



MACEP Pediatric Committee Newsletter

Chair, Emory Petrack MD, epetrack@tuftsmedicalcenter.org
Co-Chair, Ashley Foster MD, ashley.foster@childrens.harvard.edu

Fall 2018

Establishing a Pediatric Emergency Care Coordinator in 100% of Mass EDs- ***DONE!***

As discussed in our last newsletter ([Winter 2018](#)), The Pediatric Committee of the Massachusetts College of Emergency Physicians (MACEP) had set the following goals:

1) Establish a physician and/or nursing Pediatric Emergency Care Coordinator (PECC) in 100% of Massachusetts EDs by the national ACEP meeting in October 2017

2) Make it easy for ED leadership to establish this PECC role through web-based resources

3) Use our success as a model for helping other states to expand establishment of PECCs in their EDs.

We are proud to report that we have now succeeded at establishing PECCs in **100% of Massachusetts EDs, the highest percentage in the country** according to

Emergency Medicine Network ([EMNet](#)) [data](#).

We have also established a website of robust resources for our new PECCs, available for all to use: www.MassPediatricToolkit.com. A list of all EDs in the state, along with their PECC status (yes/no), can be found [here](#).

Our committee will continue to focus on this important effort for 2019, with the following goals:

1) Work to accurately maintain the database of physician, nurse and PA PECCs

2) Strengthen the MA PECC Network

Dr. Ashley Foster will continue to lead as PECC Network Chair with the following ongoing initiatives:

Continued on next page

- 1) Provide specific educational resources on a quarterly basis via e-mail, along with a monthly email “check-in”. We will encourage PECCs to share these resources with other ED staff members and will provide links to additional resources on the website www.MassPediatricToolkit.com
- 2) Continue to work with PECCs to have an equipment inventory checklist and work to ensure all equipment is available by the end of the year as recommended by the National Pediatric Readiness Project. The suggested list of equipment is available [here](#)
- 3) Finish collecting data for the initial Massachusetts PECC quality improvement initiative- obtaining and documenting pediatric weight in kilograms. We have collected information from almost **85% of the PECCs that shows 61% of Massachusetts EDs currently obtain and document pediatric weight in kilograms.** Our goal is for all Massachusetts EDs to obtain and document pediatric weight in kilograms and we are already working on next implementation steps!



Websites to check out!

Every month we'll share some websites that may be of interest

Mass Pediatric Toolkit- Resources to improve pediatric care: [LINK](#)

EMS-C Pulse Newsletter: [LINK](#)

EMSC Resources/ Toolkit to improve pediatric readiness in your ED: [LINK](#)

EMS-C Webinars: [LINK](#)

National Pediatric Readiness Project: [LINK](#)

PEM Playbook (excellent and lively podcast on PEM topics): [LINK](#)

Upcoming Events

- AAP National Conference, Pediatric Emergency Section, Nov 2-6, Orlando: [LINK](#)
- 2019 ACEP/AAP Advanced Pediatric Emergency Medicine Assembly, March 19-21, Anaheim, CA: [LINK](#)
- Pediatric Academic Societies Meeting, April 24- May 1, Baltimore, [LINK](#)
- 2019 SAEM Conference, May 14-17, Las Vegas: [LINK](#)



Community Outreach Mobile Education Training:

Bringing a robust, pediatric acute care simulation training program to your ED– anytime, anywhere for all providers to train together as a unified team

1. 4 standard medical scenarios are run in the resuscitation bay
2. Typical "resuscitation team" should run the scenarios – based on your unit's typical shift staffing model (1-2 MD, 2-3 RN, 1-2 tech, 1 RRT etc.
3. Cases are common pediatric diagnoses with an infant/child presenting in a critical state requiring resuscitation and more

Barbara Walsh, MD, Clinical Associate Professor of Pediatrics, Boston Med Ctr; 781 382 8544

Bwalshmd1@gmail.com,

WEBSITE: BMCComet.com



Child Sex Trafficking- In Your ED?

Commercial sexual exploitation of children (CSEC) refers to crimes of a sexual nature committed against juveniles for financial or economic reasons, such as prostitution, pornography, performing in sexual venues, and "survival sex" (the exchange of sex for shelter, food, or money). While considered a form of human trafficking, CSEC does not require movement across borders or the use of force or coercion to meet the definition.¹ Emergency medical providers can play a crucial role in identifying victims and facilitating referral to services. In a survey of U.S. female trafficking victims, 88% reported seeing a medical provider while being trafficked and 63% were seen in an Emergency Department (ED) setting.²

Identified risk factors for CSEC include running away from home, involvement with law enforcement or child protection, history of sexual or physical abuse or neglect, gender minority status, history of sexual activity with more than five partners, prior sexual transmitted infection (STI) or pregnancy, and substance use.³ Victims may be accompanied by their trafficker, so it is important to obtain a history with the patient alone. ED care should include testing and treatment for pregnancy, drug use, STIs, HIV, and hepatitis, evidence collection for suspected sexual assault, and mental health screening for suicidal ideation and post-traumatic stress disorder (PTSD).¹ Resources available to providers include the American Academy of Pediatrics clinical report "Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims"¹ and the National Human Trafficking Resource Hotline (1-888-373-7888).

Jennifer Hoffmann, MD
Pediatric Emergency Medicine Fellow
Boston Children's Hospital

1. Greenbaum J, Crawford-Jakubiak JE, Committee on Child Abuse and Neglect COCAA. Child sex trafficking and commercial sexual exploitation: health care needs of victims. *Pediatrics*. 2015;135(3):566-574.
2. Lederer LJ, Wetzel CA. The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Ann Health Law*. 2014;23(1):61-91.
3. Greenbaum VJ, Dodd M, McCracken C. A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatr Emerg Care*. 2018;34(1):33-37.