

Joe Lombardo
Governor



Richard Whitley,
MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

 **NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

MEETING MINUTES

Emergency Medical Services Childrens Advisory Committee

02/28/2024 1:00 PM

Meeting Locations:

This meeting was held virtually via Microsoft Teams, by phone, and at physical locations.

Online Meetings Link:

<https://teams.microsoft.com/l/meetup-join/19%3ae78cf72165bd483599d7d469bdaef172%40thread.tacv2/1707516974665?context=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%2253347e15-3475-4489-aa99-3508b59a7890%22%7d>

Phone Number:

+1 775- 321- 6111 Phone Conference ID: 929650141#

Physical Meeting Locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, NV 89706

1. Call to Order/ Roll Call – Dr. Sandra Horning, Chair

Board Members Present:

Dr. Sandra Horning- Chair
Dr. David Slattery
Dr. Lloyd Jensen
Stephanie Mead
Bobbie Sullivan
Jeremy Sonenschein
Karah Smith
Zeb Nomura
Nicole Brown
Stephanie Mead

Tiffany Collins

John Mittleman

Irene Navis

Ex- Officio Members Present:

Kevin Haywood

Michael Bologlu

Dr. Sandra Horning called the meeting to order at 1:00 PM

Roll Call was taken, and it was determined that a quorum of the Nevada Emergency Medical Services Advisory Committee was present.

2. Public Comment: Dr. Jensen addressed field deliveries and training Emergency Medical Services Providers, Mountain View Paramedic Institute had 116 students have been trained on newborn transport and newborn resuscitation. 1.8 % of deliveries happen outside of the hospital which causes concern with complications. 1/3 of those deliveries were premature with a 10% mortality rate for babies not delivered in a hospital. Emergency Medical Services Children's professionals encourage different agencies to include newborn resuscitation and transport as educational training. One training is virtual which they can view a PowerPoint and the other in person training. Michael Bologlu told Dr. Jensen that he will make sure he will be on the agenda and asked Dr Jensen if he was willing to present this to the state Emergency Medical Services Advisory Meeting? Dr. Jensen agreed that and brought up some beneficial material – and CAPCE credit. Emergency Medical Services Children's does not have the ability so we would have to find a sponsor. Stephanie Mead, which is CAPCE accredited offered to help affiliate and help get CAPCE credits – Stephanie Mead and Dr. Jensen will be working together on this. Dr. Slattery also suggested bandwidth for the newsletter that we highlight Dr. Jensen's program and a few individuals that have been impacted to spread the word. The Chair suggested we put Dr Jensen on the agenda as a standing item for the time being- which he will be on the Emergency Medical Services Children's agenda to do a full presentation and will have the option to join the State EMS advisory meeting. Zeb Nomura – stated that they are working on a 5-year plan to get more pediatric training and awareness and offered an invite due to low attendance. Michael Bologlu asked for the invitation to those meetings to combine our efforts. Irene Navis commented they are currenting working with DPBH and PHP to update their 5-year strategic plan and she has been hired as a consultant to do that and will be incorporating pediatric considerations and recommendations and goals will be incorporated.
3. For possible Action: Review and approval of the minutes from February 28, 2024, meeting. Stephanie Mead motioned to approve. Llyod Jensen seconded the motion. Chair approved.
4. Informational Only: Discussion and update of possible State of Nevada EMS-C initiatives – Sandra Horning, Chair
 - a. Handtevy training, funding and implementation- Nicole Brown reports that the project moved to July 1st, 2024, which will push finding out till next year for roll out for City and County Fire, Henderson Fire and Community Ambulance and looking to do Pahrump and

Moapa in the first roll out which is about 90% of the valley and then will be moving to the North which there is 7-8 agencies in the North that want to participate.

- b. Informational Only: Pediatric Disaster Preparedness- Irene Navis reports new resources on the website. Western Regional for Pediatric Emergency Management is entering the 5th year and have expanded over time, they provide a number of resources to state, local, tribal agencies and all levels of government across Region 9 and Region 10 and is an asper funded grand that provides Pediatric Disaster Preparedness materials and opportunity with planning, training and exercises and have created a virtual tabletop that is going to be featured in the Conference in Cleveland (held in march). It will be a 3-hour exercise related to chemical capability and response and will also be presented in the Homeland Security conference in Miami in July with pediatric counter measures for radiation response. She offered several Pediatric responses, deployable assets, Pediatric Advanced Life Support training will be in different format which includes a 2-day in person also developing the modules that will be available with Pediatrics hoping to also include Nevada. One thing they are seeking is continuing Education Units for that training but that will be available in the next few months. She offered the resources if needed.
- c. Ed Pediatric readiness Recognition Program - Dr. Sandra Horning created a subgroup/ work committee to develop Pediatric Emergency Departments recognition program for NV. Irene, Roy Jensen, Tiffany Collins, Karah Smith, and Chairman Horning are participants and thanked them for their efforts. They have reviewed many States programs already in place and mentioned this is a National Emergency Medical Services Children's Initiative to have a recognition program for Emergency Departments including free standing Emergency Departments to recognize that they are ready for pediatric patients and have the proper equipment and medication.

They have a template for the State of Nevada they are looking at 4 different categories.

- Pediatrics Emergency Departments Ready
- Pediatrics Emergency Departments Ready Plus
- Pediatrics Emergency Departments Ready Advanced
- Pediatrics Emergency Departments Ready Advanced/Trauma

All the Emergency departments in the State apply based on where they think they are in that level of care.

Pediatrics Emergency Departments Ready Emergency Departments – No inpatient pediatric services or surgery capabilities, No respiratory therapists. Which includes a lot of the free standing emergency departments.

Pediatrics Emergency Departments Ready Plus- Emergency Departments with no inpatient Pediatric services and Some surgery capabilities and or respiratory therapists.

Pediatrics Emergency Departments Ready Advanced- Higher level of care which includes inpatient pediatric services. NICU services, surgery capabilities, but no pediatric trauma designation.

The highest level of care will be the Pediatrics Emergency Departments Ready Advanced/ Trauma which includes all of those with a pediatric trauma designation.

It was broken down to 4 levels and the components each the categories are:

Pediatrics Emergency Departments coordinator – divided between a nurse or a provider or a nurse and a provider.

Survey must be completed in an appropriate timeframe when it's sent out to the States then it is broken down into competency training, equipment minimums, education, patient safety standards, transfer agreements, disaster preparedness and quality initiative.

The draft will be sent out after the meeting for suggestions as. For example, they are asking that at least 1 person even in the peds readiness group to take one of the Incident Command System courses on disaster preparedness that are available online.

Highest level Pediatric Emergency Departments- Advanced/Trauma will be asked to have somebody complete the 2-day FEMA pediatric disaster preparedness course.

Michael Bologlu and Lloyd Jensen both expressed their gratitude. No other comments were made.

- d. EMSC Newsletter and education-Currently in progress, but national resources puts out information monthly that can go in the newsletter.
- e. Pediatric Emergency Departments pre-hospital education resources for the development on a resource panel- Goes along with Emergency Medical Services Children's and Emergency Medical Services program for pediatric emergency department preparedness. Zeb couldn't recall any specific details, but he will be sending out the recording.

Podcasts were also suggested by Dr. Horning that can be watched for pediatric resources that are short/timely videos. WRAP-EM also has podcasts and newsletters that she will forward to anyone that wants them.

- f. Pediatric urgent care education resources- Horning hasn't address this as much as she would like her preference is to help the cause and make it better.

Dr. Jensen asked what the objective is in that discussion with urgent cares. Horning commented that they are still on the front lines without the resources in the form of education and specifically how they fit into the system.

5. Informational Only: Discussion of pediatric supraglottic airways. – Dr. David Slattery Dave Slattery_ Asked for the survey they will be sending out to be done in a timely manner verbally. He speaks about the airway devices, appropriate sizes devices for infants and children and the lack of data.
He came up with 3 survey objectives and asked for input along with the survey.
 - Characterizes types of BLS and ALS pediatric airway devices used in Emergency Medical Services across the state.
 - Determine the percentage of agencies in the State that have infant or children sized devices and equipment capabilities on the Emergency Medical Services vehicle.
 - Training for infant and children airway devices, how often they are training.
6. Informational Only: WRAP-EM (Western Regional Alliance for Pediatric Emergency Management) presentation on the pediatric surge playbook and additional information. – Irene Navis commented on the lack of resources, and they developed a response tool. All hazards playbook but it is not a go to for certain levels of car, more like the day to day. It gives you a set of scenarios

and what if's and gives you a list of resources and she also sent out a PowerPoint and asked for feedback. They looked at the impact to children in local and community hospitals across the western region report. Including evacuation of the Netal Intensive Care Unit in case of emergency.

Llyod Jensen Commented that 3 of their transport team has undergone extensive training for pediatric patients and neonatal transport during disasters and are a part of a national team.

7. Informational only: Update on pediatric restraint system- Michael Bologlu shared the restraint system tracking log which he delivered to Emergency Medical Services including Vegas but the only one that has not gotten the kit was Sparks Fire Dept and is scheduled for later in the year when they received their ambulance.
- a. Pediatric Restraint systems have been delivered to our training programs, Emergency Western Nevada College, Truckee Meadows College, REMSA and Great Basin College in Elko and it's to standardize how we are transporting pediatric patients safely also new training will be trained on the systems.
 - b. Update from Michael Bologlu on the new Emergency Medical Services Children's Manager no change in the process and preparing to look for the position but in the meantime, Michael Bologlu will serve as the Interim Program Manager for the EMS For Children committee and upcoming events.
 - c. Clarification for Southern Nevada- Clark County is a work in progress. Michael Bologlu received a list from the SNHD who gave him an Emergency Medical Services Agency List/ Vehicle count and it's up to our office to contact each agency to ensure they have the restraint systems, replacing and providing the restraints that do not already have them. Looking for the standard 5 lbs. -100lbs.

Dave Jensen commented on how to transport the newborns safely- should be 2 teams but AEGIS has also come up that has gone through tests where mom and baby can still provide mom safety but still gets skin to skin.

Stephanie Mead also agrees it would be a positive outcome.

8. Proposed meeting dates for the project period:

- April 17th
- July 17th
- Oct 17th,
- Jan 15th

9. Public Comment: There we no public comments.

10. Adjournment:

Dave Slattery motioned to adjourn.

Llyod Jensen seconded to adjourn.