

Final Committee Objectives 2020-21
Pediatric Emergency Medicine Committee

Chair: Ann M. Dietrich, MD, FACEP

Board Liaison: Jeffrey M. Goodloe, MD, FACEP

Staff Liaison: Sam Shahid, MBBS, MPH

1. Develop the following policy statements:
 - role and responsibilities of emergency medicine providers in the initial management of acute pediatric mental health emergencies - collaborate with the American Academy of Pediatrics and the Emergency Nurses Association
 - optimizing pediatric safety in the emergency care setting – collaborate with the American Academy of Pediatrics and the Emergency Nurses Association
 - travel screening of pediatric patients for international travel, high risk areas, and isolation.
 - pediatric considerations during pandemics/disaster medicine, including addressing children who lose caregivers/parents – and develop an accompanying Policy Resource & Education Paper
 - screening for non-accidental trauma, including psychological trauma, in the community ED using a standardized approach
2. Complete development of a joint policy statement with the Pediatric Trauma Society on trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients.
3. Develop a joint policy statement with the American Academy of Pediatrics on advanced imaging in pediatric emergencies in the emergency department.
4. Collaborate with the American Academy of Pediatrics to develop new and review current technical report papers and policy statements as needed.
5. Review the following policies per the Policy Sunset Review Process:
 - Evaluation and Treatment of Minors
 - Evaluation and Treatment of Minors – PREP
 - Immunization of Adults and Children in the ED – provide input to the Public Health & Injury Prevention Committee. (Public Health & Injury Prevention is the lead committee.)

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

6. Develop the following information papers:
 - pediatric isolation/screening in an ED
 - lessons learned and recommendations for pediatric emergency physicians in epidemics such as COVID 19
 - tetrahydrocannabinol and cannabidiol in the pediatric population from a use and misuse perspective
 - transport of pediatric patients, including inter-facility transfers – Collaborate with the EMS Committee.
7. Complete development of an information paper on the role of telemedicine in pediatric emergency care and in support of community emergency departments. Include the role of patient/family communication during transfer and telehealth changes as a result of COVID-19. Collaborate with the Emergency Telehealth Section. (Pediatric Emergency Medicine is the lead committee).
8. Support the Pediatric Readiness Project, assist in developing resources to promote ED preparedness and collaborate with the EMSC Innovation & Improvement Center (EIIC) to:
 - Ensure ACEP is recognized as a full partner of the EIIC.
 - Create its leadership and policy infrastructure and to develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.
 - Ensure ongoing collaboration with the committee and the ACEP grant-funded staff from EIIC.

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9. Collaborate with the American College of Radiology to provide pediatric content expertise in generating recommendations for radiographic tests in the emergency management of children
10. Collaborate with the Education Committee, Simulation Subcommittee, and the Pediatric Emergency Medicine Section to develop an open access simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and stakeholders. (Pediatric Emergency Medicine is the lead committee.)
11. Provide input to the EMS Committee, in collaboration with AAP, NAEMSP, ENA, and other stakeholders, to develop resources for assessing pediatric readiness of EMS systems and pediatric medication dosing. (EMS is the lead committee.)
12. Collaborate with the EMRA Pediatric Emergency Medicine Committee to develop resources to encourage emergency medicine residents to enter pediatric emergency medicine.
13. Explore developing a formal pediatric curriculum for emergency medicine residency, such as an online module curriculum, or suggestions for post training pediatric training. Collaborate with the Academic Affairs Committee. (Pediatric Emergency Medicine is the lead committee.)
14. Develop a joint policy statement with the American Academy of Pediatrics on “Pediatric Non-Traumatic Cardiac Arrest: Optimizing In-Hospital and Out-of-Hospital Management.”