



EMS for Children Advisory Committee Meeting
July 27, 2023
DHEC (Virtual)
Columbia, SC 29201

Topic	Discussion	Recommendations/Actions
Welcome	Dr. Kevin Polley opened the meeting.	None
Freedom of Information Act	Sable Land read the Freedom of Information Act.	None
Approval of Meeting Minutes	Dr. Kevin Polley called for approval of April minutes. So approved.	None
TASC Pediatric Subcommittee	Mandy Felder provided the update. Save the date Friday, February 9, 2024 for the SC Pediatric Trauma and Injury Prevention Symposium to be held at the Kingston Resort in Myrtle Beach. Grand Strand Medical Center is the hosting PTC.	None

<p>Pediatric Readiness Recognition</p>	<p>Orangeburg County EMS and Goosecreek Fire Department completed surveys for Pediatric Readiness in June and July respectively. Both agencies met all requirements with zero deficiencies. There were no objections to recognition from the group.</p> <p>Prisma Greenville Memorial completed Pediatric Readiness survey. All criteria met with zero deficiencies. No objections from the group. Recognized as Pediatric Ready-Comprehensive Level.</p> <p>Prisma Oconee Memorial completed Pediatric Readiness survey. All criteria met with zero deficiencies. No objections from the group. Recognized as Pediatric Ready-Advanced Level.</p> <p>These are the first two facilities in the state to be recognized at the Comprehensive and Advanced Levels.</p> <p>Dr. Kevin Polley thanked Sable Land, DHEC, and all Pediatric Readiness surveyors for their time and expertise. Sable Land recognized all the facilities and EMS agencies for their dedication and preparedness for Pediatric Readiness recognition.</p>	<p>None</p>
--	---	-------------

Review of NASEMSO Prehospital Airway Management Guideline

Dr. Edgar DesChamps reviewed the guidelines with the group. Discussion focused on utility of BIAD (Blind Insertion Airway Devices) and supraglottic airways in the pediatric population. This is the most current airway guideline from NASEMSO. It is recommended to start with BVM for resuscitative positive pressure ventilations with progression to supraglottic airway device and rare use of attempted intubation. Group is comfortable in maintaining this requirement. Dr. Kevin Polley state concerns with smaller agencies and first responders that the cost of carrying these BIAD devices with low usage was a hindrance. Dr. Edgar Deschamps shares that it is required for any service that provides advanced airway care for adults. Concerns are still valid with their use. The group also discussed concerns with prolonged transport patients and BVM. The group discussed the most commonly used supraglottic devices: iGel vs King airway. Aaron Dix endorsed that there has been a move to the iGel as it has more size options for pediatric population. A question was asked regarding grant funds to support EMS agencies. Madeline Gehrig shared information on a grant that MUSC acquired to support EMS agencies with \$1,000 to help bridge the gap for pediatric equipment. This is not a

	<p>sustainable grant, but provides a starting point for EMS agencies seeking Pediatric Readiness recognition. The agency must apply for Pediatric Readiness within one year of receiving the grant funds. Please reach out to Sable Land or Madeline Gehrig for more information. Sable Land to look into other grant opportunities. The group also discussed shelf life of devices. The group conversed the three options: LMA, iGel, and King airway. Questions about sizes for Kings Tube, 0-5, 0 is rated for less than 5kg.</p>	
<p>DHEC Updates</p>	<p>Karen Moore shared with the group that Senate Bill 399 was signed in May, thus splitting DHEC into a Department of Public Health and a Department of Environmental Services by July 2024. Mitch Stewart is the DHEC EMS Section Manager. The EMS Director position is open. The EMS Investigator position is open. Hoping to fill in next month.</p>	
<p>EMSC Updates</p>	<p>Sable Land shared that the First Responders Criteria is not yet finalized, hopefully after next meeting. The 2023 EMS Survey Report was shared with the group. The response rate was 97.4%. Of the respondents, 95.9% ALS, 2.7% BLS, and 1.4% ILS. Call volume statistics were</p>	

	<p>shared. 37.8% agencies have a PECC, with 9.5% planning to add a PECC, and 20.3% are interested in having a PECC. Reported PECC duties were shared. The majority of skills checks are completed by demonstration. The frequency of training was reviewed. SC agencies were compared to national metrics and avenues for improvement were reviewed.</p> <p>2021 NPRP Highlights were shared. There was a 42% response rate. Pediatric Readiness score was compared to national average. SC measures at the national benchmark. Pediatric volumes were shared. SC vs National average scores shared by section. Many in line with national average. Low scores in QA/QI and other areas shared with the group. High scores shared with the group highlighting the resources available throughout the State. New National Prehospital Pediatric Readiness Project Assessment survey is coming in the future. The annual EMS for Children survey will continue.</p>	
Open Discussion	<p>There are fifteen trauma centers throughout the state across all 4 levels. Only centers with Level 1-3 verification must meet Pediatric Readiness according to the most recent ACS standards.</p>	

Mandy Felder asked EMS representatives to start thinking about EMS topics or presentations that may be appropriate for the 2024 SC Pediatric Trauma and Injury Prevention Symposium.

The group discussed bringing back the working group on pediatric disaster preparedness. Sable Land is hoping to do so by the end of year. There was discussion on the availability of a field triage for MCI/surge or protocol that provides guidance to patient volume dispersion to facilities. Currently, there is not as there is too much variation amongst the regional areas, but there is opportunity to develop this at the regional level through RTACs. There will be an MCI protocol in trauma guidelines but this will not detail numbers specifically. The EMS Subcommittee will look at state disaster preparedness and response in an effort to make it more standardized. EMS association has a dashboard that could be helpful in this endeavor. The EMS association will be asked to present at our next meeting on how to access and make request on the live dashboard. Regarding MCIs, the group discussed surge impacts by green level patients that arrive POV. The group discussed school bus accidents as this is the most common mass event in pediatrics.

Future Meeting Dates	October 26	None
Adjourn	Dr. Kevin Polley adjourned the meeting.	None.