

HTAC August 8, 2019 Meeting

KIPC Updates, reported by Lisa Dau

July 7 (7/10) is a national holiday for Hash Fans. 7/10 is now known in certain sectors of the cannabis community as "The Day of Dabs"

KIPC partners participated

More Clown Cars!

Sand Island Access Road/Sand Island Parkway

Total Citations Issued: 44

Misc. Moving: 4

Misc. 15

No Insurance: 5

Child Seat: 10

Seat Belt: 5

Driving w/o Lic: 4

Susp/Revoked Lic: 1

Total Arrests: 4

OVUII: 1

Habitual OVUII: 1

Driving w/o Lic: 2

Official Location: Sand Island Access Road & Road #2

Total Officers Involved: 21

We gave 18 car seats/booster seats (donated by KMCWC and HPD)

3 convertible (rear-facing)

7 forward facing (some were convertibles, some were forward facing/combo)

8 boosters

We also checked families with kids in car seats:

1 Rear-facing

3 forward facing

1 booster

We had 11 technicians including 3 instructors.

Safe Kids PrevCon national conference

July 16-20

July 16 – Hill Day. 3 from Hawai'i met with Gabbard and Schatz's office Staff and with Ed Case to discuss issues both in Hawai'i and nationally.

Window Safety (Evan's Law amendments)

Safe Sleep- Scarlett's Sunshine Act; standardize forms for reporting fatality cases, Death Scene Investigation funding, 100% review of cases and Awareness to parents funding

Child Passenger Safety - Continue funding for car seat programs and Hot Car legislation (every 10 days in the US a kids if forgotten or left in a vehicle and passes away from heat stroke)

Hot Car Act of 2019-requiring all new passenger vehicles to be equipped with a child safety alert system

Car Seat training in progress. We have 12 students and the goal is to increase techs to increase awareness.

Emergency Medical Services for Children (EMSC) Current Status

August 8th, 2019

Sarah Y. Park, MD, FAAP, EMSC Program Director

Alvin C. Bronstein MD, FACEP, EMSC Program Co-Director

Karin Ng, EMSC Program Manager



Accomplishments and Current Status

- ▶ EMSC Advisory Committee has been established
- ▶ EMSC Program Manager position has been filled
- ▶ Summer EMSCAC meeting was held last month
- ▶ Hawaii achieved 100% response for the recent performance measure survey



Opportunities



- ▶ Carryover funds will be used to obtain pediatric equipment and training resources
 - ▶ Pediatric Restraints
 - ▶ Pediatric Dose Calculator System
 - ▶ Pediatric Dose Calculator App Integration
 - ▶ Pediatric EMS Continuing Education (CE) Training
 - ▶ Pediatric Emergency Care Training Webinars

Next Steps

- ▶ All-grantees meeting is this month in Washington DC
- ▶ Fall EMSC Advisory Committee meeting will be in-person in Honolulu on October 2nd
 - ▶ Discuss plans for meeting Performance Measures







HTAC pediatric subcommittee report:

- Recommendation for pediatric cuffed ETT for Emergency Departments across the state (voting item)
- Recommendation for pediatric rescue airways for EMS (voting item)
- Presentation of early activation of aeromedical services (request input/feedback)



Guideline for Early Activation of Transport for Pediatric Trauma in Hawaii

Introduction:

Transport of pediatric trauma patients may be delayed if notification to transport entities waits until resuscitation and work up is completed. This trend is highlighted in geographically isolated areas such as Hawai'i where the highest level trauma centers are only accessible via air transport from many intake hospitals.

Purpose:

This guideline serves to help expedite the transfer of critically injured children from neighbor island hospitals to an appropriate trauma center on O'ahu.

Application:

This guideline shall apply to pediatric (<15 years of age) trauma patients who have their initial evaluation done at a neighbor island hospital

Procedure:

With the understanding that this process utilizes important resources and may divert these resources away from sicker patients if applied inappropriately, Early Activation of Transport (EAT) may be considered by referring hospital after initial evaluation if any of the following criteria are met:

1. Patient meets criteria for highest level of activation
2. Patient care needs clearly exceed capabilities of referring hospital and patient's clinical status is unstable

The referring hospital will call air transport entities informing them that they are initiating EAT. The referring hospital will be given estimated times of availability and decide on the air transport entity that will be utilized. A transport team from that entity will be dispatched to referring hospital at that time.

Concomitant resuscitation and work up of the patient will be done and once appropriate resuscitation, lab studies and imaging studies are obtained, the referring hospital will contact the Queens Transfer Call Center to implement the current 3-way triage system for pediatric trauma patients.

The referring hospital will remain responsible for the care and management of the patient until the patient's departure from that facility.

Reporting:

Data reflecting timeliness of transport for pediatric trauma patients will continue to be collected and reviewed to monitor the effectiveness of EAT.