

I. Committee Purpose

The Pediatric Committee is responsible for promoting pediatric expertise through advocacy and education. The committee will serve as the resource for information regarding pediatric emergency preparedness, and identify needs or trends in the management of injured and acutely ill children. The committee will also provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the committee SOP. Additionally, the committee will provide interface with other NCTTRAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

Further details of committee responsibilities are defined under Article IX of the Bylaws.

II. Committee Responsibilities

- A. Establish standards and procedures for the Pediatric Committee
- B. Focus on pediatric education and advocacy for health care providers and community partners
- C. Create broad stakeholder representation while working to provide an opportunity to share resources leading to the development, operation and evaluation of pediatric education and advocacy and within Trauma Service Area (TSA)-E
- D. Guide decisions based on current trauma trends, data, assessment of programs, and educational and advocacy opportunities
- E. Organize, support and coordinate health care evidenced based education identified through NCTTRAC regional data and/or needs assessments
- F. Provide pediatric expertise and identify pediatric education and advocacy opportunities as requested
- G. Support its members with pediatric education and advocacy opportunities
- H. Solicit members to include stakeholders such as urban/suburban and rural EMS providers, nurses, trauma coordinators, educators, businesses, and community groups

III. Committee Chair/Chair Elect Responsibilities

A. Chair

The Pediatric Committee Chair serves as the principal liaison between the Committee and the Board of Directors with responsibilities that include, but are not limited to those outlined in the Bylaws and the following:

- 1. Working knowledge of the Bylaws
- 2. Scheduling meetings
- 3. Preparation of meeting agenda and notes
- 4. Knowledge and dissemination of Governor's EMS and Trauma Advisory Council (GETAC) activities to committee members
- 5. Reviewing regional activities and data in the scope of GETAC discussions

6. The Committee Chair must be a documented representative of a NCTTRAC member organization in good standing

B. Chair Elect

The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair

1. The Chair Elect may serve in lieu of the Pediatric Chair for Board of Directors responsibilities, including voting.
2. The Chair Elect must be a documented representative of a NCTTRAC member organization in good standing.
3. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
4. The Chair Elect position will be voted on by the Pediatric Committee every odd year or when this position has been vacated by the incumbent.

IV. Medical Director

- A. The Medical Director represents Pediatric care issues in the Medical Directors Committee.
- B. The Medical Director can facilitate communication via email groups among their service line physician peers, identified as a subgroup.
- C. The Medical Director is elected by the committee. An annual review for continuation as Medical Director is based on availability and preferences of the committee.

V. Committee Product

A. SOP

VI. Work Group

NA

VII. Definitions

NA

VIII. Procedures (Meeting, Agenda and Notes)

- A. The Pediatric Committee shall perform its responsibilities with an organized approach utilizing the following procedure:
 1. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the NCTTRAC website calendar.
 2. The committee will meet at least quarterly.
 3. All meetings are held as open meetings.
 4. Agendas will be provided and be prepared by the Committee Chair.
 5. A sign in sheet will be provided at each meeting.

6. Electronic registration will be an option for virtual attendance.
7. Each meeting will have notes.
8. Agendas and meeting notes will be forwarded to NCTTRAC office and administrative staff within 20 days after the meeting for posting. The attendance will be turned in at the end of the meeting.
9. Members of the committee may access copies of meeting agendas and notes on the NCTTRAC website.
10. The committee will recommend and support injury and disease prevention priorities according to age, mechanism of injury, geographic location, cost, and outcome.
11. The committee will serve as a source to identify pediatric expert resources available to members and community partners.
12. The committee will establish Ad Hoc work groups as necessary to address specific issues.
13. The committee will identify representatives from the pediatric committee that can attend the other NCTTRAC committee meetings and provide pediatric specific updates and activities occurring at those meetings.
14. The Pediatric Committee Chair, Chair Elect, Medical Director, and two (2) delegates will participate on the System Performance Improvement (SPI) Committee.
15. The committee will Provide pediatric expertise, related to pediatric injury and illness, to elected officials.

IX. Affiliated Liaison Groups

- A. Texas EMS & Trauma Acute Care Foundation (TETAF)
- B. Governor's EMS and Trauma Advisory Council (GETAC)

X. Performance Standards

- A. Pediatric hospitals will accept the pediatric trauma transfer patient within fifteen minutes of request when they have the resources and capacity to do so.
- B. All hospitals will maintain pediatric specific trauma indicators. Hospitals may choose to adopt these indicators to meet this criterion, including review of all pediatric trauma deaths.
- C. All hospitals will transfer pediatric trauma patients within 2 hours of arrival OR within 2 hours of identifying an injury that requires transfer to a higher level of care. Pediatric trauma patients will only be transferred one time to the most appropriate facility.
- D. All in-patient pediatric trauma transfers will be reviewed through both hospital trauma performance improvement processes and the NCTTRAC SPI Committee process.

- E. Pediatric trauma patients in need of ICU care will be transferred to a tertiary care center with pediatric ICU capability within one hour of identifying the need for transfer.
- F. Pediatric trained transport teams should be available within thirty minutes of request when possible.
- G. Receiving hospitals will provide transferring facilities with feedback within thirty days of the pediatric transfer.
- H. When a receiving hospital's feedback letter requests follow up on a care or timeliness issue, the transferring hospital should respond within thirty days of receiving the letter.
- I. Hospital providers will have appropriate pediatric specific training and access to pediatric specific education. The NCTTRAC Pediatric Committee should be considered a resource for this training and education.
- J. All pediatric transfers occurring within TSA-E will be initiated and remain in TSA-E as the capacity of the tertiary care facilities allow and the patient's condition dictates.
- K. Pediatric hospitals will submit statistical data and trauma registry data within 45 days.

XI. Annual Committee Goals

- A. Promote collaboration and commitment among all health care providers (EMS, hospital, NCTTRAC members) who care for pediatric patients
- B. Promote educational opportunities that are focused on enhancing all care provided to pediatric population
- C. Serve as a resource for pediatric best care practice dissemination and collaboration in TSA-E

XII. Unobligated Budget Request

- A. Recommend to the Board of Directors financial backing or support of Pediatric related public education efforts across TSA-E.

XIII. Core Group

- A. At this time, no unique core group, as outlined in Article IX of the bylaws, has been identified for this committee.

XIV. Membership Requirements

- A. Not Applicable

XV. Attendance Requirements

- A. While committee attendance is highly encouraged for all RAC members, there are no specific attendance requirement for this committee.