

ATTACHMENT B

**Solano County
Department of Health and Social Services
Emergency Medical Services Agency
Emergency Department Approved for Pediatrics**

ADMINISTRATION

Submit curriculum vitae for the following personnel:

- EDAP Medical Director
- Designated Pediatric Consultant
- Pediatric Liaison Nurse

PERSONNEL

Submit the last three months of the following staffing schedules:

- Emergency Department Physicians
- Emergency Department Nurses
- Pediatric On-Call Panel Schedule

POLICIES, PROCEDURES, AND PROTOCOLS

Submit the following:

- Triage and initial evaluation of the pediatric patient
- Pediatric assessment
- Pediatric patient safety
- Suspected child abuse and neglect
- Transfers
- Consents
- Conscious sedation of the pediatric patient
- Analgesia
- Radiation dosage protocol
- Mental Health emergencies
- Pain assessment and treatment
- Do-not-resuscitate (DNR)/Advanced Health Care Directive
- Death to include Sudden Infant Death Syndrome (SIDS) and the care of the grieving family
- Aeromedical transport to include landing procedure*
- Daily verification of proper location and functioning of pediatric specific equipment and supplies
- Immunizations
- Child abandonment to include a recent (within 72 hours) postpartum woman without evidence of a newborn
- Family patient care

- Disaster Preparedness plan that addresses the following pediatric issues:
 1. A plan to minimize parent-child separation and improved methods for reuniting separated children with their families
 2. A plan that addresses pediatric surge capacity for both injured and non-injured children
 3. A plan that includes access to specific medical and mental health therapies, as well as social services, for children in the event of a disaster
 4. A plan which ensures that disaster drills include a pediatric mass casualty incident once every two years.
 5. Decontamination
- Interfacility consult and transfer agreement with a Pediatric Critical Care Center (PCCC) to facilitate transfers of critically ill and injured patients (PTC). The consult shall be available twenty fours hours a day for telephone consultation.
- Interfacility consult and transfer agreement with a California Children Services (CCS) approved Level II or III Neonatal Intensive Care Unit (NICU)

QUALITY IMPROVEMENT (QI)

Submit the **EDAP QI Plan** which includes the following:

- Goal/Mission Statement
- Authority and responsibilities of the EDAP Medical Director, PdLN, and Pediatric Consultant
- Interface with prehospital care, emergency department, trauma*, pediatric critical care*, pediatric inpatient*, and hospital-wide QI activities
- Mechanism of the identification of pediatric (up to 15 years of age and under) visits to the emergency department
- Identification of the indicators, methods to collect data, results and conclusions, recognition of improvement, action(s) taken, assessment of effectiveness of above actions and communications process for participants
- QI reports for the following pediatric patients seen in the emergency department:
 1. Deaths
 2. Cardiopulmonary and/or respiratory arrests, including all pediatric intubations
 3. Suspected child abuse or neglect
 4. Transfers to and/or from another facility
 5. Trauma admissions from the ED
 6. Operating room admissions from the ED
 7. Admissions from the ED to an adult ward or ICU*
 8. Selected return visits to the ED
 9. Patient safety including adverse events involving medication
 10. CCT or Emergency ALS Pediatric transports
- Documentation and monitoring of pediatric education to ED EDAP staff

- Pediatric clinical competency evaluations for licensed ED EDAP staff.
Competencies should be age specific and include neonates, infants, children, adolescents and children with special healthcare needs.
 1. Airway Management
 2. Burn care
 3. Critical care monitoring
 4. Medication delivery, and device/equipment safety
 5. Pain assessment and treatment
 6. Trauma care
 7. Vascular access

*If applicable to your hospital