PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: March 18, 2020

Subject: Update to Pediatric Voluntary Recognition Program - PECC

VTR#: 0320-01 Committee/Task Force: EMS for Children

☐Recommended Goal ☐Recommended Policy Change ☒Other: Update to Current Program

Recommendation: The Department of Health should accept the following revision (attached) to the current Pediatric Voluntary Recognition Program (PVRP). This revision will designate of the Pediatric Emergency Care Coordinator (PECC) at the master and expert levels. This VTR supersedes VTR 0619-01 by amending a new implementation date of July 1, 2020.

Rationale [Background]:

The role of a Pediatric Emergency Care Coordinator is not a defined job description or pre-determined set of responsibilities. The function is to support the preparedness and safe delivery of pediatric care.

The Pediatric Emergency Care Coordinator:

- Works in collaboration with the agency Medical Director.
- Is tasked with looking out for the needs of children.
- Is a Pediatric Champion; a Pediatric Advocate; a Content Expert; an EMSC contact person.

A PECC is a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties. The individual or group may be a member of the EMS agency, or work at a community or regional level and serve more than one agency.

EMS systems vary greatly across the state as does the EMS model of a PECC. At the EMS agency level, a PECC can be an individual, dedicated to the role or taking on the role as additional duties. This is the simplest form of a PECC but in no way the only way to meet the needs of a PECC program. An EMS agency may institute a PECC team where more than one individual assumes different roles of the PECC in order to meet objectives and share workload. When a team model is utilized, there should be one individual who is identified as a contact person in representing the team's activities for the EMS agency.

A PECC can be any level of provider however, a PECC should be at or above the specific service delivery level. For example, an EMT should not be overseeing an ALS service's PECC responsibilities. When a model other than an individual PECC is utilized, representation within the model group should include an individual(s) who meets the qualifications of a PECC in whole.

The EMSC Committee considers the addition of the PECC designation appropriate for the master and expert levels. Both of these levels already have a person or persons who meet the description of a PECC, "a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties."

Medical Review [Concerns]:
No concerns

Fiscal Concerns:
The addition of the PECC requirement to the master and expert levels is simply a designation, therefore no financial burden exists for the EMS agency

Educational Concerns:
The timing of this recommendation will coincide with the rollout of PECC education (What is a PECC?) prior to the July 1st implementation to all effected EMS agencies.

Plan of Implementation:
A revised PVRP program overview is attached to this recommendation.

The proposed changes would take effect July 1, 2020. This will allow enough time for existing PVRP agencies effected by the change to transition by identifying their PECC. The July deadline will also provide enough time to implement these updates by re-distributing the program guidance in an electronic version. Additionally, all EMS agencies currently in the program will be provided with personalized information and updates on the program to transition as needed.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

Signed: J David Jones JHS President Date 3-18-2020

For PEHSC Use Only – PA Department of Health Response

Accept:____ Table:____ Modify:____ Reject:____

Comments:

Date of Department Response:_____

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Your Voice In EMS

OVERVIEW OF THE PENNSYLVANIA EMS FOR CHILDREN PEDIATRIC VOLUNTARY RECOGNITION PROGRAM (PVRP)

A Partnership Between:
The Pennsylvania Department of Health
Bureau of Emergency Medical Services

and

The Pennsylvania Emergency Health Services Council
Emergency Medical Services for Children (EMSC) Program
March 2020 Update

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Your Voice In EMS

March 31, 2020

Dear EMS Agency Administrator:

It is our pleasure to provide the latest updates to this nationally-recognized voluntary statewide initiative that is being sponsored by the Pennsylvania Department of Health, Bureau of EMS and the Pennsylvania Emergency Health Services Council (PEHSC) EMS for Children (EMSC) program. This is a multi-level recognition program for EMS agencies who wish to establish programs and standards to improve their capabilities to deliver care to pediatrics.

This is an excellent opportunity for your agency to receive recognition within your community and from local media outlets for going "above and beyond." **It is important to note that your decision to participate in this recognition program will not impact your licensure by the Pennsylvania Department of Health.**

If your organization is interested in participating in this program, please review this overview manual and complete and return the attached application. Organizations who successfully complete the application process will receive a certificate and decals to affix to its EMS vehicle(s) to recognize its accomplishment and commitment to Pennsylvania's youth. The program receives an annual review at the EMS for Children Advisory Committee meeting; as future phases are developed for this program, additional information will be sent so that organizations can begin work to achieve each phase.

The 2020 update includes the addition of the Pediatric Emergency Care Coordinator role into the document and a requirement for identifying a PECC at the Expert and Master level along with some minor administrative changes. The PECC requirement will become effective on July 1. 2020

Should you have any questions, please don't hesitate to contact the staff at the Pennsylvania Emergency Health Services Council office at (717) 795-0740 or pehsc@pehsc.org.

Sincerely,

Janette Swade

Janette Swade
Executive Director
Pennsylvania Emergency Health Services Council

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Introduction

This document has been prepared by the Pennsylvania Emergency Medical Services for Children (EMSC) Program in partnership with the Pennsylvania Department of Health's Bureau of Emergency Medical Services and the Pennsylvania Emergency Health Services Council (PEHSC), with financial support from the U.S. Health Resources and Services Administration (HRSA), to assist the leadership of licensed EMS agencies within the Commonwealth that desire to apply for recognition through the Pennsylvania EMSC Voluntary Recognition Program. EMS agencies currently licensed within the Commonwealth of Pennsylvania are eligible to participate. This overview manual will describe the steps necessary to apply for, and maintain, recognition status.

This document is subject to review and revision; therefore, the applicant is encouraged to review a current copy and confer with the Pennsylvania Emergency Health Services Council to secure additional assistance. The most recent version of this overview document is posted on the Pennsylvania EMS for Children website – www.paemsc.org.

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #H33MC06717, EMS for Children State Partnership, for $130,000 annually (no supporting funding provided). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

This project is funded, in part, under a contract with the Pennsylvania Department of Health.

Frequently Asked Questions

Q. Is participation in this program mandatory? Does the Department of Health plan to mandate future participation?

A. No; this program is entirely voluntary.

Q. What are the benefits to participating?

A. Not only will participation improve the capability of your organization to treat pediatric emergencies, but it will also allow you to present your achievement to your local media outlets, elected officials, and the members of your community.

Q. Is there a fee to participate in this recognition program?

A. No. There is no cost to an organization to participate in the first phase of the program beyond the cost to meet the requirements of the program, which we hope are minimal.

Q. Is participation in this program available for QRS?

A. Yes, Quick Response Services are eligible for recognition through this program by meeting the QRS requirements listed in Appendix A.

Q. **Does an EMSVO need 4 hours of specific pediatric continuing education?**

A. EMSVO's who are not EMS providers do not need the 4 hours of pediatric education.

Q. Does my agency need to have a Pediatric Coordinator?

A. All Master and Expert level PVRP agencies must identify a PECC in order to maintain their recognition level. Additionally, EMS agencies applying for or renewing their EMS license must identify a pediatric coordinator during the online application process.

Q. My pulse-ox doesn't have pediatric probes but it seems to work on children, does this count?

A. Yes, the terminology used on the required equipment list is based on federally-developed lists. EMS agencies will comply with the Pennsylvania Voluntary Recognition Program as long as its pulse-oximeter is pediatric CAPABLE, even if it doesn't have a specific pediatric probe. Managers should obtain documentation from their pulse-ox manufacturer validating the unit's ability to obtain accurate readings on pediatric patients.

Q. What is meant by "small, medium, and large" extremity splints?

A. The terminology used on the required equipment list is based on federally-developed lists. EMS agencies will comply with the Pennsylvania Voluntary Recognition Program as long as it carries, on all units, a variety of splint sizes that would be appropriate for use on pediatric patients. Typically, SAM splits (or equivalent) and a variety pack of padded board splints will serve this purpose.

Q. Is there any way to avoid the expense associated with completing background checks?

A. Pennsylvania background checks are free to volunteers. These checks cannot be transferred to a paid position but may be used for other volunteer positions. The cost for paid EMS providers is $8, and this program does not require renewal.

Q. Do I request a special inspection through my respective EMS Region?

A. No. There is no requirement for a special inspection and EMS Regions have been asked to deny such a request in order to keep the program uniform state-wide. EMS agencies will be recognized based on good faith for initial recognition and will then be inspected by their respective EMS Region to ensure compliance with the program during the regularly scheduled triennial inspection.

Pediatric Coordinator

Although not required at all levels of recognition, having a Pediatric Emergency Care Coordinator (PECC) is strongly suggested in order to effectively meet the needs of the agency pediatric population requests for service. By definition, a ***Pediatric Emergency Care Coordinator (PECC) is; a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties. The individual or group may be a member of the EMS agency, or work at a community or regional level and serve more than one agency.***

This role acts as an organizer, a manager, a facilitator and an overall advocate for pediatric care. The PECC should manage the aspects of the agency Pediatric Voluntary Recognition Program and can take on additional roles as the agency and its medical direction determine are needed for preparedness and clinical management.

Whatever the role of the PECC in an EMS agency, having an individual or group handling pediatric readiness and response to service is key to improving the care given by EMS providers.

Program Levels

The EMSC Voluntary Recognition Program is structured to be a multi-level system of recognition. The fundamental phase, required to obtain initial recognition, centers around EMS agencies carrying pediatric-specific equipment on their EMS vehicles beyond what is currently required for ambulance licensure in Pennsylvania, as well as participation in federal EMSC assessments and surveys (held no more than annually). From there, agencies may opt to attain higher levels of recognition through the program. As the program develops, additional levels may be added or enhanced.

Level I – Basic – Equipment Standards and Assessment Participation

The basic level of recognition relates to pediatric-specific equipment on ambulances, as well as national EMS assessment participation, as described below. To obtain and maintain licensure as an EMS agency in Pennsylvania, inspections occur to ensure compliance with state guidelines. The most current list of Required Equipment and Supplies for Ground and Air Ambulances can be found at http://www.pehsc.org or by contacting a Regional EMS Council or the Department of Health, Bureau of EMS.

The federal EMS for Children (EMSC) Program also maintains a list of recommended equipment and supplies for ambulances, which is the metric used to determine a state's compliance with the Federal EMSC performance objectives. The most current copy of this list can be found at https://emscimprovement.center/resources/publications/equipment-for-ground-ambulances-joint-policy-statement/

Appendix A, included at the back of this manual, provides a list of items currently recommended by the federal EMSC Program that are not required for Pennsylvania ambulance licensure. To obtain Level I recognition through this Voluntary Recognition Program, agencies must demonstrate that their vehicles/equipment is inclusive of all of the items on this table. Verification of this equipment will occur during an inspection by the Regional EMS Council or through another method approved by the Department of Health (See page 10 for further information).

All ambulances (ground and air) must carry a pediatric safe transport device (does not apply to Squad Vehicle or QRS Vehicle). For more information on safe transport and safe transport devices, EMS agencies should contact the Pennsylvania EMSC Program or visit http://paemsc.org/safetransport/.

In addition to equipment requirements, EMS agencies seeking recognition under the Voluntary Recognition Program are required to participate in any national EMS for Children surveys or assessments, administered by the National EMSC Data Analysis Resource Center (NEDARC). These surveys occur no more than once per year and generally take 30 minutes or less to complete. Survey periods generally last for three months and selected EMS agencies are provided with advance notice of the upcoming survey.

Level II – Intermediate – Background Check Requirements

The EMS for Children program in Pennsylvania maintains a position that criminal acts, especially those against children, should be prevented whenever possible. The Pennsylvania Department of Human Services (formerly Department of Public Welfare) makes available a ChildLine background clearance to identify subjects convicted of crimes against children, including abuse and assault, among others.

To obtain recognition at the Intermediate level, an EMS agency shall require that each of its EMS providers (*including* EMSVOs) submit to a background clearance through the Pennsylvania ChildLine and to a criminal record check through the Pennsylvania State Police Pennsylvania Access To Criminal History (P.A.T.C.H.) system and maintain a copy of each background check on file at the EMS agency.

Specific information about the ChildLine program and the PATCH, including program-specific forms, can be found on our website at www.paemsc.org/resources.

Please note: The EMSC program does not recommend specific actions against EMS providers with a founded history of child abuse or a criminal record and encourages EMS agency managers to seek legal counsel as well as consult with laws related to background checks.

Organizations who can demonstrate that all EMS providers, including EMSVOs, have completed a ChildLine child abuse background clearance and a P.A.T.C.H. criminal record check are eligible for recognition at the Intermediate level. A signed letter (Appendix B) from the EMS agency manager indicating compliance is acceptable to achieve recognition; however, it should be understood that any EMS agency receiving recognition at this level is subject to a random audit of its personnel records specific to the background check requirements listed in this level. At the discretion of the EMS agency manager, new EMS providers currently possessing a ChildLine clearance or P.A.T.C.H. check may use their existing clearance/check to meet background check requirements. Note: Background checks received at no cost may only be used for volunteer positions and cannot be transferred to a paid position – a background check must be paid for in order to qualify for a paid position.

Level III – Advanced – Pediatric Education for Providers

Another performance measure of the federal EMSC program identifies continuing education related to pediatrics as a critical component of an EMS provider's recertification process. To achieve recognition at the Advanced Level through the EMSC Voluntary Recognition Program, an EMS agency shall require its EMS providers to receive a minimum of four (4) hours of continuing education, as approved by the Pennsylvania Department of Health, on pediatric-specific subject matter on an annual basis. Put simply, all EMS providers at the EMS agency must complete four hours of pediatric-specific continuing education every year.

Verification will be completed in the form of a letter signed by the EMS agency administrator (Appendix C); however, it should be understood that any EMS agency receiving recognition at this level is subject to a random audit of its personnel training records specific to pediatric continuing education. EMS agencies will need to hold on file proof of completion of the required course hours for each EMS provider at the EMS agency. EMS providers who function at multiple EMS agencies are allowed to use the same courses to satisfy the requirements of this level at all EMS agencies, provided documentation is maintained at each EMS agency.

Level IV – Master – Community Outreach Programs

Beyond simply providing high quality and safe clinical care to children, EMS agencies demonstrating excellence in pediatric care also share a responsibility to provide education, injury prevention initiatives, and outreach within their community. This outreach can be accomplished in multiple ways and may target a variety of audiences (children, parents, school teachers, etc.).

To achieve recognition at the Master level through the EMSC Voluntary Recognition Program, an EMS agency shall regularly participate in community outreach initiatives. While this outreach shall include at least two (2) offerings on an annual basis, there is no specific way that this must be accomplished as long as a benefit to children can be demonstrated. Some examples include:

1. Hosting a community safety day at the ambulance station;
2. Hosting a community CPR class, including child/infant curriculum components;
3. Providing a presentation to local elementary school students on EMS;
4. Conducting injury prevention talks at the local swimming pool; and,
5. Partnering with your local schools to educate and improve awareness of EMS topics including, but not limited to, compression-only CPR, first aid, and 9-1-1 usage.

Any events submitted will be subject to approval by the Advisory Committee of the Pennsylvania EMS for Children Program, and, whenever possible, notice of an event shall be provided to the program prior to its occurrence. EMS agencies should complete Appendix D, indicating what events have occurred over the past year and any upcoming events. If an EMS agency has more events than space available, then EMS agencies are encouraged to submit a supplemental list in addition to the form found in Appendix D.

Master level agencies must identify and maintain a Pediatric Emergency Care Coordinator.

Level V – Expert – Child Passenger Safety Technicians

Recognizing that one of the major causes of injury in children is motor vehicle collisions, the EMSC Program wishes to recognize EMS agencies working to ensure all children are safe in their own child safety seats. To meet the requirements of this level, EMS agencies shall do the following:

1. Have, at a very minimum, one (1) certified Child Passenger Safety (CPS) Technician at the EMS agency.
2. Host at least one (1) car seat inspection event annually. EMS agencies are encouraged to contact Safe Kids PA to provide notice of this event (contact information is below). This event can be used to satisfy one (1) event requirement of Level IV of this program, though EMS agencies are encouraged to do a variety of different outreach events throughout the year.
3. Provide car seat checks year-round, either during regularly scheduled hours or by appointment, or a combination of both.

EMS agencies should complete Appendix E, indicating which EMS provider(s) at the EMS agency are CPS Technicians. If an EMS agency has more CPS Technicians than space available, then EMS agencies are encouraged to submit a supplemental list in addition to the form found in Appendix E.

To encourage EMS agencies to have a cadre of their EMS providers become certified CPS Technicians, the Pennsylvania EMS for Children Program is pleased to offer financial assistance, dependent upon current EMSC grant funding, to any EMS agency involved in the PVRP or seeking to become involved. For more information, please contact the EMS for Children Program Manager at PEHSC regarding availability of supplemental funding.

For more information on the National CPS Technician Certification, please visit the following Safe Kids website: http://cert.safekids.org/

For information on how to become a CPS Technician, visit the following Safe Kids webpage: http://cert.safekids.org/become-tech

Safe Kids PA
(717) 763-1890 or (800) 683-5100
http://www.pasafekids.org/

Pennsylvania Traffic and Injury Prevention Program (TIPP)
(800) CAR-BELT
http://pakidstravelsafe.org/

American Trauma Society – PA Division
(717) 766-1616
https://www.atspa.org/

Expert level agencies must identify and maintain a Pediatric Emergency Care Coordinator.

Application Process

To Obtain an Application:

1. Application forms can be downloaded from www.paemsc.org.
2. If you do not have internet access, applications can be requested by contacting:
   The Pennsylvania Emergency Health Services Council
   Attn: EMS for Children Program
   600 Wilson Lane, Suite 101
   Mechanicsburg, PA 17055
   (717) 795-0740
   pehsc@pehsc.org

Submitting a Completed Application:

At such time that the applicant believes the EMS agency is ready for application submission, the completed application should be returned to PEHSC in one of the following three ways:

1. Via U.S. Mail:
   The Pennsylvania Emergency Health Services Council
   Attn: EMS for Children Program
   600 Wilson Lane, Suite 101
   Mechanicsburg, PA 17055
2. Via fax: (717) 795-0741
3. Via e-mail: pehsc@pehsc.org

Application Review Process

1. **EMS for Children Program Review**
   All applications must be sent to the Pennsylvania Emergency Health Services Council for initial review, during which process the applications will be checked for completeness and accuracy. The EMS agency licensure status and status of "good standing" will be verified through the Pennsylvania Department of Health's Bureau of EMS and the appropriate Regional EMS Council. If further information is needed or the application is in need of correction or further completeness, the applying agency will be contacted by the EMS for Children Project Manager via e-mail or phone.

2. **Regional EMS Council Notification**
   The Regional EMS Council will be notified of any EMS agencies within their region seeking initial recognition through this program. The Regional EMS Council will hold the physical inspection request until the EMS agency is scheduled for its next triennial licensure inspection or until an inspection is conducted for another reason (replacement vehicle, etc.). Please note that the Bureau of EMS reserves the right to have the final decision on recognition or appeals of any EMS agency in this program.

   The current list of recognized EMS agencies is available on the PA EMSC website by going to www.paemsc.org/current-projects and clicking the hyperlink entitled "List of Recognized Agencies".

3. **Appeal Process for Denied Applications**
   EMS Agencies may appeal a decision to deny recognition or a change in recognition status or level by submitting a written request to have their application or status re-evaluated. Appeal letters should be submitted to the Pennsylvania Emergency Health Services Council for review by the EMS for Children Advisory Committee, which includes representation from the Department of Health, Bureau of EMS and Regional EMS Councils. A written response to the appeal will be returned to the EMS agency within 90 days of its receipt.

4. **Suspension or Revocation**
   Recognition through this program may be suspended or revoked if the EMS agency:
   a. Willfully or repeatedly violated any provision of these guidelines;
   b. Willfully or repeatedly acted in a manner inconsistent with preserving the health and safety of patients, the public, or providers;
   c. Provided falsified information in order to gain recognition;
   d. Failed to maintain the standards of this Voluntary Recognition Program as identified in the guidance; or
   e. Failed to provide services to any persons due to inability to pay, sexual preference or identity, race, age, sex, ethnic origin, or any other reason deemed by the Department of Health to be discriminatory in nature.

5. **Renewal of Recognition**
   Once recognized through this program, renewal will be automatic, as long as the standards identified in this program are maintained. During the triennial inspection of the EMS agency by the Department of Health, through a Regional EMS Council, the agency is also subject to inspection of the standards identified in this guidance.

6. **Submitting Application for Level Advancement or Downgrade**
   To voluntarily upgrade or downgrade a recognition level or levels, the EMS agency shall contact the EMS for Children Program Manager at PEHSC, in writing, with documentation of support for level upgrade or rationale for level downgrade. The documentation for level(s) advancement is the same documentation that an EMS agency would use to be initially recognized. To voluntarily downgrade, please contact the EMSC Program Manager directly. The EMS for Children Program Manager will ensure that supporting documentation is appropriately completed and will send updated decals to the EMS agency. The EMS for Children Project Manager will contact the Bureau of EMS and the respective EMS Region to advise them of the status change.

Award of Recognition

Upon successful submission of completed verification documentation, the EMS for Children Program will send a recognition certificate and decal(s) to the applicant. While placement of the vehicle recognition decal is strongly encouraged, it is not required. Successful applicants, by virtue of applying for recognition, authorize their organization name and general information to be posted in program documents and on the EMS for Children website. EMS agencies are also encouraged to promote their recognition under this program through a public relations event, press release, etc. The EMS for Children Program has a generic press release available for EMS agencies, as well as other support services. EMS agencies seeking assistance with public relations events should contact the EMS for Children Project Manager.

In the event that an organization no longer maintains recognition status, decals must be removed from all EMS vehicles and returned to the Pennsylvania Emergency Health Services Council. An EMS agency may also request blank decals to cover currently displayed decals.

Inspection by Regional EMS Council

The Regional EMS Council will inspect for the additional pediatric items in conjunction with the ambulance service's standard licensure inspection. *Inspections will not be conducted by the Regional EMS Councils solely to inspect for the supplemental pediatric items.* For example, if an EMS agency is due for licensure inspection in December of 2016 and enrolls in the EMSC Voluntary Recognition Program in October of 2015, it will not physically be inspected for the pediatric items included in this document until the 2016 inspection.

A voluntary compliance reporting mechanism (*i.e.,* verification letters) is available to those agencies to allow them to receive good faith recognition in advance. In the event of Department of Health Safety Spot Inspections, those agencies recognized through this program are subject to inspection for the pediatric items required by this program.

APPENDIX A

REQUIRED EQUIPMENT AND SUPPLIES

Required Supplemental Pediatric Equipment

The following equipment must be carried on ALL EMS agency vehicles, as a supplement to the respective equipment currently required for Pennsylvania Licensure. For example, current Department of Health standards require a total of two 2.5mm ET tubes or two 3.0mm ET tubes. This program, however, requires a total of two of **each** size.

QRS Equipment:

- Small Extremity Splint (1)
- Medium Extremity Splint (1)
- Large Extremity Splint (1)
- Nasopharyngeal Airways (1 of each, all sizes French scale): 16, 18, 20, 22, 24, 26, 28, 30, 32, 34
- QRS may carry Pulse Oximeter with pediatric capability *or* pediatric and adult probes only if within scope of practice of EMS providers (i.e. EMTs or higher).

BLS/IALS Equipment:

- Pulse Oximeter with pediatric capability *or* pediatric and adult probes (1)
- Small Extremity Splint (1)
- Medium Extremity Splint (1)
- Large Extremity Splint (1)
- Nasopharyngeal Airways (1 of each, all sizes French scale): 16, 18, 20, 22, 24, 26, 28, 30, 32, 34
- An age/size-appropriate pediatric restraint device/system (transport-capable units only)

ALS/Critical Care/Air Medical Equipment:

- All equipment identified for BLS
- Adult Intraosseous Needle (1)
- Pediatric Intraosseous Needle (1)
- Miller Laryngoscope Blades Sizes 0, 1, 2, and (3 or 4) – (**4 total**)
- MAC Laryngoscope Blades Sizes 2 and (3 or 4) – (**2 total**)
- Endotracheal tube sizes: (**2 of each size**): 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 7.0, 8.0
    - ET Tubes may be cuffed or uncuffed

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Pediatric Ambulance Equipment & Assessment Participation

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc.).

By signing this verification form, I attest to the fact that my EMS Agency maintains, on all EMS vehicles, all pediatric equipment mandated by Pennsylvania licensure standards and all of the supplemental equipment as required by the Pennsylvania EMSC Voluntary Recognition Program.

I acknowledge that our equipment, specific to this form, is subject to audit and inspection without notice, including during a Department of Health Safety Spot Inspection. Additionally, I understand that when a national EMS assessment, administered by NEDARC, is conducted that my EMS agency must participate in the survey, if selected.

I acknowledge that future ambulance licensure inspections conducted by the Department of Health and Regional EMS Council(s) will verify the continued maintenance of these items in order to maintain recognition through the EMSC Voluntary Recognition Program.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____

APPENDIX B

CHILDLINE BACKGROUND CHECK COMPLIANCE

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Background Checks

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc.).

By signing this verification form, I attest to the fact that my EMS Agency maintains, on record, a Pennsylvania Department of Human Services ChildLine background clearance and a P.A.T.C.H. criminal record check on all of our EMS providers who function as clinical care providers for our agency, as well as EMSVOs that actively operate our EMS vehicles.

I acknowledge that our personnel records, specific to this form, are subject to audit and inspection without notice.

I acknowledge that the requirement of the EMSC Voluntary Recognition program is simply to ensure a background clearance is conducted on all EMS providers (including EMSVOs), but that I have been advised by the program to seek legal counsel on any actions concerning any EMS provider with a founded child abuse report or criminal record. Also, I understand that this program currently does not require updated clearances, but recommends that my EMS agency repeat background checks every two years.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____

APPENDIX C

PEDIATRIC EDUCATION COMPLIANCE

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Pediatric Continuing Education

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc.).

By signing this verification form, I attest to the fact that my EMS Agency requires that all EMS providers obtain a minimum of four (4) hours of continuing education on pediatric-specific subject matter per year. This continuing education can only be approved courses by the Pennsylvania Department of Health for EMS continuing education credit.

I attest that we maintain, on record, proof of this accomplishment, such as course completion certificates or Pennsylvania EMS continuing education reports for each provider at our EMS agency.

I acknowledge that our training records, specific to this requirement, are subject to audit and inspection without notice.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____

APPENDIX D

COMMUNITY OUTREACH PROGRAMS

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Community Outreach Programs

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc.).

By signing this verification form, I attest to the fact that my EMS Agency regularly participates in a minimum of two (2) community outreach offerings annually which focus on pediatric education, injury prevention initiatives, and/or outreach within our community. These outreach events include, but may not be limited to, the following:

1. _____

   _____

   Date held/scheduled: _____

2. _____

   _____

   Date held/scheduled: _____

I attest that we maintain, on file at my EMS agency, a record of our participation in these types of community outreach events and will provide notice, whenever possible, to the Pennsylvania EMSC Program of upcoming community outreach events. I acknowledge that all records of these events are subject to audit and inspection without notice.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____

APPENDIX E

CHILD PASSENGER SAFETY COMPLIANCE

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Child Passenger Safety Technicians

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc.).

By signing this verification form, I attest to the fact that my EMS Agency has at least one (1) nationally-certified Child Passenger Safety (CPS) Technician on staff or as a member of our EMS agency. The following EMS provider(s) or member(s) of our EMS agency are CPS Technicians:

1. _____
2. _____
3. _____

I acknowledge that the above-listed personnel are certified by the National Child Passenger Safety Certification Training Program. I understand that the CPS Technician database will be checked to ensure compliance with this Voluntary Recognition Program.

I acknowledge that my EMS agency will complete at least one (1) child safety seat inspection event annually, and that our CPS Technician(s) will be available either during regular weekly hours or by appointment, or a combination of both.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____

APPENDIX F

PEDIATRIC EMERGENCY CARE COORDINATOR COMPLIANCE

Pediatric Coordinator

A Pediatric Emergency Care Coordinator (PECC) is; a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties. The individual or group may be a member of the EMS agency, or work at a community or regional level and serve more than one agency.

The Prehospital Pediatric Emergency Care Coordinator may be responsible for:
· Being a resource for education on pediatric medications, equipment, and supplies;
· Promoting and sharing pediatric continuing education opportunities;
· Encouraging pediatric simulations/hands-on pediatric skills assessments;
· Encouraging that fellow providers follow pediatric clinical practice guidelines; and
· Supporting any other pediatric related readiness and response initiative in the agency.

PECC Models

EMS systems vary greatly across the state as does the EMS model of a PECC.
At the EMS agency level, a PECC can be an individual, dedicated to the role or taking on the role as additional duties. This is the simplest form of a PECC but in no way the only way to meet the needs of a PECC program. An EMS agency may institute a PECC team where more than one individual assumes different roles of the PECC in order to meet objectives and share workload. When a team model is utilized there should be one individual who is identified as a contact person in representing the team's activities for the EMS agency.

If an EMS agency cannot support the PECC model internally, a collaborative approach may be successful and meet the needs of several EMS agencies through a shared effort and utilizing shared resources between the agencies and within the local geographical community. These community resources may be a hospital, a Pediatrician, a pediatric specialty facility or a healthcare specialist. The Community Model serves multiple agencies and lightens the load on those EMS agencies who are challenged for pediatric specific expertise within their organization. An individual should be identified as a contact person and who assumes the role of the PECC in representing the Community Model's activities and each agency it supports.

At a larger geographic level, a Regional Model supports multiple agencies and utilizes regionally available resources either through a healthcare system or EMS Regional Council. The Regional Model serves multiple agencies and lightens the load across those agencies where community resources are not readily available and where the EMS agency cannot support the objectives of a PECC internally. An individual should be identified by each member agency as a contact person who assumes the role of the PECC in representing the Regional Model's activities.

Recommended qualifications to be a PECC

A PECC is proposed as an induvial or team who;

- have a background in pediatrics, emergency medicine, pediatric emergency medicine or EMS
- have a clear understanding of clinical practice and administrative aspects of EMS systems

- have a clear understanding of EMS scope of practice

Additionally, a PECC should have;

- an interest in "coordinating pediatric care" and
- experience providing pediatric care

Recommended targeted training and experience.

Pediatric Specific Clinical Education
For Basic Life Support Services (Transport or Non-Transport)

- American Heart Association – Pediatric Emergency Assessment, Recognition, & Stabilization (PEARS) Provider, or
- American Academy of Pediatrics – Pediatric Education for Prehospital Providers (PEPP) Basic Level Provider, or
- National Association of Emergency Medical Technicians – Emergency Pediatric Care (EPC) Basic Level Provider

For Advanced Life Support Services, Critical Care Transport and Air Medical Services (Transport or Non-Transport)

- American Heart Association – Pediatric Advanced Life Support (PALS) Provider, or
- American Health & Safety Institute – Pediatric Advanced Life Support (PALS) Provider, or
- American Academy of Pediatrics – Pediatric Education for Prehospital Providers (PEPP) Advanced Level Provider, or
- National Association of Emergency Medical Technicians – Emergency Pediatric Care (EPC) Advanced Level Provider

Pediatric Safe Transport Training

- At minimum the Train PA course should be completed however an in-person course is preferred.

Quality Assurance/Quality Improvement Training

- When implementing a QA/QI program

Pediatric Specific Protocol Review Course

- Train PA training published in support of protocol updates. A PECC representing an ALS or higher-level EMS agency will be required to complete both the ALS and BLS review course. A PECC representing a BLS agency will be required to complete the BLS review course.

Suspected Child Abuse & Neglect for EMS Providers Training

- As offered through the Pennsylvania Chapter of the Academy of Pediatrics

PECC Specific Training (pending availability)

- Completed a PECC Training program established by and presented through the PA EMSC program

A PECC can be any level of provider however a PECC should be at or above the specific service delivery level. For example, an EMT should not be overseeing an ALS service PECC responsibilities.

When a model other than an individual PECC is utilized, representation within the model group should include a individual(s) who meet the qualifications of a PECC in whole.

[The following menu of objectives is not inclusive nor finite. It is meant as a guideline of activities that a PECC should consider in order to ensure the safe and effective care of children. The menu can be utilized a-la-cart in order to maximize resources and effectiveness while also considering the next objectives to take on and implement when continuing to develop the PECC role within the EMS agency.]

A PECC is tasked with looking out for the needs of children. A PECC is a *Pediatric Champion*, a *Pediatric Advocate*, a *Content Expert*, an *EMSC contact person*.

Some of the objectives that can be implemented into a PECC role are:

Education and Training

- promote pediatric continuing education opportunities;
- update training, protocols and policies as needed to maintain current practice standards;
- assist with the education and training of EMS providers;
- identify gaps and ensures resources are available to care for children;
- promote agency participation in pediatric research efforts;

Quality Improvement

- provide input and support of pediatric specific quality metrics;
- oversee the pediatric process improvement;
- establish Quality Improvement plans with pediatric specific indicators;

Community Engagement and Preparedness

- promote agency participation in pediatric prevention programs;
- work with state and local authorities and coalitions to address pediatric needs in the event of a disaster;
- liaison with local emergency department pediatric emergency care coordinators;
- promote family-centered care at the EMS agency;
- support agency participation in the Pediatric Volunteer Recognition Program;
- ensure that the pediatric perspective is included in the development of EMS protocols;
- coordinate with dispatch to provide pediatric specific pre-arrival instructions;

Clinical Care

- enhance information dissemination regarding overall care and outcomes;
- maintain case review and feedback;
- encourage and educate EMS providers to follow pediatric clinical practice guidelines and evidence based standards;
- review current research and practice to maintain pediatric care within a service;
- ensure the availability of pediatric medications, equipment, and supplies;
- review and recommend medication and devices available for the prehospital care of children;
- stay connected to prehospital pediatric information;
- and many other pediatric specific and appropriate functions to support preparedness and safe delivery of care.

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Pediatric Emergency Care Coordinator (PECC)

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc and the individual being represented as a PECC.).

The following EMS provider of our EMS agency is being designated as our PECC:

Print Name of PECC: _____

Certification level: _____ **Certification # :** _____

Signature of PECC: _____ **Date:** _____

By signing this verification form, I attest to the fact that my EMS Agency has an individual who has been identified as the agency Pediatric Emergency Care Coordinator.

I acknowledge that the above-listed PECC is authorized to represent my EMS agency in matters pertaining to pediatric care. I understand that the PECC requirements allow flexibility and that my EMS agency will develop a PECC program appropriate to meet the needs of our pediatric patients.

I acknowledge that in order to ensure with this Voluntary Recognition Program level I will maintain a Pediatric Emergency Care Coordinator. Should this individual no longer be authorized as a PECC for my agency I will immediately notify the PA EMSC program of a replacement and submit a new signed PECC Compliance Reporting Form.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____

APPENDIX G

APPLICATION FOR ENROLLMENT

Application for Enrollment
Pennsylvania EMSC Voluntary Recognition Program

Please complete the following demographic information in its entirety and forward this request for participation to the Pennsylvania Emergency Health Services Council office via mail, fax, or email.
Incomplete or inaccurate applications will not be considered for recognition under this Voluntary Recognition Program.

EMS Agency Information

Name:			
Address:			
City, State, Zip:			
Affiliate #:		Level Applied for:	
EMS Region		County:	
Contact Name:			
Phone Number:			
Email Address:			

EMS Agency Medical Director Information

Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	

Pennsylvania Emergency Health Services Council
EMS for Children Program
600 Wilson Lane, Suite 101
Mechanicsburg, PA 17055
(717) 795-0740
(800) 243-2EMS (in PA only)
(717) 795-0741 – fax
pehsc@pehsc.org