

Final Committee Objectives 2024-25

Pediatric Emergency Medicine Committee

Chair: Christopher Amato, MD, FACEP

Vice Chair: Emily A. Rose, MD, FACEP

Board Liaison: Jeffrey M. Goodloe, MD, FACEP

Staff Liaison: Sam Shahid, MBBS, MPH

1. Review the following policy statements per the Policy Sunset Review Process:
 - Pediatric Readiness in the Emergency Department
 - Pediatric Readiness in Emergency Medical Services Systems (work with EMS Committee; EMS is the lead committee)
 - Death of a Child in the Emergency Department
 - Point-of-Care Ultrasonography by Pediatric Emergency Medicine Physicians
 - The Role of Emergency Physicians in the Care of Children
 - The Role of Emergency Physicians in Emergency Medical Services for Children (Collaborate with the EMS Committee and NAEMSP. Pediatric Emergency Medicine is the lead committee.)
 - School Bus Safety

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted.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.

2. Complete development of a joint policy statement with the Pediatric Trauma Society and Society for Pediatric Radiology on abdominal trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients
3. Complete development of a joint policy statement with the Pediatric Trauma Society and Society for Pediatric Radiology on thoracic trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients
4. 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.”
5. Provide subject matter expertise to collaborate with the American Academy of Pediatrics to develop new and review current technical report papers and policy statements as needed.
6. 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.
 - Support and disseminate the results and work of the EMSC prehospital pediatric readiness project.
7. Provide subject matter expertise to collaborate with the American College of Radiology to provide pediatric content expertise in generating recommendations for radiographic tests in the emergency management of children.
8. Collaborate with the EMRA Pediatric Emergency Medicine Committee to maintain the Pediatric Emergency Medicine mentorship program.
9. Collaborate with the Public Health Committee to develop resources to address the role of social determinants of health in pediatric patients presenting to the ED. (Pediatric Emergency Medicine is the lead committee.)
10. Develop a point-of-care tool for screening and assessment of children with suicidality.
11. Provide subject matter expertise to assist with planning the Pediatric Emergency Medicine Assembly.

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12. Develop an information paper on safety planning and counseling of youth with increased suicide risk and their families in the emergency department.

Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to publication on the ACEP website or submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed by the Public Health Committee.

13. Develop a policy statement on the incorporation of trauma informed care for the pediatric emergency patient.
14. Develop a policy statement on screening of substance use disorder in pediatric settings.