

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Nevada Emergency Medical Services for Children (EMSC) Committee**

**MINUTES
February 8th 2016, 11:00 a.m.**

VIA TELECONFERENCE

Phone No.: 866-590-5055 Access Code: 8177211#

MEMBERS PRESENT

Stephani Shaddock-Gilbert - Chair
John Hammond

Malinda Southard – Vice Chair
Erin Lynch

MEMBERS EXCUSED

Donald Pelt
Jeanne Cosgrove-Marsala
Tina Maestrejuant
Steve Tafoya

Jayson Calhoun
Matt Brown
David Petersen, MD

IN ATTENDANCE

Jeanne Freeman
Jay Fisher

Steven Krebs
Jenna Burton

1. **Public Comment:** No Public Comment

2. **Roll call and approval of December 14, 2015 minutes.**
Minutes were not approved because not all members had received a copy for review, will move to next meeting.

3. **Update on the EMSC Health Resource Services Administration (HRSA) Grant carry-over for the prior grant year 3/1/2015 to 2/28/2016.**
The HRSA grant was for a total of \$177,000 including base and carry over amounts. The program has utilized \$87,000 in funds so far, with approximately \$60-70,000 requests still awaiting approval. Once those are approved, there will be approximately \$20,000 left over from the grant, and those funds will carry over into the next grant cycle. If there are any outstanding requests they will need to be sent in as soon as possible, as the grant has less than 90 days until this year's funds will be closed out. The grant carry over amount from the prior year's grant cycle was approximately \$80,000, so the program has found ways this year to better utilize the grant funds.

4. **Update on current EMSC HRSA grant cycle 3/1/2015 to 2/28/2016.**
The committee talked about this item during the discussion of item number three.

5. **Information and discussion on the presentation from the Nevada Trauma Registry (NTR) regarding 2014 pediatric injury report data.**
Jeanne Freeman, NTR Manager, gave a presentation on the leading pediatric injuries based off the information collected in 2014, by the NTR. There has been significant improvement in compliance by the hospitals this last year, which in turn improves the

quality of data. According to the data collected from 2014, falls (with no distinction between type of falls or height) are the most common injury treated for in pediatrics. During the first two quarters of 2015, the leading cause of trauma is still falls. The third quarter information has just finished coming in and needs to be reviewed. The fourth quarter is not due until the end of March of 2016. All hospitals are required to report data to the NTR in accordance with NAC 450B.768, but there are no fines or penalties for not reporting. The Trauma Registry sends out correspondence regularly in hopes of receiving better responses from Hospitals. Not all the hospitals have submitted the requested data, but the Trauma Registry is getting a much better response than it has in the past. As the responses from hospitals improve, the data becomes more informative and thorough, providing us with clearer idea on what injuries are occurring.

6. **Discuss and make recommendations regarding future possible projects that utilize EMSC funding.**

The committee's current goal is to find a statewide project theme for EMSC to focus their attention and grants funds towards. The statewide project theme will be based off of what is most pertinent to improve on according to data collected by the Nevada Trauma Registry.

Stephanie mentioned her interest in the Ambulance Child Restraint (ACR) system. The ACR is a fully adjustable harnessing system for transport of infants and children in an ambulance. It is color-coded for easy selection in three sizes from 11 to 99 pounds. Quick-release clips dock with the ACR harness to prevent movement during transportation. The ACR harness can be used on any model cot and the patient can be lying down or sitting in the upright position. The ACR harness provides a safe and innovative solution that allows EMS providers to safely restrain a full range of pediatric patients. According to, www.saferideneews.com, approximately 620,000 children per year ride in ambulances while improperly restrained. While multiple factors contribute to this, the ACR product when properly utilized will assist in reducing that number due to its flexibility allowing for a broader range of pediatric patients to be restrained correctly. More details regarding the products can be obtained by visiting www.quantum-ems.com.

Erin Lynch was insistent about needing a data source to prove that the restrain systems are actually necessary. Without sufficient evidence showing that a new restraint system is actually needed, the request may not be approved. She suggested this may be a better item to look into for the 2017, grant cycle because it would give them more time to determine the actual need for them. Erin also suggested the possibility of funding only the smaller rural agencies, which would not be able to purchase the restraint on their own due to cost, and having the larger agencies purchase the restrain systems on their own.

Talking about the ACR system brought on a discussion about the lack of education on how to properly restrain children for providers during school and training. The board discussed possibility of focusing on the startup of some classes and/or training that would teach providers the proper way to restrain infants and children safely.

Discussion regarding future fund being utilized will continue at the next meeting.

7. **Public Comment:** No Public Comment

8. **Adjournment** at 11:45 a.m.

DRAFT