

### Advisory Body

Contra Costa County EMS for Children (EMSC) Advisory Committee

### Mission

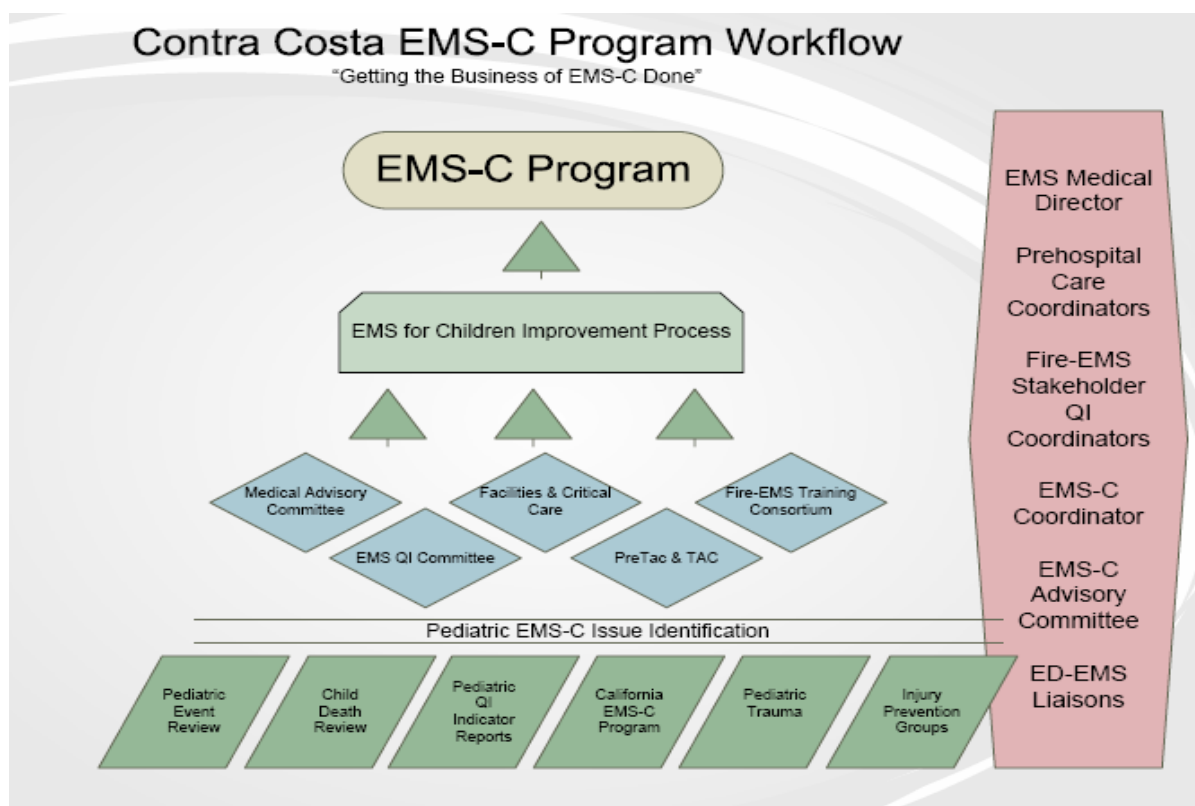
To establish, monitor and maintain a coordinated and comprehensive EMSC system that promotes high quality, contemporary pediatric care for the children of Contra Costa County.

### Membership

The EMSC Advisory Committee consists of representatives from the Contra Costa EMS and pediatric community. The EMSC Coordinator in collaboration with the EMS Medical Director acts as the facilitator and coordinator for the group. The EMSC membership reviews EMSC issues electronically and feedback is appropriately addressed and integrated as part of established EMS work groups. These EMS work groups include Quality Improvement, Medical Advisory Committee, East Bay Child Injury Prevention Network, Child Death Review, Fire EMS Training Consortium, and Emergency Medical Care Committee of Contra Costa County.

**Medical Director Oversight:** Joe Barger, MD, EMS Medical Director

**EMSC Coordinator:** Patricia Frost, RN, MS, PNP, EMS Quality Improvement Coordinator



### Accomplishments

- Evaluation and Update of Contra Costa EMSC 2000 Plan.
- Re-establishment of EMSC Advisory Committee.
- Review and update of EMS First Responder and Transport Equipment for pediatric appropriateness and compliance with state and national EMSC standards.
- Review, update and comparison of local pediatric prehospital protocols to state and national protocols and guidelines.
- Evaluation and assessment of current pediatric emergency department preparedness based on State EMSC standards

- Participation in State EMSC CQI indicator study and National EMSC Data Analysis Resource Center (NEDARC) surveys.
- Review and comparison of national standards and training curriculums for pediatric emergency training of EMS prehospital and emergency department providers.
- Re-education of EMS system stakeholders to updated EMSC state and national guidelines.
- Identification of EMSC System Champions in prehospital and emergency settings.
- Review and evaluation of current pediatric interfacility linkages and transfers with designated pediatric trauma and critical care center (Oakland Children's).
- Pediatric trauma registry data review for implications for injury and violence prevention.
- Identification and review of pediatric disaster preparedness resources.
- Update and re-distribution of "Safely Surrendered Baby" information packets.
- Establishment of Child Death Review/EMS/Coroner work group to review and enhance prehospital guidelines and training in the area of "unexpected child death."
- Development of enhanced prehospital pediatric drug guidelines based on color-coded, length-based weight tapes (e.g. Broselow) to support patient safety in the field.
- Development of pediatric prehospital skills performance monitoring based on age.
- Assessment of injury prevention resources within the EMS and pediatric community.
- Identification of EMSC resources for local EMS website enhancement.
- Update and implementation of pediatric prehospital protocols based on evidence-based measures to enhance patient safety and improve outcome:
  - Removal of pediatric intubation and charcoal for pediatric ingestions.
  - Instituting D10W for the treatment of pediatric hypoglycemia.
  - Instituting EZIO for pediatric emergency vascular access.
  - Adoption of AAP and AHA new pediatric emergency assessment model
    - Assess, Categorize, Decide, Act (ACDA)

## Findings

- The EMSC program for Contra Costa County has met or exceeded 2000 program design objectives with opportunities for future innovative EMSC program enhancements.
- Receiving facilities, prehospital first responders and transport providers have met or exceeded Contra Costa EMSC Plan 2000 goals and expectations.
- Facilities with strong physician and advanced practice nurse EMSC advocates/champions have enhanced pediatric emergency training and pediatric QI programs.
- National and state pediatric "**Emergency Department Medical**" protocols and guidelines for critically ill children addressing different disease states (e.g. asthma, sepsis, etc) are needed.
- A large number of child injury prevention activities exist throughout the county supported by many different groups and organizations.
- Funding for child injury prevention is threatened due to current economic constraints with an emphasis in violence, MVA and fall prevention activities.
- There has been a dramatic reduction in the pediatric bed availability in the county resulting in 1 bed for every 5000 children < 14 yrs old with implications for EMS community to "surge" in the event of a large pediatric event or community disaster.
- There are needs for enhanced support in the area of pediatric disaster preparedness in the EMS system throughout the county.

## 2009 EMSC Plan Opportunities

- Support and develop EMSC Champions throughout the EMS System.
- Enhance current prehospital education and training including simulation.
- Establish pediatric EMS performance measures in compliance with CEMSIS.
- Support a shared model of pediatric emergency assessment throughout the EMS system.
- Support pediatric surge and disaster preparedness within the system by facilitating pediatric surge planning and improving access to information, equipment and training.
- Support collaboration and networking within the system in the areas of injury prevention.