

**STANDARDS FOR EMERGENCY DEPARTMENTS  
CARING FOR CHILDREN:**

**COASTAL VALLEYS REGION**

\*R=Required \*\*D=Desired

<b>STANDARD</b>	<b>EMSA Guideline: BASIC</b>	<b>EMSA Guideline: Standby</b>	<b>CVEMSA</b>
<b>ADMINISTRATION</b>			
A. Medical Director for the Emergency Department	R	R	R
B. A Physician Coordinator for Pediatric Emergency Medicine (*role may be met by the Medical Director or other ED physician who meets qualifications)	R	R	R
1. Qualifications			
a. Qualified specialist in Pediatrics, Family Medicine, or Emergency Medicine	R	D	R
b. Completion of 8 hrs of CME in topics related to pediatrics every 2 yrs.	R	R	Options: meet state requirement or indicate “ongoing participation in pediatric CME” (CoCo county)
2. Responsibilities			
a. Oversight of pediatric QI program.	R	R	R
b. Liaison with appropriate hospital committees.	R	R	R
c. Liaison with pediatric critical care centers, trauma centers, the local EMS agency, community hospitals and prehospital providers.	R	R	R
d. Facilitate pediatric emergency education for ED physicians.	R	R	R
e. Member of CVEMSA EMS-C Advisory Committee.			R
C. Pediatric Nurse Liaison/Nursing Coordinator for Pediatric Emergency Care (*this role may be met by staff currently assigned other roles in the department and may be shared between EDs).	R	R	R
1. Qualifications			
a. At least two years experience in pediatrics or emergency nursing within the previous five years.	R	D	R

<ul style="list-style-type: none"> <li>b. PALS, APLS or other equivalent pediatric emergency course.</li> <li>c. Completion of eight hrs of EC in topics related to pediatrics every two years.</li> </ul>	R	R	R
<ul style="list-style-type: none"> <li>2. Responsibilities <ul style="list-style-type: none"> <li>a. Coordination with the Pediatric Physician Coordinator for pediatric QI activities.</li> <li>b. Facilitation of ED nursing continuing education in pediatrics.</li> <li>c. Liaison with pediatric critical care centers, trauma centers, the local EMS agency, community hospitals and prehospital providers.</li> <li>d. Liaison with appropriate hospital based pediatric care committees.</li> </ul> </li> </ul>	R	R	R
<b>PERSONNEL</b>			
<ul style="list-style-type: none"> <li>A. ED Physicians <ul style="list-style-type: none"> <li>1. ED physician on duty 24 hrs/day as per Title 22: Ref. 70415.</li> <li>2. Physician on call and promptly available to ED 24 hrs/day as per Title 22: Ref. 70653.</li> <li>3. Qualifications/Education: <ul style="list-style-type: none"> <li>a. All physicians staffing the ED should be qualified specialists in Pediatrics, Family Medicine, or Emergency Medicine.</li> <li>b. Physicians who are NOT qualified specialists in Emergency Medicine or Pediatric Emergency Medicine should complete PALS or APLS.</li> <li>c. At least one ED physician should remain current with either PALS or APLS certification, in addition to the Physician Coordinator for Pediatric Emergency Medicine.</li> <li>d. All physicians should complete eight hrs of CME in topics related to pediatrics every two years.</li> </ul> </li> </ul> </li> </ul>	R	D	R
	-	R	-
	R	R	R
	R	R	R
	-	-	? Comments?
	D	D	<u>Options:</u> meet desired requirement; or specify "show evidence of ongoing participation in CE topics related to pediatrics (CoCo County); OR other; Comments?
<ul style="list-style-type: none"> <li>B. Backup MD Specialty Services <ul style="list-style-type: none"> <li>1. A designated pediatric consultant on call and promptly available to ED 24 hrs/day.</li> </ul> </li> </ul>	R	D	Options: --meet state requirement; OR --specify

<p>2. A plan for pediatric patients to Receive specialized care.</p> <p>a. 24 hr day specialist phone availability</p> <p>b. The plan should address the availability of specialists in at minimum: Surgery, Orthopedics, Anesthesia, Neurosurgery.</p>	<p>R</p> <p>R</p>	<p>R</p> <p>R</p>	<p>minimum 24 hr per day phone consultation availability; OR other; Comments? R</p> <p>R</p>
<p>C. ED Nursing Staff Qualifications/Education</p> <p>1. At least one ED RN per shift educated in PALS, APLS, or other equivalent pediatric emergency nursing course (ENPC).</p> <p>2. At least one RN in-house, on duty, per shift and available to ED should complete PALS, APLS or other equivalent pediatric nursing course (ENPC).</p> <p>3. All RNs regularly assigned to the ED should have four hrs of CE in topics related to pediatrics every two years.</p> <p>4. <b>**Any additional qualifications or education? Comments?</b></p>	<p>R</p> <p>--</p> <p>R</p>	<p>D</p> <p>R</p> <p>R</p>	<p>R</p> <p>--</p> <p>R</p>
<p>D. Support Services</p> <p>1. Respiratory Care Practitioners</p> <p>a. At least one in house 44 hr/day.</p> <p>b. Educated in PALS or APLS.</p> <p>c. Completion of 4 hrs. CE in pediatric topics every 2 yrs.</p> <p>2. Radiology</p> <p>a. Radiologist on call and promptly available 24 hrs/day.</p> <p>b. Technician in house 24 hrs/day.</p> <p>c. Technician on call and promptly available 24 hrs/day.</p> <p>d. CT Scan: technician on call and promptly available 24 hrs/day.</p> <p>3. Laboratory</p> <p>a. Lab technician in house 24hrs/day.</p> <p>b. Lab technician on call and promptly available 24 hrs/day.</p> <p>c. Clinical lab capabilities in-house or access to the following:</p> <p>1. Chemistry</p>	<p>R</p> <p>D</p> <p>D</p> <p>R</p> <p>D</p> <p>R</p> <p>--</p> <p>All required.</p>	<p>D</p> <p>D</p> <p>D</p> <p>D</p> <p>D</p> <p>R</p> <p>D</p> <p>R</p> <p>D</p> <p>R</p> <p>All required.</p>	<p>R</p> <p>R</p> <p>D</p> <p>**Comments?</p> <p>R</p> <p>D</p> <p>R</p> <p>R? Comments?</p> <p>R</p> <p>--</p> <p>All required.</p>

<ol style="list-style-type: none"> <li>2. Hematology</li> <li>3. Blood Bank</li> <li>4. Blood gas</li> <li>5. Microbiology</li> <li>6. Toxicology</li> <li>7. Drug levels</li> <li>8. Micro-capabilities</li> </ol>			
<p><b>POLICIES, PROCEDURES, AND PROTOCOLS</b></p>			
<p>All Emergency Departments Caring for Children in the Coastal Valleys Region must at minimum have the following policies, procedures and protocols related to pediatric emergency department patients (*policies which address both adult and pediatric patients are acceptable, provided specific pediatric considerations are addressed*):</p> <ol style="list-style-type: none"> <li>1. Medical triage</li> <li>2. Pediatric Assessment <i>(CVEMSA additional requirement: pain assessment should be included in general assessment)</i> <b>**Developmental/psychosocial assessment? Comments?</b></li> <li>3. Safety</li> <li>4. Child Abuse and Neglect</li> <li>5. Consent</li> <li>6. Conscious Sedation</li> <li>7. Do-Not-Resuscitate (DNR) Orders</li> <li>8. Death in the ED (including SIDS) and care of the grieving family</li> <li>9. Transfers</li> <li>10. <b>*Pediatric Emergency Resuscitation? Immunizations? Checking of emergency equipment? Comments?</b></li> </ol> <p>A formal relationship should be established with a tertiary care center with a PICU approved by California Children's Services (CCS) for transfers and 24 hr. phone consultation.</p>	<p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>--</p> <p>R</p>	<p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>--</p> <p>R</p>	<p>R</p> <p><b><i>R as noted?</i></b></p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p>R</p> <p><b><i>Comments?</i></b></p> <p><b><i>*Discussion:</i></b> should meet state requirement at minimum, but may want to expand upon utilization of services available within the region (i.e. Sutter's PCCC and/or SRMH)</p>

<p>A formal relationship should be established with a trauma center for transfers and 24 hr. phone consultation.</p> <p>Aero medical transport plan to include landing procedure and a designated area to be used as a landing site.</p> <p>Two-way communication capability with the EMS provider, agency or base hospital.</p>	<p>R</p> <p>R</p> <p>R</p>	<p>R</p> <p>R</p> <p>R</p>	<p>trauma).</p> <p>R: see above</p> <p>R</p> <p><i>R (this may be outdated: comments?)</i></p>
<p><b>Pediatric Quality Improvement</b></p> <p>All Emergency Departments Caring For Children in the Coastal Valleys Region are required to establish a pediatric quality improvement plan. The pediatric plan may be a component of the comprehensive ED Quality Improvement Plan and must provide for interface with the prehospital, ED, trauma, in-patient pediatrics, pediatric critical care and hospital-wide QI activities.</p> <p>The following requirements meet or exceed the California EMS Authority’s “Emergency Medical Services for Children Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department.”</p> <p>The Pediatric Quality Improvement Plan should include at minimum the following:</p> <p>A. Periodic review of aggregate data of pediatric emergency visits.</p> <p>B. A review of prehospital and ED pediatric patient care to include:</p> <ul style="list-style-type: none"> <li>• Deaths</li> <li>• Transfers</li> <li>• Child Abuse Cases</li> <li>• Cardiopulmonary or respiratory arrests</li> <li>• Trauma admissions from the ED</li> <li>• Operating Room Admissions from the ED</li> <li>• ICU admissions from the ED</li> <li>• Select return visits to the ED</li> <li>• <i>*All pediatric intubations</i></li> <li>• <i>*Procedural sedations</i></li> </ul> <p>C. QI indicators/monitors are established with a mechanism to provide for integration of findings</p>			<p>*Advisory Committee to edit and customize for the region: recommend at minimum EMSA standards are met.</p> <p><i>Intubations and procedural</i></p>

<p>from QI audits and critiques into education of ED staff.</p>			<p><i>sedations not specified by state: additions for CVEMSA: <b>comments?</b></i></p>
<p><b>EQUIPMENT, SUPPLIES, AND MEDICATIONS FOR THE CARE OF PEDIATRIC PATIENTS IN THE EMERGENCY DEPARTMENT</b></p>			<p><i><u>Recommend:</u> Review Ca. EMSA "Appendix A" and adopt: provide at mtg 2/27/02.</i></p>