State of Nevada Pediatric ED Recognition Program

LEVELS OF RECOGNITION:

Peds Ready
Peds Ready+
Peds Ready Advanced
Peds Ready Advanced +Trauma

EXAMPLES OF EACH LEVEL:

Peds Ready —EDs with no inpatient pediatric services and no pediatric surgery capabilities or respiratory therapists:
Peds Ready +—EDs with no inpatient pediatric services and some pediatric surgery capabilities and/or respiratory therapists:
Peds Ready Advanced—EDs with inpatient pediatric services, PICU services, and pediatric surgery capabilities but no pediatric trauma designation;
Peds Ready Advanced/Trauma—EDs with inpatient pediatric services, PICU services, pediatric surgery capabilities, and pediatric trauma designation.

CATEGORIES:

PECC Coordinator
Peds Readiness Survey
Competency Training
Equipment Minimums
Education
Patient Safety Standards
Interfacility Transfer Agreements
Disaster Preparedness
Quality Initiatives

PEDS READY RECOGNITION LEVEL:

PECC COORDINATOR:
PECC coordinator that is a nurse OR a provider

Completion of EMSC national pediatric readiness survey in a timely manner when it is requested

COMPETENCY TRAINING:

- ED physicians should complete training in a certified pediatric resuscitation course such as Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), or Pediatric Emergency Assessment, Recognition and Stabilization (PEARS). After initial certification they should complete one of these courses at least every 5 years.

- **At least one** nurse on staff in the ED who is trained in the emergency evaluation and treatment of children of all ages ***at all times*** (e.g., PALS, APLS, ENPC certified)

- All healthcare providers who staff the ED have quarterly pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any and all of the following:
  - Assessment and treatment (triage)
  - Medication administration
  - Device/equipment safety
  - Resuscitation

  This requirement can be met by documentation of quarterly pediatric scenario participation OR documentation of care of actual pediatric patients in the ED to include such situations but not limited to cardiac arrest, respiratory distress, etc. OR documentation of participation in disaster drills or disaster scenarios involving pediatric patients.

EQUIPMENT MINIMUMS:

See attachment

EDUCATION:
EZ-IO training
Ventilation training with appropriate bag and mask for age

PATIENT SAFETY:

1. All children weighed in kilograms only
2. Use of a standard method of estimating weight in kilograms if a scale is not available or indicated (i.e. a length-based tape)
3. ED environment is safe for children and supports patient/family centered care
4. Pediatric equipment, supplies, and medications are age- and size-appropriate for all children and are easily accessible, clearly labeled, and logically organized. Staff are educated on the location of all of the items.
5. Pediatric transport equipment is appropriate and padding is adequate to fill voids if needed.

INTERFACILITY TRANSFER AGREEMENTS:

1. A transfer agreement is in place that is appropriate for pediatric patients.

DISASTER PREPAREDNESS:

1. The facility has at least one person complete an on-line ICS course to include course 100, 200, 700, or 800. Resources and information will be provided so that this requirement can be met.

QUALITY INDICATORS:

1. A process is in place to monitor and track compliance with pediatric care standards using audit filters and benchmarks.
2. The QI plan will include pediatric specific indicators.
3. Policies are implemented based on data obtained and performance.

PEDS READY + RECOGNITION LEVEL:

PECC COORDINATOR:

PECC coordinator that is a nurse OR provider

Completion of the EMSC national readiness survey in a timely manner when requested

COMPETENCY TRAINING:

- ED physicians should have completed training in a certified pediatric resuscitation course such as Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), or Pediatric Emergency Assessment, Recognition and Stabilization (PEARS). After initial certification they should complete one of these courses at leases every 5 years.

- **At least one** nurse on staff in the ED who is trained in the emergency evaluation and treatment of children of all ages ***at all times*** (e.g., PALS, APLS, ENPC certified)
- All staff are regularly oriented Q6 months on the location of pediatric equipment.
- All healthcare providers who staff the ED have quarterly pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any and all of the following:
  - Assessment and treatment (triage)
  - Medication Administration
  - Device / equipment safety
  - Resuscitation
  - Patient and family-centered care
  - Team training and effective communication

This requirement can be met by documentation of quarterly pediatric scenario participation OR documentation of care of actual pediatric patients in the ED to include such situations but not limited to cardiac arrest, respiratory distress, etc. OR documentation of participation in disaster drills or disaster scenarios involving pediatric patients.

EQUIPMENT MINIMUMS:

See attachment

EDUCATION:

EZ-IO Training
Ventilation training with appropriate bag and mask for age

PATIENT SAFETY:

1. All children weighed in kilograms only
2. Use of a standard method of estimating weight in kilograms if a scale is not available or indicated (i.e. a length-based tape)
3. ED environment is safe for children and supports patient/family centered care
4. Pediatric equipment, supplies, and medications are age- and size-appropriate for all children and are easily accessible, clearly labeled, and logically organized. Staff are educated on the location of all of the items.
5. Pediatric transport equipment is appropriate and padding is adequate to fill voids if needed.

INTERFACILITY TRANSFER AGREEMENTS:

1. A transfer agreement is in place that is appropriate for pediatric patients.

DISASTER PREPAREDNESS:

1. The facility has at least one person complete an on-line ICS course to include course 100, 200, 700, or 800. Resources and information will be provided so that this requirement can be met.

QUALITY INDICATORS:

1. A process is in place to monitor and track compliance with pediatric care standards using audit filters and benchmarks.
2. The QI plan will include pediatric specific indicators.
3. Policies are implemented based on data obtained and performance.

PEDS READY ADVANCED RECOGNITION LEVEL:

PECC COORDINATOR:

PECC Coordinator a nurse AND a provider

Completion of the EMSC national readiness survey in a timely manner when requested

COMPETENCY TRAINING:

- ED physicians should have completed training in a certified pediatric resuscitation course such as Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), or Pediatric Emergency Assessment, Recognition and Stabilization (PEARS).
- **All** nurses on staff in the ED are trained in the emergency evaluation and treatment of children of all ages ***at all times*** (e.g., PALS, APLS, ENPC certified)
- All staff are regularly oriented Q6 months on the location of pediatric equipment.
- All healthcare providers who staff the ED have quarterly pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any and all of the following:
    - Assessment and treatment (triage)
    - Medication Administration
    - Device / equipment safety
    - Resuscitation
    - Patient and family-centered care
    - Team training and effective communication
    - Critical Procedures
    - Trauma and stabilization

This requirement can be met by documentation of quarterly pediatric scenario participation OR documentation of care of actual pediatric patients in the ED to include such situations but not limited to cardiac arrest, respiratory distress, etc. OR documentation of participation in disaster drills or disaster scenarios involving pediatric patients.

EQUIPMENT MINIMUMS:

See attachment

EDUCATION:

EZ-IO Training
Ventilation training with appropriate bag and mask for age

PATIENT SAFETY:

1. All children weighed in kilograms only
2. Use of a standard method of estimating weight in kilograms if a scale is not available or indicated (i.e. a length-based tape)
3. ED environment is safe for children and supports patient/family centered care
4. Pediatric equipment, supplies, and medications are age- and size-appropriate for all children and are easily accessible, clearly labeled, and logically organized. Staff are educated on the location of all of the items.
5. Pediatric transport equipment is appropriate and padding is adequate to fill voids if needed.

INTERFACILITY TRANSFER AGREEMENTS:

1. A transfer agreement is in place that is appropriate for pediatric patients.

DISASTER PREPAREDNESS:

1. The facility has at least one person complete an on-line ICS course to include course 100, 200, 700, or 800. Resources and information will be provided so that this requirement can be met.

QUALITY INITIATIVES:

1. A process is in place to monitor and track compliance with pediatric care standards using audit filters and benchmarks.
2. Policies are implemented based on data obtained and performance.
3. The QI plan will include pediatric specific indicators.
4. Policies are in place to provide suicide prevention and mental illness information and referral resources.

Nevada Peds Recognition Ready Advanced/Trauma

PECC COORDINATOR:

PECC coordinator that is a nurse AND a provider

Completion of EMSC national pediatric readiness survey in a timely manner when requested.

COMPETENCY TRAINING:

- ED physicians should have completed training in a certified pediatric resuscitation course such as Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), or Pediatric Emergency Assessment, Recognition and Stabilization (PEARS).
- All nurses on staff in the ED are trained in the emergency evaluation and treatment of children of all ages ***at all times*** (e.g., PALS, APLS, ENPC certified)
- All staff are regularly oriented Q6 months on the location of pediatric equipment.
- All healthcare providers who staff the ED have quarterly pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any and all of the following:
    - Assessment and treatment (triage)
    - Medication Administration
    - Device / equipment safety
    - Critical Procedures
    - Resuscitation
    - Trauma and stabilization

      Patient and family-centered care

      Team training and effective communication

      Disaster drills

Participation in community disaster drills which include a pediatric mass casualty incident component at least every 2 years.

- Quarterly scenario training is done and may be met by documentation of actual peds patients who received care (cardiac arrest, respiratory distress, etc) or participation in disaster drills or scheduled scenarios.

EQUIPMENT MINIMUMS:

See attachment

EDUCATION:

EZ-IO training
Ventilation training with appropriate bag and mask for age

PATIENT SAFETY:

1. All children weighed in kilograms only
2. Use of a standard method of estimating weight in kilograms if a scale is not available or indicated (i.e. a length-based tape)
3. ED environment is safe for children and supports patient/family centered care
4. Pediatric equipment, supplies, and medications are age- and size-appropriate for all children and are easily accessible, clearly labeled, and logically organized. Staff are educated on the location of all of the items.
5. Pediatric transport equipment is appropriate and padding is adequate to fill voids if needed.

INTERFACILITY TRANSFER AGREEMENTS:

1. A transfer agreement is in place that is appropriate for pediatric patients.

DISASTER PREPAREDNESS:

1. The facility has at least one person complete an on-line ICS course to include course 100, 200, 700, or 800. Resources and information will be provided so that this requirement can be met.
2. At least one person at the facility has successfully completed the FEMA pediatric disaster planning course #439.

QUALITY INITIATIVES:

1. A process is in place to monitor and track compliance with pediatric care standards using audit filters and benchmarks.
2. Policies are implemented based on data obtained and performance.
3. The QI plan will include pediatric specific indicators.
4. Policies are in place to provide suicide prevention and mental illness information and referral resources.
5. Completion of at least 12 months of audits on all qualifying pediatric records.
6. Continuous PI activities throughout the designation period with documentation available for review.

Recommended Pediatric Equipment Checklist

Monitoring

Equipment	Yes	No
Defibrillator (0-400J) capability with pediatric paddles (4.5 cm)	☐	☐
Pediatric monitor electrodes	☐	☐
Pulse oximeter with sensors sizes (newborn through adult)	☐	☐
Thermometer/rectal probe*	☐	☐
Blood Pressure cuffs–neonatal, infant child, adult and thigh cuff	☐	☐
Method to monitor endotracheal tube and placement†	☐	☐

* Suitable for hypothermic and hyperthermic measurements with temperature capability from 25°to 44°.
† May be satisfied by a disposable ET co^2 detector, bulb, or feeding tube methods for endotracheal tube placement.

Vascular Access

Equipment	Yes	No
Butterfly needles (19-25-gauge)	☐	☐
Catheter-over-needle devices (14 to 24 gauge)	☐	☐
Infusion device‡	☐	☐
Tubing for above	☐	☐
Intraosseous needles (16 and 18 gauge)§	☐	☐
Arm boards – (infant, child)	☐	☐
Intravenous fluid/blood warmers	☐	☐
Umbilical vein catheters (sizes 3.5 Fr and 5 Fr)!!	☐	☐
Seldinger technique vascular access kit (with pediatric sizes 3, 4, 5, Fr catheters)	☐	☐

‡ To regulate rate and volume.
§ May be satisfied by standard bone marrow aspiration needles, 13- or 15- gauge.
!! Available within the hospital

Airway Management

Equipment	Yes	No
Clear oxygen masks (preterm, infant, child, and adult sizes)	☐	☐
Non-breathing masks (infant, child, and adult sizes)	☐	☐
Oral airways (sizes 00-5)	☐	☐
Nasopharyngeal airways (12 to 30 fr)	☐	☐
Bag-valve-mask Resuscitator, self-inflating (450and 1000 mL sizes)	☐	☐
Nasal cannulae (infant, child, and adult sizes)	☐	☐
Endotracheal tubes: uncuffed (sizes 2.5 to 8.5) and cuffed (sizes 5.5 to 9)	☐	☐
Stylets (pediatric)	☐	☐
Laryngoscope handle (pediatric)	☐	☐
Laryngoscope Blades, curved (sizes 2 and 3) and straight (1 to 3)	☐	☐
Magil forceps (pediatric)	☐	☐
Nasogastric tubes (sizes 6 to 14 Fr)	☐	☐
Suction catheters: flexible (sizes 5 to 16 Fr) and Yankauer suction tip	☐	☐
Chest tubes (sizes 8to 40 Fr)	☐	☐
Tracheostomy tubes (sizes 00 to 6)¶		

¶ Ensure availability of pediatric sizes within the hospital

Resuscitation Medications

Equipment	Yes	No
Medication chart, tape, or other system to ensure ready access to information on proper per kilogram doses for resuscitation drugs and equipment sizes#		

System for estimating medication doses and supplies may use the length based method with color codes, or other predetermined weight (kilogram)/dose method.

Miscellaneous

Equipment	Yes	No
Infant and standard scales		
Infant formula and oral rehydrating solutions		
Heating source (infrared lamps or overhead warmer)		
Pediatric restraining devices		
Resuscitation board		

Specialized pediatric trays

Equipment	Yes	No
Lumbar puncture (spinal needle sizes 20-, 22-, and 25- gauge)		
Tube thoracotomy with water seal drainage capability		
Urinary catheterization with pediatric Foley catheters		
Obstetric pack		
Newborn kit – umbilical vessel cannulation supplies, meconium aspirator		
Venous cutdown		
Surgical airway kit‡‡		

‡‡ May include any of the following items: tracheostomy tray, cricothyrotomy tray, ETJV (needle jet).

Fracture management

Equipment	Yes	No
Cervical immobilization equipment (sizes child to adult)§§		
Extremity splints		
Femur splints (child and adult sizes)		

§§ Many types of cervical immobilization devices are available. These include wedges and collars. The type of device hosen depends on local preference and policies and procedures. Whatever device is chosen should be stocked in sizes to fit infants, children, adolescents, and adults. The use of sandbags to meet this requirement is discouraged because they may cause injury if he patient has to be turned.

American Academy of Pediatrics, *Care of Children in the Emergency Department: Guideline for Preparedness.*

Medications

Drug	Supplied	Quantity/container
Atropine	Pre-filled syringe	10 mL (0.1 mg/mL) 5 mL (0.1 mg/mL)
Adenosine	Vial	1 mL (1 mg/mL)
Bretylium	Pre-filled syringe Ampule Vial	10 mL (50 mg/mL) 10 mL (50 mg/mL) 20 mL (50 mg/mL)
Calcium chloride	Pre-filled syringe	10 mL (100 mg/mL=27.1mg elemental calcium
Dextrose (25% and 50%)	Pre-filled syringe	10 mL
Dopamine	Vial	5 mL (40 mg/ml) 10 mL (40 mg/mL)
Dobutamine	Vial	10 mL (25 mg/mL) 20 mL (12.5 mg/mL)
Epinephrine 1:1000	Pre-filled syringe Vial	1 mL, 2 mL 30 mL (1 mg/mL)
Epinephrine 1:10,000	Pre-filled syringe	10 mL (0.1 mg/mL) 3 mL (0.1 mg/mL)
Isoproterenol	Vial	5 mL (0.2 mg/mL)
Lidocaine	Pre-filled syringe Vial Ampule	5 mg/mL, 10 mg/mL, 15 mg/mL, 20 mg/mL, 40 mg/mL, 100 mg/mL, 200 mg/mL 5 mL (20 mg/mL)
Naloxone	Vial	1 mL, 10 mL, (0.4 mg/ml) 2 mL (1 mg/mL)
Sodium Bicarbonate	Pre-filled syringe	50 mL (8.4%) (1 mEq/mL) 10 mL (8.4%) (1 mEq/mL) 10 mL (4.2%) (0.5 mEq/mL)

EMSC Subcommittee Meeting Minutes
January 17, 2024
1 PM - 2 PM
PURPOSE: This committee met to review documents and date to develop suggestions for a Pediatric ED Recognition Program for the state of Nevada to submit to the Nevada EMSC Committee for discussion, editing, and formal vote approval
ATTENDEES:Tiffany Van-Orden Collins, Lloyd Jensen, Karah Smith, Sandra Horning

Proposed definition of EDs included in these suggestions: free-standing EDs open 24/7 and EDs open 24/7.

1. Suggested levels of pediatric ED recognition:
   Peds Ready
   Peds Ready +
   Peds Ready Advanced
   Peds Ready Advanced/Trauma
2. Our list of suggested criteria for the Peds ED Recognition Program for the state of Nevada are: PECC Coordinator designated for every ED
   Competency training in caring for pediatric ED patients
   Equipment minimums in caring for pediatric ED patients
   Education in caring for pediatric ED patients for providers and staff
   Patient Safety standards for pediatric ED patients
   Interfacility transfer agreements for transferring pediatric patients
   Disaster preparedness for pediatric patients
   Quality initiatives for pediatric ED patients
3. PECC Coordinator designated for every ED—the subcommittee recommends the following:
   Peds Ready designation — PECC coordinator a nurse OR a provider
   Peds Ready + designation — PECC coordinator a nurse OR a provider
   Peds Ready Advanced — PECC coordinator a nurse AND a provider
   Peds Ready Advanced/Trauma — PECC coordinator a nurse AND a provider
4. Dr. Jensen discussed the COPPER Peds ED recognition program in the state of Colorado and their levels and criteria. He will provide this information to the group.

5. HOMEWORK FOR SUBCOMMITTEE: 1. Each member has chosen from our list of criteria for Peds ED recognition and will provider suggestions for each chosen criteria based on our suggested levels:
Competency Training - Karah Smith
Equipment - Tiffany Van-Orden Collins
Education - Tiffany Van-Orden Collins
Patient Safety - Sandra Horning
Interfacility Transfer Agreements - Lloyd Jensen
Disaster Preparedness - Lloyd Jensen and Irene Navis
QI - Karah Smith
2. Subcommittee work to date will be presented at the quarterly Nevada EMSC committee meeting when it is rescheduled.
3. Next meeting of the subcommittee is scheduled as a Zoom meeting January 31, 2024 at 1 PM.

Respectfully submitted;

Sandra Horning, MD

EMSC *Subcommittee Meeting Minutes*
January 31, 2024
1 PM - 2 PM
PURPOSE: This committee met to review documents to date to develop suggestions for a Pediatric ED Recognition Program for the state of Nevada to submit to the Nevada EMSC Committee for discussion, editing, and formal vote approval
ATTENDEES:Tiffany Van-Orden Collins, Lloyd Jensen, Karah Smith, Sandra Horning

Proposed definition of EDs included in these suggestions: free-standing EDs open 24/7 and EDs open 24/7.

1. *Suggested levels of pediatric ED recognition:*
   Peds Ready
   Peds Ready +
   Peds Ready Advanced
   Peds Ready Advanced/Trauma
   2. *Karah Smith presented her suggestions and documents for competency training and QI criteria for each level.*
   3. *Tiffany Van-Orden Collins presented her suggestions and documents for equipment and education criteria for each level.*
   4. *Sandra Horning presented her suggestions and documents for patient safety for each level.*
   5. *Lloyd Jensen presented his suggestions and discussion about interfacility transfer agreements and disaster preparedness for each level. His research shows that the majority of EDs already have transfer agreements in place. There was discussion about out-of-state transfers.*

5. HOMEWORK FOR SUBCOMMITTEE: 1. Each member will review the documents and suggestions submitted from each member for the various criteria and provide suggestions and comments at our next subcommittee meeting:
Competency Training - Karah Smith
Equipment - Tiffany Van-Orden Collins
Education - Tiffany Van-Orden Collins
Patient Safety - Sandra Horning
Interfacility Transfer Agreements - Lloyd Jensen
Disaster Preparedness - Lloyd Jensen and Irene Navis
QI - Karah Smith
2. Subcommittee work to date will be presented at the quarterly Nevada EMSC committee meeting when it is rescheduled.
3. Next meeting of the subcommittee is scheduled as a Zoom meeting February 7 at 1 PM.

Respectfully submitted;

Sandra Horning, MD

Peds ED Recognition Subcommittee Minutes
February 7, 2024
1 PM - 2 PM
PURPOSE: This committee met to review documents to date to develop suggestions for a Pediatric ED Recognition Program for the state of Nevada to submit to the Nevada EMSC committee for discussion, editing, and formal vote approval.
ATTENDEES: Irene Navis, Tiffany Van-Orden Collins, Sandra Horning

1. There was discussion of competency requirements as presented by Karah Smith. It was suggested to add the following requirements for each level of recognition: A. Completion of PALS certification initially and at least every 5 years after the initial completion. B. Documentation of completion of quarterly pediatric scenarios OR documentation of care of actual pediatric patients in the ED to include such scenarios such as but not limited to cardiac arrest, respiratory distress, etc, OR documentation of participation in disaster drills or scenarios involving pediatric patients.
2. There was discussion of requirements as presented by Tiffany Van-Orden Collins. It was suggested that disaster medications be added to the medication list as well as narcan and oral sucrose.
3. There was discussion of safety requirements as presented by Sandra Horning. It was suggested that pediatric transport equipment and padding to fill voids on transport equipment be added to the safety list.
4. There was discussion of interfacility transfer agreements presented by Dr. Jensen. We will discuss this further at our next meeting.
5. There was discussion of disaster preparedness developments by Irene Navis.

HOMEWORK FOR SUBCOMMITTEE: 1. Continue to review the documents and suggestions submitted by each member and provide suggestions.
2. Subcommittee work will be presented at the quarterly Nevada EMSC meeting on February 28 at 1 PM by Zoom.
3. The next meeting of the subcommittee is scheduled as a Zoom meeting February 13 at 1 PM.

Respectfully submitted,

Sandra Horning, MD

Peds ED Recognition Subcommittee Minutes
February 13, 2024
1 PM - 2 PM
PURPOSE: This committee met to review documents to date to develop suggestions for a Pediatric ED Recognition Program for the state of Nevada to submit to the Nevada EMSC committee for discussion, editing, and formal vote approval.
ATTENDEES: Irene Navis, Tiffany Van-Orden Collins, Sandra Horning, Lloyd Jensen

1. Irene Navis discussed pediatric disaster planning recommendations for the recognition levels. It was suggested that all EDs should have at least one person complete an on-line ICS course to include course 100, 200, 700, or 800. She recommended that we develop a web page listing resources and information on the suggested courses. It was also recommended by the subcommittee that EDs designated as Peds Ready Advanced + Trauma should have at least one person at the hospital who has successfully completed the FEMA pediatric disaster planning course #439.
2. Tiffany Van-Orden Collins posted air and ground transport information on Basecamp for committee members to review.
3. It was suggested by all members of the committee that every ED for every designation level should have a requirement to complete the EMSC national peds readiness survey in a timely manner.
4. Sandra Horning brought up having sliding scale fees for applications to the Nevada Peds ED Recognition program. There is a precedent for doing this in other states. We we discuss this idea with the state office to see if this would be legal in Nevada and if so how best to accomplish doing this.
5. Lloyd Jensen presented his information and research on pediatric transfer agreements. It was decided that since the vast majority of hospitals already have transfer agreements in place due to Joint Commission requirements these agreements would complete this requirement for all designation levels.
6. Irene Navis and Lloyd Jensen suggested that we provide check boxes for compliance for the EDs and tools to help them complete the recommendations for Peds ED Recognition levels.
7. It was suggested that we give suggestions for each of the Peds ED Recognition levels for
   EDs: Peds Ready—EDs with no inpatient pediatric services and no pediatric surgery capabilities;
   Peds Ready +—EDs with no inpatient pediatric services and some pediatric surgery capabilities:
   Peds Ready Advanced—EDs with inpatient pediatric services, PICU services, and pediatric surgery capabilities but no pediatric trauma designation;
   Peds Ready Advanced +Trauma—EDs with inpatient pediatric services, PICU services, pediatric surgery, and pediatric trauma designation.

HOMEWORK FOR SUBCOMMITTEE: 1. Subcommittee members will review the requirements and suggestions to date and make corrections and recommendations on-line. Sandra Horning will develop drafts for our recommendations for the program.
2. Subcommittee work to-date will be presented at the quarterly EMSC Nevada meeting on February 28, 2024 at 1 PM on Zoom.

Respectfully submitted,

Sandra Horning, MD