APPLICANT MANUAL

Revised May 2023

TEXAS EMS FOR CHILDREN EMS RECOGNITION PROGRAM

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EMSC STATE PARTNERSHIP, TEXAS

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May 2023

Dear EMS Agency Administrator:

Congratulations on your decision to participate in the Texas EMS for Children EMS 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 agency to prepare and be ready to manage pediatric emergencies within your community. By preparing your agency to become pediatric ready, you will receive acknowledgement from your community and local media outlets that you are voluntarily choosing to go "above and beyond in your care of children."

It is important to note that your decision to participate in this program will in no way impact your licensure by the Texas Department of State Health Services Office of EMS and Trauma Systems.

Please review this packet and complete and return the attached application along with the supporting documents for review by our office. Agencies who successfully meet the requirements will receive a Certificate of Readiness and decal to affix to its ambulance(s) to acknowledge their accomplishment and commitment to the infants and children of Texas.

Please do not hesitate to contact me or our Texas EMSC Program Manager with any questions at 832-824-EMSC (3672) emsctexas@bcm.edu .

Sincerely,

Kathryn Kothari MD
Program Director, Texas State Partnership
Emergency Medical Services for Children

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EMS Recognition Program

Introduction

The EMS for Children (EMSC) Voluntary EMS Recognition Program was originally developed in 2014 and was based on having proper equipment standards and protocols, pediatric education for providers, and providing pediatric focused community outreach. Since that time, three new National EMSC Performance Measures have been developed, a new recommended essential equipment list for ground ambulances has been published, and the Prehospital Pediatric Readiness EMS Agency Checklist[1] has been developed. As such, the EMS Recognition Program is being revised to reflect these new performance measures and research.

This document has been prepared by the Texas EMSC Program to assist the leadership of licensed EMS agencies within the state that desire to apply for recognition through the Texas EMSC EMS Recognition Program. Currently licensed EMS agencies within the State of Texas are eligible to participate. This overview manual will describe the steps necessary to apply for and maintain recognition status.

The EMS Recognition Program has as its primary purpose the improvement of pediatric emergency care outcomes and patient safety within the prehospital environment (local, regional, and state levels). The EMS Recognition Program will prepare EMS agencies to provide higher quality care for infants, children, and adolescents for the evaluation, treatment, and/or stabilization of children with medical and traumatic emergencies.

It is important that all EMS agencies have the appropriate resources, including physician oversight, trained and competent staff, education, policies, medications, equipment, and supplies, to provide effective emergency care for children. Resource availability across EMS agencies is variable, making it essential that EMS physician medical directors, administrators, and personnel collaborate with outpatient and hospital-based pediatric experts, especially those in emergency departments, to optimize prehospital emergency care for children. The principles in the policy statement “Pediatric Readiness in Emergency Medical Services Systems,” and the accompanying technical report establish a foundation on which to build optimal pediatric care within EMS systems and serve as a resource for the EMS Recognition Program.[1]

Air medical providers are responsible for a significant portion of prehospital care for children through scene response and interfacility transport. As such, it's equally important for them to have the appropriate resources, trained and competent staff, education, policies, medications, equipment, and supplies to provide effective emergency care for children as their ground ambulance counterparts. In collaboration with the Air Medical and Specialty Care Transport Committee of the Governor’s EMS and Trauma Advisory Council (GETAC), air medical EMS agencies are included in the EMSC Voluntary EMS Recognition Program. A taskforce convened to develop an equipment list specific to rotary wing aircraft that would encompass care for children from neonates to teenagers. In November 2022, the EMSC Advisory Committee accepted and approved the inclusion of air medical providers and the equipment list for rotary wing aircraft.

This document is subject to review and revision; therefore, the applicant is encouraged to review a current copy and confer with the Texas EMS for Children State Partnership to secure additional assistance. The most recent version of this overview document is posted on the Texas EMS for Children website www.bcm.edu/emsc.

Background

In 2020, the National Association of State EMS Officials (NASEMSO) published the results of the National EMS Assessment. Of the over 28 million 911 responses annually, less than 10% of those were for children. This raises concerns that even well-trained providers can face challenges in the maintenance of their cognitive knowledge and psychomotor skills given the range of acuity in pediatric patients they encounter. These encounters underscore the importance of establishing activities in EMS agencies and systems to ensure pediatric readiness in the EMS environment.[1,2]

In 2007, the Institute of Medicine, (IOM), now called the National Academies of Sciences, Engineering, and Medicine, published a report titled, "Emergency Care for Children: Growing Pains," which described multiple gaps in the ability of our emergency care system to meet the needs of children. The report has several recommendations including the need to establish defined pediatric emergency care competencies and provide initial and continuing pediatric specific continuing education for providers. The report specifically recommends that EMS systems appoint a pediatric emergency coordinator (PECC) to provide oversight to the care of children, to promote the integration of pediatric elements into day-to-day services as well as local and regional disaster planning, and to promote pediatric education across all levels of EMS providers.[3] In the resource document, *Coordination of Pediatric Emergency Care in EMS* Systems, Remick et al. point out that emergency departments that have a nurse or physician PECC have a higher rate of compliance with national guidelines for the care of children than those that do not. It is expected that EMS agencies who have a PECC would have similar results.[4]

The 2013 National Pediatric Readiness Project (NPRP) assessment evaluated various foundational elements based on the joint policy statement, "Guidelines for Care of Children in the ED." Evidence from the NPRP supports that emergency departments (EDs) are more prepared to care for all children when guidelines are adhered to for the care of children and have decreased mortality rates. EMS medicine has the potential to see similar benefits in readiness to care for children with established guidelines for the care of children in EMS systems.

Program Levels

The EMS for Children Voluntary EMS Recognition Program is structured to be a multi-level system of recognition. The fundamental phase required to obtain initial recognition, centers around EMS agencies submission of NEMSIS compliant version 3.X data, having a designated individual who coordinates pediatric emergency care, and having a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment. 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.

Bronze Level – National EMSC Performance Measures

The Bronze Level of recognition relates to EMS agencies ability to meet the National EMSC EMS systems-based performance measures. Additional information on requirements can be found in Appendix C.

- Performance Measure 01: The degree to which EMS agencies submit NEMSIS compliant version 3.X data to the State Office of EMS. As a first step toward quality improvement (QI) in pediatric and emergency medical and trauma care, the EMSC Program seeks to first understand the proportion of EMS agencies reporting to the state EMS office NEMSIS version 3.X – compliant data, then use that information to identify pediatric patient care needs and promote its full use at the EMS agency level.[5]

- Performance Measure 02: Having a designated individual who coordinates pediatric emergency care. The Institute of Medicine (IOM) report, "Emergency Care for Children: Growing Pains"[1] recommends that EMS agencies appoint a pediatric emergency care coordinator to provide pediatric leadership for the organization. This individual(s) need not be solely dedicated to this role and could be personnel already in place with a special interest in children who assumes this role as part of their existing duties.[5] More information regarding PECC roles and responsibilities can be found in Appendix C.

- Performance Measure 03: Having a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. Continuing education such as the Pediatric Advanced Life Support (PALS) and Pediatric Education for Prehospital Providers (PEPP) courses are vitally important for maintaining skills and are considered an effective remedy for skill atrophy. These courses are typically required only every two years. More frequent practice of skills using different methods of skill ascertainment are necessary for EMS providers to ensure their readiness to care for pediatric patients when faced with these infrequent encounters.[5]

- Equipment and Supplies: Having pediatric-specific equipment, supplies available. The recommended equipment and supplies are based on the *Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement.* This document is intended to represent minimum essential equipment recommendations and should not be used to limit the addition of items to a services repertoire. Carriage of items that supplement those listed should be based on local clinical and operational needs and should be left to the discretion of the physician medical director and other agency administrative personnel. Equipment should always be appropriate for the size/age of patients. Availability and use of appropriate pediatric sized equipment is necessary, not discretionary.[6]

    - Specific medication recommendations have been removed from this recommended equipment list due to several factors specifically, the diversity of clinical protocols across the state, even across the same echelon of care, precludes development of an appropriately brief but comprehensive recommended medication list.[6]

    - Specific equipment, supplies, and medication for rotary aircraft/air medical providers is now included in this section. This list is specific to air medical providers and is intended to represent minimum essential equipment recommendations and should not be used to limit the addition of items to a services repertoire. Carriage of items that supplement those listed should be based on local clinical and operational needs and should be left to the discretion of the physician medical director and other agency administrative personnel. Equipment should always be appropriate for the size/age of patients. Availability and use of appropriate pediatric sized equipment is necessary, not discretionary.[6]

- Patient and Medication Safety: Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to a length-based tape or volumetric dosing guide. Additionally, a policy for the safe transportation of children must be in place, as well as equipment necessary for the safe transportation of children.[7]

- Policies, Procedures, and Protocols (to Include Medical Oversight): Pediatric considerations in the development of pediatric EMS dispatch protocols, operations, and physician oversight (for example, as outlined in the National Association of EMS Physicians position statement *Physician Oversight of Pediatric Care in Emergency Medical Services).*[7,8]

- Must participate in the National EMS for Children EMS surveys as part of the nationwide quality improvement effort regarding care of pediatric patients by EMS agencies.
  - Air medical providers are not currently included in the National EMS for Children EMS surveys and are not required to participate.

Silver Level – Patient and Family Centered Care
To achieve Silver Level recognition, an EMS agency must have met all the criteria to achieve Bronze Level recognition. The NAEMT has recommended that policies and/or protocols that promote family presence, participation in care, and safe transport of children should be developed by EMS agencies. To achieve Silver Level recognition an EMS agency must partner with families to integrate elements of patient and family centered care in policies, protocols, and training (Appendix C).

- Promote overall patient and family centered care, which includes using lay terms to communicate with patients and families, having methods for accessing language services to communicate with non-English speaking patients and family members, narrating actions, and alerting patients and caregivers before interventions are performed. In addition, allowing family members to remain close to their children during resuscitation activities and to practice cultural or religious customs as long as they are not interfering with patient care.[7]

- Have policies and procedures in place to allow a family member or guardian to accompany a pediatric patient during transport when appropriate and feasible.[7]

- Include provisions for caring for children and families in emergency preparedness planning and exercises, including the care and tracking of unaccompanied children and timely family reunification in the event of disasters.[7]

- 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 if a benefit to children can be demonstrated. Some examples include:
  - Identify patients in your coverage area with extra healthcare or cognitive needs and meet with them and their caregivers to recognize their needs and any specialized training needed to care for these patients.
  - Hosting a community safety day at the ambulance station.
  - Hosting a community CPR class, including child/infant curriculum components.
  - Providing a presentation to local elementary school students on EMS.
  - Conducting injury prevention talks at the local town swimming pool.
  - Partnering with your local chapter of Safe Kids Texas to host a car-seat fitting station.

Gold Level – Quality Improvement (QI)
To achieve Gold Level recognition, an EMS agency must have met all the criteria to achieve Bronze and Silver Level recognition. EMS QI involves the continuous monitoring of EMS system performance by using measures to identify opportunities for improving patient care. Pediatric EMS QI includes several important elements such as the inclusion of pediatric data elements into patient care reports and collaboration with pediatric content-matter experts in off-line protocol development. Of critical importance are the development of relationships between EMS and hospitals to facilitate the exchange of QI information including patient outcomes and case reviews to include both EMS and hospitals in system data analysis.

To achieve Gold Level recognition an EMS agency must develop a quality improvement (QI) plan that includes pediatrics. Additionally, they will need to develop policies, procedures, and protocols that involve interaction with systems of care (Appendix C).

- Include pediatric specific measures in periodic QI practices that address morbidity and mortality.[7] Examples of pediatric specific quality metrics can be found in Appendix C.

- Process to track pediatric patient centered outcomes across the continuum of care.[7]

- Collaborate with medical professionals with significant experience or expertise in pediatric emergency care, public health experts, and family advocates for the development and improvement of EMS operations, treatment guidelines, and quality improvement initiatives.[7]

- To evaluate the effectiveness of the EMS Recognition Program, specific pediatric QI data will be requested on a periodic basis. The method of gathering data will be determined later. The frequency of reporting will also be determined through consultation with participating agencies. We intend to ensure that data is seamlessly shared between EMSC and each participating agency.

EMS Recognition Application

Process
A process map of the application can be found in Appendix A.

- All applicants are required to submit the EMS Recognition Application Form. This form can be found online at www.bcm.edu/emsc, or within this Application Manual (Appendix B).

- The application is to be returned to the EMSC program manager with all required documents attached. The application will then be reviewed for completeness.

- The EMSC program manager will work with the EMS agency to schedule the assessment and notify them of the assessment date and details.

- Prior to the assessment, the EMSC program manager will provide the EMS agency with an Application Summary Form that highlights any areas of the application that requires additional information or clarification. The EMSC program manager will be responsible for ensuring that the additionally requested information within that document is provided during the assessment.

- The EMS agency may also reach out to the program at any point during the application process to seek clarifications, or to request resources that can help with meeting the criteria for recognition.

- The assessment will take place virtually or in-person dependent upon available funding.

- Following the assessment, a Final Consultation Report will be prepared that will be shared with the EMSC program and its advisory committee.

- Once the committee reviews the results of the assessment, it will provide the EMS agency with feedback on the overall performance of their application.

- The EMSC Advisory Committee (EAC) will then proceed with a decision on whether the EMS agency will be recognized through the program, or if a focused assessment will need to ensue to address any critical deficiencies identified.

- The applicant is notified of the EAC's decision.

APPLICATION GUIDELINES

Points of Contact

- Two key staff members should be designated to assist and act as the points of contact for this application:

- Primary Contact Person: This individual will be assuming responsibility for completion and submission of this application packet and will be the main point of contact for the coordination of the site assessment. EMS chiefs or managers are preferred, as they are best equipped to answer the questions accurately.

- Pediatric Emergency Care Coordinator: This individual(s) works at the EMS agency level to facilitate continued pediatric emergency education; ensure QI for pediatric patients; enhance the availability of pediatric medications, equipment, and supplies; represent the pediatric perspective in the development of EMS protocols; and participate in pediatric research. A more extensive list of PECC roles and responsibilities can be found in the EMS Recognition Program Criteria (Appendix C).

Submission Instructions

- Before you begin the application, please take a moment to carefully review all requirements in this application. Below are the items required at the time of application submission.

- Application Form: This will be your application cover page.

- EMS Recognition Criteria and Supporting Document Checklist: The EMS Recognition Criteria is a list of required equipment, supplies, personnel, and policies in a table format with columns for initials of those who verify items that are present in the agency (Appendix C). The Supporting Document Checklist is used to ensure the submission of all required supporting documents (Appendix D).

- Organize supporting documentation (schedules, policies, procedures, protocols, guidelines, plans, etc.) in files labeled with the headings in the checklist. These will be electronic files if submitting electronically, or file folders if submitting through the postal system. Place appropriate documentation into the appropriate file. EX: PECC job descriptions should go in the file labeled, "Staff." Policies, procedures, and protocols should go in the file labeled, "Policies, Procedures, and Protocols." Also, remember to clearly label any supporting documentation provided.

- You are encouraged to use the Supporting Document Checklist provided to ensure the completeness of your application (Appendix D).

- You can submit your application to the EMSC Program via the following ways:

  - **Mail:** 1102 Bates Ave.
    Ste. 1850, BCM 320
    Houston, TX 77030 – 3411

  - **Fax:** 832-824-1182

  - **Box File:** If submitting electronically, a unique Box File will be created for you to deposit your electronic files in.

- For questions regarding the application process, specific criteria items, and/or supporting documentation, please contact the EMSC Program Manager at 832-824-EMSC (3672).

EMS Recognition Assessment Process

Participants

- The following representatives are encouraged to represent the EMS agency:
  - EMS Agency Administrator of Record
  - EMS Agency Medical Director
  - EMS Chief/Manager/Supervisor
  - EMS Agency PECC

Duration

- Approximately four- and one-half hours (240 minutes) or as otherwise determined by the EMSC program manager.

Format

- Virtual Conference with the use of a pre-selected videoconferencing software installed on a portable device to facilitate the walking tour of the ambulance on the day of the assessment is essential.

Additional Considerations

- EMS agency staff should reserve a room with strong internet connection that is available for the duration of the assessment. The room should be located away from areas with traffic and noise at a minimum.

- EMS agency staff should have contact information on hand for the troubleshooting team of the video-conferencing software for any urgent technical assistance.

Assessment Timeline Overview

Time	Item	Presenter
15 min.	Introductions	All
45 min.	Opening Statements	All
15 min.	BREAK	
60 min.	Review of Checklist Items	All
60 min.	Equipment Inspection	All
30 min.	BREAK	
30 min.	Exit Meeting	Facilitators

Introductions: 15 min.
- Introductions of the EMSC program manager and EMS agency staff and their roles.

Opening Statements: 45 min.
- EMSC overview (presented by EMSC program manager).

- Outline of assessment agenda (EMSC program manager).

- EMS agency representatives should be prepared to do the following:
  - Provide an overview of their EMS agency

  - Present baseline pediatric data
    - Annual number of calls, including a pediatric breakdown
    - Annual number of treat and no transport calls, including a pediatric breakdown
    - Primary transport destination
    - Secondary transport destination
    - ED and hospital disposition

  - Provide a brief description of their **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats as related to their pediatric emergency care capabilities, services, and resources.

Review of Checklist Items: 60 min.
- Opportunity to provide additional clarifications on documents submitted in advance, as requested by the EMSC program manager.

- EMS agency representatives should be ready to discuss the process 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

- Discuss the process for evaluating pediatric specific competencies for the following types of skills, how they are assessed, how often, and how do they decide which competencies to assess.
  - Psychomotor skills
  - Cognitive skills
  - Behavioral skills

- Detail what types of CE is required of their personnel (e.g., PALS, PEPP, PHTLS, Pediatric ITLS, etc.).

- Discuss the role of the Pediatric Emergency Care Coordinator (PECC) if they are not available to speak with the facilitators.
- EMS agency representatives should be ready to provide a description of the process of safe storage, prescribing, and delivery of pre-selected medication. The process should then be demonstrated via virtual conference.

- Assessment of patient and medication safety elements.
  - Tools used to reduce pediatric medication dosing and administration errors, such as, but not limited to:
    - Length based tape
    - Volumetric dosing guide

  - Equipment necessary for the safe transport of children. The device(s) should cover, at a minimum, a weight range of between five (5) and 99 pounds (2.3 – 45kg).[9]

Equipment Inspection: 60 min.

- The facilitator will be conducting a “hands on” inspection of one unit seeking pediatric certification. The director of this service can verify how many ambulances carry the same equipment by completing the Compliance Reporting Affidavit found in Appendix E.

- The facilitator will strictly go over the checklist that is provided in Appendix C. If an item is not there or is not found, the service will be given an opportunity to search for it. If not found, the service will be given 30 days to get the item and send proof (purchase order, receipt) showing that they have received the item(s). If major items are missing and the checklist has not been followed, the inspection will be concluded, and another appointment time will need to be scheduled when the department has the items.

- Once the inspection is complete, the facilitator will forward the completed inspection to the EMS for Children Program Manager who will review the completed paperwork with the EMS for Children Advisory Committee.

Exit meeting: 30 min.

- The EMSC program manager and the EMS agency representatives will take this opportunity to address any unanswered question.

- To conclude the assessment, the EMSC program manager will provide the EMS agency staff a general timeline for when feedback will be provided to them.

Award of Recognition

- Upon successful completion of the assessment process, an official letter from the Director of the EMSC Program, a Certificate of Recognition, and vehicle decals will be issued to the EMS agency. 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 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. A template for a press release can be found in Appendix F.

- If the application is incomplete, or if pediatric emergency care standards are not met to the level required for recognition, a letter will be sent via email to the EMS agency representative with deficiencies identified. Subsequently, the EMS agency will be given the opportunity to work on those deficiencies and can request a focused assessment to be conducted for the program to verify the improved upon measures.

- An EMS agency may also choose to submit applications multiple times until the program issues a Certificate of Recognition.

- If due to extenuating circumstance an EMS agency recognized through the program is unable to maintain their recognition status, they may withdraw their recognition status. In this situation, the EMS agency will notify the EMSC Program through a written notice at least 60 days prior to withdrawal or the status change, if possible. In the notification, please include information on the rationale for the decision.

- In the event an EMS agency no longer maintains recognition status, decals must be removed from all vehicles within 5 days.

Appeals Process

- Every effort will be made by the EMSC program to assist an EMS agency meet the requirement of the readiness program both prior to the site assessment and after. However, if an EMS agency has any question or concerns regarding an unfavorable result of their assessment, they are welcome to submit a written explanation of why they disagree with the decision and to request a second assessment. The overall aim of the EMS Recognition Program is to help every EMS agency in the state be better prepared to treat and manage pediatric trauma and medical emergencies within their communities. Every effort will be made by the program to help each EMS agency reach that goal.

Suspension or Revocation

- Recognition through 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 guidance

- Agencies must maintain good standing with DSHS license procedures.

- If an agency's recognition is suspended or revoked, recognition decals must be removed from all vehicles within 5 days of the revocation and returned to the EMS for Children State Partnership, Texas.

- If an agency sells a vehicle or places the vehicle out of service for an extended period, the recognition decal must be removed within 5 days.

Renewal of Recognition

- Once recognized through this program, renewal will be automatic, if the standards identified in this program are maintained. Each agency must resubmit their application along with a notarized affidavit showing that there have been no changes. This reapplication process will take place triennially.

Application for Level Advancement or Downgrade

- Upon receiving initial recognition, EMS agencies will be provided with information related to the subsequent level(s) of recognition, which will include instructions on how to apply for advancement to a higher level(s).

- To voluntarily downgrade recognition level, the EMS agency shall submit a written request to the Texas EMS for Children State Partnership.

Change of Medical Director, EMS Chief/Manager/Supervisor, or PECC

- Whenever there is a change in the EMS provider's medical director, EMS Chief/Manager/Supervisor, or Pediatric Emergency Care Coordinator (PECC), notify the Texas EMS for Children State Partnership within 30 business days of the change. Use the Application Form found in Appendix B to provide this notification.

EMS Agencies Who Received Previous Recognition 2014 – 2021

- Eligibility requirements for an EMS agency that received recognition through the Voluntary Pediatric Recognition Program between 2014 – June 2022 are:
  - If recognition expired prior to June 2022 or during calendar year 2022, the EMS agency will need to reapply and receive recognition through this revised process.
  - If recognition does not expire until after calendar year 2022, the EMS agency's current recognition will remain in effect until it expires. At that time the EMS agency will need to reapply and receive recognition through this revised process.

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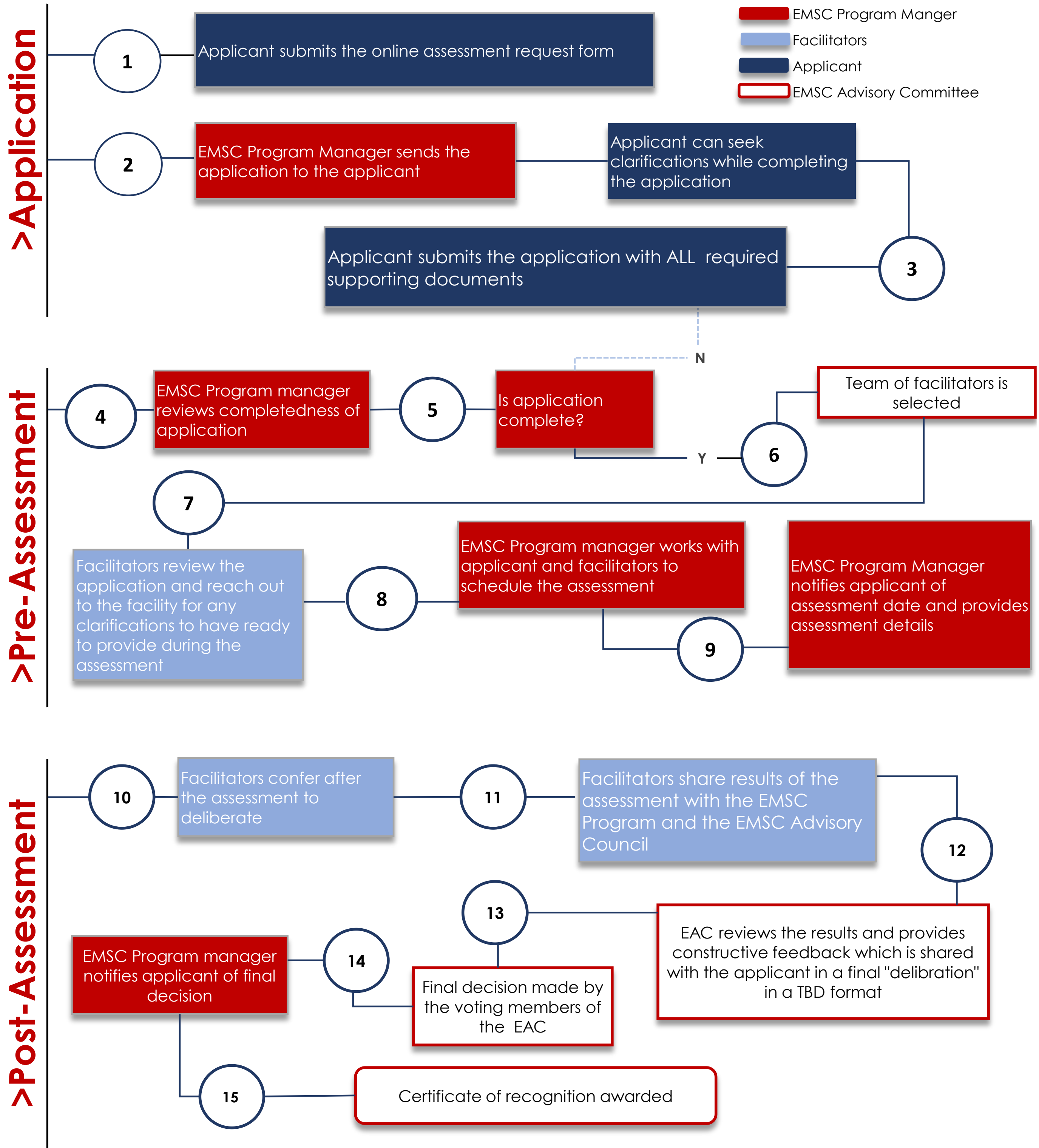
APPENDIX A: Application Process Map


EMS RECOGNITION PROGRAM
Application Process
EMSC Program Manger
Facilitators
Applicant
EMSC Advisory Committee
>Application
1
Applicant submits the online assessment request form
2
EMSC Program Manager sends the application to the applicant
Applicant can seek clarifications while completing the application
3
Applicant submits the application with ALL required supporting documents
N
>Pre-Assessment
4
EMSC Program manager reviews completedness of application
5
Is application complete?
Y
6
Team of facilitators is selected
7
Facilitators review the application and reach out to the facility for any clarifications to have ready to provide during the assessment
8
EMSC Program manager works with applicant and facilitators to schedule the assessment
9
EMSC Program Manager notifies applicant of assessment date and provides assessment details
>Post-Assessment
10
Facilitators confer after the assessment to deliberate
11
Facilitators share results of the assessment with the EMSC Program and the EMSC Advisory Council
12
EAC reviews the results and provides constructive feedback which is shared with the applicant in a final "delibration" in a TBD format
13
Final decision made by the voting members of the EAC
14
EMSC Program manager notifies applicant of final decision
15
Certificate of recognition awarded

APPENDIX B: Application Form

APPLICATION FORM

To process your application, please complete the following form and forward this application to the Texas EMS for Children State Partnership office.

Name of EMS Agency:	
Mailing Address:	
EMS Agency License Number	
Date of Application	

LEVEL OF RECOGNITION APPLYING FOR:		
☐ **Bronze**	☐ **Silver**	☐ **Gold**

Medical Director	**Name:**
	Title:
	Email address:
	Telephone:

EMS Chief/Manager/ Supervisor	**Name:**
	Title:
	Email address:
	Telephone:

Pediatric Emergency Care Coordinator(s)	**Name:**
	Title:
	Email address:
	Telephone:

Official Completing the Form	**Name:**
	Title:
	Email address:
	Telephone:

By signing this document, the applicant understands: The program is voluntary, the decision to participate will in no way impact licensure by the Texas Department of State Health services Office of EMS and Trauma Systems, and that the EMS agency's recognition status will be determined by the EMSC Advisory Committee

Signature: ______________________ **Date:** ______________________

APPENDIX C: EMS Recognition Program Criteria

EMS Recognition Program Criteria

This list 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 (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), and National Association of EMTs (NAEMT). Additional details can be found in the AAP Technical Report, "Pediatric Readiness in Emergency Medical Services Systems."*

Bronze Level

Official Completing Form (please print): ______________________________ **Date:** ______________	**Initials:** _________________

Instructions: The requirements and acceptable documentation are detailed for each item on the list by type of assessment. For each item, please initial in the box provided for each line item/equipment to indicate the acceptable forms of documentation/material were submitted along with the application. Please attach any documentation/material as an addendum to this application.

DESCRIPTION	**SITE ASSESSMENT**		
Participation in National EMS for Children EMS Surveys	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Must participate in the National EMS for Children EMS surveys as part of the nationwide quality improvement effort regarding care of pediatric patients by EMS agencies.	The EMSC Program Manager will confirm if the EMS agency has completed the most recent EMSC survey		
Pediatric Emergency Care Coordinator (PECC)	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
An individual(s) who is responsible for coordinating pediatric specific activities. A designated individual(s) who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual(s) already in place who assumes this role as part of their existing duties. The individual(s) may be a member of your agency or work at a county or regional level and serve more than one agency. The intent of designating and developing the role of a PECC is to ensure that there is a dedicated individual(s) identified at the local EMS agency that represents pediatric interest and performs the roles listed below. An agency does not have to have a single person performing the functions of a PECC. The responsibilities can be fulfilled by two or more people, such as the medical director, EMS chief, training officer, or other prehospital professional. Additionally, there could be a region wide individual(s) that performs the responsibilities as a PECC for EMS agencies within a region.	Name of individual(s) and copy of official position description	Interview by the facilitator with the PECC to discuss their role	

Some certifications of the individual(s) who might fulfill the PECC role include, but are not limited to: • Emergency Medical Technician (EMT) • Paramedic • Registered Nurse (RN) • Advanced Practice Nurse (APN) • Physician Assistant (PA) • MD Some responsibilities of the individual(s) who might fulfill the PECC role include, but are not limited to: • Ensures that the pediatric perspective is included in the development of EMS protocols. • Ensures that fellow EMS providers follow pediatric clinical practice guidelines. • Promotes pediatric continuing-education opportunities. • Oversees the pediatric-process improvement. • Ensures the availability of pediatric medications, equipment, and supplies. • Promotes agency participation in pediatric-prevention programs. • Promotes agency participation in pediatric-research efforts. • Liaises with the emergency department pediatric emergency care coordinator. • Promotes family-centered care at the agency.			
Submission of NEMSIS Version 3.X Compliant Data	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Must submit EMS agency data to the state's prehospital care database and is compliant with the current version of NEMSIS (version 3.x or higher)	Copy of policy to submit NEMSIS 3.x or higher data to the TDSHS		
Education and Competencies for Personnel	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Process(es) for ongoing pediatric specific clinical 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	A description or copy of the process used	Visualization of the classroom, simulation equipment, online program use	
Process for delivering comprehensive, ongoing, pediatric specific clinical education and evaluating pediatric specific psychomotor and cognitive competencies of EMS personnel. This includes ongoing education in pediatric emergency care programs such as: • Pediatric Advanced Life Support (PALS) • Pediatric Education for Prehospital Professionals (PEPP) • Prehospital Trauma Life Support (PHTLS) • Pediatric International Trauma Life Support (Pediatric ITLS)	A de-identified list of current personnel and the expiration date of their certification		
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, shock, 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	Written policy regarding scope and frequency of evaluations used	Discussion regarding process used and how evaluated	
• 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	Written policy regarding scope and frequency of evaluations used	Discussion regarding process used and how evaluated	

○ Cultural awareness ○ Health care disparities ○ Team communication			
Patient and Medication Safety	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to: • Length based tape • Volumetric dosing guide	Copy of the policy	Visual inspection of the tools used to reduce medication dosing and administration errors	
Policy for the safe transport of children	Copy of the policy		
Equipment necessary for the safe transport of children in the ambulance. The device(s) should cover, at a minimum, a weight range of between five (5) and 99 pounds (2.3 – 45kg).[9]	Copy of the policy	Visual inspection of the equipment used for safe transport	
Policies, Procedures, and Protocols (to include Medical Oversight)	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
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 level of consciousness	Copy of the prearrival instructions		
Policies, procedures, and protocols include pediatric considerations, and when not available, vetted consensus-based such as, but not limited to: • Appropriate level of care (BLS, ALS) • Appropriate mode of transport (ground vs. rotor wing) • Policy on pediatric refusals • Pediatric assessment • Consent and treatment of minors	Copy of the policies, procedures, and protocols		

• Recognition and reporting of child maltreatment • Trauma triage • Children with special healthcare needs • Prehospital determination of death and withholding of resuscitation			
Evidence-based guidelines for clinical care and, when not available, vetted consensus-based guidelines such as the *NASEMSO Model EMS Clinical Guidelines.*[10]	Copy of the evidence-based and consensus-based pediatric guidelines used		
In addition to DSHS medical director requirements, direct medical oversight integrates the following pediatric specific knowledge.[8] • Medical director to engage with stakeholders who can provide EMS appropriate guidance related to pediatric EMS • Identify gaps and ensure available resources to care for children • Maintain a relationship with state EMS for Children infrastructure • Establish and maintain pediatric specific EMS protocols • Establish quality improvement plans with pediatric specific indicators	A description of the pediatric oversight provided by the agency's medical director	Discussion with the EMS agency medical director on how they are integrating pediatric knowledge in the agency	
Destination transport policy that integrates pediatric specific resources, understanding pediatric capabilities at local and/or regional emergency departments for children with the following types of conditions: • Medical emergency • Traumatic injury • Behavioral health emergency	Copy of policies covering these conditions		
Policy or procedure for transfer of responsibility of patient care at destination	Copy of policy		
Equipment and Supplies – GROUND AMBULANCES	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes and are easily accessible, clearly labeled, and logically organized. • Personnel are educated on the location of all items • Daily method in place to verify the proper location and function of pediatric equipment and supplies • Length-based tape, volumetric dosing guide or other systems are readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications	Copy of written procedure/protocol for daily method to verify the proper location and function of equipment and	Visual inspection of equipment, supplies, and medications by Facilitators	

	expiration of medications and supplies		
Airway, Ventilation, and Oxygenation • Basic Life Support ○ Oxygen supply, portable and on-board ○ Devices capable of delivering oxygen in a titratable manner through nasal, partial face, or full-face mask routes in sizes to fit neonates through adults ○ Oropharyngeal airways in sizes to fit neonates through adults ○ Nasopharyngeal airways in sizes to fit neonates to adults ○ Manual and/or powered suction device(s) with rigid oral and flexible pharyngeal/tracheal suction catheters in sizes to fit neonates to adults ○ A device capable of providing non-invasive positive pressure ventilation (NIPPV) ○ Self-inflating manual ventilation devices and masks to fit neonates to adults ○ Bulb suction • Advanced Life Support ○ Direct and/or Video laryngoscopy equipment appropriate for neonates to adults ○ Magill forceps – Adult and Pediatric ○ Supraglottic airways in sizes to fit neonates to adults	Official equipment list for the EMS agency	Visual Inspection of equipment by the facilitator	
Bleeding, Hemorrhage Control, Shock Management, and Wound Care • Basic Life Support ○ Commercial arterial tourniquets ○ Wound packing material ○ Gauze sponges ○ Adhesive bandages ○ Occlusive dressing (aka "chest seal") ○ Fluid for irrigation of wounds • Advanced Life Support ○ Chest Decompression needles 14g or larger diameter, minimum length 3.25 inches (8.25cm) or commercial chest decompression devices ○ Chest Decompression needles 14g diameter, maximum length 1.5 inches (3.8cm) for patients less than 56 inches (144cm) long ○ 23g diameter, maximum length 0.75 inches (2cm) for newborns			

<table>
<tr><td>Cardiovascular and Circulation Care
• Basic Life Support
  ○ Automated External Defibrillator (AED) with adult and pediatric or combination pads
• Advanced Life Support
  ○ A device capable of performing automatic and/or manual defibrillation, cardiac rhythm monitoring (in at least three leads), 12 ECG acquisition, and transcutaneous pacing</td><td rowspan="3">Official equipment list for the EMS agency</td><td rowspan="3">Visual Inspection of equipment by the facilitator</td><td></td></tr>
<tr><td>Diagnostic Tools
• Basic Life Support
  ○ Glucometer
  ○ Pulse oximeter with sensors to fit neonates through adults
  ○ Blood pressure cuffs in sizes to fit neonates through adults
  ○ Thermometer
• Advanced Life Support
  ○ Continuous waveform capnography</td><td></td></tr>
<tr><td>Medication Delivery and Vascular Access
• Basic Life Support
  ○ Devices and supplies needed to administer medications via routes (Oral, Inhaled, Intramuscular, Intranasal) included in locally approved scope of practice and locally applicable protocols and in sizes to fit neonates to adults
  ○ Tools that provide precalculated weight-based dosing and preclude the need for calculation by EMS providers can reduce dosing errors
• Advanced Life Support
  ○ Devices and supplies needed to administer medications via routes (Oral, Inhaled, Intramuscular, Intranasal, Intravenous, Intraosseous) included in locally approved scope of practice and locally applicable protocols and in sizes to fit neonates to adults
  ○ Isotonic crystalloid fluids and administration tubing capable of adjustable fluid delivery rate
  ○ A device to provide pressure infusion of IV fluids
  ○ A device suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over administration of fluid</td><td></td></tr>
</table>

<table>
<tr>
<td>Neonatal Care
• Basic Life Support
  ○ Newborn delivery supplies
    ▪ 2 umbilical cord clamps
    ▪ Tool for cutting umbilical cord
    ▪ Bulb suction
    ▪ Infant head cover
    ▪ Towels
    ▪ Blanket
    ▪ Gauze dressings
    ▪ Material or devices intended to maintain body temperature
• Advanced Life Support
  ○ No additional ALS recommendations</td>
<td rowspan="3">Official equipment list for the EMS agency</td>
<td rowspan="3">Visual Inspection of equipment by the facilitator</td>
<td></td>
</tr>
<tr>
<td>Orthopedic Injury Care
• Basic Life Support
  ○ Splinting material or commercial devices for immobilization of orthopedic extremity injuries including, but not limited to:
    ▪ Femoral splinting materials which may include either simple non-traction devices or devices that provide femoral traction
    ▪ Pelvic splinting materials which may include either a commercial pelvic circumferential compression device (PCCD) designed specifically to splint the pelvis, or a dedicated bedsheet and towel clips to perform circumferential pelvic antishock sheeting
• Advanced Life Support
  ○ No additional ALS recommendations</td>
<td></td>
</tr>
<tr>
<td>Patient Packaging, Evacuation, and Transport
• Basic Life Support
  ○ Extrication board/device
  ○ Materials or devices that can be utilized to provide spinal motion restriction of the cervical, thoracic, and lumbar spine for neonates to adults
  ○ Pediatric specific restraint system or age/size appropriate car safety seat
• Advanced Life Support
  ○ No additional ALS recommendations</td>
<td></td>
</tr>
</table>

<table>
<tr><td>Temperature Management and Heat Loss Prevention
• Basic Life Support
○ Blankets
○ Towels
○ Heat packs
• Advanced Life Support
○ No additional ALS recommendations</td><td rowspan="2">Official equipment list for the EMS agency</td><td rowspan="2">Visual Inspection of equipment by the facilitator</td><td></td></tr>
<tr><td>Miscellaneous Items
• Triage marking system inclusive of children (colored tape, tags, or other system) that is interoperable with other local healthcare system entities and that follows recommendations from the U.S. Dept. of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR)</td><td></td></tr>
<tr><th>Equipment and Supplies – <u>ROTARY WING AIRCRAFT</u></th><th>PRE-SUBMITTED</th><th>ASSESSMENT</th><th>INIT</th></tr>
<tr><td>Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes and are easily accessible, clearly labeled, and logically organized.
• Personnel are educated on the location of all items
• Daily method in place to verify the proper location, function, and storage of pediatric equipment and supplies, including temperature and humidity/climate control
• Pediatric and neonatal medications are included in regularly scheduled expiration date checks
• Length-based tape, volumetric dosing guide or other systems are readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications</td><td>Copy of written procedure/protocol for daily method to verify the proper location and function of equipment and expiration of medications and supplies</td><td>Visual inspection of equipment, supplies, and medications by Facilitators</td><td></td></tr>
<tr><td>Airway, Ventilation, and Oxygenation
• Pediatric non-rebreather mask
• Neonatal bag valve mask with 2 mask sizes
• Pediatric bag valve mask
• Pediatric Magill forceps
• Small laryngoscope handle
• Curved laryngoscope blades sizes 0 – 4
• Straight laryngoscope blades sizes 00 – 4</td><td>Official equipment list for the EMS agency</td><td>Visual Inspection of equipment by the facilitator</td><td></td></tr>
</table>

• Pediatric Bougie • Pediatric stylets, 6 Fr and 10 Fr • Endotracheal tubes sizes 2.5 mm – 5.5 mm • Suction catheters, 6Fr and 8 Fr • Pediatric and Infant SpO2 probes • Pediatric and Infant ETCO2 Monitoring Line • Pediatric ventilator circuit • Nasogastric tubes sizes 6 Fr – 10 Fr • Orogastric tubes sizes 6 Fr – 10 Fr			
Medication Delivery and Vascular Access • IV catheters, 22 gauge and 24 gauge • Pediatric and neonatal intraosseous access device ○ 15 mm and 25 mm needles • 1 ml luer lock syringes • 3 ml syringes • 3-way stopcock • Pediatric arm board • IV infusion pump with ability to run in pediatric/neonatal mode • Capability to dilute dextrose	Official equipment list for the EMS agency	Visual Inspection of equipment by the facilitator	

Cardiovascular and Circulation Care
• Pediatric multifunction cardiac monitor electrode pads
• Neonatal ECG electrodes
• Blood pressure cuffs
    ○ Child
    ○ Small Child
    ○ Infant
• Continuous monitor temperature probe
    ○ Ability to monitor pediatric and neonatal temperatures			

Obstetrical Care
• OB/Precipitous Delivery Kit
    ○ 2 umbilical cord clamps
    ○ Tool for cutting umbilical cord
	Official equipment list for the EMS agency	Visual Inspection of equipment by the facilitator	

<table>
<tr><td>○ Bulb suction
○ Towels
○ Blanket
○ Gauze dressings
• Material or devices intended to maintain body temperature
○ 1 warming mattress
○ 2 infant head covers
○ 1 oven/turkey bag
• Infant bag valve mask
• Small laryngoscope handle
• Straight laryngoscope blades size 00
• ET tubes, 2.5 mm – 3.5 mm
• Meconium aspirator
• Infant manometer</td><td></td><td></td><td></td></tr>
<tr><td>Patient Packaging, Evacuation, and Transport
○ Materials or devices that can be utilized to provide spinal motion restriction of the cervical, thoracic, and lumbar spine for neonates to adults
○ Weight-based pediatric specific restraint system
○</td><td rowspan="2">Official equipment list for the EMS agency</td><td rowspan="2">Visual Inspection of equipment by the facilitator</td><td></td></tr>
<tr><td>Miscellaneous Items
• Non-verbal communication device
• Stuffed animal (small and weighted)</td><td></td></tr>
<tr><th colspan="4">SILVER LEVEL</th></tr>
<tr><th>Patient and Family Centered Care</th><th colspan="2">PRE-SUBMITTED</th><th>INIT</th></tr>
<tr><td>Policies, procedures, protocols, processes, and training include, but are not limited to the following:
• Partner with families to integrate elements of patient and family centered care
• Outline the use of lay terms to communicate with patients and families
• Have methods for accessing language services to communicate with non-English speaking/non-verbal patients and family members</td><td colspan="2">Copy of policy, protocol or process used</td><td></td></tr>
</table>

• Narrating actions and alerting patients and caregivers before interventions are performed • Outline family presence during resuscitation • Outline the facilitation of the practice of patient and family cultural or religious customs as long as they are not interfering with patient care • The allowance of a family member or guardian to accompany pediatric patients during transport when appropriate and feasible			
Disaster and Mass Casualty Incidents	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
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	Copy of pediatric disaster and/or mass casualty plan	Discuss a disaster or mass casualty incident exercise conducted involving pediatric patients	
Collaborate with the local Healthcare Coalition, Trauma Service Area (TSA)/Regional Advisory Council (RAC), or Emergency Medical Task Force (EMTF) on a process for tracking unaccompanied children	Copy of protocol and process	Discuss the process for tracking unaccompanied children	
Collaborate with the local Healthcare Coalition, Trauma Service Area (TSA)/Regional Advisory Council (RAC), or Emergency Medical Task Force (EMTF) on a process for timely family reunification in the event of disasters	Copy of protocol and process	Discuss the process for reunification of children with their families in the event of disasters	
Community Outreach	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Participate in as least two pediatric focused community outreach activities on an annual basis. Some examples include: • Identify patients in your coverage area with extra healthcare or cognitive needs and meet with them and their caregivers to recognize their needs and any specialized training needed to care for these patients. • Hosting a community safety day at the ambulance station/fire house • Hosting a community CPR class, including child/infant components • Provide a presentation to local elementary school students on EMS	Provide examples of two pediatric focused community outreach activities conducted over the last year	Discuss the community outreach activities, who's involved, where they take place, how they are performed	

• Conduct injury prevention talks at the local swimming pool • Partner with your local chapter of Safe Kids Texas to host a child car seat fitting station			
GOLD LEVEL			
Quality Improvement (QI)	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
Pediatric specific EMS QI programs should monitor a minimum of two (2) pediatric specific quality measures and work to make improvements over time. Consider the following clinical areas for inclusion in both concurrent reporting and peer review with medical oversight and in a written plan that incorporates quality metrics that use NEMSIS based data elements. Some specific areas of focus for inclusion are: • Neonatal assessment, resuscitation, and transport • Respiratory distress and failure, including airway management • Cardiovascular assessment and management • Trauma, including burns and head injury • Child abuse and neglect • Pain assessment and management • Hypoglycemia and hyperglycemia assessment and management • Seizure assessment and management • Environmental exposure hypothermia and hyperthermia • Toxicology assessment and management	Copy of the pediatric specific QI program and results of current QI initiatives	Present the current QI program and results	
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	Copy of pediatric patient centered outcomes data that is being tracked	Present the current data	

Interactions with Systems of Care	PRE-SUBMITTED	ASSESSMENT	INIT
Policies, procedures, protocols, and quality improvement initiatives involve ongoing collaboration with: • Pediatric emergency care • Public health • Family advocates	Provide the names and credentials of the medical professionals involved in the collaborative efforts for the development and improvement of EMS operations, treatment guidelines and QI initiatives. Provide copies of these guidelines and initiatives	Discuss the medical professionals and present the improvement efforts developed through these collaborative efforts	
Quality Improvement Initiative	**PRE-SUBMITTED**	**ASSESSMENT**	**INIT**
The EMS agency agrees to participate in a QI initiative with the Texas EMSC program and will submit de-identified information through a secure online portal.			

APPENDIX D: SUPPORTING DOCUMENT CHECKLIST

SUPPORTING DOCUMENT CHECKLIST

Bronze Level of Recognition

Use this checklist to ensure the submission of all required supporting documents

Pediatric Emergency Care Coordinator (PECC)

☐ Name of PECC and copy of official position description.

Submission of NEMSIS Version 3.X Compliant Data

☐ Copy of the policy to submit NEMSIS 3.X or higher data to the Texas Department of State Health Services (TDSHS).

Education and Competencies for Personnel

☐ Copy of the process used for ongoing pediatric specific education.
☐ A de-identified list of current personnel with and the expiration date of their pediatric continuing education certifications.
☐ Copy of the policy regarding the scope and frequency of educational and skills assessment competencies.

Patient and Medication Safety

☐ Copy of the policy for utilization of tools to reduce pediatric medication dosing and administration errors.
☐ Copy of the policy for the safe transport of children.
☐ Copy of the policy for the equipment necessary for the safe transport of children in the ambulance.

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

☐ Copy of the prearrival instructions identified in EMS dispatch protocols that include pediatric considerations.
☐ Copy of the pediatric policies, procedure, and protocols.
☐ Copy of the evidence-based guidelines and consensus-based guidelines used.
☐ A description of the pediatric oversight provided by the medical director.
☐ Copy of the transport policies regarding pediatric medical, trauma, and behavioral health emergencies.
☐ Copy of the policy or procedure for transfer of patient care at the receiving facility.

Equipment and Supplies

☐ Copy of the written procedure or protocol for the daily method to verify the proper location and function of equipment and expiration of medications and supplies.
☐ Copy of the official equipment and supply list for the agency.

SUPPORTING DOCUMENT CHECKLIST

Silver Level of Recognition

<u>Use this checklist to ensure the submission of all required supporting documents</u>

Patient and Family Centered Care

☐ Copy of the policy, protocol, or process used for the integration of patient and family centered care to include, but are not limited to the following:

- The use of lay terms to communicate with patients and families.
- Methods for accessing language services to communicate with non-English speaking/non-verbal patients and family members.
- Process for narrating actions and alerting patients and caregivers before interventions are performed.
- Procedure outlining family presence during resuscitation.
- Procedure outlining the facilitation of the practice of patient and family cultural or religious customs.
- Allowing a family member or guardian to accompany pediatric patients during transport.

Disaster and Mass Casualty Incidents

☐ Copy of the pediatric disaster and/or mass casualty plan.
☐ Copy of the protocol and process for tracking of unaccompanied children.
☐ Copy of the protocol and process for timely family reunification in the event of disasters.

Community Outreach

☐ Provide examples of two pediatric focused community outreach activities conducted over the last year.

SUPPORTING DOCUMENT CHECKLIST

Gold Level of Recognition

<u>Use this checklist to ensure the submission of all required supporting documents</u>

Quality Improvement (QI)

☐ Copy of the pediatric specific QI program and the results of current initiatives.
☐ Copy of the pediatric patient centered outcomes data being tracked.

Interactions with Systems of Care

☐ Provide the names and credentials of the medical professionals involved in the collaborative efforts for the development and improvement of EMS operations, treatment guidelines, and QI initiatives.
☐ Copies of the treatment guidelines and QI initiative developed.

APPENDIX E: COMPLIANCE REPORTING AFFIDAVIT

Texas EMSC EMS Recognition Program
Compliance Reporting Affidavit
Pediatric Ambulance Equipment

To be completed by the EMS agency administrator of record, chief, director, president, etc.

By signing the affidavit on the following page, I attest to the fact that my EMS agency maintains, on all DSHS licensed vehicles, all pediatric equipment recommended by the Texas EMS for Children EMS Recognition Program.

I acknowledge that our equipment, specific to this form, is subject to audit and inspection without notice.

I acknowledge that future ambulance inspections conducted by a representative from the Texas EMSC Program will verify the continued maintenance of these items to maintain recognition through the EMS for Children EMS Recognition Program.

AFFIDAVIT

Before me, the undersigned authority, personally appeared, ________________, who being by me duly sworn, deposed as follows:

I, ________________________, am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein state:

I am employed with the ____________________ Emergency Medical Services, as the Administrator of Record. Included in my responsibilities as the Administrator is oversight of the ambulances and the equipment stocked in each one.

Attached hereto is a copy of the equipment listing for _____________________ Emergency Medical Services. I do affirm that ___out of ___ ambulance(s) carries the exact listing attached.

____, Administrator of Record

In witness whereof, I have hereunto subscribed my name and affixed my official seal this _____ of _________________, 202_.

____
NOTARY PUBLIC

My Commission Expires:
____

APPENDIX F: SAMPLE PRESS RELEASE

MEDIA ADVISORY

Contact:

Sam Vance
832-824-EMSC (3672)
Samuel.Vance@bcm.edu

Texas EMS Agency Honored by the State of Texas EMS for Children Program

WHAT: Sam Vance, Program Manager of the EMS for Children State Partnership, Texas, will be presenting the Texas EMS agency with recognition of compliance with the Emergency Medical Services for Children Program. This is a multi-phase recognition program for EMS agencies that wish to establish programs and standards to improve their capabilities to deliver care to pediatrics.

WHEN: Friday, September 23, 2022
10:00 a.m.

WHERE: Texas EMS Agency
#1 Alamo Avenue
San Antonio, TX 78203

WHO: Sam Vance, Program Manager, EMSC State Partnership, Texas
Members of Texas EMS Agency and Local Dignitaries

WHY: This recognition places a spotlight on the delivery of high-quality emergency medical care for children, focusing on the unique needs of critically ill or injured pediatric patients and the challenges faced by EMS professionals in meeting those needs.

This recognition also provides us with an opportunity to bring together the EMS agency and their local community to focus attention on illness and injury prevention and raise awareness about issues important to the continued development and improvement of EMS and Trauma systems relating to children. Help us raise awareness about safety and prevention and the ongoing need to improve and expand specialized care for children in the prehospital setting.

###

About the EMS for Children State Partnership, Texas

The Emergency Medical Services for Children (EMSC) State Partnership, Texas is a statewide collaborative project funded through the Health Resource and Services Administration's EMS for Children Program. Baylor College of Medicine is the site of the Texas EMSC office and is working in partnership with the largest children's hospitals in Texas, their affiliated colleges of medicine, and representatives of the Texas Department of State Health Services. Through this collaboration, the EMSC State Partnership, Texas has created the infrastructure to assess and achieve defined EMSC Performance Measures. In addition, the EMSC State Partnership, Texas works tirelessly to improve education, research, and pediatric prehospital care. For more information, go to www.bcm.edu/pediatrics/emsc