

EMSCC CoPEM AGENDA
October 9, 2025, 9 a.m.
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Meeting ID: 265 306 720 119 Passcode: XJdxku

Dial-in by phone

[+1 248-509-0316](tel:+12485090316) ID: 880 159 706#

Present: Lisa Hill, Dr. Don Edwards, Dr. Pamela Coffey, Jeremy Baldrice, Laura Rowen

Absent: Dr. Maksimowski (resigned) Severs (resigned), Sarah Rauner, Ryan Dennett, Dr. Stacey Noel, Dawn Shanafelt, Evilia Jankowski, MCRH

BEPESoC: Dr. Sam Mishra, Kallie Piette, Rob Rudzki, Emily Baker, Amber Pitts, Lance Corey, Theresa Jenkins, Dr. Fales, Anthony Cerroni, Madison Kozlowski, Cadie Godfrey, Amanda Kinney, Aubree Verlinde

Guests: Ashley Smith, Dayna Bennett, Sarah Wise, Dr. Malas, Dr. Khilanani, Noah Knauf, Rachel Ward, Ryan Speidel, Jessica Foland, Rob Warnemuende, Jennifer Stefaniak, Andie Grube, Ed Unger, Mark Cicero, Benjamin Michaels, Stu Bradin, Sarah Davis, Pamela Ford, Dr. Hunt

- 1. Call to Order**
- 2. Roll Call**
- 3. Approval of Agenda and Minutes – there is not a quorum today.**
- 4. Updates**
 - a. EMSC SP Program updates (Dr. Sam)
 - Currently operating business as usual. More information will be provided as it becomes available.
 - b. FAN reports (any present)
 - Rachel Ward provided an update on her new position and role, giving her the ability to advocate in the classroom.
 - Noah Knauf advised they are in the process of promoting the infant safe sleep throughout the state with emails with the Michigan Fire Chiefs Association and getting on board with them and on their website. They are also working on promoting and signing up some more people in Northern Michigan.
 - c. [EIIC](#) report (any participating members):
 - Dr. Sam had a meeting with them this week, they gave an update on what is to come in 2026. Resources include launch of peds ready assessment for emergency departments. Dr. Coffey offered assistance through MCEP. Promotional packages will be available early 2026 for the anticipate launch of March 3 – May 31, 2026.

- American college of surgeons is requiring participation in pediatric readiness in trauma verified hospitals. They are appointing PECCs by national trauma regions making sure communications are consistent. Regional Trauma Pediatric Position, more information will be provided when available.
 - [PECC modules](#)
 - [PEAKS resources](#)
 - [NPRQI](#), which focuses on outcomes from the peds readiness assessment.
- d. Pediatric Champion Engagement
 - [Monthly Pediatric Education Hour](#)
 - [EMSC Symposium Agenda](#)
 - PECC coordinator: able to support these individuals to do more in the community for pediatric readiness, Andie Grube gave an introduction.
- 5. [HeadStrong Pediatric TBI program overview & update \(at 9:15am\)](#) *Dr. Nate Hunt, Dr. Mark Cicero, and Ben Michaels*
 - Dr. Hunt, Dr. Cicero and Ben Michaels presented the program and goals. The program involves training community paramedics to do testing that is specific to concussion and pediatric patients are enrolled into the program for home visits and utilizing these community paramedics to assist with recovery.
 - PECCs and others are encouraged to seek a career in community paramedicine. Consider across your communities, is there a CP program available, and would this program help the community?
 - More information can be found on [The Headstrong Community Website](#).
 - If you have any questions, please contact [Dr. Hunt](#).
- 6. **Pediatric Readiness Programs**
 - a. [Infant Safe Sleep Certification Program](#) (Dr. Mishra)
 - We continue efforts in connecting PECCs/agencies with resources in their communities and transitioning into emergency departments as well.
 - b. [Autism Ready Program](#) – [EMSC](#) & [Carter Kits](#) (Dr. Mishra)
 - Andie Grube shared the Autism Ready Quicker Sheet and explained the train the trainer model they have developed.
 - c. Safe Transport of Children Program – EMSC & OHSP (Dr. Sam & Denny Fitzpatrick)
 - This opportunity was stood up and executed in less than a few months time. Great success with getting interested agencies signed up, supported and through to reimbursement. Hopeful for future/ongoing funding for phase 2 to include education not only reimbursement for GAPRS – Ground Ambulance Pediatric Restraint Systems.
- 7. **Pediatric Readiness Workgroups**
 - a. Pediatric Readiness in Schools (Dayna Bennett)

- Dayna shared about becoming a youth mental health first aid instructor, which provides early intervention for school staff to utilize the information and recognize the signs and symptoms for proper provider student referrals.
 - They continue to monitor EPI emergencies and the new product Neffy that is available. It is not currently available in school stock due to the auto injector laws. They are working to get the language changed.
 - They continue to monitor SB 404 – which would make Narcan a requirement.
 - Start to think for future meetings how you can support local and state wide school systems with protocols and prescriptions.
 - [MI School Nurse delivery model](#)
 - Smart vapes (attached below) and THC vaping pose increased threats to Michigan youth and young adults
 - [Child and Adolescent Health Center Programs](#)
- b. EMS pediatric data (Lance Corey)
- Lance shared data with the group (attached below). If there are specific details you would like to see, please let [Lance](#) know.
- c. Pediatric Critical Care (Dr. Khilanani)
- Dr. Khilanani gave an update on how to improve critically ill children and improving pre-hospital providers feeling more comfortable treating critically ill children. Strong focus on education and curriculum for PECCS.

8. Collaborative partners – updates

- a. [Emergency Preparedness](#)
- Full funding now until June 30, 2026, waiting on federal budget for beyond that.
- b. [Systems of Care/Trauma](#)
- They are in the final stretch of level 3 and level 4 criteria being released. There are several pediatrics requirements for both levels.
 - Lisa advised the ACS regional peds readiness ARMOC (control centers) requires all states and their regions to develop control centers and be prepared to have one thousand casualties a day for a hundred days. This is what they call pediatric readiness.
- c. Injury Prevention
- November is CO awareness month, and our colleagues in Environmental Health have great resources (info sheets, data reports..) put together and can be found here: [Carbon Monoxide \(CO\) Poisoning](#)
 - First MI Gun Violence Intervention Summit took place this week – I am hoping that this becomes an annual event (two days, Lansing Center) – firearm related injuries is now the leading cause of death in children age 10-19 in the US.

- [Michigan's Firearm Secure Storage](#) law is in place – this includes that a notice was issued from MDHHS to MDE to be shared with all parents/guardians of school children
 - We are one of 10 states invited to participate in a drowning data study by the CDC Foundation and Bloomberg Foundation – after a year of looking at available data we will soon have a report to release, and we were invited to extend this project for another 2 years, and we are interested in looking more closely at circumstances and behaviors around water safety which isn't really well collected around incidents but definitely a data gap.
 - Working with injury prevention champions to explore interest/feasibility to combine Child Passenger Safety initiatives with [CarFit](#) to increase engagement and opportunities to correct unsafe practices
 - The Office of Highway Planning (OHSP) reports that at least one Community Service Trooper has completed Child Passenger Safety Certification training at each MSP Post, and they will conduct or participate in at least one child passenger safety event in the next year.
- d. Pediatric Behavioral & Mental Health
- [MC3 \(Michigan Clinical Care & Consultation\) Update](#): MC3 Emergency Crisis Consultation & Services may expand into other emergency settings after the pilot is evaluated.
 - Please reach out to Dr. Nasuh Malas, Medical Director for MC3 Emergency Crisis Consultation & Services at nmalas@med.umich.edu or Sarah Wise, MC3 Emergency Crisis Consultation & Services Project Manager at sarahwis@med.umich.edu with questions.
- e. Title V Maternal & Child Health
- Sarah gave an introduction and explained the Title V Maternal and Child Health Services Block Grant ([Title V Maternal and Child Health \(MCH\) Services Block Grant | MCHB](#)) and Michigan's Local Maternal Child Health Program through this federal funding. [Title V Maternal & Child Health](#).
9. **Additional Items from Attendees**
- Dr. Edwards advised the healthcare coalitions under preparedness are updating and reviewing their pediatric surge annexes and they probably will be reaching out to many of you.
10. **Adjourn. There is not a quorum today. The meeting ended at 11 a.m.**
11. **Next Meeting: January 8, 2026, at 9 a.m.**



Smart vapes and THC vaping pose increased threats to Michigan youth and young adults

Public Health Bulletin for Health Care - January 2025

Dear colleagues,

We'd like to bring to your attention two emerging health issues impacting Michigan youth and young adults.

1. **Smart vaping devices** are becoming more popular among young people. These [smart vapes](#) can look like a phone, with screens, games and interactive reminders that incentivize users to vape.

- The devices are [intentionally designed](#) and advertised to appeal to youth and young adults; and pose an increasing threat as they can contribute to several addictions, including nicotine, screen and gambling addictions

2. Emergency department visits related to cannabis poisonings among those 24 years of age and younger have increased annually since 2018. Emergency medical service calls for school incidents related to vaping and cannabis use have also been increasing since 2020.

- Administration routes such as [THC dabbing](#), [accidental cannabis ingestion](#) or **THC vaping** are increasing the risks for [greater intoxicating effects and cannabis poisonings](#) among youth and young adults.

Increased screening for vaping during routine health exams could help reverse these troubling trends. We are including some guidance below. Thank you for your partnership.

Natasha Bagdasarian, MD, MPH, FIDSA, FACP
Chief Medical Executive, State of Michigan

Sarah Lyon Callo, MS, PhD
Senior Deputy Director and State Epidemiologist, MDHHS Public Health Administration

More information on youth vaping use

Vaping nicotine:

- **Youth are starting to vape at an early age.** 55% of Michigan youth report they started vaping at or before 13 years of age.
- **One-third of Michigan high schoolers have tried vaping.**
- E-cigarettes containing any substance (nicotine, THC or flavoring) produce dangerous chemicals including aldehydes that can cause lung disease and cardiovascular disease.
- **Smart vapes have low price points** that makes them more accessible and attractive to youth. They are sold for as little as \$14.99 for 30,000 puffs.
- Free youth and young adult vaping/tobacco treatment services are available. Learn more at [My Life My Quit](#).

Vaping THC:

- In the 1990s, THC concentrations in cannabis were around 4%. **Today, THC concentrations in vapes can be as high as 95%.**
- Vaping THC doubles a person's chance for becoming addicted to THC.
- Among Michigan high school students who vaped a substance other than nicotine, 62% vaped THC. Vaping liquid THC products can lack the characteristic smell of marijuana, making detection of use difficult.
- **Cannabis use can have permanent effects on the developing brain** when use begins in adolescence, especially with regular or heavy use.

Recommendations and reminders

- **Screen patients for all types of tobacco use and cannabis use, including vaping.** Patients may not think that vaping is a form of tobacco or cannabis use.
 - Refer any young patient using nicotine to free youth and young adult vaping treatment services like [My Life My Quit](#).
 - Refer patients using THC to publicly funded [substance use disorder treatment services](#), which include treatments for cannabis use disorder. If the individual has private insurance, they should contact the insurance company to see what behavioral health coverage is available.
 - Remind patients and caregivers to contact their health care provider, health department or the [Michigan Poison and Drug Information Center](#) at 800-222-1222 if THC poisoning is suspected. If it's an emergency, they should immediately call 911.
 - Register with [the Michigan Health Alert Network](#) to stay up to date with all Michigan public health alerts.
-

Additional resources

Treatment resources:

- [How to Quit Tobacco.](#)
- [Prevent Kids from Using Tobacco.](#)
- [My Life My Quit.](#)
- [Smokefree Teen.](#)

Health impact resources:

- [Health Risks of E-Cigarettes and Vaping | American Lung Association.](#)
- [Cannabis and Teens | Cannabis and Public Health | CDC.](#)
- [The link between cannabis and tobacco.](#)
- [E-cigarettes and Youth: What Parents Need to Know.](#)

Resources for health care professionals:

- [Resources for Professionals About Vaping & E-Cigarettes: A Toolkit for Working with Youth.](#)
- [Cannabis vaping: Understanding the health risks of a rapidly emerging trend - PMC.](#)
- [THE CLINICAL ASSESSMENT OF VAPING EXPOSURE - PMC.](#)
- [Pac-Man on a vape: electronic cigarettes that target youth as handheld multimedia and gaming devices.](#)

Search Parameters

Date Range: Year To Date (01/01/2025 to 10/31/2025)

Date Bin: Full Month

Group Agencies

States: Michigan

Maximum Age: 18 years

Performance by Measures 1

Group By: Measure

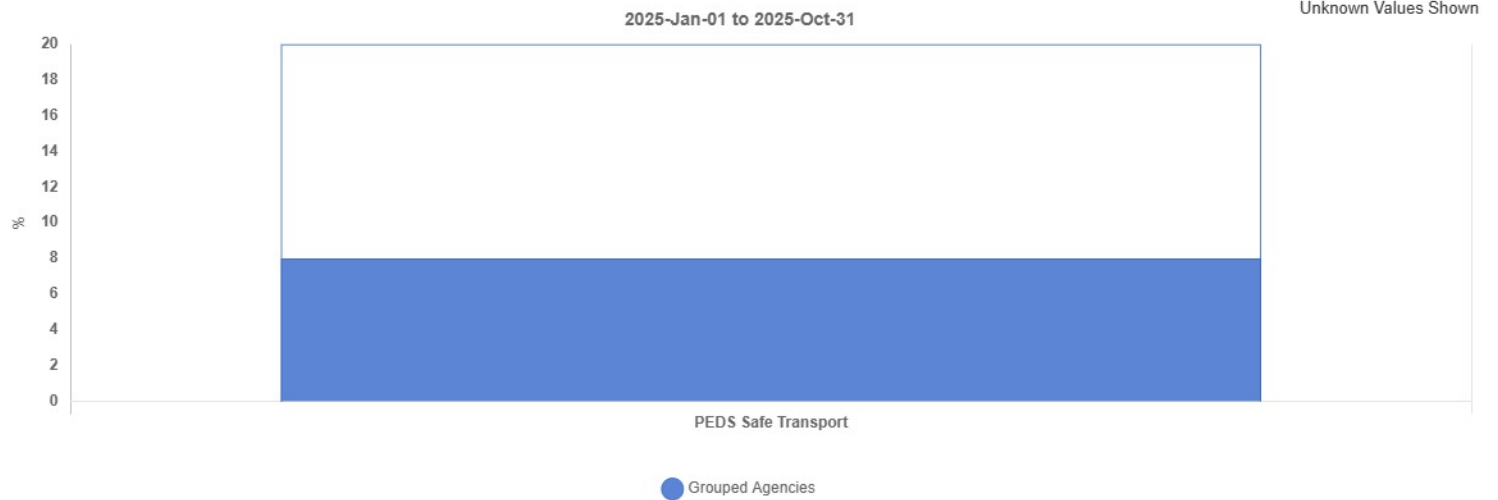
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Performance by Measures 2

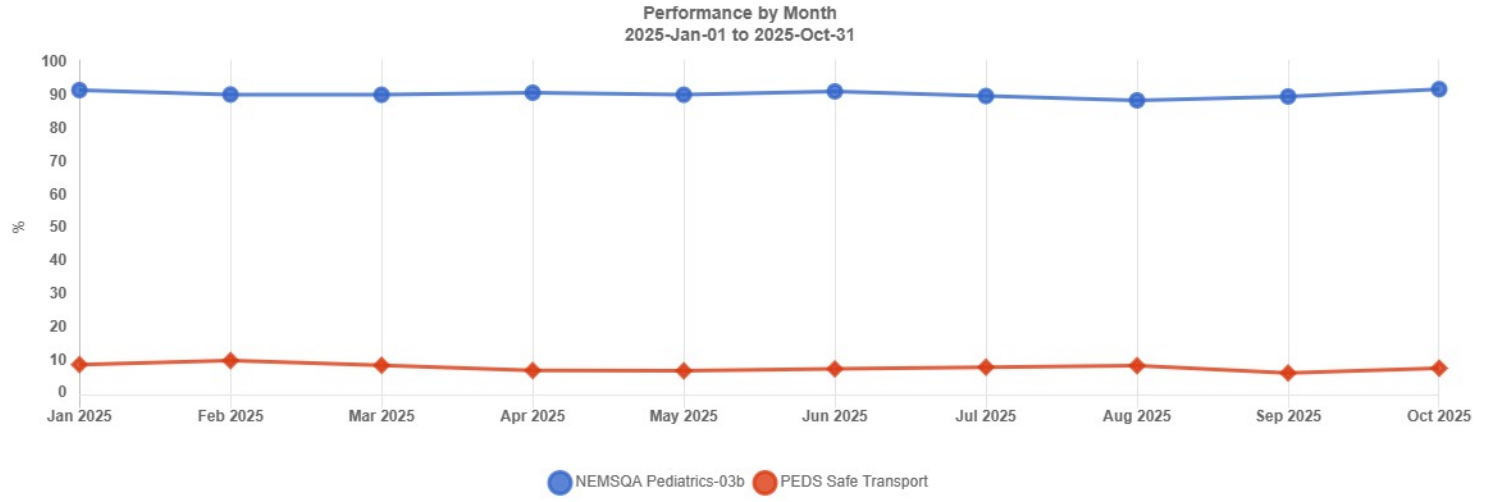
Group By: Measure

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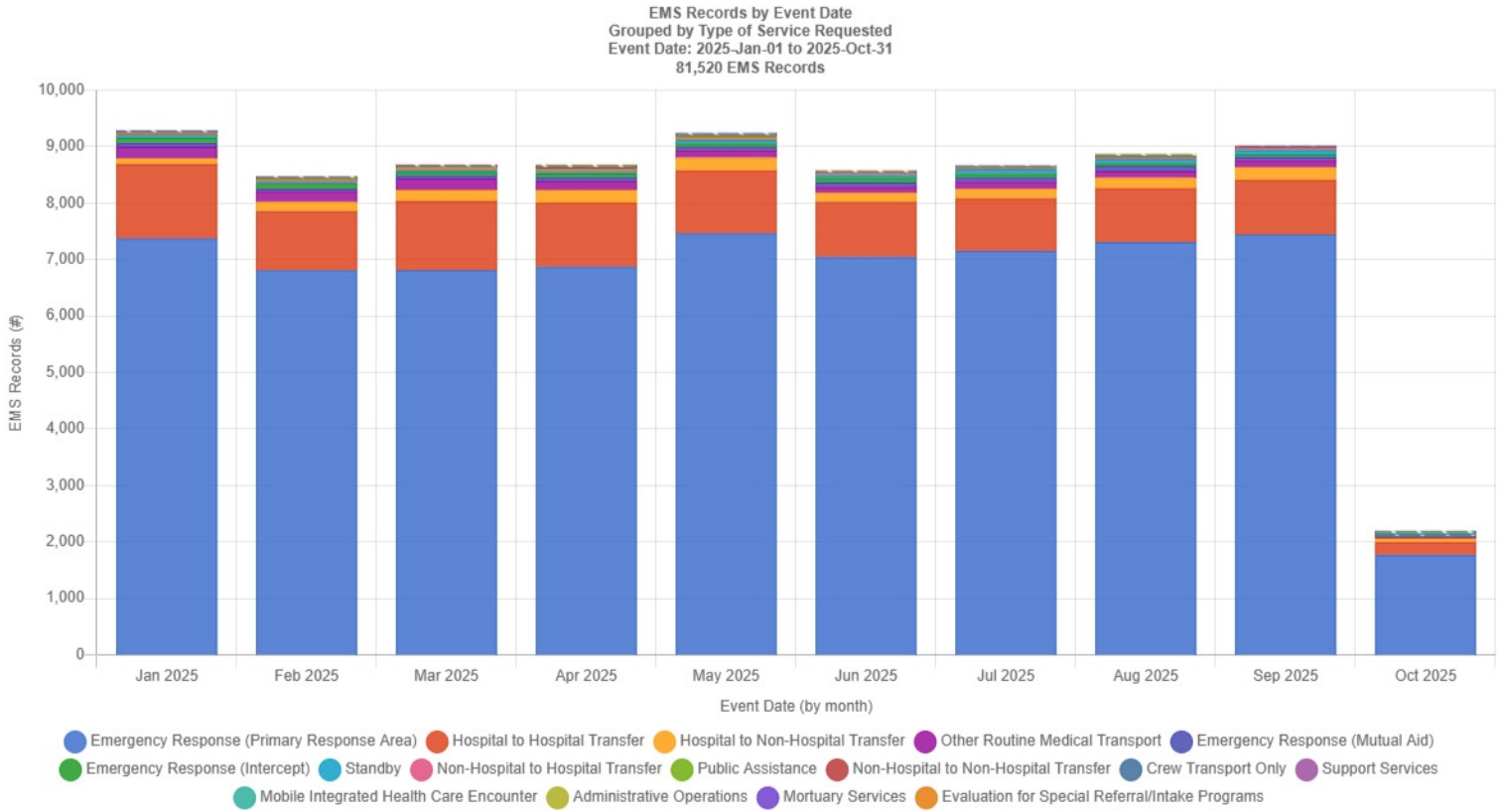
Performance by Time

▼ Data filtered based on Access Levels: Operational = Full.



Data Explorer

▼ Data filtered based on **Access Levels**: Operational = **Full**. Low count suppression in effect.



Search Parameters

Search Name: CoPEM Dashboard

Search Description: CoPEM Dashboard

Data Types: Emergency Medical Services

Date Range: Year To Date (01/01/2025 to 10/31/2025)

Date Bin: Partial Week

States: Michigan

Types of Service Requested: Emergency Response (Mutual Aid); Emergency Response (Intercept); Emergency Response (Primary Response Area)

Maximum Age: 18 years

Unit Transport and Equipment Capabilities:

Ground Transport (Critical Care); Air Transport - Fixed Wing; Air Transport - Helicopter; Ground Transport; Ground Transport (BLS); Transport; Ground Transport (ALS)

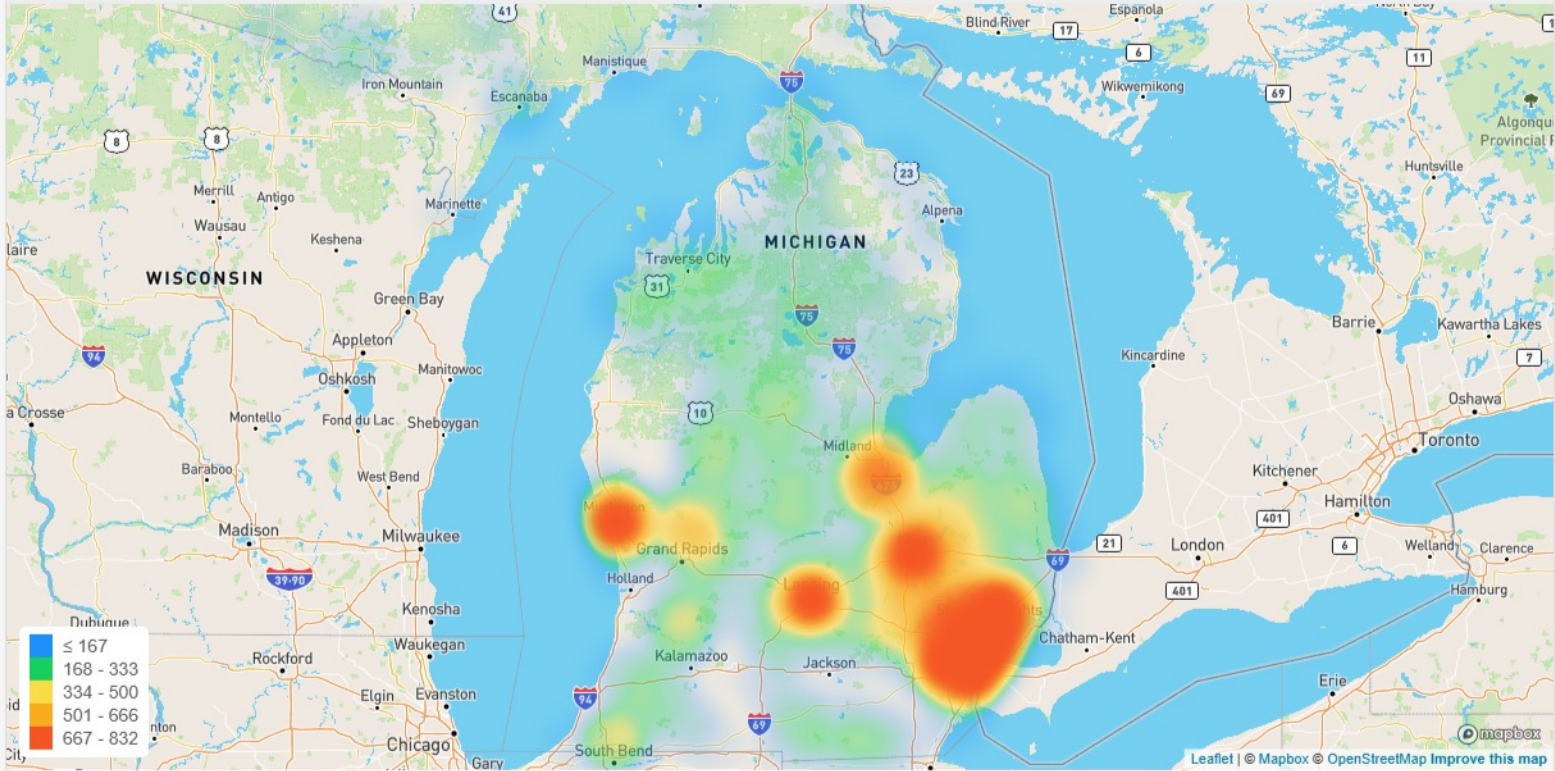
Dispatch Priorities: Emergent; Critical

EMS Transport Methods: Ground: Ambulance


Acuities Upon EMS Release of Patient: Emergent (Yellow); Critical (Red)

Pediatrics Map

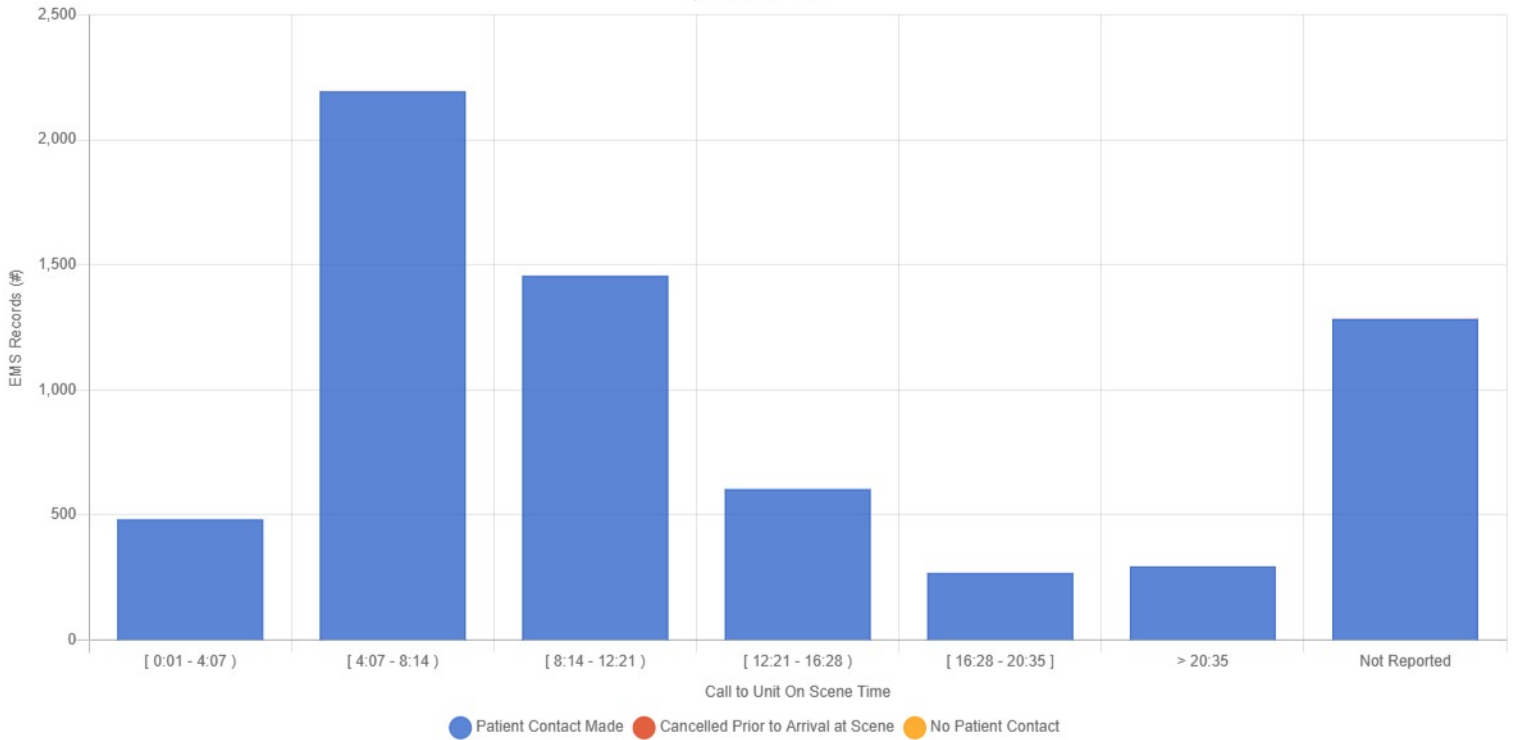
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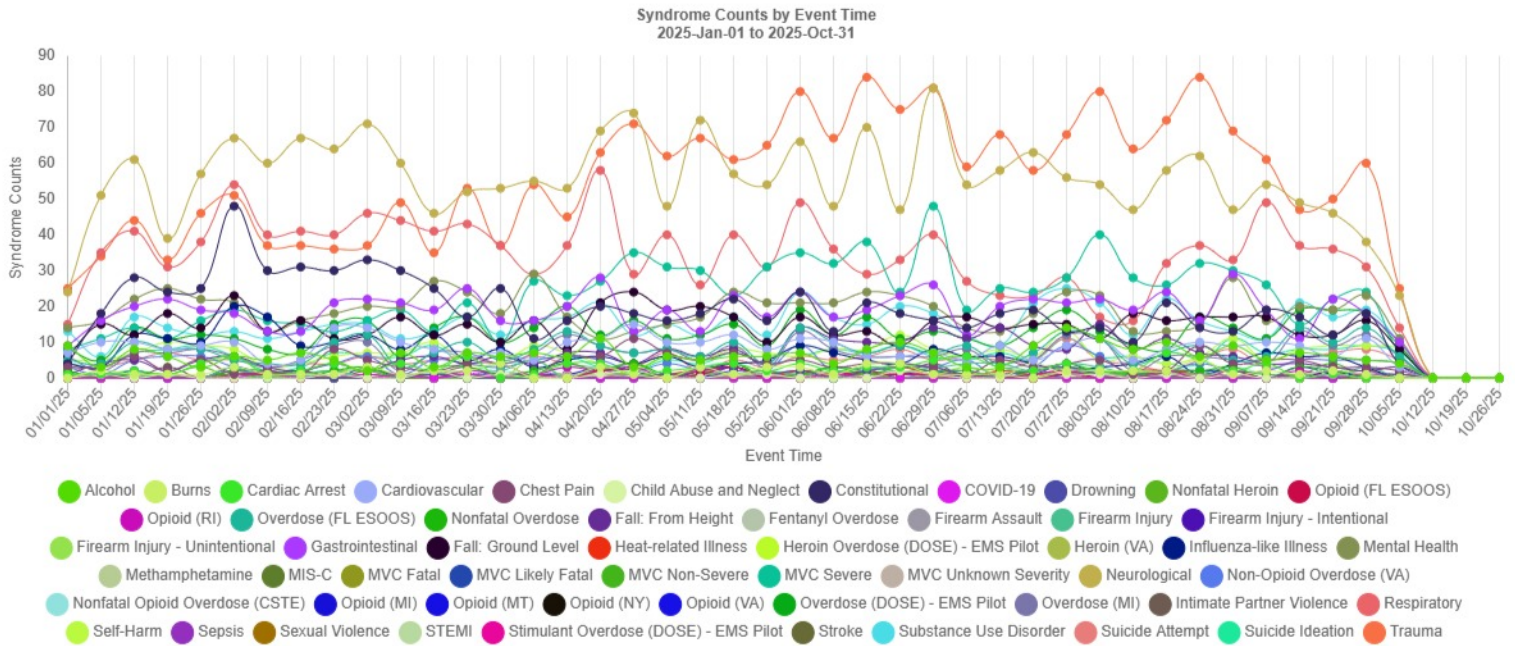
Data Explorer: EMS Records by Call to Unit On Scene Time

 Data filtered based on Access Levels: Event = Location. Operational = Full.

EMS Records by Call to Unit On Scene Time
 Grouped by Unit Disposition
 2025-Jan-01 to 2025-Oct-31
 6,582 EMS Records



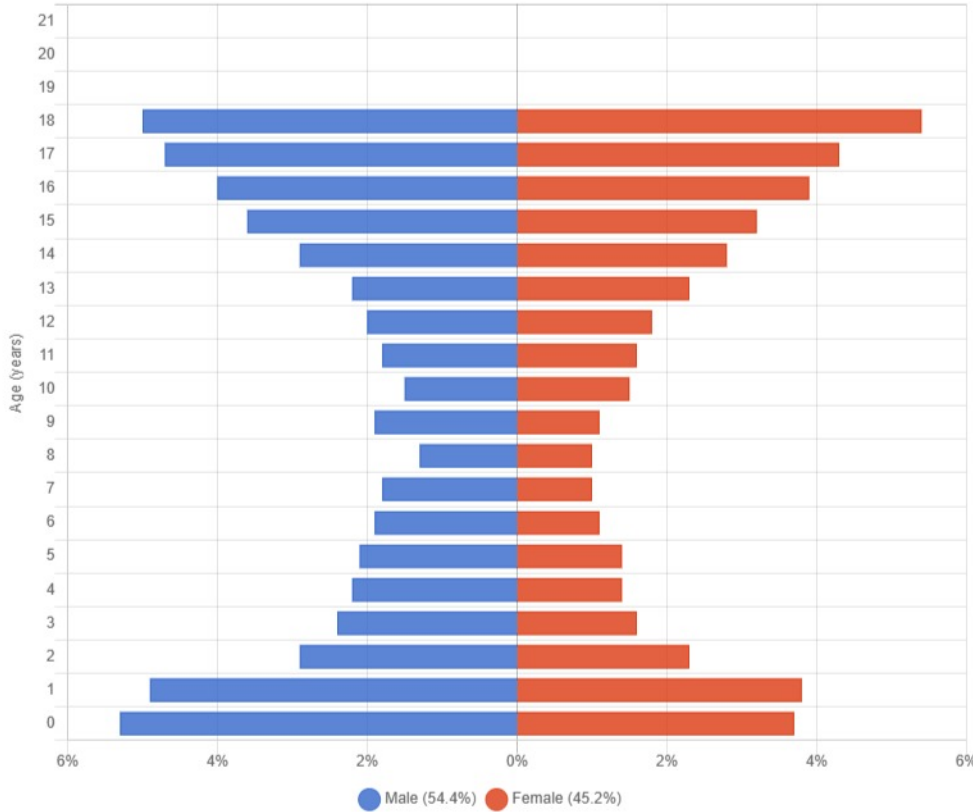
Syndrome Counts by Time



Age and Gender Distribution

▼ Data filtered based on Access Levels: Event = Location.

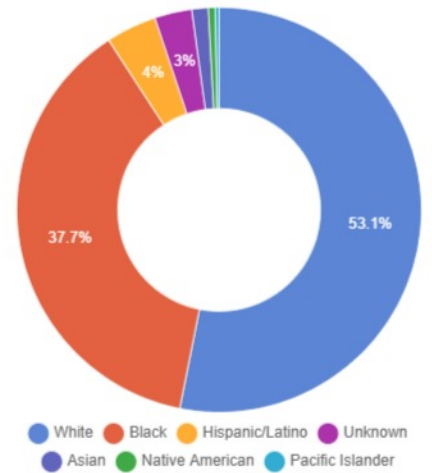
Age and Gender Demographics
2025-Jan-01 to 2025-Oct-31
6,582 Persons (23 with Unknown Age or Gender)



Race/Ethnicity

▼ Data filtered based on Access Levels: Event = Full.

Race/Ethnicity Distribution (6,582 Persons)
2025-Jan-01 to 2025-Oct-31



Search Parameters

Data Types: Emergency Medical Services

Date Range: Year To Date (01/01/2025 to 10/31/2025)

Date Bin: Partial Week

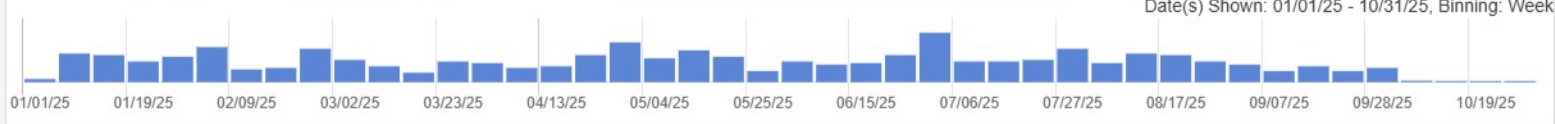
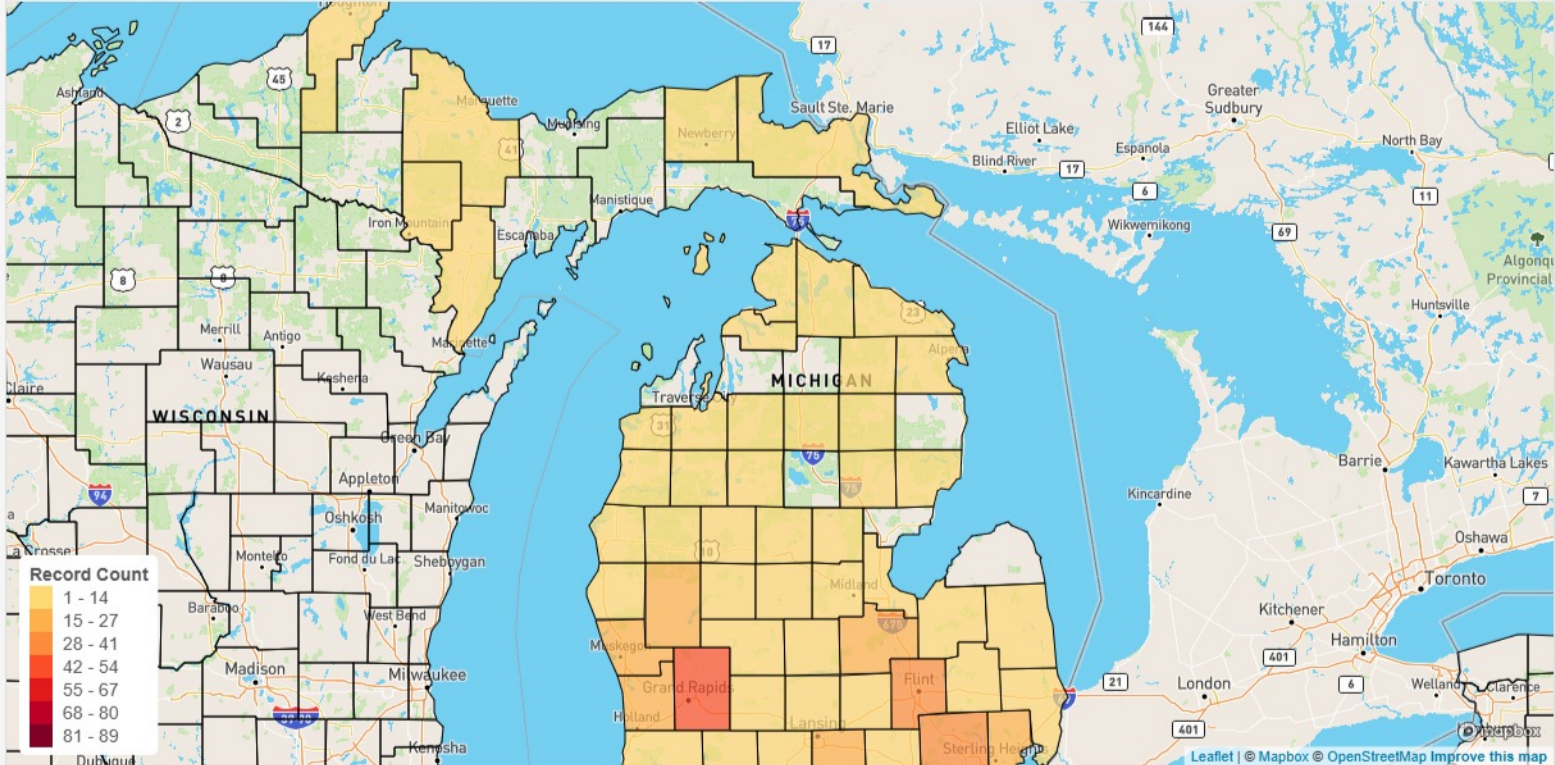
States: Michigan

Maximum Age: 18 years

Cardiac Arrest Etiologies: Cardiac Presumed; Drowning/Submersion; Drug Overdose; Electrocutation; Exsanguination-Medical; Respiratory/Asphyxia; Traumatic Cause; Other

Pediatrics Map

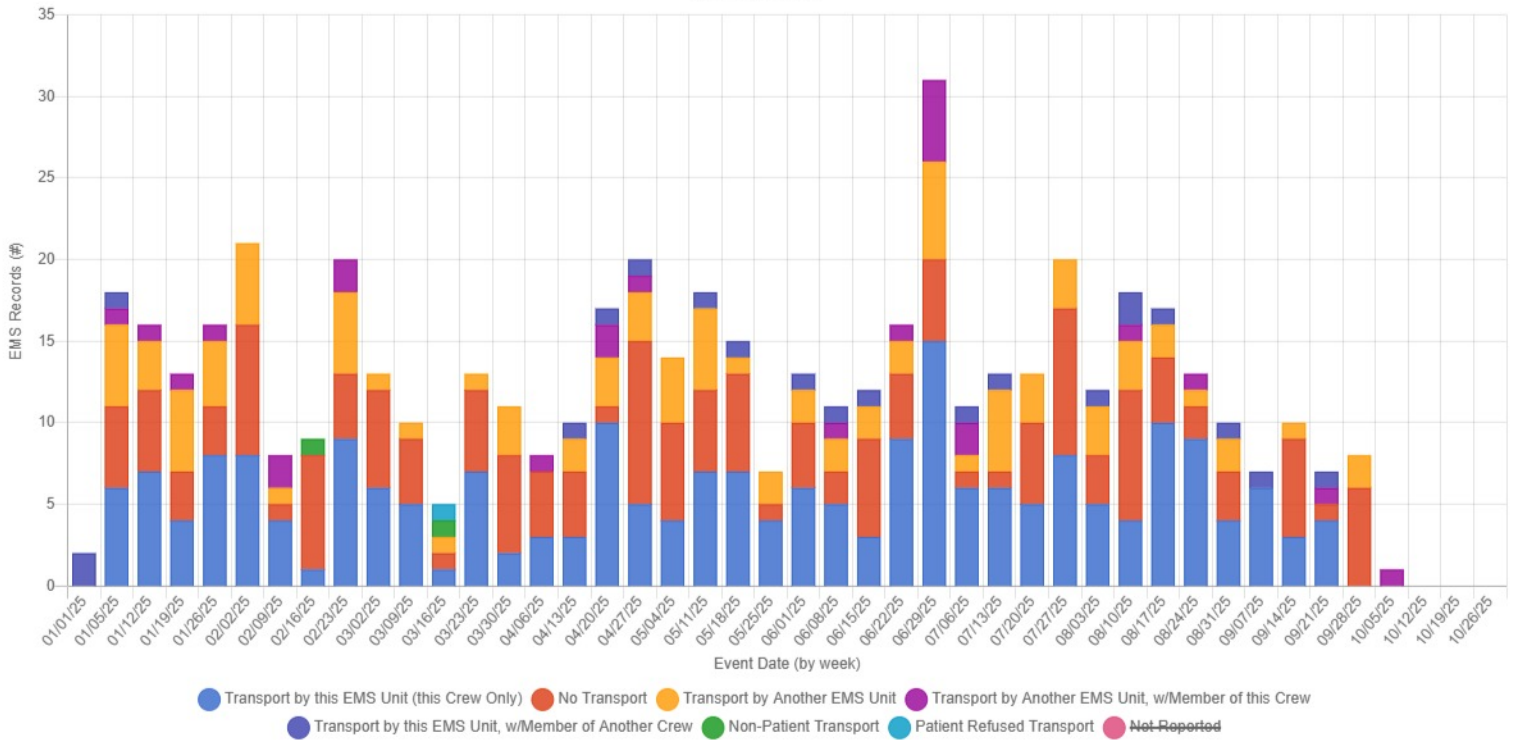
▼ Data filtered based on **Access Levels:** Event = Location.



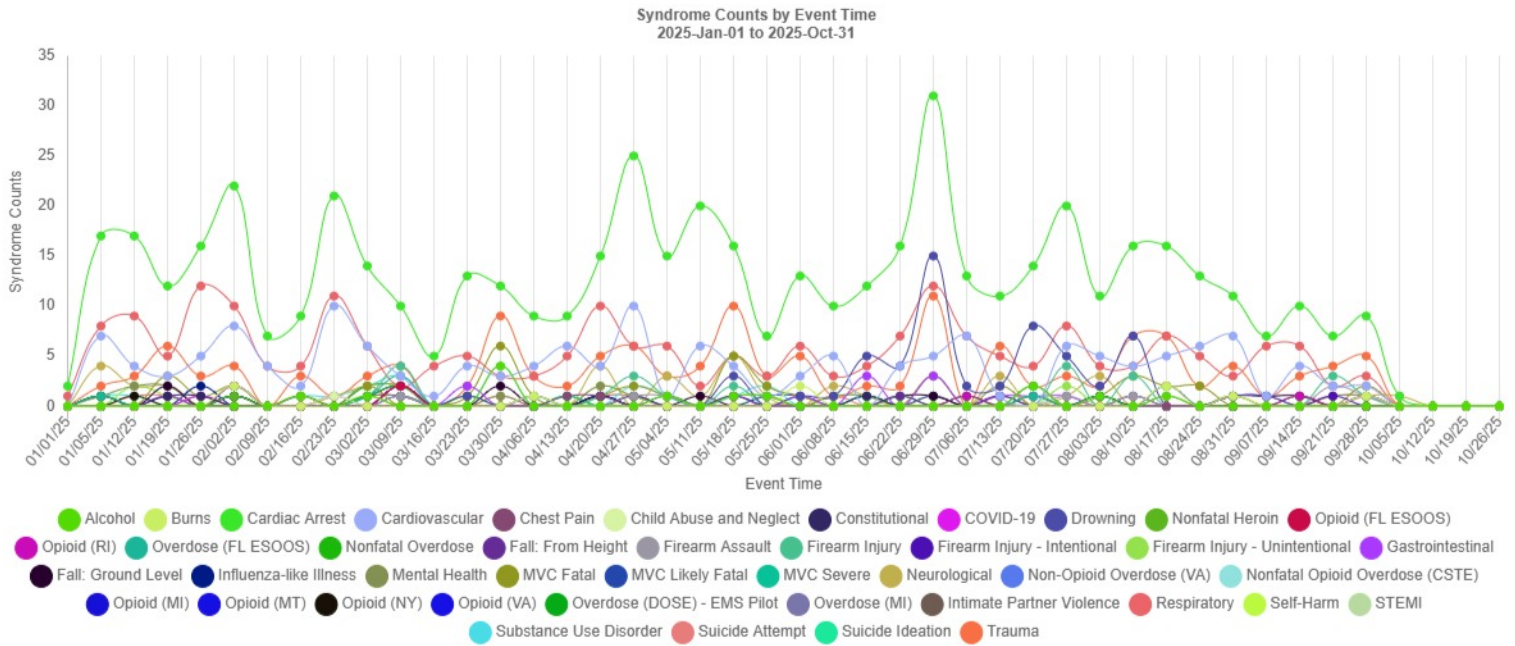
Data Explorer: EMS Records by Event Date

Data filtered based on Access Levels: Event = Location.

EMS Records by Event Date
Grouped by Transport Disposition
Event Date: 2025-Jan-01 to 2025-Oct-31
550 EMS Records



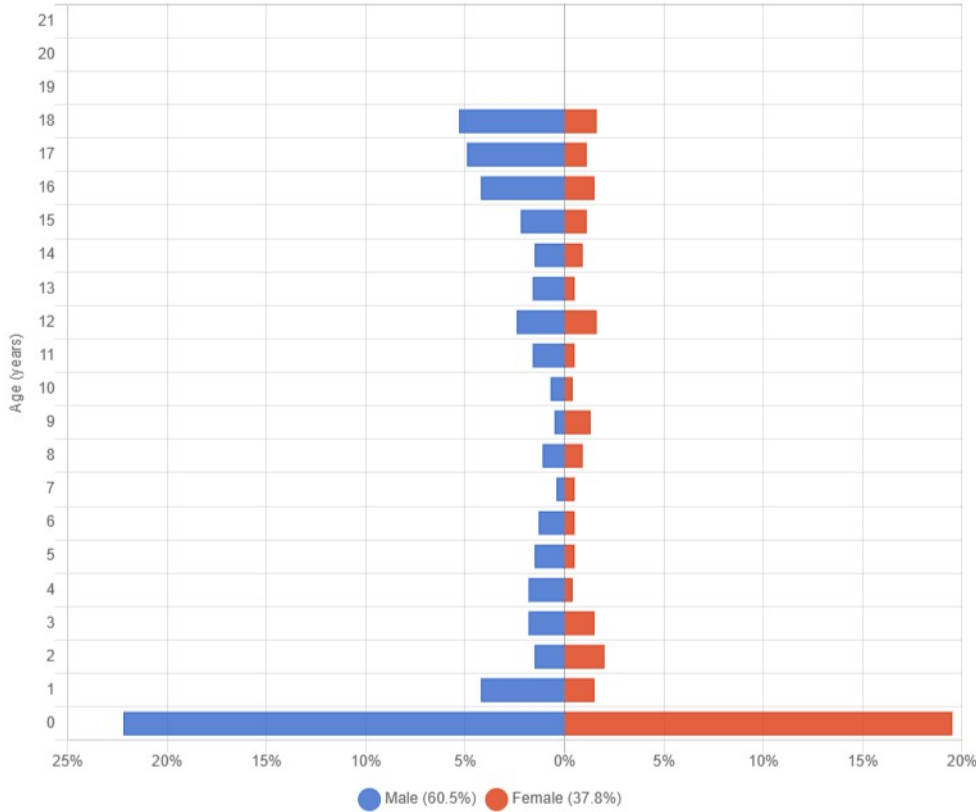
Syndrome Counts by Time



Age and Gender Distribution

▼ Data filtered based on Access Levels: Event = Location.

Age and Gender Demographics
2025-Jan-01 to 2025-Oct-31
550 Persons (9 with Unknown Age or Gender)



Race/Ethnicity

▼ Data filtered based on Access Levels: Event = Full.

Race/Ethnicity Distribution (550 Persons)
2025-Jan-01 to 2025-Oct-31

