



**The Governor's Emergency Medical Services
for Children Advisory Council**

Chairperson

Lisa A. Drago, DO, FAAP
Pediatric Emergency Medicine Physician

**The Governor's Emergency Medical Services
for Children Advisory Council
Minutes of December 16, 2025**

Members Present: Dr. Navin Ariyaprakai, Dr. Maya Baas, Ms. Debra Bell, Ms. Kelly Boyd, Dr. Frank Castello, Dr. Angela D'Alessandro, Dr. Lisa Drago, Mr. Daniel Sullivan

Members Absent: Dr. Jeanne Craft, Ms. Maureen Donnelly, Dr. Louis Difazio, Dr. Ernest Leva, Dr. Mark McCollum, Dr. Neil Miele, Mr. John Napolitano, Dr. Nilesh Patel, Dr. Anderson Richard, Ms. Denise Serbay, Ms. Sonia Rita, Ms. Marvella Cephas

Guests/Attendees: Mr. Steven Cohen, Mr. Carlos Colon, Mr. Michael Copeland, Dr. Ashley Flannery, Dr. Joseph Gallagher, Mr. James Heck, Mr. Timothy Kortenhaus, Mr. Ronald Murphy, Mr. Les Polk, Mr. Bruce Ruck, Ms. Kimberly Seber, Dr. Adam Sivitz, Dr. Kei Wong

Dept. of Health: Ms. Jenny Gerace, Mr. Eric Hicken, Mr. Daniel Kazar, Ms. Fatima Manzoor, Mr. Bruce Tretheway

The Emergency Medical Services for Children (EMSC) Advisory Council convened virtually on December 16, 2025, via Microsoft Teams, with a call to order at 10:00 AM by Dr. Drago

CORRESPONDENCE

None

APPROVAL OF MINUTES

Minutes from the September 2025 meeting were distributed to the members of the council via email before this meeting and were voted on for approval

Motion to approve the September 2025 meeting minutes (Dr. Drago). Seconded (Mr. Sullivan). Approved (Unanimous)

INTRODUCTIONS

New attendees introduced themselves

COMMITTEE/SUB-COMMITTEE REPORTS

Chairperson's Report – Dr. Drago

- Mobile Intensive Care Advisory Council (MAC) Meeting Updates
 - Updates were provided regarding EMS protocol revisions
 - While pediatric protocol updates had initially been anticipated for Spring 2025, the MAC determined there are not enough significant pediatric-specific changes to warrant a standalone release
 - As a result, pediatric protocol updates will be delayed and released concurrently with updated adult protocols
 - Dr. Drago noted this was unexpected and will require further discussion
- New Jersey EMS Council Meeting Updates
 - Next meeting scheduled for December 17, 2025, no report available
- Pediatric TXA Discussion
 - Pediatric tranexamic acid (TXA) use was again discussed at the MAC meeting, particularly around dosing and limited trauma-specific data
 - While strong evidence exists for TXA use in congenital heart disease and spinal fusion cases, pediatric trauma data, especially prehospital, is minimal
 - Approximately 200 EMS-administered pediatric TXA cases were revealed nationwide in patients under age 16
 - Further discussion was deferred to New Business
- Cooper Pediatric Trauma Conference
 - Dr. Drago attended the conference and learned of a newly established New Jersey Pediatric Trauma Consortium. She expressed interest in

developing a stronger working relationship with this group in the coming year

- Telehealth Capabilities (Cooper EMS)
 - Cooper EMS has acquired telehealth software that may allow medical command physicians to visually assess pediatric patients in the field
 - While the system is not yet operational and workflows are still being developed, Dr. Drago invited future discussion on how this technology could best support pediatric patient care

Department of Health – Division of Disaster Preparedness, Resiliency, and Emergency Medical Services (DPREMS)

- Mobile Integrated Health (MIH) Update – Mr. Kazar
 - Mr. Kazar reported that the Mobile Integrated Health (MIH) initiative is currently under review at the Governor’s Office and is awaiting final approval and signature. Once approved, MIH will be rolled out under an emergent adoption process, meaning it will not initially go through public comment
 - Formal regulations are expected to follow approximately 18 months after implementation, once the program framework and operational needs are better defined
 - Mr. Kazar explained that MIH is region and agency-specific and may vary significantly across systems. While often associated with community paramedicine, MIH is broader in scope and may include:
 - Post-discharge follow-up and hospital readmission reduction
 - Psychiatric emergency follow-ups
 - Chronic disease management (e.g., heart failure)
 - Pediatric patient medication compliance
 - Home-based care similar to an enhanced visiting nurse model
 - The structure of MIH programs will depend on the individual agency, though appropriate guardrails and oversight will be required.

- Dr. Castello requested clarification on the MIH concept, which Mr. Kazar addressed.
- Tim Kortenhaus asked whether MIH programs are hospital-based. Mr. Kazar indicated he would need to confirm and follow up.
- The 2025 National Conference on EMS and Awards Program – Mr. Hicken
 - Mr. Hicken reported that the National Conference on EMS was highly successful
 - Over 1,100 attendees from 24 states
 - Simulation Competition was well attended, with preliminary events on Thursday evening and finals concluding successfully
 - Mr. Hicken noted that the Call for Speakers and EMS Award nominations are anticipated to open on the conference website by mid-February, at which time an announcement will be distributed
 - Awards Program: Celebrating the 25th anniversary
 - The EMS Awards Program was sold out, with approximately 950 attendees
 - Three pediatric awards were presented, which were highlighted as a positive outcome

Office of Disaster Resilience (ODR) EMSC – Mr. Hicken

- EMSC Grant Program
 - New Jersey is entering Year 4 of the federal EMSC State Partnership Grant
 - Due to delays associated with the federal shutdown, the non-competing continuation application was released much later than usual, with a submission deadline of January 7, 2026, allowing less than four weeks for completion. Despite the shortened timeline and holidays, the application is being finalized

- No funding issues are anticipated unless federal funding challenges arise similar to those experienced in 2025
- National Prehospital Pediatric Readiness Project (PPRP) assessment
 - The national hospital pediatric readiness data has been released. Mr. Hicken has been reviewing the data and indicated there were no significant surprises. A summary will be shared with Council members
 - The New Jersey Pediatric Emergency Department Readiness Assessment will launch in March 2026, with preparatory communication beginning in February. The assessment will run for approximately two months and will be administered by the University of Utah EMSC Data Center, in collaboration with the EMSC Program and EIIC
- N.J.A.C. 8:43G-12.1 Emergency Department and Trauma Services (Addition and Review of Pediatric Standards)
 - The regulations were recently readopted without changes. Requested pediatric updates have been acknowledged and will be considered during the next regulatory modification cycle
 - In response to a question from Dr. Castello regarding the timeline for review, Mr. Hicken stated he would confirm and follow up with the Council
- Improving Pediatric Acute Care through Simulation (ImPACT) ED/EMS
 - This program traditionally focuses on emergency department simulation with pediatric scenarios and follow-up assessments
 - Pilot testing of an EMS-based simulation component was conducted earlier in 2025
 - A planned meeting to discuss the EMS component was canceled, and no further updates are available at this time
- Injury Prevention Programs
 - Injury prevention initiatives continue. A replacement “Andy the Ambulance” safety demonstration unit has been ordered following damage to the previous unit
 - It is expected to be available in early 2026

- Agencies interested in scheduling injury prevention programs for 2026 are asked to contact Ms. Manzoor or Mr. Hicken with event details
- Always Ready for Children
 - The EMS component remains open, and applications continue to be reviewed
 - Five EMS agencies have been approved to date, with additional agencies in the approval process
 - Two approved agencies offer dual ALS/BLS services
 - Mr. Hicken encouraged increased participation from ALS agencies statewide
 - Dr. Ariyaprakai shared feedback from agencies indicating challenges with the application checklist, including the inability to save progress on the website and confusion regarding preparedness questions. Agencies were encouraged to submit applications even if uncertain
 - Mr. Hicken and Ms. Manzoor offered direct assistance, including one-on-one support calls. Dr. Ariyaprakai agreed to forward agency names for follow-up
 - Tim Kortenhaus noted that the Pediatric Disaster Response and Emergency Preparedness through TEEX course was particularly helpful in clarifying the disaster preparedness portion of the application
 - Ms. Manzoor added that the program partnered with TEEX previously and plans to offer additional courses statewide in 2026
 - Dr. Lisa Drago recommended the Pediatric Pandemic Network (PPN) website as an additional resource for templates and preparedness guidance
 - Mr. Hicken noted that some agencies have volunteered to share policies and procedures with others seeking examples.
- Safe Transport of Children Committee (STC)

- Mr. Hicken provided an update on efforts to establish a national crash-testing standard for pediatric restraint devices in ambulances
 - Phase 1 has been completed for approximately one year
 - Phase 2 is pending additional funding
 - Ongoing delays are related to federal funding challenges. Members were asked to share any potential funding opportunities with the committee

Family Advisory Network (FAN) Report – Ms. Rita

- No update
- Council members were informed that, at the national level, FAN leadership is currently assessing FAN representatives nationwide to ensure alignment with performance measures and objectives
- An update is anticipated at a future meeting

NEW BUSINESS

Region 2 Pediatric Disaster Collaborative

- Dr. Lisa Drago reported that New Jersey is part of FEMA Region 2 (New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands). New Jersey has been asked to present pediatric disaster preparedness activities at the upcoming February Region 2 meeting. Members were encouraged to share any pediatric disaster-related initiatives, including drills, trainings, outreach, or exercises
- Mr. Ruck emphasized the importance of including Poison Control Centers in disaster drills and exercises and requested participation in upcoming initiatives
 - Mr. Kazar confirmed that Poison Control has already been included in ongoing planning efforts
 - Ms. Boyd advised that the Register Ready QR code on some flyers is currently nonfunctional due to the system migration to Everbridge. The web address and 211 phone registration remain valid. Updated materials are forthcoming.

- Dr. Gallagher reported that Robert Wood Johnson (RWJ) conducted a systemwide disaster response exercise on October 23 in preparation for Fédération International de Football Association (FIFA), which included pediatric patients and involved Emergency Management teams and emergency department staff
- Dr. Drago indicated she would follow up with contributors for details to include in New Jersey's presentation

Pediatric Readiness Survey

- Dr. Drago reminded members to watch for the upcoming Emergency Department Pediatric Readiness Survey and encouraged participation
- Dr. Sivitz noted that survey notifications often go to multiple hospital staff and suggested limiting distribution to a single designated contact per hospital
- Mr. Hicken explained that contact lists are being updated with the University of Utah to improve targeting while accounting for staff turnover
- Members were encouraged to submit updated contact information.

Prehospital Pediatric Pandemic Network (PPPN)

- Dr. Drago reported that the group is scheduled to meet later the same day and highlighted two programs for discussion
 - STARS Program (Special Needs Tracking and Awareness Response System)
 - A voluntary registry used in select states (e.g., Missouri, Illinois, Florida) for children with special healthcare needs
 - Allows families to enroll and share critical information with EMS and hospitals to support care coordination during emergencies
 - Council members expressed interest in learning more, with plans to share information following the PPPN meeting
 - PsySTART / Size-Up START
 - A psychological triage and support tool designed to identify individuals at risk for PTSD and stress-related conditions

- Initially developed for large-scale disasters, with potential application in routine emergencies and prehospital care
- Members were generally aware of the program but unfamiliar with details. Further review was recommended

Safe Haven Baby Boxes

- Dr. Drago introduced a discussion regarding Safe Haven Baby Boxes, prompted by an inquiry from an EMT
- New Jersey is currently a face-to-face Safe Haven state, requiring in-person handoff
- Baby boxes provide anonymous, alarmed, temperature-controlled drop-off locations at designated sites (e.g., fire stations, hospitals)
- Mr. Hicken reported that implementation would require a legislative change, with estimated costs of \$15,000–\$20,000 per box plus annual monitoring fees
- Approximately 14–16 states currently allow baby boxes
- National data indicate over 4,500 infants surrendered nationwide since 1999 using baby boxes; Florida reported higher utilization rates
- Council members discussed potential benefits, including reduced barriers to surrender and decreased risk of violence
- Dr. Drago and Mr. Hicken agreed to compile additional data and share information on current New Jersey law and baby box programs. A potential recommendation to pursue legislative changes will be revisited at a future meeting.

Pediatric EMS Protocol Updates

- Dr. Drago revisited the discussion from the MAC meeting regarding delaying pediatric protocol updates until adult protocol revisions are finalized
- Mr. Murphy reported that the anticipated timeline includes review of protocol sections throughout 2026, with a full update targeted for Spring 2027

- Members discussed whether any pediatric protocol changes were critical and required earlier action
- Dr. Drago indicated that the current proposed changes are largely incremental (e.g., medication additions and dosing adjustments) and not urgent
- Council members agreed to review proposed changes again and identify any critical issues that may warrant a formal recommendation to MAC

OLD BUSINESS

EMSC By-Laws and Appointments Update

- Mr. Hicken reported that Council appointments are a priority during the administrative transition. Updates to Council composition are being considered to ensure appropriate representation, including trauma and EMS-specific roles

EMSC Program Strategic Plan

- Dr. Drago reported progress on development of the EMSC Strategic Plan, including review of Colorado's plan and work on a mission statement. A subcommittee meeting is scheduled for January 5

Pediatric Guide Cards

- Due to limited progress with the external group, the Council may form an internal subcommittee to review and update pediatric guide cards

PUBLIC COMMENT

- Ms. Boyd highlighted free locator devices available for individuals with autism, dementia, or developmental disabilities. She offered to collaborate on EMS education and provide materials
 - Ms. Manzoor proposed hosting an online EMS educational session to increase awareness of these resources
 - Ms. Boyd agreed to provide materials and work with state and county partners

MEETING SCHEDULE

- March 31, 2026, at 10:00 AM via Microsoft TEAMS
- May 20, 2026, at 10:00 AM via Microsoft TEAMS
- September 15, 2026, at 10:00 AM via Microsoft TEAMS
- December 15, 2026, at 10:00 AM via Microsoft TEAMS

ADJOURNMENT

Motion to adjourn the meeting (Dr. Drago). Seconded (Mr. Sullivan). Approved (unanimous)

This meeting was adjourned at 11:15 AM