



**NORTH DAKOTA EMS FOR CHILDREN
PEDIATRIC PREPARED VOLUNTARY AMBULANCE
RECOGNITION PROGRAM APPLICATION**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMERGENCY MEDICAL SYSTEMS UNIT
SFN 62347 (07/2023)



The goal of this program is to recognize EMS services that go above and beyond in the care they provide to pediatric patients.

Please complete the following questions and forward this application to the North Dakota EMS for Children program via mail or email. You must also complete a PECC registration form in order to be recognized as a Pediatric Prepared Ambulance.

EMS Agency Information

Agency Name	Primary Contact		
Telephone Number	Email Address	EMS Agency License Number	
Street Address	City	State	ZIP Code

EMS Agency Medical Director Information

Medical Director Name			
Telephone Number	Email Address	ND License Number	
Street Address	City	State	ZIP Code

This form may be completed and mailed to:

Department of Health and Human Services
Emergency Medical Systems Unit
1720 Burlington Dr – Suite A
Bismarck ND 58504-7736

You may also submit the completed form via e-mail to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov/health/EMS/EMSC

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov.

***Thank you for commitment to improving emergency care for
North Dakota's children!***



Compliance Reporting Form Pediatric Ambulance Equipment

To be completed by an EMS agency administrator.

By signing this form, I attest to the fact that my EMS agency maintains, on all North Dakota Department of Health and Human Services, Emergency Medical Systems Unit licensed vehicles, all pediatric equipment recommended by the North Dakota EMS for Children Pediatric Readiness Recognition Program for Ambulances. I acknowledge that our equipment, specific to this form, may be inspected specifically by the voluntary recognition program before recognition is given.

I, _____, am employed/volunteer with the _____ (service or EMS agency), as an administrator. I

affirm that _____ out of _____ ambulance(s) carry 100 percent of the required equipment as listed in the *2020 Joint Policy Statement Equipment for Ground Ambulances*.

Service Administrator Signature

Date



Compliance Reporting Form Pediatric Continuing Education

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 every two years. This continuing education has been approved by the North Dakota Department of Health and Human Services, Emergency Medical Systems Unit continuing education credit.

I attest that we maintain, on record, proof of this accomplishment, such as course completion certificates or other program reports or records for each agency provider.

Print Name	Title
Agency Name	Agency License Number
Signature	Date



Compliance Reporting Form Community Outreach and Education

Please include documentation of the event – attendance records, newspaper articles, thank you notes, etcetera.

By signing this verification form, I attest to the fact that my EMS agency offers at least one educational or outreach event for community members per year.

Event Title (e.g., *Community Safety Day, Pediatric First Aid and CPR Class, Bike Rodeo, Injury Prevention Presentation at School*):

Agency Name

Agency License Number

I acknowledge that approval of this event is subject to the discretion of the North Dakota EMS for Children program and its advisory committee. I understand I may be asked to provide further clarification or documentation of this event prior to achieving recognition status

Signature

Date



Compliance Reporting Form Equipment Checklists

Please use EITHER the BLS or ALS equipment checklist to verify the presence of the following equipment on EACH of your agency's ambulances. Space is included for up to three ambulances; if your service has more than three trucks, please duplicate these forms. The following must be carried on ALL EMS agency vehicles.

This list and terminology come directly from John Lyng, Kathleen Adelgais, Rachael Alter, Justin Beal, Bruce Chung, Toni Gross, Marc Minkler, Brian Moore, Tim Stebbins, Sam Vance, Ken Williams & Allen Yee (2021): *Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement*, Prehospital Emergency Care, DOI: 10.1080/10903127.2021.1886382

Link <https://doi.org/10.1080/10903127.2021.1886382>

The listed items are in addition to the North Dakota Department of Health and Human Services Emergency Medical Systems Unit Required Equipment for BLS Ground Ambulances.

Link https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/EMS/EMS/RequiredEquipment_BLSGround_Checklist.pdf/

Required Equipment for BLS Emergency Ground Ambulances

Item	Mark Boxes if Stocked		
	Unit #	Unit #	Unit #
<i>Airway, Ventilation, and Oxygenation</i>			
Suction wall mounted and portable capable of achieving 400mm/hg 4 seconds or less, w/ catheters in adult and pediatric sizes, rigid and soft			
Oropharyngeal airways in sizes to fit neonates to adults			
Nasopharyngeal airways in sizes to fit neonate to adults			
Bulb suction			
<i>Cardiovascular & Circulation Care</i>			
Automated defibrillator with adult and pediatric pads or combination pads			
Cardiac Monitor (for 12 lead ECG acquisition and transmission)			
ECG supplies, paper, electrodes, defibrillator pads in pediatric and adult size or combination pads			
<i>Medications and Medication Delivery</i>			
Nebulizer pediatric size, tubing			
<i>Orthopedic Injury Care</i>			
Cervical collars in pediatric sizes			
<i>Patient Packaging, Evacuation, and Transport</i>			
Pediatric-specific restraint system or age/size appropriate car safety seat			



Required Equipment for ALS Emergency Ground Ambulances

Item	Mark Boxes if Stocked		
	Unit #	Unit #	Unit #
<i>Airway, Ventilation, and Oxygenation</i>			
Suction wall mounted and portable capable of achieving 400mm/hg 4 seconds or less, w/ catheters in adult and pediatric sizes, rigid and soft			
Oropharyngeal airways in sizes to fit neonates to adults			
Nasopharyngeal airways in sizes to fit neonate to adults			
Bulb suction			
Supraglottic airways in sizes to fit neonates to adults			
Laryngoscope with sizes 0, 1, 2, 3, and 4 Curved blade sizes 0, 1, 2, 3, and 4			
Stylettes neonate, pediatric, and adult sizes			
Endotracheal airway equipment-neonate, pediatric, and adult			
<i>Bleeding, Hemorrhage Control, Shock Management, and Wound Care</i>			
Chest Decompression needles: 14g diameter with MAX length of 1.5 inches (3.8cm) for patients less than 56 inches (144cm) long 23g diameter with MAX length of 0.75 inches (2cm) for newborns			
<i>Cardiovascular & Circulation Care</i>			
Automated defibrillator with adult and pediatric pads or combination pads			
Cardiac Monitor (for 12 lead ECG acquisition and transmission)			
ECG supplies, paper, electrodes, defibrillator pads in pediatric and adult size or combination pads			
IV therapy equipment-catheters, tubing, solution for pediatrics and adults			
Syringes and needles in pediatric and adult sizes			
<i>Medications and Medication Delivery</i>			
Nebulizer pediatric size, tubing			
Device suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid			
<i>Orthopedic Injury Care</i>			
Cervical collars in pediatric sizes			
<i>Patient Packaging, Evacuation, and Transport</i>			
Pediatric-specific restraint system or age/size appropriate car safety seat			



Safe Transport Devices

To ensure that all pediatric patients are safely transported, appropriate restraint systems should be in place. EMS agencies should have appropriately sized child restraint system(s) readily available on all ambulances that may transport children. Additionally, personnel should be initially and recurrently evaluated and trained on the correct use of those restraint systems. The device(s) should cover, at minimum, a weight range of between five (5) and 99 pounds (2.3 - 45 kg), ideally supporting the safest transport possible for all persons of any age or size. The manufacturer's recommendations for the weight/size of the patient should be considered when selecting the appropriate device for the specific child being transported.

A pediatric patient should never be held in the arms of an individual during transport.

Your service may be inspected to see what you are using for safe transport devices. Your service will be asked to demonstrate how these devices work at the time of inspection.



School Shooting Preparedness

If you have a disaster preparedness plan that addresses the questions below, please attach your plan. You do not need to answer the questions if you have attached your disaster plan that includes planning for a school shooting.

What is your agency's role when responding to a school shooting?

How will you decide who should be taken to the hospital first?

Who will oversee the scene i.e., who will you report to?

What type of supplies will you have available and how will you get more if you need them?

How will you call in extra help?

How will you keep track of children i.e., name tags, descriptions, etc.?

What is the plan for reunification of pediatric patients who do not need further medical assistance?



Compliance Reporting Form Background Checks Background Checks

If you are choosing to apply for the extended recognition time period, please fill out the following page as it relates to background checks.

By signing this verification form, I attest to the fact that my EMS Agency maintains, on record, a criminal record check and sex offender registry check on all our EMS providers who function as clinical care providers for our agency. I attest that I have looked up all employees using <https://publicsearch.ndcourts.gov/default.aspx> and <https://sexoffender.nd.gov/offender/search>. These are public websites that cost nothing to use. I acknowledge that our personnel records, specific to this form, are subject to audit and inspection without notice. I acknowledge that the requirement of the EMSC Pediatric Prepared Ambulance Recognition program is simply to ensure a criminal record check and sex offender registry check is conducted on all EMS providers, but that I have been advised by the program to seek legal counsel on any actions concerning any EMS provider with a founded child abuse report or criminal record. Also, I understand that this program currently does not require updated checks but recommends that my EMS agency repeat background checks every two years.

Print Name	Title
Agency Name	Agency License Number
Signature	Date

Please return this completed application packet to:
North Dakota EMS for Children
Department of Health and Human Services
Emergency Medical Systems Unit
1720 Burlington Dr. – Suite A
Bismarck, ND 58504

Email cgreer@nd.gov
www.hhs.nd.gov/health/EMS/EMSC

***Thank you for your commitment to improving emergency care for
North Dakota's children***

This project is supported by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Emergency Medical Services for Children (EMSC) State Partnership grant program, Grant No. H33MC06698-18-00 for \$190,650. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



North Dakota EMS for Children Pediatric Emergency Care Coordinator Prehospital Provider Information

What is a PECC?

A Pediatric Emergency Care Coordinator is an EMS provider designated within your organization who ensures that its providers are prepared to care for ill and injured children. Having a PECC is the single most important step for enhancing pediatric care in your service. A PECC is an essential part to having your service be considered Pediatric Ready. Ideally every agency will have one or more PECCs but multiple agencies may share the same PECC.

Purpose:

The intent of designating and developing the role of a PECC is to ensure that there is a dedicated individual(s) identified at the local EMS agency that represents pediatric interest and performs the roles listed below. An agency does not have to have a single person performing the functions of a PECC. The responsibilities can be fulfilled by two or more people, such as the medical director, EMS chief, training officer, or other prehospital professional. Additionally, there could be a region wide individual(s) that performs the responsibilities as a PECC for EMS agencies within a region.

Benefits of having a PECC as part of your agency:

Having a registered PECC ensures that your service is providing the best pediatric care to your patients. A PECC assists your agency in maintaining best practices for peds patients and helps to make sure everyone at your service knows how to use pediatric equipment. All these things together mean that children in North Dakota are getting the best emergency care they can. As an added benefit to bettering outcomes of pediatric patients, agencies with a registered PECC are first in line for education opportunities, training, and free equipment.

Responsibilities:

- Ensuring compliance with pediatric clinical practice guidelines and/or protocols
- Promoting pediatric continuing education opportunities
- Overseeing pediatric process improvement initiatives
- Ensuring the availability of pediatric medications, equipment, and supplies
- Promoting participation in pediatric prevention programs
- Coordinating with other agencies and ED's in your area to promote pediatric care
- Promoting family-centered care
- Promoting agency and hospital participation in pediatric research efforts such as filling out the yearly EMSC survey sent out by the EDC
- Conducting case review and feedback on pediatric calls/patients
- Identifying best practices/evidence-based medicine specific to pediatrics



Make sure to register your PECC as there are education opportunities and equipment that services with a PECC will have priority for.

PECC Information

Name			
Telephone Number	Email Address	EMS License Number	
Street Address	City	State	ZIP Code

Alternate PECC Information

Name			
Telephone Number	Email Address	EMS License Number	
Street Address	City	State	ZIP Code

Service Information

Service Name			Service License Number
Telephone Number	Email Address		
Street Address	City	State	ZIP Code
Medical Director			
Signature			Date

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Please return this registration form to:

**Department of Health and Human Services
Emergency Medical Systems Unit
1720 Burlington Dr. – Suite A
Bismarck, ND 58504
Email cgreer@nd.gov**

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