THE
TEXAS EMS FOR CHILDREN VOLUNTARY PEDIATRIC RECOGNITION PROGRAM

July 18, 2014

Dear EMS Agency Administrator:

It is my pleasure to introduce a new voluntary statewide initiative that is being sponsored by the Texas EMS for Children (EMSC) State Partnership. This is a multi-phase recognition program for EMS agencies who wish to establish programs and standards to improve their capabilities to deliver care to pediatrics. Again, participation in this program is **entirely voluntary**.

This is an excellent opportunity for your agency to receive recognition within your community and from local media outlets for going "above and beyond." It is felt that the most meaningful recognition will come from your own communities and the pediatric patients that you treat.

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

If your organization is interested in participating in this program, please review this overview manual and complete and return the attached application. Organizations who successfully complete the process will receive a certificate and decal to affix to its ambulance(s) to recognize its accomplishment and commitment to Texas's youth. As future phases are developed for this program, additional information will be sent so that organizations can begin work to achieve each phase.

Should you have any questions, please don't hesitate to contact the EMS for Children Program Manager at 832-824-EMSC (3672), or EMSCTexas@bcm.edu

Sincerely,

Samuel P. Vance, BA, NREMT-P
Program Manager
EMSC State Partnership, Texas

Manish I. Shah, MD
Program Director
EMSC State Partnership, Texas

Frequently Asked Questions

Q. Is participation in this program mandatory?
A. No; this program is entirely voluntary.

Q. Does the Department of State Health Services Office of EMS and Trauma Systems plan to mandate future participation?
A. No; this program is entirely voluntary

Q. What are the benefits to participating?
A. Not only will participation improve the capability of your organization to treat pediatric emergencies, but it will also allow you to present your achievement to your local media outlets, elected officials, and the members of your community. This process carries on the goals of right treatment, right patient, right equipment, every time.

Q. Will I be penalized for not participating in the program?
A. No; this program is not intended to be punitive in any way. The goal is not to point out who does or does not have the equipment or the educational components, but rather help facilitate education around the use of the equipment and enhance your pediatric treatment skills.

Q. Is there a fee to participate in this recognition program?
A. No. There is no cost to an organization to participate in the program beyond the cost to meet the requirements of the program, which we hope are minimal.

Q. Where can I learn more about the program?
A. The most up-to-date information on the EMS for Children Voluntary Recognition Program can be found on the EMSC Website – www.bcm.edu/pediatrics/emsc.

Q. My pulse-ox doesn't have pediatric probes but it seems to work on children, does this count?
A. Yes, the terminology used on the equipment list is based on the 2014 Joint Policy Statement, *Equipment for Ground Ambulances*. EMS agencies will comply with the Texas Voluntary Recognition Program as long as its pulse-oximeter is pediatric CAPABLE, even if it doesn't have a specific pediatric probe. Managers are encouraged to obtain documentation from their pulse-ox manufacturer validating the unit's ability to obtain accurate readings on pediatric patients.

Q. Is there any way to avoid the expense associated with obtaining the recommended equipment?
A. The EMS for Children State Partnership understands the concern of costs involved in obtaining equipment. The EMS for Children State Partnership is currently working on ways to help departments that may not have the financial means to obtain recommended equipment through grant funding and/or donations from companies and organizations.

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The EMS for Children State Partnership, Texas would like to thank the EMS for Children Programs of Pennsylvania, Missouri and Nebraska for their input and assistance with the development of this program.

Introduction

This document has been prepared by the Texas Emergency Medical Services for Children (EMSC) Program to assist the leadership of licensed EMS agencies within the state that desire to apply for recognition through the Texas EMSC Voluntary Recognition Program. EMS agencies, of all types, currently licensed within the State of Texas are eligible to participate. This overview manual will describe the steps necessary to apply for, and maintain, recognition status.

This document is subject to review and revision; therefore, the applicant is encouraged to review a current copy and confer with the 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/pediatrics/emsc

Program Levels

The EMS for Children Voluntary Recognition Program is structured to be a multi-level system of recognition. The fundamental phase, required to obtain initial recognition, centers around EMS agencies carrying pediatric-specific equipment on their EMS vehicles beyond what is currently required for ambulance licensure in Texas. 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 – Equipment Standards and Protocols

The Bronze Level of recognition relates to pediatric-specific equipment on ambulances and maintaining pediatric treatment protocols or guidelines.

The list of recommended equipment and supplies for ambulances is based on the 2014 *Joint Policy Statement: Equipment for Ground Ambulances*. This is the metric used to determine a state's compliance with the Federal EMS for Children performance measures. The most current copy of this list can be found at http://www.childrensnational.org/emsc.

Appendix A, included at the back of this manual, provides a table of items currently recommended by the Federal EMS for Children program that are not required for Texas ambulance licensure. To obtain Bronze Level recognition through this voluntary recognition program, agencies must demonstrate that their vehicles/equipment is inclusive of all of the items on this table per their scope of practice and have pediatric treatment protocols. These treatment protocols must be based on national standard protocols such as the Model EMS Guidelines from the National Association of EMS Officials (NASEMSO) and the American Heart Association. They must also include weight based drug dosing and Evidence-Based protocols when available. To find pediatric evidence-based protocols please visit the Texas EMS for Children website at www.bcm.edu/pediatrics/emsc

If the EMS agency's scope of practice does not include tracheal intubation, written proof must be provided. **Please note that an inspection will not be scheduled for Bronze Level recognition, as the agency will be recognized on good faith by the EMS for Children Program with the submission of a notarized affidavit found in Appendix B. A copy of the agency's protocols must also be included with this submission.**

Silver Level – Pediatric Education for Providers

In order to achieve Silver Level recognition, an EMS agency must have met all the criteria to achieve Bronze Level recognition.

Another performance measure of the Federal EMS for Children program identifies continuing education related to pediatrics as a critical component of an EMS provider's recertification process. To achieve recognition at the Silver Level through the EMSC Voluntary Recognition Program, an EMS agency shall require its EMS providers to receive a minimum of four (4) hours of continuing education, as approved by the Texas Department of Health, on pediatric-specific subject matter on an annual basis.

Verification will be completed in the form of a letter signed by the EMS agency's Medical Director (Appendix C);

Gold Level– Community Outreach

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

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

1. Hosting a community safety day at the ambulance station;
2. Hosting a community CPR class, including child/infant curriculum components;
3. Providing a presentation to local elementary school students on EMS;
4. Conducting injury prevention talks at the local town swimming pool; and
5. Partnering with your local chapter of Safe Kids TX to host a car-seat fitting station.

Any events submitted will be subject to approval by the Advisory Committee of the Texas EMS for Children Program, and, whenever possible, notice of an event shall be provided to the program prior to its occurrence. This will help establish a data bank of pediatric outreach education that is being conducted across the state that will be reportable at the state and national levels.

Application Process

To Obtain an Application:

1. Application forms can be downloaded from www.bcm.edu/pediatrics/emsc.
2. If you do not have internet access, applications can be requested by contacting:

EMSC State Partnership, Texas
1102 Bates Ave., Suite 1850
Houston, TX 77030
832-824-EMSC (3672)

Submitting a Completed Application:

At such a time that the applicant believes the EMS agency is ready for inspection and recognition, the completed application should be returned to the Texas EMS for Children State Partnership:

Via U.S. Mail:

EMSC State Partnership, Texas
1102 Bates Ave., Suite 1850
Houston, TX 77030

Fax to: (832) 825-1182
E-mail to: EMSCTexas.bcm.edu

Application Review Process

1. EMS for Children Program Review

a. All applications should be sent to the Texas EMS for Children State Partnership for initial review, during which process the applications will be checked for completeness and accuracy. The EMS agency's licensure status and status of "good standing" will be verified through the TDSHS Office of EMS/Trauma Systems.

b. If further information is needed or the application is in need of correction or further completeness, the applying agency will be contacted by the EMS for Children Program Manager via e-mail or phone.

c. If the application is deemed complete and the agency is recommended for inspection, the agency's respective Regional Advisory Committee (RAC) representative will be notified.

2. Regional Advisory Council Notification

The RAC will be notified of any EMS agencies within their region seeking initial recognition through this program. The RAC representative will maintain the application on file until the EMS agency is scheduled for its inspection at the Silver or Gold Level. Please note that an inspection will not be scheduled for Bronze Level recognition, as the agency will be recognized on good faith by the EMS for Children Program with the submission of a notarized affidavit found in Appendix B.

The RAC's are provided with a regularly updated list of agencies recognized at levels above Bronze. This list is available on the Texas EMSC website by going to www.bcm.edu/pediatrics/emsc and clicking the hyperlink entitled "List of Recognized Agencies".

The RAC representative will forward an inspection report to the EMSC program office.

3. EMS for Children Review and Approval

The EMS for Children State Partnership will receive and offer final approval on all recommendations for recognition.

4. Appeal Process for Denied Applications

EMS Agencies may appeal a decision to deny recognition or a change in recognition status or level by submitting a written request to have their application or status re-evaluated. Appeal letters should be submitted to the Texas EMS for Children State Partnership for review by the EMS for Children Advisory Committee. A written response to the appeal will be returned to the EMS agency within 6 months of its receipt.

5. Suspension or Revocation

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

a. Provided falsified information in order to gain recognition;
b. Failed to maintain the standards of the agency as identified in this guidance; or

Agencies must maintain good standing with DSHS license procedures.
If an agencies recognition is suspended or revoked, recognition decals must be removed from all vehicles within 5 days of the revocation.

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

6. **Renewal of Recognition**

   Once recognized through this program, renewal will be automatic, as long as 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.

7. **Submitting 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. The appropriate Regional Advisory Council will be notified of the status change, and appropriate decals will be sent to the agency.

Inspection by Regional Advisory Council Representative

1. **Scheduling the inspection**. The Regional Advisory Council representative will contact the applicant and schedule an inspection for Silver Level - Pediatric Education for Providers or Gold Level – Community Outreach recognition. **This inspection will include a "hands on" inspection of Bronze Level - equipment and protocols.**

2. **Conducting the inspection**. The RAC representative 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 affidavit found in Appendix B.

   The inspector will strictly go over the checklist that is provided in Appendix A. 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.

   The inspector will also conduct an inspection of the paperwork for Silver and Gold Level categorization as outlined in the section, "Program Levels" on pages 4 -5.

   Once the inspection is complete, the RAC representative 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.

Award of Recognition

Upon successful inspection and/or submission of completed verification documentation, the EMS for Children Program will send a recognition certificate and decal(s) to the applicant. While placement of the vehicle recognition decal is strongly encouraged, it is not required. Successful applicants, by virtue of applying for recognition, authorize their organization name and general information to be posted in program documents and on the EMS for Children website. EMS agencies are also encouraged to promote their recognition under this program through a Public Relations event, press release, etc. A template for a press release can be found in Appendix E.

In the event that an organization no longer maintains recognition status, decals must be removed from all EMS vehicles.

APPENDIX A

RECOMMENDED EQUIPMENT AND SUPPLIES

Required Supplemental Pediatric Equipment

Adapted from The Joint Policy Statement: Equipment for Ground Ambulances. (2014) ***Prehospital Emergency Care,*** **18(1), 92 – 97.**

The following equipment must be carried on ALL EMS agency vehicles, as a supplement to the respective equipment currently required for Texas Licensure.

EQUIPMENT: BLS EMERGENCY GROUND AMBULANCES

Latex free equipment should be available at all times.

A. Ventilation and Airway Equipment

1. Portable and fixed suction apparatus with a regulator, per federal specifications
    - Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6F–16F, are commercially available (have one of each between 6F **and** 10F and one of each between 12F **and** 16F)
2. Portable oxygen apparatus, capable of metered flow with adequate tubing
3. Portable and fixed oxygen supply equipment
    - Variable flow meter
4. Oxygen administration equipment
    - Adequate-length tubing; transparent mask (adult and child sizes), both non-rebreathing; nasal cannulas (adult, child)
5. Bag-valve mask (manual resuscitator)
    - Hand-operated, self-expanding bag; adult (>1000 mL) and child (450–750 mL) sizes, with oxygen reservoir/accumulator, valve (clear, operable in cold weather), and mask (adult, child, infant, and neonate sizes)
6. Airways
    - Nasopharyngeal (all sizes between 16F–34F; adult and child sizes)
    - Oropharyngeal (all sizes 0–5; adult, child, and infant sizes)
7. Pulse oximeter with pediatric and adult probes
8. Bulb suction for infants

B. Monitoring and Defibrillation

BLS ground ambulances should be equipped with an automated external defibrillator (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator. The AED must have pediatric capabilities, including child-sized pads and cables OR dose attenuator with adult pads.

C. Immobilization Devices

1. Cervical collars
    - Rigid for children ages 2 years or older; child and adult sizes (small, medium, large, and other available sizes) OR pediatric and adult adjustable cervical collars
2. Head immobilization device (not sandbags)
    - Firm padding or commercial device

3. Upper and lower extremity immobilization devices
    - Joint-above and joint-below fracture (sizes appropriate for adults and children) rigid support, constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood, or plastic)
4. Impervious backboards (radiolucent preferred) or extrication device
    - Short extrication/immobilization device (e.g., KED)
    - Long transport (head-to-feet length) with at least 3 appropriate restraint straps (chin strap alone should not be used for head immobilization) and with padding for children and handholds for moving patients

D. Bandages/Hemorrhage Control

1. Sterile burn sheets
2. Bandages
    - Triangular bandages
3. Dressings
    - Sterile dressings, including gauze sponges of suitable size
    - Abdominal dressing
4. Gauze rolls
    - Various sizes
5. Occlusive dressing or equivalent
6. Adhesive tape – Hypoallergenic and adhesive of various sizes
7. Arterial tourniquet (commercial preferred)

E. Communication

Two-way communication device between ground ambulance, dispatch, medical control, and receiving facility

F. Obstetrical Kit (commercially packaged are available)

1. Kit (separate sterile kit)
    - Towels, 4× 4 dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, and blanket
2. Thermal absorbent blanket and head cover, plastic wrap, or appropriate heat reflective material (enough to cover newborn infant)

G. Medications (<u>if included in service scope of practice)</u>

1. Albuterol
2. Oral Glucose
3. Epinephrine Auto Injector (Preferred)
    - Pre-filled syringe to avoid dosing errors is the preferred alternative: 0.15mg for < 25 kg and 0.3mg for > 25 kg
    - Drawing up epinephrine from an ampule is acceptable, but not preferred

H. Miscellaneous

1. Access to pediatric and adult patient care protocols
2. Nebulizer
3. Glucometer or blood glucose measuring device with reagent strips
4. Sphygmomanometer (pediatric and adult regular size and large cuffs)
5. Adult stethoscope
6. Thermometer with hypothermic capability
7. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots
8. Cold packs

9. Sterile saline solution for irrigation
10. Two functional flashlights
11. Blankets
12. Sheets (at least one change per cot)
13. Pillows
14. Towels
15. Triage tags
16. Emesis bags or basins
17. Urinal
18. Wheeled cot
19. Stair chair or carry chair
20. Patient care charts/forms or electronic capability
21. Lubricating jelly (water soluble)

H. Infection Control

1. Eye protection (full peripheral glasses or goggles, face shield)
2. Face protection (e.g., surgical masks per applicable local or state guidance)
3. Gloves, nonsterile
4. Fluid-resistant overalls or gowns
5. Waterless hand cleanser, commercial antimicrobial (towelette, spray, or liquid)
6. Disinfectant solution for cleaning equipment
7. Standard sharps containers, fixed and portable
8. Biohazard trash bags (color coded or with biohazard emblem to distinguish from other trash)
9. Respiratory protection (e.g., N95 or N100 mask—per applicable local or state guidance)

I. Injury-prevention Equipment

1. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances. For children, this should be according to the National Highway Traffic Safety Administration's document: Safe Transport of Children in Emergency Ground Ambulances (www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf)
2. Fire extinguisher
3. Department of Transportation Emergency Response Guide
4. Reflective safety wear for each crewmember (must meet American National Standard for High Visibility Public Safety Vests if working within the right of way of any federal-aid highway. Visit www.reflectivevest.com/federalhighwayruling.html for more information)

EQUIPMENT: ADVANCED LIFE SUPPORT (ALS) EMERGENCY GROUND AMBULANCES

For paramedic services, include all of the required equipment listed above, plus the following additional equipment and supplies. For advanced EMT services (and other non-paramedic advanced levels), include all of the equipment from the above list and selected equipment and supplies from the following list, based on scope of practice, local need, and consideration of out-of-hospital characteristics and budget.

A. Airway and Ventilation Equipment

1. Laryngoscope handle with extra batteries and bulbs
2. Laryngoscope blades, sizes:

a. 0–4, straight (Miller), and
b. 2–4, curved

3. Endotracheal tubes (**if ALS service scope of practice includes tracheal intubation**), sizes:
    a. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, and 5.5 mm cuffed and/or uncuffed, and
    b. 6.0, 6.5, 7.0, 7.5, and 8.0 mm cuffed (1 each), other sizes optional
4. 10-mL non-Luer Lock syringes
5. Stylettes for endotracheal tubes, adult and pediatric
6. Magill forceps, adult and pediatric
7. End-tidal CO2 detector with waveform capnography capability (adult and pediatric)
8. Rescue airway device that is a disposable supraglottic or extraglottic airway device that is available in pediatric sizes.

B. Vascular Access

1. Isotonic crystalloid solutions
2. Antiseptic solution (alcohol wipes and povidone–iodine wipes preferred)
3. Intravenous fluid bag pole or roof hook
4. Intravenous catheters, 14G–24G
5. Intraosseous needles or devices appropriate for children and adults
6. Latex-free tourniquet
7. Syringes of various sizes
8. Needles, various sizes (including suitable sizes for intramuscular injections)
9. Intravenous administration sets (microdrip and macrodrip)
10. Intravenous arm boards, adult and pediatric

C. Cardiac

1. Portable, battery-operated monitor/defibrillator
    • With tape write-out/recorder, defibrillator pads, quick-look paddles or electrode, or hands-free patches, electrocardiogram leads, adult and pediatric chest attachment electrodes, adult and pediatric paddles
2. Transcutaneous cardiac pacemaker, including pediatric pads and cables
    • Either stand-alone unit or integrated into monitor/defibrillator

D. Other Advanced Equipment

1. A length-based resuscitation tape OR a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on length OR age
2. Long large-bore needles or angiocatheters (should be at least 3.25” in length for needle chest decompression in large adults)

E. Medications

Drug dosing in children should use processes minimizing the need for calculations, preferably a length-based system. In general, medications may include:

1. Cardiovascular medication, such as 1:10,000 epinephrine, atropine, antidysrhythmics (e.g., adenosine and amiodarone), calcium channel blockers, beta-blockers, nitroglycerin tablets, aspirin, vasopressor for infusion
2. Cardiopulmonary/respiratory medications, such as albuterol (or other inhaled beta agonist) and ipratropium bromide, 1:1000 epinephrine, furosemide
3. 50% dextrose solution (and sterile diluent or 25% dextrose solution for pediatrics)
4. Analgesics, narcotic and nonnarcotic
5. Anti-epileptic medications, such as diazepam or midazolam

6. Sodium bicarbonate, magnesium sulfate, glucagon, naloxone hydrochloride, calcium chloride
7. Bacteriostatic water and sodium chloride for injection
8. Additional medications, as per local medical director

OPTIONAL EQUIPMENT

The equipment in this section is not required. Use should be based on local needs and resources.

A. Optional Equipment for BLS Ground Ambulances

1. Infant oxygen mask
2. Infant self-inflating resuscitation bag
3. Airways
    a. Nasopharyngeal (12F, 14F)
    b. Oropharyngeal (size 00)
4. CPAP/BiPAP capability
5. Neonatal blood pressure cuff
6. Infant blood pressure cuff
7. Pediatric stethoscope
8. Infant cervical immobilization device
9. Pediatric backboard and extremity splints
10. Femur traction device (adult and child sizes)
11. Pelvic immobilization device
12. Elastic wraps
13. Ocular irrigation device
14. Hot packs
15. Warming blanket
16. Cooling device
17. Soft patient restraints
18. Folding stretcher
19. Bedpan
20. Topical hemostatic agent/bandage
21. Appropriate CBRNE PPE (chemical, biological, radiological, nuclear, explosive personal protective equipment), including respiratory and body protection; protective helmet/jackets or coats/pants/boots
22. Applicable chemical antidote auto-injectors (at a minimum for crew members' protection; additional for victim treatment based on local or regional protocol; appropriate for adults and children)

B. Optional Equipment for ALS Emergency Ground Ambulances

1. Respirator, volume-cycled, on/off operation, 100% oxygen, 40–50 psi pressure (child/infant capabilities)
2. Blood sample tubes, adult and pediatric
3. Automatic blood pressure device
4. Nasogastric tubes, pediatric feeding tube sizes 5F and 8F, sump tube sizes 8F–16F
5. Size 1 curved laryngoscope blade
6. Gum elastic bougies

7. Needle cricothyrotomy capability and/or cricothyrotomy capability (surgical cricothyrotomy can be performed in older children in whom the cricothyroid membrane is easily palpable, usually by puberty)
8. Rescue airway devices for children
9. Atomizers for administration of intranasal medications

OPTIONAL MEDICATIONS

A. Optional Medications for BLS Emergency Ambulances

1. Nitroglycerin (sublingual tablet or paste)
2. Aspirin

B. Optional Medications for ALS Emergency Ground Ambulances

1. Intubation adjuncts, including neuromuscular blockers

INTERFACILITY TRANSPORT

Additional equipment may be needed by ALS and BLS out-of-hospital care providers who transport patients between facilities. Transfers may be made to a lower or higher level of care, depending on the specific need. Specialty transport teams, including pediatric and neonatal teams, may include other personnel, such as respiratory therapists, nurses, and physicians. Training and equipment needs may be different depending on the skills needed during transport of these patients. There are excellent resources available that provide detailed lists of equipment needed for interfacility transfer, such as Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients from the AAP and The Interfacility Transfer Toolkit for the Pediatric Patient from the EMSC, ENA, and the Society of Trauma Nurses. Any ground ambulance that, either by formal agreement or by circumstance, may be called into service during a disaster or mass casualty incident to treat and/or transport any patient from the scene to the hospital or to transfer between facilities any patient other than those within their designated specialty population should carry, at a minimum, all equipment, adult and pediatric, listed under "Required Equipment for All Emergency Ground Ambulances."

EXTRICATION EQUIPMENT

In many cases, optimal patient care mandates appropriate and safe extrication or rescue from the patient's situation or environment. It is critical that EMS personnel possess or have immediate access to the expertise, tools, and equipment necessary to safely remove patients from entrapment or hazardous environments. It is beyond the scope of this document to describe the extent of these.

Local circumstances and regulations may affect both the expertise and tools that are maintained on an individual ground ambulance, and on any other rescue vehicle that may be needed to accompany an ambulance to an EMS scene. The tools and equipment carried on an individual ground ambulance need to be thoughtfully determined by local features of the EMS system with explicit plans to deploy the needed resources when extrication or rescue is required.

APPENDIX B

COMPLIANCE REPORTING AFFIDAVIT

Texas EMSC Voluntary Recognition Program
Compliance Reporting Affidavit
Pediatric Ambulance Equipment

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

By signing this affidavit, 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 Voluntary 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 Regional Advisory Council will verify the continued maintenance of these items in order to maintain recognition through the EMS for Children Voluntary 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 _____ Ambulance Service, as the Administrator. 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 _____ Ambulance Service. I do affirm that ___out of ___ ambulance(s) carries the exact listing attached.

_____, Ambulance Administrator

In witness whereof, I have hereunto subscribed my name and affixed my official seal this _____ of _____, 201_.

_____
NOTARY PUBLIC

My Commission Expires:

_____

APPENDIX C

PEDIATRIC EDUCATION COMPLIANCE LETTER

Texas EMSC Voluntary Recognition Program
Compliance Reporting Form
Pediatric Continuing Education

To be completed by the EMS agency Medical Director

By signing this verification form, I attest to the fact that my EMS Agency requires that all certified EMS providers obtain a minimum of four (4) hours of continuing education on pediatric-specific subject matter per year. This continuing education has been approved by the Texas Department of State Health Services Office of EMS and Trauma Services for EMS continuing education credit.

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

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

Print Name: _____

Title: _____

Agency Name: _____

License Number: _____

Signature: _____ Date: _____

APPENDIX D

APPLICATION FOR ENROLLMENT

Application for Enrollment
Texas EMSC Voluntary Recognition Program

The Texas Emergency Medical Services for Children State Partnership has implemented a voluntary recognition program to improve care provided to pediatric patients.

Please complete the following questions appropriately and forward this request for participation to the Texas EMS for Children State Partnership office via mail, fax, or email.

EMS Agency Information

Service Name:			
Address:			
License #:		Level Applied for:	
Primary Contact Name:			
Phone Number:			
Email Address:			

EMS Agency Medical Director Information

Name:	
Address:	
Phone Number:	
Email Address:	

Return this application and included appendix forms to:

EMS for Children State Partnership, Texas
Program Manager
1102 Bates Ave., Suite 1850
Houston, TX 77030
(832)824-6028
(832)825-1182 – fax
EMSCTexas@bcm.edu

APPENDIX E

SAMPLE PRESS RELEASE

MEDIA ADVISORY

Contact:
Sam Vance
832-824-3672
Samuel.Vance@bcm.edu

San Marcos Hays County EMS 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 San Marcos Hays County EMS with recognition of compliance with the Emergency Medical Services for Children Program. This is a multi-phase recognition program for EMS agencies who wish to establish programs and standards to improve their capabilities to deliver care to pediatrics

WHEN: Friday, September 26, 2014
10:00 a.m.

WHERE: San Marcos Hays County EMS
2061 Clovis Barker, Bldg. 10-B
San Marcos, TX 78666

WHO: Sam Vance, Program Manager, EMSC State Partnership, Texas
Members of San Marcos Hays County EMS 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.

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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