



The Pony Express

Improving emergency medical care for children all across Texas



Volume 7, Issue 3
Fall/Winter 2015



You may notice a little different look and feel to our newsletter with this edition. New software was purchased to give the newsletter the feel as if you were reading a hard copy of it. I hope you find it user friendly and enjoyable.

As we head towards Christmas, I can't help but think about how excited my granddaughters are. They get particularly excited about the Elf on the Shelf that visits between Thanksgiving and Christmas. If you're not familiar with Elf on the Shelf, it's based on a storybook that was written several years ago about the elves that Santa Claus sends to keep an eye on the kids to make sure they are being good. Once the kids go to bed, the elves go back to the North Pole to report the day's events to Santa. Before the kids wake up, the elves fly back to a new hiding spot within the house. The one caveat is that the kids are not allowed to touch the elf or his magic will disappear. However, the elves are actually little stuffed toys that mom and dad or grandma and grandpa have to hide in a new spot each night to keep the kids believing. If you've seen this on the internet or social media, some folks get quite creative with their elves.

As healthcare providers, children look at us similar to the elf on the shelf; full of magic that will make everything all better. One big difference between you and the elves is that when the kids touch you, you don't lose your magic. This year I have heard stories and seen firsthand the magic that you as prehospital and hospital providers give to the children of Texas. From the EMS for Children State Partnership, Texas we would like to thank you for all that you do to care for the children of Texas! Happy Holidays!

If you have any feedback on our newsletter, or if there are any stories that you would like to see, please send them to Sam Vance, Program Manager, EMSC State Partnership, Texas at: Samuel.Vance@bcm.edu

You can also visit our website at: www.bcm.edu/pediatrics/emsc

Or on Facebook at: <https://www.facebook.com/TxEMS4Children>

Best Practices



Consideration for Pediatric Consultation and Transfer

Hospitals in Texas that are designated trauma centers must have transfer guidelines in place as part of their designation process. In response to numerous requests for a template or guideline, the Pediatric Subcommittee of the Governor's EMS and Trauma Advisory Council (GETAC) drafted a compilation of guidelines that hospitals may utilize as their own transfer guidelines.

The transfer guidelines were developed in accordance with published standards across the nation at other trauma centers as well as publications from the American Academy of Pediatrics (AAP) and the National Highway and Transportation Safety Administration (NHTSA). The guidelines are meant to be inclusive of pediatric critical illness as well as pediatric trauma.

The guidelines are not part of the Texas Department of State Health Services Safety and Administrative Code and are merely a template that facilities may adopt in order to fulfill requirements for trauma designation or simply to facilitate development of appropriate pediatric inter-facility transfer guidelines.

The Texas Department of State Health Services (DSHS) does not mandate state designated trauma centers or non-trauma center hospitals to use these guidelines, but offers them to assist these centers in the development of their own guidelines. DSHS recognizes the varying resources of different centers and that approaches that work for one hospital may not be suitable for others. The decision to use these guidelines in any particular situation always depends on the independent medical judgment of the medical provider.

These guidelines were vetted through all GETAC subcommittees as well as the Governor's EMS and Trauma Advisory Council and received formal endorsement from all.

To download a copy of the guidelines, visit: <http://www.dshs.state.tx.us/emstraumasystems/pediatricscommittee.shtm> Scroll to the section heading, "Resource Documents".



Mail Pouch

EMSC State Partnership, TX

Check out the EMSC State Partnership website at www.bcm.edu/pediatrics/emsc

To remove your name from our mailing list, please [click here](#).



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Quality Improvement Assessment Opportunity



Based on the success of the initial assessment for the National Pediatric Readiness Project conducted in 2013-14, the web based "portal" is once again open for local facilities and regions engaged in quality improvement efforts to assess their score and readiness to care for children.

Key points for facilities assessing their pediatric readiness:
The Assessment Portal
(www.pedsready.org)

- Uses the same interface as in 2013-14; ED personnel can select their state and county in which their hospital is located, and then choose their hospital.
- If a hospital's name does not appear in the portal, it can be added by following the instructions provided on the website.
- Upon completion of the assessment, respondents will receive an electronic gap analysis report containing their new Readiness Score, compared to their 2013-14 Readiness Score (if applicable), as well as a breakdown of the overall scoring.
- The assessment will be **open for approximately 10 months**. During this time period every hospital can complete the assessment one time and receive their new readiness score.

Please visit www.pedsready.org, to see how your quality improvement efforts are helping to improve care for children.



For more information on the National Pediatric Readiness Project, visit www.pediatricreadiness.org

Associated Publications:

- Gausche-Hill M, Ely M, et al. A National Assessment of Pediatric Readiness in Emergency Departments. *JAMA Pediatr.* 2015 Jun;169(6):527-34. doi:10.1001/jamapediatrics.2015.138
- Remick K, Kaji AH, et al. Pediatric Readiness and Facility Verification. *Ann Emerg Med.* 2015 Aug 27. pii:S0196-0644(15)01090-2. doi:10.1016/j.annemergmed.2015.07.500

The Truth About Poinsettias

Submitted by Melinda Crockom

For many years, the Poinsettia has been classified as a very poisonous plant. For this reason, many people avoid having this beautiful plant in their home. However, studies have shown that the plant may not be as dangerous as we first thought.

The misconception about the Poinsettia began in 1919 when an officer in the United States Army experienced the tragic loss of his two-year-old son. The cause of death is unknown but it is suspected the child ate some of a Poinsettia plant. The news spread rapidly and has since placed the Poinsettia on the dangerous plant list.



Every year, Texas poison control centers receive many calls beginning in November and ending in January after their child or pet has ingested the plant. And with each call no fatalities occur. Researchers decided to study the toxic effects of the plant to determine its true threat. The researchers fed large quantities of the plant to rats and tracked human exposures. After the rats experienced no symptoms and human exposures resulted in no serious effects, the Poinsettia was removed from the list of extremely toxic plants. (Continued on Page 4)



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EMS for Children Day May 18, 2016: EMS for Children Crew of the Year Nominations Underway

National EMS Week 2016 is May 15 thru May 21, and Wednesday, May 18, is set-aside for National Emergency Medical Services for Children day. National EMS Week is an annual celebration of the dedication and commitment of EMS providers all over the country making differences in the lives of millions of Americans every day. It also provides us with an opportunity to bring together EMS agencies and their local communities to focus attention on illness and injury prevention and raise awareness about issues important to the continued development and improvement of EMS and Trauma systems.

National EMS for Children Day places a spotlight on the delivery of high-quality emergency medical care for children, focusing on the unique needs of critically ill or injured pediatric patients and the challenges faced by EMS professionals in meeting those needs. Hundreds of communities around the nation are planning special events to honor the men and women who provide emergency care to our children and to raise awareness about safety and prevention and the ongoing need to improve and expand specialized care for children in the prehospital setting.

In honor of EMS for Children Day 2016, the Texas EMS for Children State Partnership is now accepting nominations for the seventh annual EMS for Children Crew of the Year Award. This award is granted to an EMS crew or station who has displayed outstanding care for a child in an emergency medical or trauma event, demonstrated exceptional effort in the development of pediatric training or quality improvement programs, or was instrumental in planning and conducting creative injury prevention programs.

Recipients will receive, individual certificates of appreciation, and a plaque for their station or crew quarters recognizing them as champions in the emergency care for children in Texas.

To submit a nomination for the EMSC Crew of the Year, please send the following information to EMSC Program Manager Sam Vance by **March 31, 2016**.

- (1) Names and titles of crew members
- (2) Agency or organization with contact information
- (3) A brief (500 words or less) description of the event or program and why you feel this crew deserves special honor and recognition
- (4) Your contact information (will not be disclosed without your permission)

Sam Vance at Samuel.Vance@bcm.edu
Program Manager
EMSC State Partnership, Texas
1102 Bates Ave, Suite 1850
Houston, TX. 77030



2015 EMS for Children Crew of the Year Award Recipients: Members of the Cy-Fair Volunteer Fire Department, Memorial Hermann Life Flight, and the Harris County Sheriff's Department



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The Truth About Poinsettias (cont.)

If you still aren't sure about the dangers the Poinsettia poses, here is an example to show the toxicity of the plant. If a child weighing 50 pounds were to eat 500 or 1 ¼ pounds of leaves from the plant, they may expect to experience some stomach discomfort to include nausea and vomiting. However, if that same child were to eat 500 or 1-¼ pounds of lettuce leaves, some nausea and vomiting may occur as well.

Please keep in mind though that people with allergies to latex and atopic eczema should avoid the plant due to the plants latex properties and potential skin irritation.

As for pets, the ASPCA concluded pets that eat the Poinsettia might also experience some stomach upset. Animals' bodies would treat the plant as a foreign body and could reject it by vomiting

Avoid serving Poinsettia salads this holiday season, but you are free to enjoy the beautiful plant in your home without the fear of being poisoned by it. If you have questions call the [Texas Poison Center Network](#) toll-free (and judgment-free!) at **1-800-222-1222**. Remember the people who answer the phones at poison control are pharmacists, nurses, doctors or other medical professionals, and are specially trained and certified in the field of toxicology.

Research referenced:

Evens, Z., & Stellpflug, S. (2012). Holiday Plants with Toxic Misconceptions. West J Emerg Med., 13(6), 538-542.

Winek, C., Butala, J., Shanor, S., & Fochtman, F. (1978). Toxicology of Poinsettia. Clinical Toxicology, 13(1), 27-45.

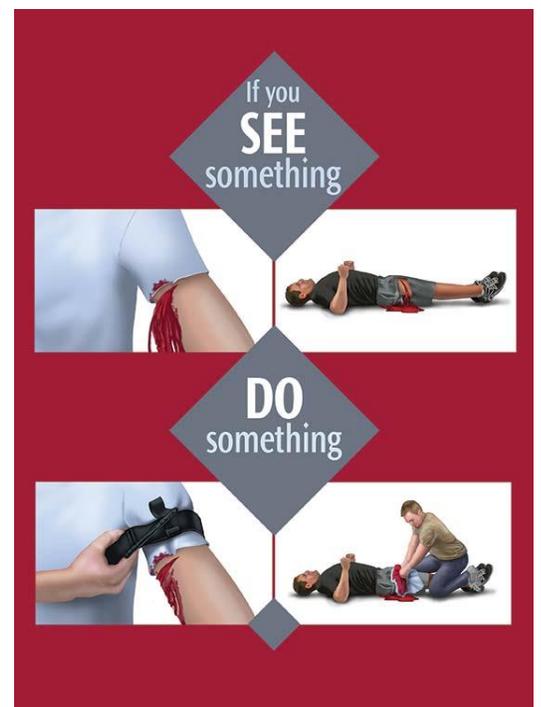
The Hartford Consensus III and Stop the Bleed Campaign

The "Hartford Consensus III: Implementation of Bleeding Control" was developed by a joint committee of representatives from 35 different EMS, fire, law enforcement, nursing, and other stakeholders. The overarching principle developed is that no one should die from uncontrolled bleeding during a mass-casualty or active shooter events. The goal is to empower the public to provide emergency care by recognizing life threatening bleeding and administer lifesaving first-line treatment via external hemorrhage control.

The "Stop the Bleed" campaign was developed by the Department of Homeland Security and extends to bystanders in any situation where an injured individual has active bleeding. Similar to the Hartford Consensus III, Stop the Bleed's goal is to empower the public to provide emergency care by recognizing life threatening bleeding and administer lifesaving first-line treatment via external hemorrhage control. This campaign has been endorsed by numerous organizations including the American College of Surgeons, National Association of EMS Physicians, American Academy of Pediatrics, and the National Association of School Nurses.

Discussion regarding these topics was the number one item on every committee's agenda of the November Governor's EMS and Trauma Advisory Council (GETAC). Each sub-committee as well as the Council endorsed the development of a similar campaign in Texas. The Trauma Systems and Disaster/Emergency Preparedness Committees are leading this campaign.

To learn more about the Hartford Consensus III, the Stop the Bleed Campaign and resources available, click on the logos.





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Mobile Integrated Healthcare/Community Paramedic

The Medical Director's Committee, EMS Committee, and Education Committee of the Governor's EMS and Trauma Advisory Council have developed a taskforce to define the core educational content for community healthcare paramedics in the State of Texas. The committee will not define the scope or objectives of the community healthcare paramedic, as that is stakeholder dependent and defined by the system's medical director.

It is recognized by this taskforce that mobile integrated healthcare and community paramedicine is not just for adults as there are several pediatric programs recognized throughout the country. One such program is being developed in a collaborative effort between Children's Health/Children's Medical Center in Dallas, the Dallas Fire-Rescue Department and the Plano Fire-Rescue Department to decrease recidivism of asthma patients. As such, the taskforce Chair, Sharon Malone, MD, LP has been deliberate in ensuring that the EMS for Children State Partnership and the Pediatric Committee has representation on this taskforce.

As work from this taskforce progresses, input will be sought from all stakeholders.



Rule Revision Meetings Continue



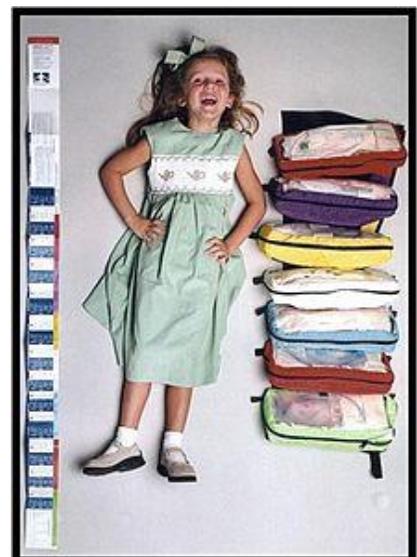
The EMS Committee of the Governor's EMS and Trauma Advisory Council (GETAC) has been busy travelling the state to obtain input on suggested revisions to Title 25 of Texas Administrative Code (TAC), Chapter 157. As these meetings continue, the EMS for Children State Partnership, Texas and the Pediatric Committee of GETAC are working to ensure that pediatric issues, to include neonatal, are incorporated into the rules.

The current draft of the EMS rules can be found [here](#) along with the draft versions of the Trauma, Stroke, and Regional Advisory Councils. Stakeholders can submit comments via e-mail at any time and do not need to wait for in-person meetings.

To receive updates on these meetings as well as other Department of State Health Services updates, subscribe via the "sign up for e-mails" button [here](#).

Did you know?

Did you know that per the 2013-14 National EMS Reassessment, Basic Life Support vehicles in Texas carry 90.2% of nationally recommended pediatric equipment and Advanced Life Support vehicles carry 96.1% of nationally recommended pediatric equipment?





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Neonatal BVM's

Per the 2010-11 Nationwide EMS Assessment and 2013-14 Nationwide EMS Re-Assessment conducted by the National EMS for Children Program, one of the items most frequently missing from our ambulances in Texas are neonatal bag valve masks (BVM's). This is important because if you were to respond to a call for an imminent delivery and upon arrival found the baby to have already delivered, but is apneic, how would you deliver ventilations to the baby? Mouth-to-mouth?

After the initial nationwide EMS assessment, the EMS for Children State Partnership, Texas purchased neonatal BVM's for those departments that may not have the financial means necessary to buy them on their own. Since then, we have been able to give away hundreds of BVM's to those in need.

I recently had the opportunity to visit Trauma Service Area "K" (Concho Valley RAC) and Trauma Service Area "D" (Big Country RAC) and took a supply of neonatal BVM's with me. While there, I learned that there are a lot of oil fields in the western portions of their regions. These oil fields are between 50 and 150 miles to the closest obstetrical services. As such, many of the expectant mothers do not receive prenatal care. Another limiting factor is that many of the expectant mothers are undocumented workers and are afraid to seek services. As a result, the EMS agencies are responding to a higher number of OB emergencies and imminent deliveries.

One department I spoke with is 100% volunteer and receive all of their funding from donations and fundraisers. They had just used their last neonatal BVM a few weeks prior to my visit on the delivery of a baby that was only 28 weeks gestation. They were very happy to receive the new BVM's. In all, 53

neonatal BVM's were handed out to EMS agencies and 19 given to emergency departments.

If your department is in need of neonatal BVM's, the EMS for Children State Partnership, Texas has a limited supply available. Please contact Program Manager Sam Vance: Samuel.Vance@bcm.edu or 832-824-EMSC (3672).

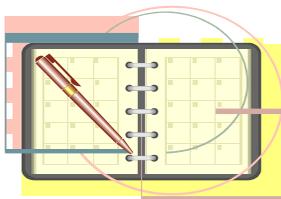


Final Thought

May the year be brighter than the one gone by; enveloped in goodness and wellbeing; bliss and endowments.

Upcoming Events

Mark Your Calendar



- [Governor's EMS and Trauma Advisory Council:](#)
February 10 - 12 at the Wyndham Garden Hotel, Austin, TX
- [EMS for Children Advisory Committee Meeting:](#)
February 10, 2:30 p.m. at the Wyndham Garden Hotel, Austin, TX
- Big Country Pediatric Conference:
April 20 at Hendrick Medical Center, Abilene, TX