write under the regulations. The protocols are to align with the national scope of practice.

Sandra Horning: Awesome. The next agenda item we need to discuss is a pediatric mission statement, we have a national mission statement from the national EMSC program. I don't know if you wanted to use that or develop something else. I don't know if anybody has had any thoughts about that since the last meeting. The national one is a good one. But I think to me one of our one of our core mission statements is every child having access to Excellent Emergency care. Every child. Wherever you live. It shouldn't matter if you get hit by a car in Henderson or in a rural area. That's what we should shoot for. I don't know if anybody has any great ideas for adding to that mission statement or if you want it to be the same as it is for the National mission statement. I haven't spent any time on this. I would suggest taking time before the next meeting since they are done on a quarterly basis and let's develop a mission statement among the board members and once, we feel that we've got it down and voices what we feel represents us the best, then we can vote on it.

Mike Bologlu: The national EMSC mission statement is, "The mission of the EMSC is to reduce child and youth mortality and morbidity sustained due to severe illness and trauma." I honestly like yours better than that. Maybe it's not the mission statement, but a theme, so that we can stay in line with their mission statement. I have a recommendation to throw for possible action. If we can get three volunteers. we can create a work group to finalize our mission statement and then that work group can present their work during our next meeting.

Michael for the record. I would like to make a motion to form a work group to discuss and finalize our Nevada EMSC mission statement to be presented at the next EMSC Meeting in January.

Irene:

This is Irene and I'm happy to assist with that. I, as I mentioned earlier, I have lots of strategic planning experience. I'm happy to help with the mission statement and any other strategic planning elements that you choose to move forward with in the future?

Michael Bologlu:

Thank you, Irene, do we have another volunteer?

Sandra Horning: Can I suggest we have someone from the north where the rural population is way in. So, it's not heavy on the urban side, especially to represent what you said, that every child should have the same access. And I'm not sure where everyone's from, but where's Bobbie from?

Michael Bologlu Bobbie's in Elko. We're in Carson City. I'd be happy to give up my spot. It seems like we have plenty of volunteers here.

Sandra Horning; Next agenda item, pediatric restraint systems project.

Douglas Oxborrow: We sent a survey about pediatric restraints among all of the prehospital providers in the state. And the response has not been good, we haven't had much of a response. We have contacted quite a few of the folks still have not gotten a response. I think the next step is for me to put more of a focus on it and go down the list until I talk to people specifically and find out what the requirements and or what they currently do have that is fulfilling that.

This is a precursor to the next step which is getting more of a strength and effort out there. Right? So, I will step it up and by next meeting you should have a better identification of what we have within the state and what we're going to provide the rest of the state to everybody at the level.

This is going to be one of the easiest agenda items that we have. The only person on this list that is currently present and on the list for a new term besides me is Michael and Susie. And other than those two individuals without knowing the intent of the others. Either verbally or in this meeting or in writing, I would hesitate to make that decision without their input so we can start with Suzy
Jeremy couldn't make it, however, that's right. Jeremy did show us a letter of intent and said he apologized for not being able to be here, but he still did wish to be a family representative. So, I guess we'll go down the list. I guess nobody needs to nominate anyone. So, anyone in favor of Susie for the National emergency pediatric training before we Susie. Do you want to come back before we make a motion.

Sandra Horning: Okay

Michael Bologlu: Michael Bologlu for the record, I'd like to make a motion to retain Susie for the national emergency pediatric training person which will extend her current term out for two years? Expiring in the 2024.

Sandra Horning: I will second that.

Douglas Oxborrow: Susie will maintain her current position. The next person is Michael Bologlu, EMS Representative. Mike, do you want to stay in your position?

Michael Bologlu:

I would love to stay in my position I hope I've earned reelection or reappointment. Being involved with this program for six and a half years but only if you guys allow me to come back.

Douglas Oxborrow: I would nominate Mike to maintain his position as our EMS representative Does anyone second that?

Susie Kochevar: I will second that.

Douglas Oxborrow: Good. We'll let you stay. And the last one on the list uh that showed it had a letter of attempt was Jeremy as a family representative. We want to nominate Jeremy, Jeremy to maintain that...

Michael Bologlu: Michael for the record. Before I make a motion, I just like to say in my experience, Jeremy has been very involved getting survey responses for EMS agencies from Clark County, which has been really helpful the last few years. With that being said and being an active member of the committee, I would like to make a motion to retain him as one of our family representatives.

Douglas Oxborrow: Do we have a second?

Sandra Horning: I will second that.

Douglas Oxborrow: I will notify Jeremy that he has maintained his family representative. Thank you.

Sandra Horning Our Next proposed meeting date is January 19 and 2023. ... Oh, Any public comments?

Susie Kochevar: I would just like to say in public comments that Dr. Jensen is a very valuable person and should consider being with the team for much longer.

Sandra Horning Any other public comments.

Michael Bologlu: I'd like to welcome our new committee members unfortunately Tiffany was unable to make it. But I'd just like to thank everybody who showed up in person today. It's been three years since the EMSC program has been able to do the meeting in Vegas and I really look forward to making this a regular thing. It's great to put names to the emails that I've been getting over the past few years. So just thank you for taking time out of your day.

Douglas Oxborrow I'm going to ride on Mike's coattails, just being in person is so much better than in a little box and you get a lot more accomplished.

Sandra Horning Thank you. Do we have a motion to adjourn?

Douglas Oxborrow I will motion to adjourn.

Michael Bologlu I second the motion.

Meeting adjourned at 2:34 PM.