

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

MINUTES

January 14, 2021

Carson City–2:00PM

(Teleconference only)

Members in Attendance

Susie Kochevar
Michael Bologlu
Don Pelt

Dr. Andrew Eisen
Bobbie Sullivan

Stephanie Mead
Jeremy Sonenschein

Absent

Dr. David Slattery
Darlene Amarie-Hahn

Dr. Jay Fisher

Shane Splinter

In Attendance

Jenna Burton
Dr. Lloyd Jensen
Dr. Dale Carrison
Linda Kalekas

Karen Beckley
Steven Towne
Marc Pinkas

Douglas Fraser
Sandy Wartgow
Pierron Tackes

1. Roll Call.

- 2. For Possible Action:** Approval of minutes from the meeting of the Emergency Medical Services for Children (EMSC) advisory committee on November 12, 2020.

MOTION: Stephanie Mead motioned to approve minutes from the meeting on November 12, 2020.

SECOND: Susie Kochevar

PASSED: Unanimously

3. Public Comment.

There were no public comments.

4. Informational Only: Update on the pediatric skills submitted to the Nevada Emergency Medical Services (EMS) advisory committee.

The EMSC skills verification form that includes pediatric care EMS skills was presented to the EMS advisory committee on November 20, 2020. Michael Bologlu informed the committee the form was received well. He said the form will be presented to the committee again next Wednesday, January 20, 2020 for approval. He said for those who

are in support of this form, he highly encouraged them to attend that meeting to show their support for the form that the committee has worked on for over a year. Stephanie Mead agreed, saying it is extremely important to show their support because they can't do education in pediatrics without including continuing education in pediatrics as well.

5. Informational Only: Update on the COVID-19 Pandemic's impact on EMSC operations.

Michael said obviously COVID-19 has impacted all of our lives and explained the biggest impact since the last meeting was implementing training specifically for EMS providers. He said it's not necessarily a good idea for instructors to be providing training throughout the state or for providers to attend in-person training since their safety can't be guaranteed. Mike explained because of this and the assembly bill (AB) that mandated all EMS providers have developmental disabilities training, he and Bobbie Sullivan have negotiated with a training center, Guardian Elite Medical Services (GEMS) that is out of Las Vegas, NV, to provide every certified provider within the State of Nevada the option to take this course online for free. This training is also being offered to any air ambulance providers that are certified in Nevada. He said the course is about 22 minutes long and has a 10 to 15 question quiz at the end. To pass the class, providers will need to listen to the entire video to unlock the quiz and then pass the quiz with an 80% or higher score. He informed the committee that to this date over 2,200 providers in State of Nevada have utilized this free training for pediatrics with development disabilities. He said he sees this as a big win for the EMS office considering the COVID-19 restrictions that are in place and that it's nice to finish off this project with some good news. Stephanie said maybe in the future they can look into other online possibilities for other educational aspects since COVID-19 is happening right now.

6. For Possible Action: Discuss guidance and make possible recommendations on recruiting additional ex-officio committee members as recommended by the Health Resources and Services Administration (HRSA). List of possible positions to be provided by Michael Bologlu.

Stephanie asked Michael if he was able to send out the list of additional ex-officio members as requested at the last meeting. Michael said he did not send it out to anyone. However, he did have the list handy. He said if anyone wants a copy of the list, he can send it to them. He explained concerning the core members the committee is full but per previous meetings there have been discussions on areas and subject matter experts that are not on the committee at this time. He said Health Resources and Services Administration (HRSA) has provided a list of people that they recommend and strongly encourage to be a part of the advisory committee, but they are not required by the grant. The roles include a hospital association representative, state trauma manager, EMS training manager, tribal EMS representative, hospital data manager, school nurse, ambulance association representative, police representative, bio terrorism representative, disaster preparedness representative, parent-teacher association representative, recipient of Maternal and Child Health (MCH) Services Block Grant Program for children with

special health care needs, highway safety representative and a legislature representative. He said there is a significant impact and many benefits of having these members filled on the EMSC committee. He proposed that the committee try to find people that are willing to join and participate with the committee. He said he would send the list to the members for follow up. Linda Kalekas said her position is the Clark County School District chief nurse and she asked if the school nurse position is a boots on the ground school nurse in addition to herself. Michael replied the more the merrier. He said her participation is greatly appreciated. He explained multiple people can fill each role. Stephanie asked if they have someone who is interested in filling a role if they should send their resume to Michael. He said they should send the resume to Bobbie, himself, and Jenna Burton. Stephanie requested this item to be included on the next meeting's agenda.

7. Informational Only: Update and discuss progress on request for the current fiscal year grants funds to be carried over to the next fiscal year budget to purchase pediatric restraint systems for ambulances in Nevada once National testing is complete.

Michael said the EMSC program has submitted the non-continuous completion report to get approval for the next project years funding and reminded the committee that the EMSC program aligns with the Federal fiscal year, which is April 1st to March 31st of a given year. So, the next project period that they are seeking approval for will begin April 1, 2021. He explained that once they receive approval for the next project period, they will then submit the carry over request. He said HRSA is aware of the expectation to carry over that funding. He said they are progressing toward that goal and everything is moving smoothly. Don Pelt asked if the restraint system that they are considering buying is the same as the ones that they are putting into the construction ambulances under the General Service Administration document called the KKK-A1822 (often referred to as "the Triple-K"). Michael said it will be a five-point restraint system. He said they have been considering the Ferno Pedi-Mate or the Quantum Ambulance Child Restraint (ACR4) because those are the most popular. He said it will be a restraint system that hooks onto the gurney and makes it compatible for pediatrics. Michael informed the committee that currently there isn't a national standard for pediatric restraint systems in ambulances which means a company can produce a product and sell it on the market and there is no verification, like car seats, to ensure they are safe. The National Association of State EMS Officials (NASEMSO) and the EMSC Innovation and Improvement center have partnered with National Highway Traffic Safety Administration (NHTSA) to start conducting those National standardized for restraint systems. That was a key factor as to why the committee didn't feel comfortable purchasing equipment before testing was completed. Stephanie said the good thing about the ACR4 system is that it is made for multiple weights and you can put someone up to 99lbs in it so even tiny elderly patients will fit in the restraint which is much more effective than using the restraints on the gurney.

8. Informational Only: Update on activities and progress of the Western Regional Alliance for Pediatric Emergency Medicine (WRAP-EM).

Michael said this update is usually provided by Dr. Jay Fisher and unfortunately, he is absent so this item will have to be moved to the next meeting.

9. Public Comment.

Dr. Lloyd Jensen, Pediatric Hospitalist at Sunrise Children's Hospital and medical director of the pediatric and neonatal transport team, said he had spoken with Michael and Dr. Fisher about finding some ways to expand training for EMS providers. He said at Sunrise hospital they receive a number of babies that come in that have been delivered at home or from another area and they have found that a lot of the EMS providers don't have a lot of comfort or skill in addressing some of those calls. He said EMS providers get newborn resuscitation training but there is different training in stabilization that he thinks could be improved upon with some education. He said outside of Las Vegas, Nevada, has some very big challenges. He said for twenty years he lived in Idaho and was involved with the EMS program there and they faced similar challenges of having sparse population and the EMS providers have to be the community's expert on everything. He said what they are suggesting is to develop a program that would be a virtual training and some hands-on that really focuses on the ABC's of newborn resuscitation and stabilization. He said there would be a webinar that providers could sign into that they would get continuing education units (CEUs). The webinar would be somewhere around thirty to forty-five minutes. Next, there would be some hands-on training that they could complete at their stations that would be supervised by the education person. The training would really focus on identifying the ill baby, identifying the need to do positive pressure balance and working on ways to estimate if they are a term baby or a pre-term baby and what the risk factors are. Similar to all the other American Heart Association (AHA) programs the Neonatal Resuscitation Program (NRP) comes out with an update every five years. This year's update, in October, was that the basic resuscitation kit should include the laryngeal mask airway (LMA). He said if it gets to the point that they need to do chest compressions, they should have an alternative airway in before doing them. He said many providers don't have a lot of experience with intubating young babies, which can be very tricky. The training would include how to put in the LMA. He asked the committee if they thought this training would be useful and if this training could be funded with the EMSC grant. Zebulon Nomura asked Dr. Jensen which LMA he was thinking of using. He said they stock their bags with the LMA Supreme, and they use the one, one and a half, two and two and a half and he wanted to know if that is what Dr. Jensen is looking at as far as size differentials. Dr. Jensen said it would be the size zero which is the one that can be below five kilos and you can use that in a 1.2 kilo kit. He said another option would be the i-gel. He said the i-gel may be easier because it's one less step but there is very little evidence that it is being used with babies less than two kilos or those under thirty-three weeks. He said he doesn't have strong feeling about which to use and there is very little evidence to say one is better than the other. Dr. Dale Carrison said he thinks it would be a good

subject to have because it will cover aspects of paramedic education at the basic and also for the paramedic education for the people who are currently certified and in the field. He thinks it's a good idea to have someone from the EMSC Advisory Committee bring the subject up at the EMS Advisory committee. Dr. Andrew Eisen thanked Dr. Jensen for bringing up this topic. He said he is in support of this training and is a big fan of LMAs in the field. He hasn't seen very much data on the neonates, but he knows how much trouble they've seen with field deliveries and neonates who need to get intubated. He said he thinks it's probably even more important to have the continuing education on how to ventilate those children whether they're intubated, have an LMA or have a mask. He thinks it is incredibly important to have those skills. On the downside he said as an individual he can support this but as a committee they can't really take action on this because it wasn't an agenda item. They can put it on the next agenda as a possible action item. Dr. Carrison requested this subject be brought up at the next EMS Advisory committee meeting as well. Dr. Jensen said his goal for the next EMSC Advisory committee meeting would be to have a presentation to show what the recommendation actually is and to have some sort of proposal. He said he wanted to know what equipment is out there in the different districts. He said before pursuing that he wanted to get information from the committee. Stephanie said she thinks this is a great thing that the committee can look into and add to our next meeting to discuss what the committee's role could be. She asked Dr. Jensen to create a proposal and send it to Michael and Jenna so they can disseminate it out to the committee members.

10. Announcement of next meeting date, and adjournment.

The next EMSC Advisory Committee meeting date is scheduled for April 15, 2021 at 2:00 pm.

Adjournment was at 2:43 pm.