



Children's Hospital Colorado

www.childrenscolorado.org

Preferred EMS Provider Designation

Thank you for your interest in Children's Hospital Colorado Preferred EMS Provider program. The mission of the program is to elevate prehospital and out-of-hospital care and transport of children. This designation is offered at no charge to any EMS agency/organization, per their request, that meets the requirements of the program. The program represents a **partnership** between Children's Hospital Colorado and interested EMS agency/organizations. Our wish is to become a valued resource for protocol questions, case reviews, education, etc. Once verified as a Preferred Provider, the EMS agency/organization will be provided with decals for all EMS vehicles at no charge. The decals are not mandatory. The relationship and mission of the program is what's important to us.

Criteria for Designation

1. Pediatric-specific resuscitation equipment on every operational ambulance as recommended by the 2009 policy statement "Equipment for Ambulances," by American College of Surgeons: Committee on Trauma, American College of Emergency Physicians, National Association of EMS Physicians, Emergency Medical Services for Children: Pediatric Equipment Guidelines Committee, and American Academy of Pediatrics (see attached document). Variances allowed: Pediatric Stethoscope (adult stethoscope meets requirements and matches Colorado regulations), bedpan, urinal, shoe covers, helmet, meconium aspirator adaptor.
2. 100% of active ALS personnel PALS, PEPP certified or education equivalent, and newly hired ALS personnel must meet these specifications within one year of hire.
3. 100% of active EMT personnel NREMT or equivalent pediatric continuing education hours as follows:
 - EMT-B: 4 hours/ 2 years
 - EMT-I: 12 hours/2 years
 - Paramedic: 16 hours/2 years
4. Agency shall have an objective-based Field Instruction Process that ensures a solid understanding of clinical and operational policies and procedures. Such a program shall have clearly stated objectives and measurement tools to assure competency, and include components and testing specific to emergency care and safe transportation of children.
5. Participation in special events that promote pediatric injury prevention, education, or public outreach for pediatric issues at least once every two years.
6. Established guidelines for the safe transport of pediatric patients of all ages including restraint protocols and pediatric immobilization equipment.
7. Established policies and procedures for the safe transport of pediatric/adolescent psychiatric patients.

8. Quality Assurance/Improvement processes in place to include pediatric-specific indicators. Minimum requirements for the program include a method to collect and analyze data to discover variances, a definitive plan for improvement, and the on-going evaluation of the success of the QA/QI plan with measures that are outcome based.
9. Every two years, agency holding Children's Hospital Preferred EMS Provider designation will be required to submit documentation (see attached checklist) verifying compliance.

Effective 9/22/11

Services Provided

This program is about partnership. Children's Hospital Colorado recognizes the remarkable contributions of EMS in saving children's lives. The services we provide are **entirely** at the discretion of the EMS agency/organization. Services we offer, at no charge, include but are not limited to:

- Protocol review and recommendations
- Case Reviews
- On-Site EMT Continuing Education
- Consultation/Professional Opinion by Double Board Certified Pediatric Emergency Medicine Physician, and access to other Pediatric Specialists
- Additional pediatric resources/education
- 5x8 Decals for ambulances/agency vehicles to demonstrate commitment to pediatric care to your community (optional)

Application Form

See pages 3-4

Questions?

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Children’s Hospital Colorado, EMS Program Preferred EMS Provider Program/Designation

Agency Name	
Date	
Name of Person Submitting Form*	
Credentials/Title	

*Chief or Clinical Manager/Supervisor

Criteria	Yes/No	Documentation
Pediatric-specific resuscitation equipment on every operational ambulance as recommended by the 2009 policy statement “Equipment for Ambulances,” by American College of Surgeons: Committee on Trauma, American College of Emergency Physicians, National Association of EMS Physicians, Emergency Medical Services for Children: Pediatric Equipment Guidelines Committee, and American Academy of Pediatrics (see attached). Variances allowed (please see first page of this document).		Yes/No verification, only.
100% of active ALS personnel PALS, PEPP certified or education equivalent, and newly hired ALS personnel must meet these specifications within one year of hire.		Yes/No verification, only.
100% of active EMT personnel NREMT or equivalent pediatric continuing education hours as follows: <ul style="list-style-type: none"> • EMT-B: 4 hours/ 2 years • EMT-I: 12 hours/2 years • Paramedic: 16 hours/2 years 		Please submit pertinent documentation verifying criteria.
Agency has objective-based Field Instruction Process that ensures a solid understanding of clinical and operational policies and procedures. Program has clearly stated objectives and		Please submit pertinent documentation verifying criteria or Field Training Manual.

measurement tools to assure competency, and includes components and testing specific to emergency care and safe transportation of children.		
Participation in special events that promote pediatric injury prevention, education, or public outreach for pediatric issues at least once every two years.		Please submit pertinent documentation verifying criteria.
Established guidelines for the safe transport of pediatric patients of all ages including restraint protocols and pediatric immobilization equipment.		Please submit pertinent documentation verifying criteria.
Established policies and procedures for the safe transport of pediatric/adolescent psychiatric patients.		Please submit pertinent documentation verifying criteria.
Quality Assurance/Improvement processes in place to include pediatric-specific indicators. Minimum requirements for the program include a method to collect and analyze data to discover variances, a definitive plan for improvement, and the on-going evaluation of the success of the QA/QI plan with measures that are outcome based.		Please submit statement verifying compliance.

I verify the above statements to be true to the best of my knowledge.

Signature

Date

Form Effective 2/1/11

For Internal Use

Name

Date Received		
Date Verified		
Renewal Date		
Additional Documentation		