State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360
www.state.nj.us/health

CHRISTINE TODD WHITMAN
Governor

CHRISTINE GRANT, J.D., M.B.A.
Acting Commissioner

EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY COUNCIL
MINUTES OF MEETING
MARCH 27, 2001

Members Present: Mr. Jesus Cepero, Dr. Frank Cunningham, Dr. Martin Diamond, Ms. Carolyn Ferolito, Dr. Anthony Greenberg, Dr. Mary Kamienski, Dr. Ernest Leva, Dr. Al Sacchetti, Mr. Daniel Sullivan, Dr. Thomas Whalen, Mr. Thomas Zarra

Members Absent: Dr. Frank Briglia, Ms. Mary Ellen Brock

Dept of Health & Senior Services Dr. George DiFerdinando, Ms. Bonnie Anderson, Dr. John Brennan, Mr. William Duffy, Ms. Deborah J. Gottlieb, Ms. Nancy Kelly-Goodstein, Ms. Susan Way

Visitors/Guests: Dr. Jeffrey Hammond, Mr. Michael Panté

Dr. Ernest Leva called the meeting to order at 10:10 a.m. Without a quorum, the group began discussing the agenda items.

OEMS Report:
Ms. Susan Way announced that she is now the Director of the Office of Emergency Medical Services (OEMS) and that Mr. Gerard Muench left the Department to become the Director of Emergency Transportation Services at St. Clares in Denville.

Ms. Way reported that the proposed hospital regulations regarding the response times for on-call physicians was presented to the Health Care Administration Board (HCAB). The proposal passed with the recommendation that in lieu of establishing a separate log to record the times at which the physician was contacted, responded and arrived, the information would be documented on the patient's medical record. Dr. Al Sacchetti voiced concern that this recommendation would add more responsibility on the healthcare providers caring for the critically ill children. By documenting the response time related information on the patient's medical record, you may have to take a physician or a nurse away from directly caring for a critically ill child. The burden would be placed on the physicians and nurses and not the hospital itself. Ms. Way commented that the proposal would be published in the April 16th New Jersey Register and comments will be accepted by the Department for 30 days after publication. Discussion continued regarding the decision of the HCAB. Dr. Leva stated that he feels the

decision was a compromise and we can still send specific comments to the Department. Concern was raised that non-compliance with the required documentation would constitute an Emergency Medical Treatment and Active Labor Act (EMTALA) violation (loss of federal reimbursement; $10,000 fine for physicians; $75,000 for hospitals). If you are a physician that is investigated, you loose both money and patients. Dr. Leva suggested that the EMSC Advisory Council should comment as a body. Dr. John Brennan added that the proposal will not hurt the big hospital, but would be difficult for the smaller and/or more rural hospitals. Ms. Nancy Kelly-Goodstein offered to fax the proposal after it is published.

Approval of Minutes:
Several more members arrived and a quorum is reached. The minutes from the January 30, 2001 meeting were approved as written.

OEMS Report:
Packets of registration forms for the 2nd Annual Caring for New Jersey's Children Conference were mailed to each member. The conference paperwork was also sent to the hospitals emergency department and every prehospital provider agency in the state.

Ms. Kelly-Goodstein suggested that a by-law change in lieu of an amendment to the EMSC law could accomplish the goal to add the new representatives to the Council. The process would remain unchanged, as each agency would be requested to submit three candidates for each position for selection by the Governor. Ms. Kelly-Goodstein has not heard from the Association for Children of New Jersey (ACNJ) regarding the parent position. Ms. Ferolito recommended that we contact Mr. Reggie Dorsey at ACNJ as the former director is now working in the Governor's office. We did receive four resumes for the paramedic position and they have been forwarded through the Commissioner's Office to the Governor's Office. A survey on EMSC Council composition was recently conducted by Idaho. The results were as follows:

- Louisiana-Governor appoints the members; composition mirrors our council, but also includes a representative from a nursing school, a vocational EMT site, psychiatrist, and an administrator from an ambulance company.
- Wisconsin-members include an attorney, Dept. of Transportation, the hospital administrators group, Safe Kids, local and public health, respiratory therapy, and special populations.
- Wyoming-members include physician assistant, state PTA, Brain Injury Association, State EMS Director and the Senior Trainer from EMS.

Dr. Jeffrey Hammond suggested that we need a trauma surgeon as opposed to a pediatric surgeon. Dr. Sacchetti stated that he does not know a pediatric surgeon that does not deal with trauma. However, Dr. Leva stated that their pediatric surgeons do not deal with trauma. Apparently it varies from area to area. Trauma is the leading cause of death in children and the availability of a trauma surgeon could be very beneficial.

The EMSC Advisory Council previously discussed adding a representative from the School Nurses Association, Department of Human Services for the psychological aspect, the American Society of Pediatric Nurses, and the Trauma Council. Dr. Leva suggested adding a representative someone from safety/injury prevention. Perhaps we should look to NJ Safe Kids. A motion was made to expand the EMSC Advisory Council to include a representative from the New Jersey Committee on Trauma. The motion received a second. No further discussion. Motion approved.
A motion was then made to expand the EMSC Advisory Council to include a member of New Jersey Safe Kids. The motion received a second. Discussion included a suggestion by Ms. Ferolito that we ask NJ Safe Kids to recommend candidates for the vacant parent position in addition to a programmatic person. Ms. Kelly-Goodstein will contact NJ Safe Kids to request candidates for the programmatic person and then ask for recommendations for the parent position to then be forwarded to ACNJ. The motion was approved.
Dr. Sacchetti stated his concern that if we keep enlarging the council it may be more difficult to reach a quorum if representatives do not show up. According to the bylaws, at least half of the members must be in attendance to reach a quorum. Ms. Kelly-Goodstein suggested that we notify the member's organization if their representative fails to attend the majority of EMSC Advisory Council meetings. This procedure would be similar to that recently accepted by the EMS Council. Ms. Ferolito suggested that we should ask if each organization could also select a designee. Although the designee could not vote, they could still report back to the sponsoring organization.
The addition of a representative from the American Society of Pediatric Nurses was also suggested to represent the care given to in-hospital pediatric patients.
A copy of the amended bylaws will be forwarded to the Commissioner along with our request for expansion of the EMSC Advisory Council (NJ Committee on Trauma, American Society of Pediatric Nurses, NJ Safe Kids, NJ State School Nurses Association). Additionally, each of the new organizations will be contacted with an invitation for representatives to attend the EMSC Advisory Council meetings until the formal appointments are made. Motion approved.

Ms. Kelly-Goodstein suggested that we form committees similar to the EMS Council to address specific issues. Dr. Leva suggested that a committee be formed to discuss the by-laws. Ms. Ferolito offered to help Ms. Kelly-Goodstein with this committee.

The Department received approval of the continuation of our partnership grant until 2/28/2002. The Targeted Issue Grant for the emergency department pediatric critical care registry was denied. Of thirty applications received, only eight received funding. We will reapply in the fall. Dr. Brennan served on the national review committee, but did not review our application. Dr. Brennan suggested that our revised application should be clear on how we plan to implement this registry. Additionally, we now have the adopted regulations requiring hospitals to participate in this registry. Dr. Leva asked if there were any agencies we could approach for financial support of this project? Dr. Brennan suggested the Robert Wood Johnson Foundation and other Maternal Child Health Grants. Dr. Brennan stated that once the registry is developed, it should run fairly inexpensively. The implementation phase will be expensive (estimate of $200,000 – computer hardware and software). It was then suggested that we submit the grant application to the Robert Wood Johnson Foundation and perhaps the National Highway Traffic Safety Administration (NHTSA). Ms. Kelly-Goodstein suggested that we pay attention to the narrative portion of the grant application. Reviewers are not obligated to review any of the appendices. Dr. Anthony Greenberg suggested that we contact our own organizations for letters of support. Dr. Brennan

stated that we should try to get the New Jersey Hospital Association to support the project as well.
Dr. Brennan asked if there was any possibility that the project could be funded in the upcoming OEMS budget. Ms. Way commented that a request was placed for money to support both the pediatric and trauma registries as part of the Department's E-public Health imitative, but the request was still pending. If approved, monies would be available after July 1st. Ms. Kelly-Goodstein suggested sending a copy of the grant abstract along with letters requesting financial support. Doctors Brennan and Sacchetti will be working with Ms. Kelly-Goodstein on the revised grant application over the summer. The anticipated filing date for federal EMSC funding is November 1st.

The next issue of the EMSC newsletter is being prepared for mailing. A copy was distributed to the members for review. Ms. Kelly-Goodstein requested suggestions for the next issue.

The advanced life support standing orders and radio failure protocols were discussed at length. The recommended changes are as follows:

- Neonatal resuscitation – removal of aggressive suctioning for infants with meconium staining
- Addition of Amiodarone wherever Lidocaine is referenced (pull text directly from American Heart Association document)
- Trauma – intraossesous infusions can be utilized for patients of any age
- Automatic External Defibrillator – can be utilized on children over the age of 8 or weighing greater than 25 kilograms (or 50 pounds)
- Remove Bretylium from all of the protocols.
- Remove high dose Epinephrine from all of the protocols
- Croup – replace Decadron with Epinephrine (3.0 cc of 1:1,000 solution)
- Pain - remove references to hemodynamically stable/unstable and amend dosage of Morphine Sulfate to 0.1 mg regardless of patient age
- Link pain management to the burn and trauma protocols

Ms. Kelly-Goodstein will incorporate the above recommendations and present the material to the EMSC Advisory Council at the May 22nd meeting. The recommendations, once approved by the EMSC Advisory Council, will then be forwarded to the Mobile Intensive Care Unit Advisory Council and the Department for consideration.

New Business
OEMS received a request for guidance regarding school bus crashes. Recently, several minor crashes have occurred. Bus drivers are unaware of the medical history of the students they transport. Drivers are also unwilling to accept responsibility for seemingly uninjured children, so all are transported to local hospitals. It is unclear as to how many school buses do not have safety belts installed. The American Academy of Pediatrics (AAP) has developed a policy statement on school buses. Some of the information provided by the AAP document included:

- 400,000 buses nationally
- 4 billion miles traveled annually
- 150 people killed annually in school bus-related crashes

The group discussed several generic recommendations:

- Parents should request buses with safety belts for all school-related trips

- Parents should be encouraged to complete the Emergency Identification Form (EIF) developed by the American Academy of Pediatrics and the American College of Emergency Physicians. A copy of the EIF should be available on the bus.
- Parents should encourage the retrofitting of all school buses with safety belts.

The next meeting of the EMSC Advisory Council will be on Tuesday, May 22nd, at 9:30 a.m. at the Holiday Inn-Princeton. The meeting will then be followed by the annual EMS week awards ceremony. The 2nd Annual Caring for New Jersey's Children Conference will begin with program registration at 1:30 p.m.