

Arkansas Pre-Hospital Pediatric Readiness Recognition Program



Emergency Medical Services for Children

July 2024



ARKANSAS
EMSC State Partnership Program





Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

EMSC State Partnership, Arkansas

August 31, 2023

Dear EMS Service Director:

The Arkansas Department of Health, Emergency Medical Services for Children (EMSC) is excited to learn your willingness to participate in the AR EMSC Recognition Program.

Enclosed is information on our program as well as documents that will need to be submitted to our office for review and consideration. The readiness program is an excellent opportunity for your EMS service to prepare and be ready to manage pediatric emergencies within your service area. By participating in this program, you will receive acknowledgement from your community and local media outlets that you are voluntarily going above and beyond in your emergency care for children.

It is important to note that your decision to participate in this program will not impact your service license with the Arkansas Department of Health- Section of EMS.

Please review this application manual and return the attached application along with the supporting documentation for review by our Advisory Council. Services who successfully meet the requirements will receive a Certificate of Readiness and a decal to affix to its ambulance(s) to acknowledge their accomplishment and commitment to the infants and children of Arkansas.

Please do not hesitate to reach out to our office or our Arkansas EMSC Program Manager with any questions at 501-661-2262.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christy Kresse".

Christy Kresse, BS, NRP
EMSC Program Director



Emergency Medical Services for Children
Innovation and Improvement Center

April 13, 2021

PPRP Leadership
EMS for Children Innovation and Improvement Center
1400 Barbara Jordan Blvd.
Austin, TX 78723

The associations and organizations listed below have joined this statement of support for the initiative being led by the EMS for Children Innovation and Improvement Center titled *"Prehospital Pediatric Readiness Steering Committee."*

We are very interested in supporting this critical initiative to help guide and plan next steps for pediatric readiness in the prehospital setting with the goal of ensuring high quality emergency care for all children. The intent of this project is to use a nationwide assessment to evaluate pediatric readiness within EMS systems, define and implement pediatric readiness improvements, and assess the impact of pediatric readiness following improvement implementation.

We believe in this collaborative process, as it has been demonstrated to be successful with the National Pediatric Readiness Project (NPRP) in addressing pediatric readiness within our hospital emergency departments through quality improvement programs and resource development. It is our belief that this same level of pediatric readiness should be provided to our pediatric patients in the prehospital setting, and pledge to be active, engaged participants in moving this initiative forward collaboratively.

We look forward to final products that will improve the quality of care and outcomes for children who are in need of urgent or emergency care.

We are pleased to offer our highest level of support for this initiative.

Sincerely,

American Academy of Pediatrics (AAP)
American College of Emergency Physicians (ACEP)
American College of Surgeons Committee on Trauma (ACS COT)
Emergency Nurses Association (ENA)
International Academies of Emergency Dispatch (IAED)
International Association of EMS Chiefs (IAEMSC)
International Association of Fire Chiefs (IAFC)
National Association of EMS Educators (NAEMSE)
National Association of EMS Physicians (NAEMSP)
National Association of EMTs (NAEMT)



Emergency Medical Services for Children
Innovation and Improvement Center

National Association of State EMS Officials (NASEMSO)

National EMS Management Association (NEMSMA)

National Pediatric Disaster Coalition (NPDC)

National Registry of EMTs (NREMT)

National Volunteer Fire Council (NVFC) EMS Rescue Section

INTRODUCTION

The Federal Emergency Medical Services for Children (EMSC) Program works to expand and improve emergency care for children across the country through promotion of research, partnerships, and evidence-based practice, with a goal to improve access and quality of emergency care for children and reduce serious injury or death.

This document is prepared by the Arkansas Emergency Medical Services for Children (EMSC) State Partnership Program to assist the EMS leadership of licensed EMS services within the state of Arkansas who wish to apply for the Arkansas Pre-Hospital Pediatric Readiness Recognition program. EMS services in Arkansas that are currently licensed through the Arkansas Department of Health – Section of EMS are eligible to participate in this program.

This document is subject to review and revisions. It is encouraged that the EMS service applying for recognition to verify that they have the most recent application manual.

PURPOSE

This voluntary program is to allow EMS services and fire departments who respond to 911 emergencies in Arkansas to be recognized as being “pediatric ready”. Rural EMS services in Arkansas do not encounter pediatric patients often, however, EMS services need to be prepared for encountering a pediatric patient. Through various steps and procedures, EMS services in Arkansas will be recognized as being prepared for pediatric emergencies.

The primary purpose of the Arkansas Pre-Hospital Pediatric Readiness Recognition Program is the improvement of the emergency care that pediatric patients receive and the safety of pediatric patients within the pre-hospital environment. The recognition program will help prepare EMS services provide higher quality care for infants, children, and adolescents for the evaluation, treatment, and/or stabilization of children with medical and traumatic emergencies.

OVERVIEW

The goal of this program is to have every EMS service in Arkansas prepared for pediatric calls. To obtain the pediatric readiness service sticker, EMS services will need to carry pediatric specific equipment, which will be checked off on every two years. EMS services will need to designate a Pediatric Emergency Care Coordinator (PECC) and meet all requirements set forth in this application manual.

****Please note that fire departments that do not currently have a service license with the Arkansas Department of Health – Section of EMS can participate in the Arkansas Pre-Hospital Pediatric Readiness Recognition Program. Please contact Kellie Tolliver at kellie.tolliver@arkansas.gov or (501)553-4368 for more information.***

PROGRAM REQUIREMENTS

Arkansas Department of Health – Emergency Medical Services for Children Requirements

1. The EMS service must be in compliance with all Arkansas Department of Health – Section of EMS statutes and rules.
2. The EMS service must be in compliance with the current version of NEMSIS.
3. The EMS service must be in compliance with data collection and submission.
4. The EMS service must participate in the Pre-hospital Pediatric Readiness Preparedness (PPRP) assessment.
5. The EMS service must designate a Pediatric Emergency Care Coordinator (PECC) within the EMS service.
 - a. Please refer to the PECC requirements and guidelines to determine who can fulfill the PECC role.
6. All licensed EMS providers must complete pediatric continuing education (CE) hours
 - a. 3 hours annually for Paramedic providers
 - b. 2.5 hours annually for AEMT providers
 - c. 2 hours annually for EMT providers
7. All Advanced Life Support (ALS) providers must upkeep and hold ONE of the following pediatric certifications listed in 5(a):
 - a. Pediatric certifications are as followed:
 - i. Emergency Pediatric Care (EPC)
 - ii. Pediatric Advanced Life Support (PALS)
 - iii. Pediatric Education for Prehospital Providers (PEPP)
 - iv. Prehospital Trauma Life Support (PHTLS)
 - v. Pediatric International Trauma Life Support (PITLS)
 - b. EMSC will annually audit the services prehospital providers to ensure certifications are being held.
8. Pediatric skills competency evaluation completed and documented at a minimum of once per year by the Medical Director or the EMS services training department.
 - a. Please refer to Pediatric Skills Competency for further guidance.
9. The EMS service must carry pediatric specific equipment outlined in the Arkansas Department of Health – Section of EMS rules and national recommendations.
 - a. Every licensed in-service vehicle will be inspected to ensure compliance is being met.
10. The EMS service must adhere to safe transportation of pediatric patients.
 - a. Please refer to the Safe Transport Guidelines for further guidance.
11. The EMS service must hold an annual community outreach event for children.
12. The EMS service must practice Family-Centered Care.
13. The EMS service must have or be working on Pediatric Disaster considerations and/or protocols.

14. The EMS service must have practices in place to reduce medication errors with pediatric patients.
 - a. Using kilograms for all pediatric patients.
 - b. Verifying medication dosages using a pediatric length-based tape, Arkansas EMSC Quick Reference Guide, Arkansas EMSC Pediatric Medication Dosage Chart, HandTevy, etc.
15. The EMS service must have pediatric specific protocols.
 - a. These protocols can be added to adult protocols.
 - b. Please refer to Policies, Procedures, and Protocols for further guidance.
16. The EMS service must have Quality Improvement measures in place.
 - a. Providing feedback to EMS providers on pediatric emergencies and take the necessary steps to improve pediatric emergency care within the EMS service.
17. The EMS service must submit five (5) pediatric chart reviews from the previous year with their application.
 - a. Please see the chart review template in this packet.

REQUIRED DOCUMENTATION –

1. Completed application.
2. Copy of the Pre-hospital Pediatric Readiness Preparedness (PPRP) assessment GAP report.
3. Completed PECC Designation Form.
4. Supporting documentation that all licensed providers completed pediatric continuing education hours.
5. Supporting documentation that all Advanced Life Support (ALS) providers hold a pediatric certification.
6. Supporting documentation that all licensed providers employed by the EMS service completed a pediatric skills competency evaluation.
7. Copy of the pediatric safe transport policy.
8. Supporting documentation that the EMS service holds a pediatric community outreach event annually.
9. Copy of the Family-Centered care policy.
10. Supporting documentation that the EMS service includes and practices safe medication dosages to reduce medication errors.
11. Copy of pediatric protocols.
12. Supporting documentation that the EMS service provides quality improvement for pediatric cases.
13. Five (5) completed pediatric chart reviews.

REQUIRED EQUIPMENT

Basic Life Support (BLS): Ground Transport

SOFT SUPPLIES/EQUIPMENT		
4X4 Pads	Bandage/Trauma Shears	Blankets
ABD Pads	Stethoscope	Sheets
Trauma Dressing	Hemostats	Towels
Isolation Kits	Window Punch	Automatic External Defibrillator
Kerlix Gauze	Antiseptic Hand Sanitizer	Adult AED Pads
Triangle Bandages	Exam Gloves	Pediatric AED Pads
Sterile Saline	Emesis Bag	Lg. Adult BP Cuff
Betadine Solution	Commercial Tourniquet	Child BP Cuff
Thermometer	Lubricating Jelly	Infant BP Cuff
Tape 1" and 2"	Occlusive Dressing	Thermometer (Axillary/Rectal)
Lubricating Jelly	Sharps Container	Pediatric Drug Tape/Chart/Wheel
Pulse Oximetry Device	Adult Pulse Ox Probes	Pediatric Pulse Ox Probes
Glucometer and Strips	Nebulizer	OB Kit w/ Bulb Suction
OXYGEN RELATED SUPPLIES		
Main O2	Portable O2	OPA Set
NPA Set	Adult Nasal Cannula	Pediatric Nasal Cannula
Adult Non-Rebreather	Pediatric Non-Rebreather	Infant Non-Rebreather
Adult BVM	Pediatric BVM	Infant BVM
AIRWAY RELATED SUPPLIES		
Portable Suction	On-Board Suction	Suction Tubing (2)
Size 8fr or 10fr Soft Catheter	Size 12fr Soft Catheter	Size 14fr or 18fr Soft Catheter
Rigid Suction Tip		
MEDICATIONS		
Epinephrine Auto Injector	Inhaled Beta Antagonist	Oral Glucose
Naloxone	Aspirin 81-325 mg	
IMMOBILIZATION DEVICES		
KED XP-1 or Equivalent	Pediatric Restraint Device	Spine Board and Straps
Adult Cervical Collars	Pediatric Cervical Collars	Infant Cervical Collars
Padded Splints	Traction Splint	Folding, Scoop, Stair Chair
Elevating Stretcher	Pediatric Head Immobilizers	
MISC.		
Trauma Bands	Stroke Bands	Triage Tags
Disinfectant Solution	AC/Heat	Bio-Hazard Bags



REQUIRED EQUIPMENT

Intermediate Life Support (ILS): Ground Transport

*All BLS equipment and supplies plus the following

SOFT SUPPLIES/EQUIPMENT		
Adult Magill Forceps	Pediatric Magill Forceps	
OXYGEN RELATED SUPPLIES		
Nebulizer Kit	CPAP	
AIRWAY RELATED SUPPLIES		
Adult Supraglottic Airways	Pediatric Supraglottic Airways	
MEDICATIONS		
IV Dextrose	Epinephrine 1:1000	Epinephrine Auto Injector
IV SUPPLIES		
Micro Drip Infusion Sets	Macro Infusion Sets	Crystalloid Solutions
IV Start Sets / Tourniquets	14ga IV Catheter	16ga IV Catheter
18ga IV Catheter	20ga IV Catheter	22ga IV Catheter
24ga IV Catheter	IO Access Device	Adult IO Needles
Pediatric IO Needled	1cc Syringe	3 or 5cc Syringe
10cc Syringe	60cc Syringe	Assorted needles (18G – 25G)
Pediatric IV Arm boards		

*Arkansas Pediatric Medication Quick Reference Chart is required to be in Advanced EMT licensed vehicles.

REQUIRED EQUIPMENT

Advanced Life Support (ALS): Ground Transport

*All BLS and ILS equipment and supplies plus the following

SOFT SUPPLIES/EQUIPMENT		
Adult ETCO2 Detector	Pediatric ETCO2 Detector	Cardiac Monitor/Pacer/Defibrillator
ECG Cables	ECG Paper	Adult Electrodes
Pediatric Electrodes	Adult Defib. Pads	Pediatric Defib. Pads
Scalpel		
AIRWAY RELATED SUPPLIES		
Adult Laryngoscope Handle	Pediatric Laryngoscope Handle	Size 0-3 Miller Laryngoscope Blades
Size 2-3 Mac Laryngoscope Blades	Sizes 2.5-8.0 ET Tubes	Adult ET Tube Holder
Pediatric ET Tube Holder	Adult Stylette	Pediatric Stylette
Cric Kit		
MEDICATIONS		
Atropine	Adenosine	Antiarrhythmic
Antiemetic Agent	Diuretic	Pressor Agent
Epinephrine 1:1000	Epinephrine 1:10,000	H1 Blocking Agent
Magnesium Sulfate	Sodium Bicarbonate	Calcium Chloride
Narcotic Analgesic	Benzodiazepine	
IV SUPPLIES		
0.9% Saline Solution	Lactated ringers	10ga, 12ga, or 14ga chest decomp. Needle (2)

*Arkansas Pediatric Medication Quick Reference Chart is required to be in ALS licensed vehicles.

REQUIRED EQUIPMENT

Advanced Life Support (ALS): Air Medical (Rotor Wing)

SOFT SUPPLIES/EQUIPMENT		
4X4 Pads	ABD Pads	Trauma Dressing
Isolation Kits	Kerlix Gauze	OB Kit w/ Bulb Syringe
Bandage/Trauma Shears	Betadine Solutions	Triangle Bandages
Sterile Saline	Stethoscope	Hemostats
Scalpel	Window Punch	Antiseptic Hand Sanitizer
Exam Gloves	Emesis Bag	Commercial Tourniquet
Survival Kit	Sheets/Blankets	Towels
Adult Magill Forceps	Pediatric Magill Forceps	Adult ETCO2 Detector
Pediatric ETCO2 Detector	Cardiac Monitor/Pacer/Defib.	ECG Cables
ECG Paper	Adult Electrodes	Pediatric Electrodes
Pulse Oximetry Device	Adult Pulse Ox. Probes	Pediatric Pulse Ox. Probes
Large Adult BP Cuff	Child BP Cuff	Infant BP Cuff
Tape 1" and 2"	Occlusive Dressing	Thermometer
Lubricating Jelly	Sharps Container	Pediatric Drug Tape/Wheel/Chart
Pediatric Defib. Pads	Adult Defib. Pads	Glucometer and Strips
OXYGEN RELATED SUPPLIES		
Main O2	Portable O2	OPA Set
NPA Set	Adult Nasal Cannula	Pediatric Nasal Cannula
Adult Non-Rebreather	Pediatric Non-Rebreather	Infant Non-Rebreather
Adult BVM	Pediatric BVM	Infant BVM
Nebulizer Kit	CPAP	
AIRWAY RELATED SUPPLIES		
Portable Suction	On-Board Suction	Suction Tubing
Size 8fr or 10fr Soft Catheter	Size 12fr Soft Catheter	Size 14fr or 18fr Soft Catheter
Rigid Suction Tip	Adult Supraglottic Airways	Pediatric Supraglottic Airways
Adult Laryngoscope Handle	Pediatric Laryngoscope Handle	Size 1-4 Mac Blades
Size 0-3 Miller Blades	Size 2.5 – 7.5 ET Tubes	Cric Kit
Adult Stylette	Pediatric Stylette	Adult Tube Holder
Pediatric Tube Holder		
MEDICATIONS		
Atropine	Adenosine	Antiarrhythmic
Antiemetic Agent	Aspirin 81 – 325 mg	Dextrose
Diuretic	Dopamine Drip	Epinephrine 1:10,000
Epinephrine 1:1000	H1 Blocking Agent	Inhaled Beta Agonist
Magnesium Sulfate	Narcotic Antagonist	Nitroglycerine
Sodium Bicarbonate	Vasopressin	Narcotic Analgesic
Benzodiazepine		



REQUIRED EQUIPMENT

Advanced Life Support (ALS): Air Medical – Rotor Wing (Continued)

IV SUPPLIES		
Micro Drip Infusion Set	14ga IV Catheter	24ga IV Catheter
Macro Drip Infusion Set	16ga IV Catheter	IO Access Device
0.9% Saline Solution	18ga IV Catheter	Adult IO Needles
Lactated Ringers	20ga IV Catheter	Pediatric IO Needles
IV Start Kits / Tourniquets	22ga IV Catheter	Chest Decomp. Needle (10, 12, or 14ga)
1cc Syringe	3 or 5cc Syringe	10cc Syringe
60cc Syringe	Assorted Needles 18G – 25G	Pediatric IV Arm boards
MISC.		
Pediatric Restraint Device	Adult Cervical Collars	Pediatric Cervical Collars
Infant Cervical Collars	Triage Tags	Trauma Bands
Stroke Bands		

*Arkansas Pediatric Medication Quick Reference Chart is required to be in aircraft.

PECC REQUIREMENTS AND GUIDELINES

Introduction

The pediatric Emergency Care Coordinator (PECC) is a dynamic role for Arkansas EMS agencies and first responders which may encounter pediatric patients while providing emergency medical or trauma response.

Establishing at least one PECC within every first response and transporting EMS agency in the state will increase consistent pediatric patient care by creating a partnership of subject matter experts who work to improve the outcomes of pediatric patients who access emergency care through pre-hospital encounters and hospital encounters. One agency may choose to have one or more PECC's aligned with it. Multiple agencies who have strong collaborative partnerships may also elect to have the same PECC(s) represent each company. The following scenarios are acceptable for EMS PECCs:

- **Ideal:** One agency has one (or more) PECCs
- **Acceptable:** Multiple agencies in the same Arkansas Trauma System Region share one (or more) PECCs

What are Pediatric Emergency Care Coordinators (PECCs)?

PECCs are individuals that are responsible for coordinating pediatric specific training and protocols. PECCs have been used in emergency departments and have shown to be successful in improving pediatric preparedness. The purpose of establishing PECCs within EMS agencies and fire departments is to achieve this same goal of pediatric preparedness across the state, especially in rural and lower resource systems.

The pediatric Emergency Care Coordinator (PECC) should be a member of the EMS agency or fire department and be familiar with the day-to-day operations and needs at the agency. If there is a designated individual who coordinates pediatric activities for a county or region, that individual could serve as the PECC for one or more individual EMS agencies or fire departments within the county or region.

Roles and Responsibilities of Pediatric Emergency Care Coordinators

Some of the roles that the individual who coordinates pediatric emergency care might oversee at an EMS agency or fire department include:

- Ensuring that the perspective is included in the development of EMS protocols.
- Ensuring that fellow providers follow pediatric clinical-practice guidelines.
- Promoting pediatric continuing-education opportunities.
- Overseeing pediatric-process improvement.
- Ensuring the availability of pediatric medications, equipment, and supplies.
- Promoting agency participation in pediatric-prevention programs.
- Promoting agency participation in pediatric-research efforts.
- Liaises with the emergency department pediatric emergency care coordinator.
- Promoting family-centered care at the agency.

PECC REQUIREMENTS AND GUIDELINES (CONT.)

- Attending quarterly PECC meetings.
 - Identify EMS providers and first responders that did not encounter a pediatric patient in the last 6 months.
 - Identify EMS providers and first responders who have not used a pediatric skill in the last 6 months.
 - Hold pediatric skills trainings bi-annually (CEU's).
 - Assign pediatric educational classes via online or in person once a year (CEU's)
1. The PECC is dedicated to staying abreast of the most current evidence based and best practices in pre-hospital pediatric emergency care.
 - a. Ensure that pediatric-specific equipment and supplies are available for each ambulance in the agency's fleet, using the states requirements and recommendations.
 - b. Verify, with assistance from the training division, that EMS providers and first responders are competent in using the pediatric-specific equipment and supplies.
 - c. Educate EMS providers and first responders on family-centered care, including:
 - i. Delivering information to pediatric patients and their caregivers
 - ii. Explaining procedures to patients and caregivers before interventions are performed
 - iii. Allowing family members to remain present with their child
 - iv. Implementing agency policies and procedures that allow a family member or guardian to accompany a pediatric patient during transport
 2. PECC understands the importance of and advocates for the EMS agency or fire department to collect and submit EMS data.
 - a. Coordinate with the states EMSC Program Manager on completing surveys
 - b. Determine the most appropriate pediatric data to be collected and submitted by the EMS agency or fire department.
 3. The PECC has direct access to EMS/Fire leadership, including inclusion, involvement, and collaboration to advocate specifically for improving pediatric care.

PECC REQUIREMENTS AND GUIDELINES (CONT.)

This table names specific roles of EMS/Fire leadership with whom the PECC interacts. It includes examples tasks which should be performed with each respective member of leadership

EMS/Fire Leadership	Tasks to be completed
Medical Director	<ol style="list-style-type: none"> 1. Meet regularly to advocate for inclusion and improvement of pediatric specific patient care guidelines.
Operations Leaders	<ol style="list-style-type: none"> 1. Meet regularly to advocate for inclusion and improvement of pediatric specific policies and protocols.
Training Officer	<ol style="list-style-type: none"> 1. Meet periodically to ensure continuity for pediatric initiatives and overall educational training objectives for EMS/Fire personnel. 2. Assist in developing pediatric-specific process for: <ol style="list-style-type: none"> a. Delivering comprehensive, ongoing education b. Evaluating providers about unique physical characteristics, physiological responses, and psychological needs of children with acute illness or injury
Statewide PECCs	<ol style="list-style-type: none"> 1. Collaborate with other PECCs by meeting regularly to create statewide consistency in providing quality, evidence-based pediatric emergency care by: <ol style="list-style-type: none"> a. Developing resources b. Exchanging ideas c. Sharing knowledge
AR EMSC Program Manager	<ol style="list-style-type: none"> 1. Serve as the point of contact for pediatric related research and coordinate/facilitate related activities. 2. Exchange ideas and information 3. Utilize resources from the EMSC program



PECC REQUIREMENTS AND GUIDELINES (CONT.)

4. The PECC will maintain knowledge of pediatric capabilities within regional hospitals and destinations of care.
 - a. Create, implement, and maintain destination protocols for pediatric patients.
 - i. Include appropriate emergency departments
 - b. Submit pediatric patient hospital designation protocols to EMSC State Program Manager
5. The PECC will serve as a liaison to patient destinations.
 - a. Follow-up with EMS providers for after-action, quality assurance reviews
 - b. Promote pediatric emergency readiness/preparedness for the region
 - c. When appropriate, follow up with destination facility for the patient outcome reports

Who can be a PECC?

- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic
- Registered Nurse (RN)
- Advanced Practice Nurse (APN)
- Physician Assistant (PA)
- MD



Pediatric Emergency Care Coordinator (PECC)

*Complete the information below and return to Kellie Tolliver via email at: kellie.tolliver@arkansas.gov

Dear Arkansas EMSC Program:

As my organization's Pediatric Emergency Care Coordinator, I understand the importance of integrating the pediatric population's emergency healthcare needs into my agency's agenda.

As my agency's PECC, I will:

- Work to keep my agency pediatric-ready with proper pediatric equipment and protocols.
- Remain knowledgeable about the best practices in pediatric emergency care and share my knowledge with my agency and local resources.
- Utilize my local and state resources to implement quality improvement processes when necessary.
- Promote community participation in pediatric EMS related events and educational experiences.
- Inform the EMSC Program should I vacate the PECC position or separate from my agency.

Agency Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Agency Phone Number: _____

Designated PECC: _____

PECC Cell Number: _____

PECC E-mail Address: _____

Agency Director: _____

Director E-mail: _____

Medical Director: _____

Signature of PECC

Date



PEDIATRIC SKILLS COMPETENCY

An annual educational and skills assessment of provider competency in the following domains:

- Psychomotor skills, such as, but not limited to:
 - Pediatric assessment, including respiratory distress or failure, chock, and cardiac failure
 - Neonatal and pediatric cardiopulmonary resuscitation
 - Pediatric airway management with an emphasis on basic airway intervention skills
 - Pediatric vascular access; including intravenous and intraosseous access
 - Pain assessment and management, using age-appropriate pain scales
 - Pediatric weight assessment, equipment sizing, and medication dosing

- Cognitive skills, such as, but not limited to:
 - Patient growth and development
 - Scene assessment
 - Pediatric Assessment Triangle (PAT) to perform assessment
 - Recognition of physical findings in children associated with serious illness

- Behavioral skills, such as, but not limited to:
 - Communication with children of various ages and with special health care needs
 - Patient and family centered care
 - Cultural awareness
 - Health care disparities
 - Team communication

POLICIES, PROCEDURES, AND PROTOCOLS

Policies, procedures, and protocols include pediatric considerations, and when not available, vetted consensus-based such as, but not limited to:

- Appropriate level of care (ALS, BLS)
- Appropriate mode of transport (ground vs. rotor wing)
- Policy on pediatric refusals
- Pediatric assessment
- Consent and treatment of minors
- Recognition and reporting child maltreatment
- Trauma triage
- Children with special healthcare needs
- Prehospital determination of death and withholding of resuscitation
- Safe transportation of children

APPLICATION PROCESS

The application is to be returned to the Arkansas EMSC Program Manager with all required documents attached. The application will be reviewed for completeness.

The EMSC Program Manager will work with the EMS service to schedule the assessment and notify them of the assessment date and details. The assessment will take place virtually or in person.

The EMS service may reach out to the EMSC Program Manager at any point for clarification, assistance, and to request resources. The goal of the program is to get EMS services pediatric ready. EMSC will work with the EMS service to succeed in the recognition program.

Applications can be submitted to kellie.tolliver@arkansas.gov OR you can FAX the application to (501)280-4901.

- Please provide a total of three points of contact (PECC, EMS Service Director, Person submitting application)
- Requirements from previous calendar year will be reviewed.
- If the agency wishes to maintain recognition, an application of renewal will need to be submitted annually during the open application period.
- Applications are checked for completeness and accuracy.
- EMS agency service license will be verified and must be in good standing with the Section of EMS.
- In-person or virtual site visits are scheduled as needed to verify compliance.
- Agencies that have successfully completed the application process will receive a certificate and a decal to affix to EMS vehicles.
 - For renewals, only an updated certificate will be sent to the EMS agency.
- A generic press release is available to the EMS agency applicant.
 - A press release is encouraged through local news outlets, social media, events, etc.

Renewal applications will be due every two years after initial recognition. All supporting documentation and requirements will need to be met by the time of renewal. Failure to renew will result in suspension or revocation of the EMS services recognition.

APPEALS PROCESS

Every effort will be made by the EMSC program to assist an EMS service meet the requirement of the Pediatric Recognition Sticker Program both prior to the site assessment and after. However, if your Pediatric Ambulance Recognition application was denied, you have the right to appeal the decision. If you wish to appeal the decision of the application, please submit a letter to the EMSC Program Manager. The letter will go to the EMSC Advisory Council Board as well as the EMSC Program Director for review. The overall goal of the recognition program is to help every EMS service in the state to be better prepared to treat and manage pediatric patients who endure illness and/or injuries. Every effort will be made by the program to help each EMS service reach that goal.

SUSPENSION/REVOCAION

If at any time your service is found to be in non-compliance of the requirements listed above or with the Section of EMS, the service's pediatric recognition can be suspended or revoked.

If an agency no longer maintains recognition status, decals must be removed from all EMS vehicles and returned to the Arkansas Emergency Medical Services for Children Program.

At no point will this application process or program be used against you or your service if you are found to be in non-compliance with the requirements set above for this program.

Recognition though this program may be suspended or revoked if the service:

- Provided falsified information to gain recognition
- Failed to maintain the standards of the agency as identified in this application manual.

ACCEPTANCE INTO THE PROGRAM

Upon acceptance into the program, the EMS service will be provided with a generic press release to inform their community that the EMS service is pediatric verified. The EMS service will also receive a decal to place on the ambulances to recognize the steps the EMS service has taken to achieve pediatric verification. Below is the example of the decal.



(The decal located above is 2.5" x 2.5")



CONTACT INFORMATION

EMSC Program Director

Christy Kresse

(501)661-2262

Christine.kresse@arkansas.gov

EMSC Program Manager

Kellie Tolliver

(501)553-4368

Kellie.tolliver@arkansas.gov

Address:

Section of EMS

5800 W. 10th St

Suite 800, Slot 38

Little Rock, Arkansas 72204

Office: (501)661-2262

FAX: (501)280-4901



RESOURCES AND REFERENCES

EMSC Innovation and Improvement Center

<https://emscimprovement.center>

Arkansas Department of Health

<https://www.healthy.arkansas.gov/programs-services/topics/emsc>

American Academy of Pediatrics

https://media.emscimprovement.center/documents/PedsReady_EMS-Policy.pdf

Arkansas EMSC Pediatric Chart Review for EMS

CHIEF COMPLAINT:				DATE OF CALL:			
ON SCENE TIME:				TRANSPORT TIME:			
TREATMENTS:				INTERVENTIONS:			
DESTINATION:				RUN NUMBER:			
FIRST SET	BP:	HR:	RR:	GCS:	BGL:		
SECOND SET	BP:	HR:	RR:	GCS:	BGL:		

COMMENTS:



Arkansas Pre-Hospital Pediatric Readiness Program Application

Name of Applicant:	Title:
EMS Service:	
Address:	
City, State, Zip:	
Phone Number:	Email Address:

- 1. Are you in compliance with the Arkansas Department of Health- Section of EMS?**
 Yes No
- 2. Are you in compliance with submitting data in the current version of NEMESIS?**
 Yes No
- 3. Does your service have a designated Pediatric Emergency Care Coordinator (PECC)?**
 Yes No
- 4. Have all licensed providers employed at this service been checked off on pediatric skills by the service's medical director or training department in the last year?**
 Yes No
- 5. Have all licensed providers employed with this service completed annual pediatric continuing education? (Simulation, MCI Training, Online Pediatric Specific Education, etc.)**
 Yes No
- 6. Did your service participate in the most recent National Prehospital Pediatric Readiness survey?**
 Yes No
- 7. Does this service adhere to safe transport for pediatric patients?**
 Yes No
- 8. Does this service have Pediatric Safe Transport Devices in all licensed transporting vehicles?**
 Yes No

- 9. Does this service have a Pediatric Safe Transport policy?**
 Yes No
- 10. Has this service held a Pediatric Educational Community Event in the last year?**
 Yes No
- 11. Does this service incorporate family-centered practices on all dispatched pediatric calls?**
 Yes No
- 12. Does this service have Pediatric Disaster protocols and/or considerations in the event of a disaster?**
 Yes No
- 13. Does this service practice safe medication and verification utilizing a pediatric length-based tape, EMSC Quick Reference Chart, EMSC Quick Reference flipbooks, HandTevy, etc.?**
 Yes No
- 14. Does this service provide quality improvement for licensed providers who respond to pediatric calls?**
 Yes No
- 15. Does this service have “Arkansas Children’s Hospital and Emergency Medical Services for Children Pediatric EMS Quick-Reference Guides” in all licensed vehicles (ALS, AEMT, and BLS)?**
 Yes No
- 16. Does this service have the “Arkansas EMS for Children Pediatric Quick Reference Chart” in all licensed vehicles (ALS, AEMT, and BLS)?**
 Yes No
- 17. Are the two resources outlined in question 15 and question 16 easily visible and accessible?**
 Yes No

Please complete the National Prehospital Pediatric Readiness EMS Agency Checklist provided to you with the Arkansas Pre-Hospital Pediatric Readiness Sticker Program Guidelines and submit with this application along with all supporting documentation outlined in the guidelines.

Medical Director's Signature

Print Name

Date

Applicant's Signature

Print Name

Date

Service Director Signature

Print Name

Date



Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

Prehospital Pediatric Readiness Checklist

This checklist is based on the 2020 joint policy statement “**Pediatric Readiness in Emergency Medical Services Systems**”, co-authored by the American Academy of Pediatrics (AAP), American College of Emergency Physicians, Emergency Nurses Association, National Association of EMS Physicians, and National Association of EMTs. Additional details can be found in the AAP Technical Report “**Pediatric Readiness in Emergency Medical Services Systems**”.

Use this tool to check if your EMS or fire-rescue agency is ready to care for children as recommended in the policy statement and technical report. Consider using resources compiled by the National Prehospital Pediatric Readiness Project Steering Committee when implementing the recommendations noted here, to include the **Prehospital Pediatric Readiness Toolkit**.



Education & Competencies for Providers

- Process(es) for ongoing pediatric specific education using one or more of the following modalities:
 - Classroom/in-person didactic sessions
 - Online/distributive education
 - Skills stations with practice using pediatric equipment, medication and protocols
 - Simulated events

Process for evaluating pediatric-specific competencies for the following types of skills:

- Psychomotor skills, such as, but not limited to:
 - Airway management
 - Fluid therapy
 - Medication administration
 - Vital signs assessment
 - Weight assessment for medication dosing and equipment sizing
 - Specialized medical equipment
- Cognitive skills, such as, but not limited to:
 - Patient growth and development
 - Scene assessment
 - Pediatric Assessment Triangle (PAT) to perform assessment
 - Recognition of physical findings in children associated with serious illness
- Behavioral skills, such as, but not limited to:
 - Communication with children of various ages and with special health care needs
 - Patient and family centered care
 - Cultural awareness
 - Health care disparities
 - Team communication

Equipment and Supplies

- Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages
- Process for determining competency on available equipment and supplies

Patient and Medication Safety

- Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to:
 - Length based tape
 - Volumetric dosing guide
- Policy for the safe transport of children
- Equipment necessary for the safe transport of children

Patient- and Family-Centered Care in EMS

Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training, including:

- Using lay terms to communicate with patients and families
- Having methods for accessing language services to communicate with non-English speaking/nonverbal patients and family members
- Narrating actions, and alerting patients and caregivers before interventions are performed

Policies and procedures that facilitate:

- Family presence during resuscitation
- The practice of cultural or religious customs
- A family member or guardian to accompany a pediatric patient during transport

Policies, Procedures, and Protocols (to include Medical Oversight)

- Prearrival instructions identified in EMS dispatch protocols include pediatric considerations, when relevant, such as, but not limited to:
 - Respiratory distress
 - Cardiac arrest
 - Choking
 - Seizure
 - Altered consciousness
- Policies, procedures, and protocols include pediatric considerations, such as, but not limited to:
 - Policy on pediatric refusals
 - Pediatric assessment
 - Consent and treatment of minors
 - Recognition and reporting of child maltreatment
 - Trauma triage
 - Children with special health care needs
- Direct medical oversight integrates pediatric-specific knowledge
- Protocols (indirect medical oversight) include pediatric evidence when available
- Destination policy that integrates pediatric-specific resources

Quality Improvement (QI)/ Performance Improvement (PI)

- PI process includes pediatric encounters
- Pediatric-specific measures are included in the PI process
- Submission of EMS agency data to the state's prehospital patient care database
- Submitted data is compliant with the current version of NEMIS (version 3.5 or higher)
- Process to track pediatric patient centered outcomes across the continuum of care, such as, but not limited to:
 - Transport destination
 - Secondary transport destination
 - ED and hospital disposition
 - ED and hospital diagnoses
 - Survival to hospital admission
 - Survival to hospital discharge

Interaction with Systems of Care

Policies, procedures, protocols, and performance improvement initiatives involve ongoing collaboration with:

- Pediatric emergency care
- Public health
- Family advocates

Plans and exercises for disasters or mass casualty incidents include:

- Care of pediatric patients, such as, but not limited to:
 - Pediatric mental health first aid
 - Pediatric disaster triage
 - Pediatric dosing of medications used as antidotes
 - Pediatric mass transport
- Tracking of unaccompanied children
- Family reunification
- Collaborate with external personnel or have internal staff focused on enhancing pediatric care, such as, but not limited to:
 - Pediatric emergency care coordinator (PECC)/champion
 - Regional PECC/pediatric champion
 - Pediatric advisory council(s)
 - Medical director with pediatric knowledge and experience
- Understand pediatric capabilities at local and/or regional emergency departments for children with the following types of conditions:
 - Medical emergency
 - Traumatic injury
 - Behavioral health emergency
- Policies and/or procedures for transfer of responsibility of patient care at destination

To provide feedback on this checklist, please email pprp@emscimprovement.center
For additional information on the Prehospital Pediatric Readiness Project (PPRP), visit:
<https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness>

