Florida EMSC Advisory Committee Meeting
July 29, 2021

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University of Florida College of Medicine/Jacksonville
Florida EMS for Children Medical Director

HRSA Maternal & Child Health

FLORIDA PEDREADY

EMSC IIC NEDARC The National EMSC Data Analysis Resource Center PECARN

EMSC IIC Emergency Medical Services for Children | Innovation & Improvement Center

Welcome and Call to Order

Roll call of committee members and liaisons
(due to time limitations please email confirmation of your attendance with name/org./contact info to pedready@jax.ufl.edu or via chat)

Security and Recording
For technical difficulty call 904-244-4986 or sent chat message
Please mute your phones and do not put on hold!
*6 to mute or unmute
If hacked a new invite will be sent to committee members only.

WELCOME PECCs

FL EMSC and PEDReady Contact Information

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Group email:
pedready@jax.ufl.edu

Key Websites:
https://www.emlrc/flpedready

https://emscimprovement.center

http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/index.html

New/Reappointed EMSC Advisory Committee Members

Term ends: 07/10/2022

- Jennifer N. Fishe, MD
  - Physician with Pediatric Experience
  - Associate Medical Director for Pediatrics, Nassau County Fire Rescue
- Barbara Tripp RN, EMT-P
  - Emergency Medical Technician/Paramedic
  - Rescue Division Chief, City of Tampa Fire Rescue
- Nichole Shimko, RN, MSN, CCRN, CPN, C-NPT
  - Nurse with Emergency Pediatric Experience
  - Nurse Supervisor, Golisano Children's Hospital of Southwest Florida
- Marshall Frank DO, MPH, FACEP, FAEMS
  - Emergency Physician
  - Medical Director, Sarasota County Fire Dept.
- Felix Marquez BA, RN, EMT-P
  - EMS Education Manager
  - President/CEO of Orlando Medical Institute, Paramedic/Firefighter for City of Orlando
- Sandra Nasca, RN
  - FAN Representative
  - Retired ED Nurse, Forensic Medical Investigator

EMSC Advisory Committee Liaisons

- Michael Rushing, NRP, RN, BSN, CEN….
  - FL ENA
  - AHA Coordinator, Baptist Healthcare
- Tracey D. Vause, MPA, CPM, EMT-P
  - Rural EMS
  - EMS Chief, Walton County Fire Rescue
- Ernest (Sonny) Weishaupt EMT-P
  - PECC (EMS/ED)
  - EMS Liaison, Arnold Palmer Hospital for Children
- Meryam Jan, MD
  - FL PEDReady pediatric resident liaison
  - 3rd yr Pediatric Resident at UFCOM – Jacksonville
  - Website reviewer and PE^{2}ARL editor
- Adding critical care/PICU liaison and trauma program manager

- Jeremiah Rabish, PMD
  - PECC (EMS)
  - Operations Captain and PECC, Sarasota County Fire Dept.
- Sarah Weed
  - PECC (EMS)
  - Rescue Lieutenant /FF/CCP-FPC, Alachua County Fire Rescue
- Julie Downey
  - Disaster
  - Fire Chief, Davie Fire Rescue
- Lauren Young, LCSW
  - Mental health
  - Medical Social Work & MIH Coordinator, Palm Beach County Fire Rescue

EMSC/DOH BEMO Advisory Staff

- Melia Jenkins
  - EMSC Project Director
- Lorrianna Jean-Jacques
  - EMSC Project Manager
- Steve McCoy
  - Bureau Chief, Bureau of Emergency Medical Oversight at Florida Health
- Jane Bedford
  - Rural EMS Coordinator
- Kate Kocevar
  - Trauma Administrator

- Kenneth Scheppke, M.D.
  - FL EMS Medical Director
- Phyllis L. Hendry, MD, FAAP, FACEP
  - FL EMS-C Medical Director

The 9 National EMSC Sate Performance Measures

Pre-hospital

- **Availability of EMS pediatric patient care data**
- **Coordination/advocacy for pediatric emergency care within EMS system**
  PECC or Champion
- **Proficiency of EMS providers in the use of pediatric-specific equipment**

Hospital

- Facility recognition programs (pediatrics, trauma, etc.)
- Guidelines and interfacility agreements for transfer of pediatric patients

Program sustainability

- EMSC advisory committee • Pediatric representation on EMS board
- Integration of EMSC priorities into state/territorial law or regulations

Opening Announcements and Updates from Other Committees and Constituency Groups

- Welcome Mike Hall EMS Section Administrator!

FL EMS 2022 – 2026 State Plan

- **# Strategy Objective Owner**

Strategic Priority 3: EMS System Infrastructure and Finance

Goal 3.1: Attract, recruit, and retain a prepared, diverse, and sustainable EMS workforce in all geographic areas of Florida

Enhance pediatric pre-hospital care: Increase percentage of EMS agencies with a PECC (Pediatric Emergency Care Coordinator or Champion) to 35% by 2022 with a subsequent increase of 10% per year

-Other plan objectives related to injury and drowning prevention, neonatal specialty deployment and tracking (disaster), etc.

-Vote delayed pending synchronization with other state plans

Updates from Committees and Constituency Groups

- Education committee
  - COVID challenges
  - Psychomotor skills
  - Other- adding Autism, LGBTQ, Behavioral Health/Suicide Prevention educational language
- Data
- Medical Care
  - CARES data- ask you hospital to report pediatric data!
  - Resuscitation Academies
  - Biospatial HIE Presentation
  - Dr. Frank recommended as co-chair

2021 CARES Update

- 64 (+3) Enrolled EMS Agencies
- 249 (+3) Partnering Hospitals
- 837 (+74) Agency/Hospital Links
- 2018 = 1432 Cases
- 2019 = 4756 Cases
- 2020 = 7256 Cases
- 2021 (YTD) = 5340 (+2969) Cases
- Bystander CPR: Florida 37.1%
- Bystander CPR: National : 40.5%
- ROSC: Florida 27.4%
- ROSC: National 26.5%

ALL DATA above is CARES participant data.

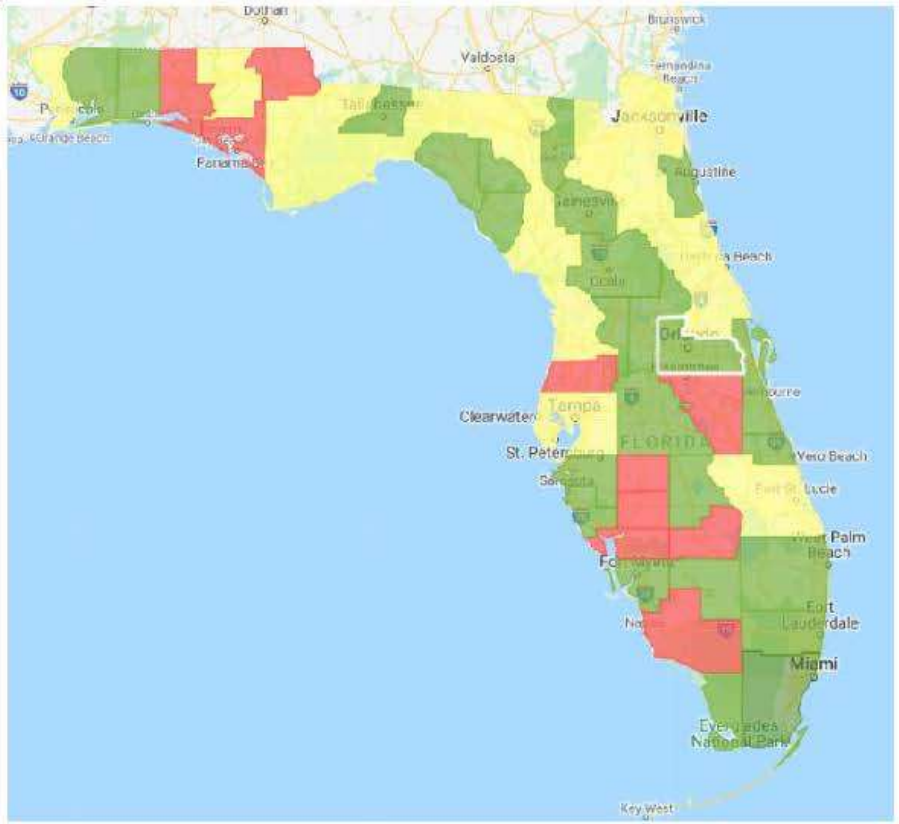
CARES
Cardiac Arrest Registry
to Enhance Survival

2021 Cares Update

CARES
Cardiac Arrest Registry
to Enhance Survival

Florida coverage of 8,962,045 million people 41.7% (+5.6%)

- Green – Active
- Red - Next
- Yellow - TBD



CARES Survival Report

Incident State: FL | Date of Arrest: 01/01/21 - 12/31/21 | Non-Traumatic Etiology

	OVERALL N = 4556				
	Total N (%)	Sustained ROSC (%)	Survival to hospital admission (%)	Survival to hospital discharge (%)	Survival to discharge with CPC 1 or 2[†] (%)
Total	4556	1119 (24.6)	1076 (23.6)	425 (9.3)	278 (6.1)
Location of Arrest					
Home/Residence	3321 (72.9)	768 (23.1)	745 (22.4)	265 (8.0)	165 (5.0)
Nursing Home	538 (11.8)	107 (19.9)	66 (12.3)	21 (3.9)	6 (1.1)
Public Setting	697 (15.3)	244 (35.0)	265 (38.0)	139 (19.9)	107 (15.4)
Arrest Witnessed Status					
Unwitnessed	2232 (49.1)	352 (15.8)	325 (14.6)	86 (3.9)	46 (2.1)
Bystander witnessed	1681 (37.0)	539 (32.1)	520 (30.9)	214 (12.7)	145 (8.6)
911 Responder witnessed	636 (14.0)	228 (35.8)	231 (36.3)	125 (19.7)	87 (13.7)
Bystander CPR*					
Bystander CPR	1706 (43.6)	433 (25.4)	389 (22.8)	166 (9.7)	115 (6.7)
No Bystander CPR	2206 (56.4)	458 (20.8)	456 (20.7)	134 (6.1)	76 (3.4)
Bystander CPR (excludes nursing home/healthcare facility events)	1209 (36.7)	326 (27.0)	315 (26.1)	132 (10.9)	95 (7.9)
No Bystander CPR (excludes nursing home/healthcare facility events)	2085 (63.3)	432 (20.7)	434 (20.8)	130 (6.2)	75 (3.6)
Initial Arrest Rhythm					
Shockable	732 (16.1)	300 (41.0)	318 (43.4)	178 (24.3)	139 (19.0)
Non-shockable	3821 (83.9)	818 (21.4)	757 (19.8)	246 (6.4)	138 (3.6)
AED Use					
Bystander AED use*	237 (6.1)	85 (35.9)	63 (26.6)	36 (15.2)	28 (11.8)
Bystander AED use* (excludes nursing home/healthcare facility events)	57 (1.7)	30 (52.6)	27 (47.4)	17 (29.8)	14 (24.6)
Trained provider (First Responder) AED use	598 (13.1)	121 (20.2)	119 (19.9)	42 (7.0)	29 (4.8)
Utstein					
Witnessed and shockable	521 (11.4)	234 (44.9)	248 (47.6)	150 (28.8)	122 (23.4)
Bystander witnessed and shockable	428 (9.4)	180 (42.1)	191 (44.6)	105 (24.5)	82 (19.2)
Hypothermia					
Field hypothermia	522 (11.5)	150 (28.7)	129 (24.7)	40 (7.7)	31 (5.9)
In-hospital hypothermia/TTM (among admitted patients)	350 (32.5)	--	--	122 (34.9)	74 (21.1)

Inclusion Criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

NOTE: Analysis excludes patients with missing hospital outcome (N=841).

*Bystander CPR and bystander AED use calculations exclude 911 Responder witnessed events.

[†]CPC missing for 3 patients.

CARES Survival Report

Incident State: FL | Date of Arrest: 01/01/21 - 12/31/21 | Non-Traumatic Etiology

	Age = <1 years N = 40				
	Total N (%)	Sustained ROSC (%)	Survival to hospital admission (%)	Survival to hospital discharge (%)	Survival to discharge with CPC 1 or 2[†] (%)
Total	40	1 (2.5)	1 (2.5)	0 (0.0)	0 (0.0)
Location of Arrest					
Home/Residence	37 (92.5)	1 (2.7)	1 (2.7)	0 (0.0)	0 (0.0)
Nursing Home	0 (0.0)	0 (NaN)	0 (NaN)	0 (NaN)	0 (NaN)
Public Setting	3 (7.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Arrest Witnessed Status					
Unwitnessed	31 (77.5)	1 (3.2)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander witnessed	7 (17.5)	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)
911 Responder witnessed	2 (5.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander CPR*					
Bystander CPR	15 (39.5)	1 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)
No Bystander CPR	23 (60.5)	0 (0.0)	1 (4.3)	0 (0.0)	0 (0.0)
Bystander CPR (excludes nursing home/healthcare facility events)	15 (39.5)	1 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)
No Bystander CPR (excludes nursing home/healthcare facility events)	23 (60.5)	0 (0.0)	1 (4.3)	0 (0.0)	0 (0.0)
Initial Arrest Rhythm					
Shockable	1 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Non-shockable	39 (97.5)	1 (2.6)	1 (2.6)	0 (0.0)	0 (0.0)
AED Use					
Bystander AED use*	0 (0.0)	0 (NaN)	0 (NaN)	0 (NaN)	0 (NaN)
Bystander AED use* (excludes nursing home/healthcare facility events)	0 (0.0)	0 (NaN)	0 (NaN)	0 (NaN)	0 (NaN)
Trained provider (First Responder) AED use	5 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Utstein					
Witnessed and shockable	1 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander witnessed and shockable	1 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Hypothermia					
Field hypothermia	2 (5.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
In-hospital hypothermia/TTM (among admitted patients)	0 (0.0)	--	--	0 (NaN)	0 (NaN)

Inclusion Criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

NOTE: Analysis excludes patients with missing hospital outcome (N=16).

*Bystander CPR and bystander AED use calculations exclude 911 Responder witnessed events.

[†]CPC missing for 0 patients.

CARES Survival Report

Incident State: FL | Date of Arrest: 01/01/21 - 12/31/21 | Non-Traumatic Etiology

	Age = 1 - 12 years N = 43				
	Total N (%)	Sustained ROSC (%)	Survival to hospital admission (%)	Survival to hospital discharge (%)	Survival to discharge with CPC 1 or 2[†] (%)
Total	43	10 (23.3)	19 (44.2)	6 (14.0)	5 (11.6)
Location of Arrest					
Home/Residence	33 (76.7)	6 (18.2)	15 (45.5)	3 (9.1)	2 (6.1)
Nursing Home	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Public Setting	9 (20.9)	4 (44.4)	4 (44.4)	3 (33.3)	3 (33.3)
Arrest Witnessed Status					
Unwitnessed	27 (62.8)	4 (14.8)	10 (37.0)	2 (7.4)	1 (3.7)
Bystander witnessed	13 (30.2)	6 (46.2)	7 (53.8)	4 (30.8)	4 (30.8)
911 Responder witnessed	3 (7.0)	0 (0.0)	2 (66.7)	0 (0.0)	0 (0.0)
Bystander CPR*					
Bystander CPR	19 (47.5)	5 (26.3)	9 (47.4)	3 (15.8)	2 (10.5)
No Bystander CPR	21 (52.5)	5 (23.8)	8 (38.1)	3 (14.3)	3 (14.3)
Bystander CPR (excludes nursing home/healthcare facility events)	18 (46.2)	5 (27.8)	9 (50.0)	3 (16.7)	2 (11.1)
No Bystander CPR (excludes nursing home/healthcare facility events)	21 (53.8)	5 (23.8)	8 (38.1)	3 (14.3)	3 (14.3)
Initial Arrest Rhythm					
Shockable	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Non-shockable	42 (97.7)	10 (23.8)	19 (45.2)	6 (14.3)	5 (11.9)
AED Use					
Bystander AED use*	1 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander AED use* (excludes nursing home/healthcare facility events)	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Trained provider (First Responder) AED use	9 (20.9)	3 (33.3)	4 (44.4)	1 (11.1)	1 (11.1)
Utstein					
Witnessed and shockable	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander witnessed and shockable	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Hypothermia					
Field hypothermia	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
In-hospital hypothermia/TTM (among admitted patients)	1 (5.3)	--	--	0 (0.0)	0 (0.0)

Inclusion Criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

NOTE: Analysis excludes patients with missing hospital outcome (N=23).

*Bystander CPR and bystander AED use calculations exclude 911 Responder witnessed events.

[†]CPC missing for 0 patients.

CARES Survival Report

Incident State: FL | Date of Arrest: 01/01/21 - 12/31/21 | Non-Traumatic Etiology

	Age = 13 - 18 years N = 15				
	Total N (%)	Sustained ROSC (%)	Survival to hospital admission (%)	Survival to hospital discharge (%)	Survival to discharge with CPC 1 or 2† (%)
Total	15	4 (26.7)	2 (13.3)	1 (6.7)	1 (6.7)
Location of Arrest					
Home/Residence	10 (66.7)	3 (30.0)	1 (10.0)	0 (0.0)	0 (0.0)
Nursing Home	0 (0.0)	0 (NaN)	0 (NaN)	0 (NaN)	0 (NaN)
Public Setting	5 (33.3)	1 (20.0)	1 (20.0)	1 (20.0)	1 (20.0)
Arrest Witnessed Status					
Unwitnessed	10 (66.7)	2 (20.0)	2 (20.0)	1 (10.0)	1 (10.0)
Bystander witnessed	4 (26.7)	2 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)
911 Responder witnessed	1 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander CPR*					
Bystander CPR	5 (35.7)	3 (60.0)	2 (40.0)	1 (20.0)	1 (20.0)
No Bystander CPR	9 (64.3)	1 (11.1)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander CPR (excludes nursing home/healthcare facility events)	5 (35.7)	3 (60.0)	2 (40.0)	1 (20.0)	1 (20.0)
No Bystander CPR (excludes nursing home/healthcare facility events)	9 (64.3)	1 (11.1)	0 (0.0)	0 (0.0)	0 (0.0)
Initial Arrest Rhythm					
Shockable	2 (13.3)	2 (100.0)	1 (50.0)	1 (50.0)	1 (50.0)
Non-shockable	13 (86.7)	2 (15.4)	1 (7.7)	0 (0.0)	0 (0.0)
AED Use					
Bystander AED use*	3 (21.4)	1 (33.3)	1 (33.3)	1 (33.3)	1 (33.3)
Bystander AED use* (excludes nursing home/healthcare facility events)	3 (21.4)	1 (33.3)	1 (33.3)	1 (33.3)	1 (33.3)
Trained provider (First Responder) AED use	4 (26.7)	1 (25.0)	0 (0.0)	0 (0.0)	0 (0.0)
Utstein					
Witnessed and shockable	1 (6.7)	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Bystander witnessed and shockable	1 (6.7)	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Hypothermia					
Field hypothermia	2 (13.3)	1 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)
In-hospital hypothermia/TTM (among admitted patients)	1 (50.0)	--	--	1 (100.0)	1 (100.0)

Inclusion Criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

NOTE: Analysis excludes patients with missing hospital outcome (N=4).

*Bystander CPR and bystander AED use calculations exclude 911 Responder witnessed events.

†CPC missing for 0 patients.

CARES Survival Report

Incident State: FL | Date of Arrest: 01/01/21 - 12/31/21 | Non-Traumatic Etiology

	Age = >18 years N = 4457				
	Total N (%)	Sustained ROSC (%)	Survival to hospital admission (%)	Survival to hospital discharge (%)	Survival to discharge with CPC 1 or 2† (%)
Total	4457	1104 (24.8)	1054 (23.6)	418 (9.4)	272 (6.1)
Location of Arrest					
Home/Residence	3240 (72.7)	758 (23.4)	728 (22.5)	262 (8.1)	163 (5.0)
Nursing Home	537 (12.0)	107 (19.9)	66 (12.3)	21 (3.9)	6 (1.1)
Public Setting	680 (15.3)	239 (35.1)	260 (38.2)	135 (19.9)	103 (15.1)
Arrest Witnessed Status					
Unwitnessed	2164 (48.6)	345 (15.9)	313 (14.5)	83 (3.8)	44 (2.0)
Bystander witnessed	1656 (37.2)	531 (32.1)	512 (30.9)	210 (12.7)	141 (8.5)
911 Responder witnessed	630 (14.2)	228 (36.2)	229 (36.3)	125 (19.8)	87 (13.8)
Bystander CPR*					
Bystander CPR	1667 (43.7)	424 (25.4)	378 (22.7)	162 (9.7)	112 (6.7)
No Bystander CPR	2152 (56.3)	452 (21.0)	447 (20.8)	131 (6.1)	73 (3.4)
Bystander CPR (excludes nursing home/healthcare facility events)	1171 (36.6)	317 (27.1)	304 (26.0)	128 (10.9)	92 (7.9)
No Bystander CPR (excludes nursing home/healthcare facility events)	2031 (63.4)	426 (21.0)	425 (20.9)	127 (6.3)	72 (3.5)
Initial Arrest Rhythm					
Shockable	728 (16.3)	298 (40.9)	317 (43.5)	177 (24.3)	138 (19.0)
Non-shockable	3726 (83.7)	805 (21.6)	736 (19.8)	240 (6.4)	133 (3.6)
AED Use					
Bystander AED use*	232 (6.1)	84 (36.2)	62 (26.7)	35 (15.1)	27 (11.6)
Bystander AED use* (excludes nursing home/healthcare facility events)	53 (1.7)	29 (54.7)	26 (49.1)	16 (30.2)	13 (24.5)
Trained provider (First Responder) AED use	580 (13.0)	117 (20.2)	115 (19.8)	41 (7.1)	28 (4.8)
Utstein					
Witnessed and shockable	518 (11.6)	233 (45.0)	248 (47.9)	150 (29.0)	122 (23.6)
Bystander witnessed and shockable	425 (9.5)	179 (42.1)	191 (44.9)	105 (24.7)	82 (19.3)
Hypothermia					
Field hypothermia	517 (11.6)	149 (28.8)	129 (25.0)	40 (7.7)	31 (6.0)
In-hospital hypothermia/TTM (among admitted patients)	348 (33.0)	--	--	121 (34.8)	73 (21.0)

Inclusion Criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

NOTE: Analysis excludes patients with missing hospital outcome (N=795).

*Bystander CPR and bystander AED use calculations exclude 911 Responder witnessed events.

†CPC missing for 3 patients.

National EMSC Related Updates

- NEDARC EMSC 2021 EMS Agency Survey results for performance measures 02 and 03
  - FL response rate 50.8% (99/195) vs 44.6% national
  - % PECCs increased; use of pediatric specific equipment decreased

NEDARC

National Emergency Medical Services for Children Data Analysis Resource Center

To better understand the EMS system's ability to care for pediatric patients, the **EMS for Children Program** conducted a national survey of EMS agencies. The following are the results of this quality improvement effort. EMS agencies can learn more about their state efforts by contacting their state EMS for Children Program Manager shown in the Resources sections of this 3-page report.

2021 National *EMS for Children Survey* Results

15,768 EMS agencies were sent survey

Who took the survey?

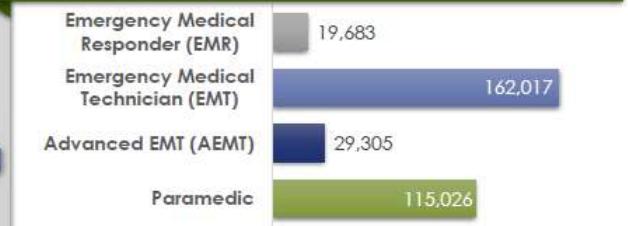
6,910 EMS agencies

public 911 **NON**-transporting & **transporting** agencies

from **58** US states & territories

Agencies by Highest Licensure

Type of Providers Reported



Pediatric Call Volume by Number and % of Agencies

Call Volume	#	%
NONE: No pediatric calls in the last year	235	3.4%
LOW: Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	2,937	42.5%
MEDIUM: Between 13-100 pediatric calls in the last year (1-8 pediatric calls per month)	2,595	37.6%
MEDIUM HIGH: Between 101-600 pediatric calls in the last year (8-50 pediatric calls per month)	864	12.5%
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	260	3.8%
No Response	19	0.3%
Grand Total	6,910	100%

Prepared by the National EMS for Children Data Analysis Resource Center (NEDARC), located at the University of Utah School of Medicine. July 2021 www.nedarc.org

This report is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the Emergency Medical Services for Children Data Center award totaling $3,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

NEDARC

National Emergency Medical Services for Children Data Analysis Resource Center

To better understand the EMS system's ability to care for pediatric patients, the **EMS for Children Program** conducted a national survey of EMS agencies. The following are the results of this quality improvement effort. EMS agencies can learn more about their state efforts by contacting their state EMS for Children Program Manager shown in the Resources sections of this 3-page report.

2021 National *EMS for Children Survey* Results

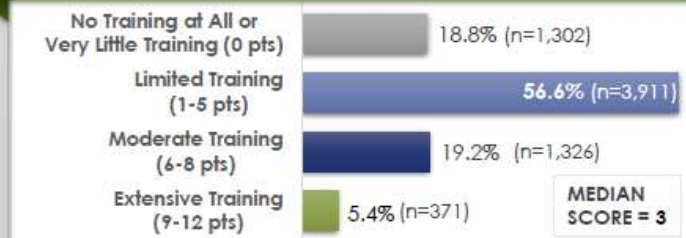
15,768 EMS agencies were sent survey

Types of Methods for Physically Demonstrating Correct Use of *PEDIATRIC-SPECIFIC* Equipment

- Demonstration Skill
- Simulation Observation
- Field Observation

Percent & Type/Method Skill Checking Reported

Frequency of Skill-Checking on Pediatric Equipment



Click here and go to page 35 to see how the skill-checking points were calculated.

Resources

- Pediatric Readiness in EMS Systems *(joint policy statement)*
- Prehospital Pediatric Readiness Toolkit
- Simulation-based assessment of paramedic pediatric resuscitation skills *(abstract)*
- Use of Pediatric-Specific Equipment *(video)*
- State EMS for Children Program Manager List *(online database)*

Significance

The processes & frequency of skill-checking evaluations for EMS providers has long been established as important for the maintenance of skills when treating patients for improved patient outcomes.[1-3]

Miller's Model of Clinical Competence provides a framework for clinical evaluation that theorizes that competency for clinical skills can be demonstrated for EMS through a combination of skill stations, case scenarios & simulations, & real-life field observations with a frequency of at least twice a year.[3-4]

1. Lammers, R. L., Byrwa, M. J., Fales, W. D., & Hale, R. A. (2009). Simulation-based Assessment of Paramedic Pediatric Resuscitation Skills. *Prehospital Emergency Care*, 13(3), 345-356.
2. Su, E., Schmidt, T. A., Mann, N. C., & Zechnich, A. D. (2000). A Randomized Controlled Trial to Assess Decay in Acquired Knowledge Among Paramedics Completing a Pediatric Resuscitation Course. *Academic Emergency Medicine*, 7(7), 779-786.
3. Miller GE. The Assessment of Clinical Skills/Competence/Performance. *Acad Med* 1990; 65:S63-67.
4. National EMS for Children Data Analysis Resource Center (NEDARC). EMS for Children Performance Measures: Implementation Manual for State Partnership Grantees. Salt Lake City, UT: NEDARC; 2017.

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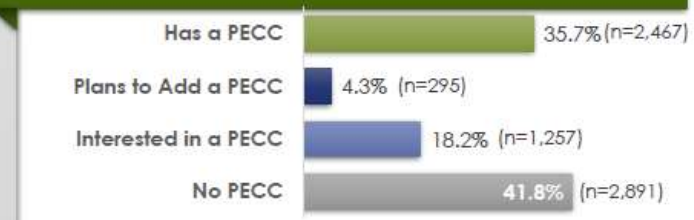
2021 National *EMS for Children Survey* Results

15,768 EMS agencies were sent survey

What is a PECC?

A designated individual(s), often called a **Pediatric Emergency Care Coordinator** or PECC, who is responsible for coordinating and *championing PEDIATRIC-SPECIFIC* activities for an EMS agency. This individual(s) could serve as the PECC for one or more EMS agencies.

PECC at Agencies



Agencies who Have a PECC – Top 5 Reported PECC Duties

Promote pediatric continuing education opportunities	97.1%
Ensure that fellow providers follow pediatric clinical practice guidelines and/or protocols	95.6%
Ensure the availability of pediatric medications, equipment, and supplies	92.2%
Oversee pediatric process improvement initiatives	87.9%
Ensure the pediatric perspective is included in the development of EMS protocols	83.2%

Resources

- Pediatric Readiness in EMS Systems *(joint policy statement)*
- Pediatric Emergency Care Coordinator Learning Collaborative *(webpage)*
- Pediatric Emergency Care Coordinator *(video)*
- Prehospital Pediatric Readiness Toolkit
- State EMS for Children Program Manager List *(online database)*

Significance

A study of the readiness of hospital emergency departments (EDs) to care for children has shown that EDs are more prepared to care for children when there is a PECC who is responsible for championing & making recommendations for policies, training, & resources pertinent to the emergency care of children.[1] While this study was conducted in EDs, the 2020 joint policy statement,[2] Pediatric Readiness in EMS Systems, states the importance of EMS physicians, administrators, & personnel to collaborate with pediatric acute care experts to optimize EMS care for children to improve outcomes. In further support of the importance of EMS agency PECCs, a recent study "found that the availability of a PECC in an agency is associated with increased frequency of pediatric psychomotor skills evaluations."[3]

1. Gausche-Hill, M., Ely, M., Schmuhl, P., Telford, R., Remick, K. E., Edgerton, E. A., & Olson, L. M. (2015). A National Assessment of Pediatric Readiness of Emergency Departments. *JAMA Pediatrics*, 169(6), 527–534.
2. Moore, B., Shah, M. I., Owusu-Ansah, S., Gross, T., Brown, K., Gausche-Hill, M., Remick, K., Adelgais, K., Lyng, J., Rappaport, L., & Snow, S. (2020). Pediatric Readiness in Emergency Medical Services Systems. *Prehospital Emergency Care*, 24(2), 175-179.
3. Hewes, H. A., Ely, M., Richards, R., Shah, M. I., Busch, S., Pilkey, D., Dixon Hert, K., & Olson, L. M. (2018). Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting. *Prehospital Emergency Care*, DOI: p10.1080/10903127.2018.1542472.

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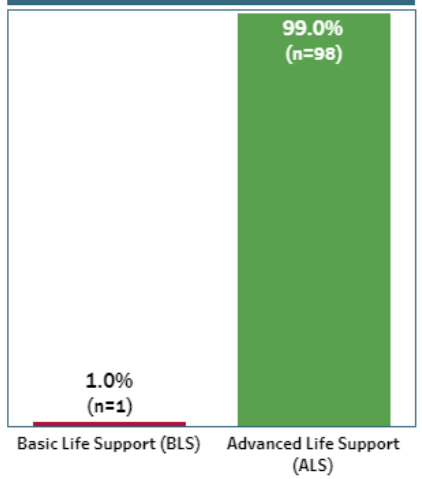
Florida Agency Demographics for 2021

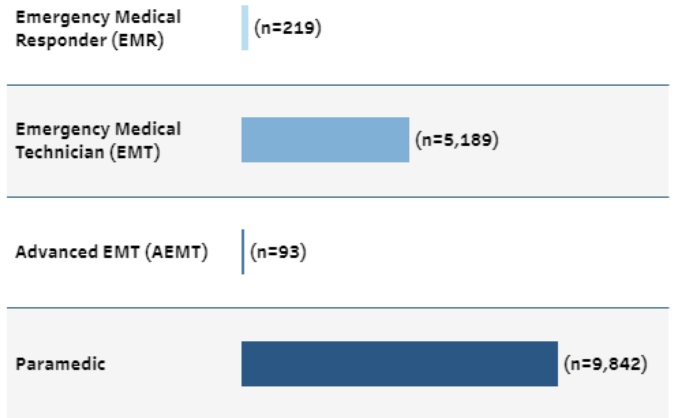
Survey Year: 2021 | County: (All) | Agency Type*: (All) | Urbanicity: (All)

*All = All Agencies You Surveyed, Drop Down the Menu to See Sub-Group Detail

Agencies by Highest Licensure:



Type of Providers Reported*:



* Number of Responding Agencies Not Reporting: 1

Pediatric Call Volume by Number and % of Agencies:

	Num of Agencies	% of Agencies
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	18	18.2%
MEDIUM HIGH: Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)	30	30.3%
MEDIUM: Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)	40	40.4%
LOW: Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	9	9.1%
NONE: No Pediatric Calls in the Last Year	1	1.0%
No Response	1	1.0%
Grand Total	**99**	**100.0%**

Florida EMS for Children Program

2021 EMS Agency Survey Results

Florida Data Collection Numbers:

Number of Respondents: 99
Number Surveyed: 195
Response Rate: 50.8%

Number of Records in Dataset (after data cleaning)*: 99

*Data cleaning includes removing agencies that do not respond to 911 and duplicates, etc.

Performance Measures EMSC 02 and EMSC 03:

Number of Records Used in Performance Measure Calculation (see below): 98

Performance Measure Exclusions*:
Indian Health Services or Tribal Agencies Participating: 0, Military Facilities Participating: 1, Air-Only Agencies: 0, or Water-Only Agencies: 0.

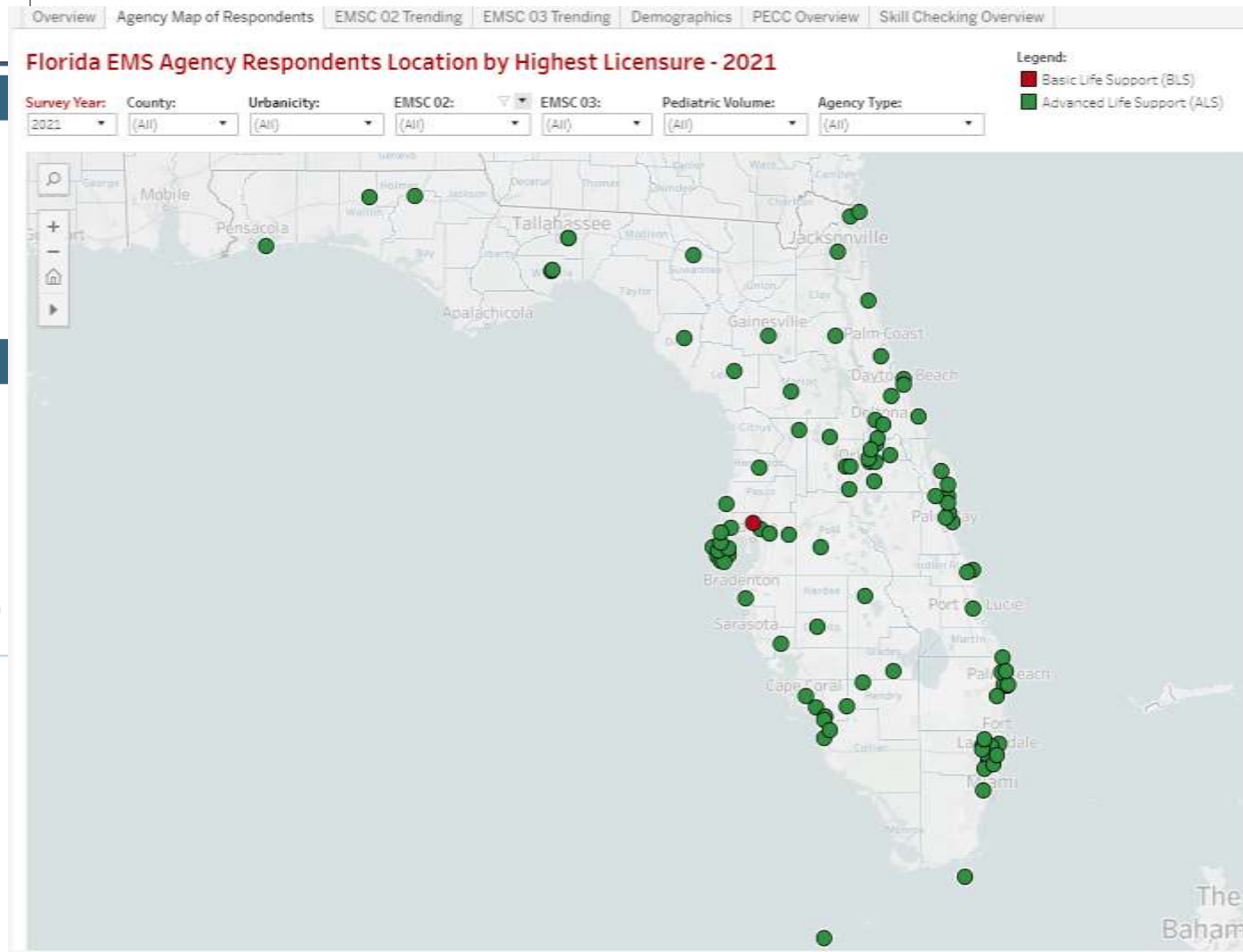
* The agencies listed above are excluded from any final calculations related to the Performance Measures (see below). However, all states and/or territories were given the opportunity to survey these agencies for additional reporting based on state interest and need. Therefore, information from these agencies is included in all other data points.

Pediatric Emergency Care Coordinator (EMSC 02):

48.0%
(47/98)

Use of Pediatric-Specific Equipment (EMSC 03):

23.5%
(23/98)



Florida EMSC 02 - Pediatric Emergency Care Coordinator (PECC) Performance Measure Trending:

Trending Over Time:

There are many ways to measure improvement over time. On this page, you can see how your state performed for EMSC 02:

1) Trend Over Time - This looks at all respondents from all three survey years to see how your state's performance measure numbers are changing. The number of respondents may not be the same because response rates often change and the same agencies do not always participate.

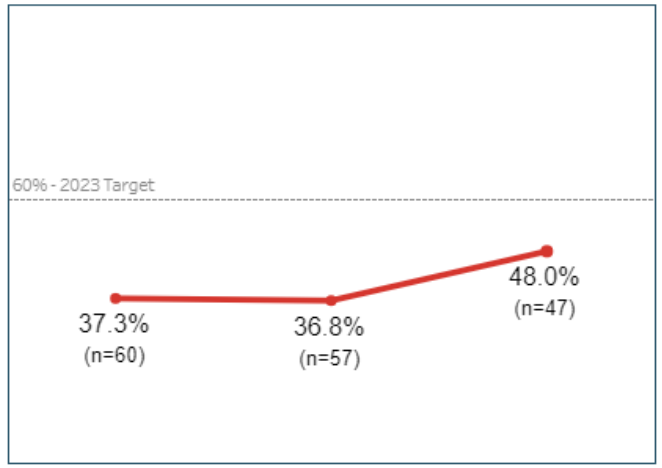
2) Trend Over Time (One to One Analysis) - This looks at only those agencies who participated in all three years of the survey. This type of analysis illustrates collective upward or downward movement with EMSC 02 over time for those agencies who completed the survey in all three years.

NOTE: EHB = Electronic Handbook. These are the official numbers that are reported to the EMSC Program.

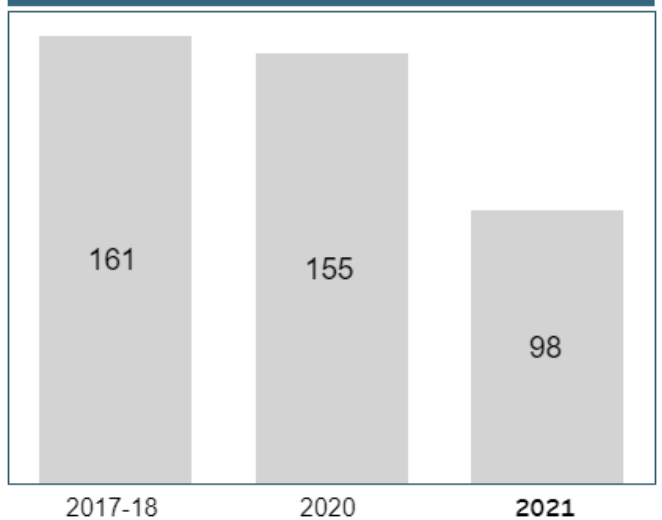
The horizontal dashed gray line in the graphs indicates the EMSC National Target for 2023 which is 60%.

BELOW: Percent and Number of Florida Agencies that Reported Meeting EMSC 02 by Survey Year.

EMSC 02 - Trend Over Time (Met PM - EHB Num):

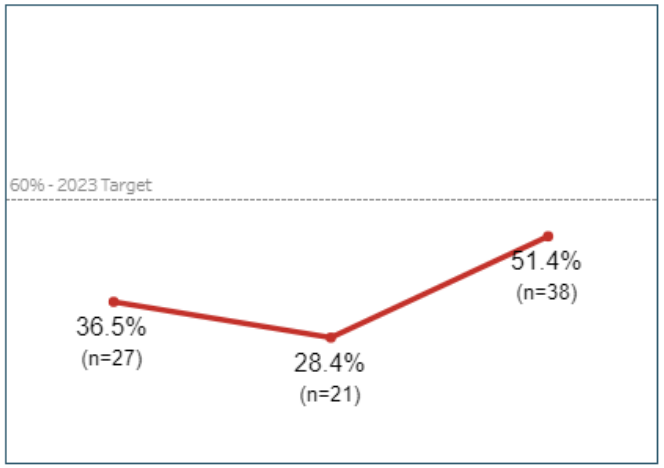


EMSC 02 - # of Agencies that Responded Each Year:

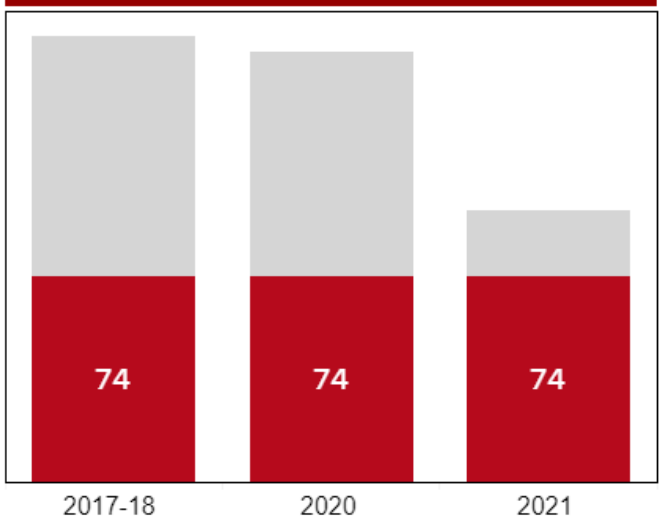


BELOW: Percentage and Number of Florida Agencies Participating in ALL THREE Survey Years that Reported Meeting EMSC 02.

EMSC 02 - Trend Over Time (Met PM - 1:1 Analysis):



EMSC 02 - # of Agencies that Responded EVERY Year:



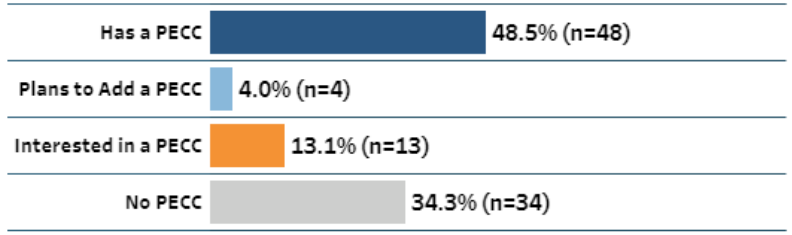
Florida Pediatric Emergency Care Coordinator (PECC) Overview for 2021

Survey Year: 2021 | Urbanicity: (All) | Pediatric Call Volume: (All)

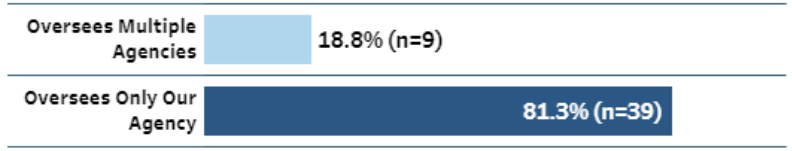
County: (All) | Agency Type*: (All)

*All = All Agencies You Surveyed, Drop Down the Menu to See Sub-Group Detail

Pediatric Emergency Care Coordinator:



Pediatric Emergency Care Coordinator Oversees:



Other Reported PECC Activities (shared by respondents):

Regional Medical Director
Drowning prevention
Develop Training Programs Research and recommend equipment to imp..
Coordinates training with other agencies
Training officer for both adult and pediatric patients.
Adopted Handtevy for pediatric medication dosing
Participates in the pediatric death review committee.
Pediatric specific continuing education, Pediatric monthly QA
Community based programs
Write and develop all pediatric medical protocols
Coordinates with local medical direction

Agencies who Have a PECC - Reported PECC Duties:

Ensures that fellow providers follow pediatric clinical practice guidelines and/or protocols	97.9%
Promotes pediatric continuing education opportunities	95.8%
Ensures the availability of pediatric medications, equipment, and supplies	89.6%
Ensures that the pediatric perspective is included in the development of EMS protocols	89.6%
Oversees pediatric process improvement initiatives	81.3%
Promotes agency participation in pediatric prevention programs	75.0%
Coordinates with the emergency department pediatric emergency care coordinator	56.3%
Promotes family-centered care	47.9%
Promotes agency participation in pediatric research efforts	47.9%
Other Activities	22.9%

Florida EMSC 03 - Use of Pediatric-Specific Equipment Performance Measure Trending:

Trending Over Time:

There are many ways to measure improvement over time. On this page, you can see how your state performed for EMSC 03:

1) Trend Over Time - This looks at all respondents from all three survey years to see how your state's performance measure numbers are changing. The number of respondents may not be the same because response rates often change and the same agencies do not always participate.

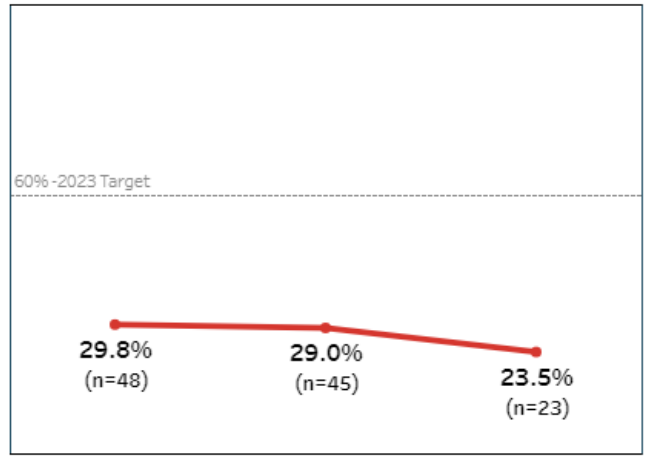
2) Trend Over Time (One to One Analysis) - This looks at only those agencies who participated in all three years of the survey. This type of analysis illustrates collective upward or downward movement with EMSC 03 over time for those agencies who completed the survey in all three years.

NOTE: EHB = Electronic Handbook. These are the official numbers that are reported to the EMSC Program.

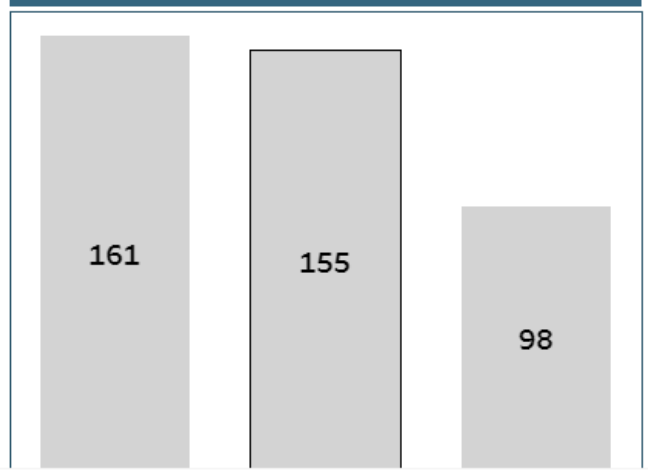
The horizontal dashed gray line in the graphs indicates the EMSC National Target for 2023 which is 60%.

BELOW: Percent and Number of Florida Agencies that Reported Meeting EMSC 03 by Survey Year.

EMSC 03 - Trend Over Time (Met PM - EHB Num):

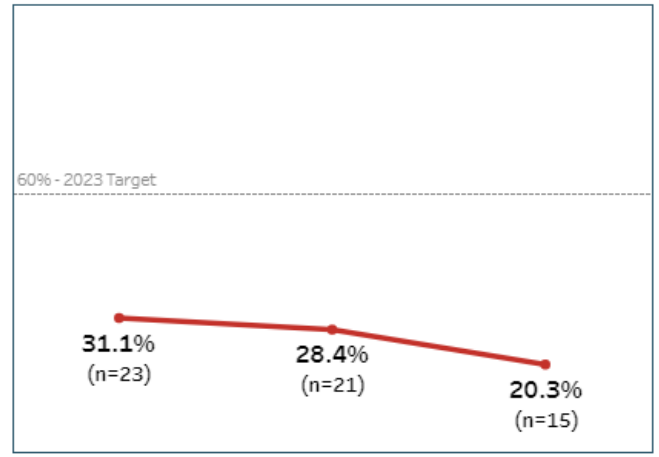


EMSC 03 - # of Agencies that Responded Each Year:

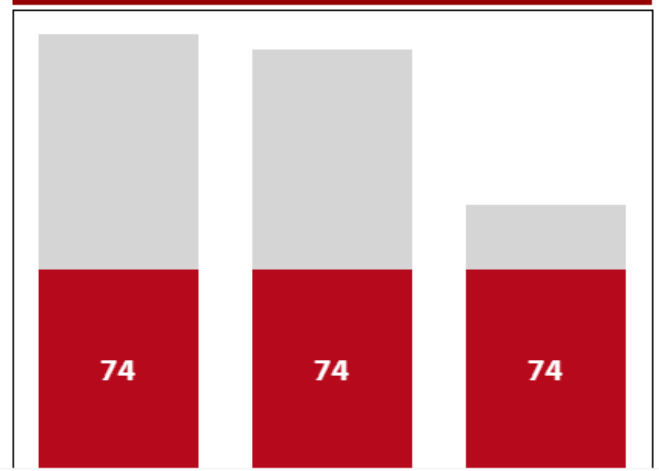


BELOW: Percent and Number of Florida Agencies Participating in ALL THREE Survey Years that Reported Meeting EMSC 03.

EMSC 03 - Trend Over Time (Met PM - 1:1 Analysis):

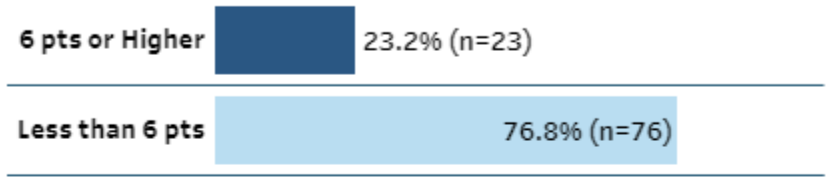


EMSC 03 - # of Agencies that Responded EVERY Year:

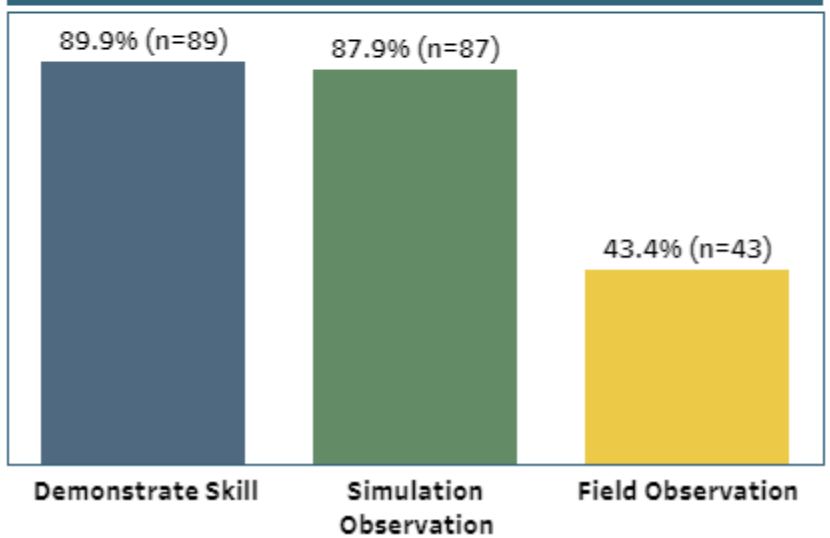


Florida Use of Pediatric-Specific Equipment Overview for 2021

Use of Pediatric-Specific Equipment:



Percent and Type/Method of Skill Checking Reported:



Survey Year: 2021

Pediatric Volume: (All)

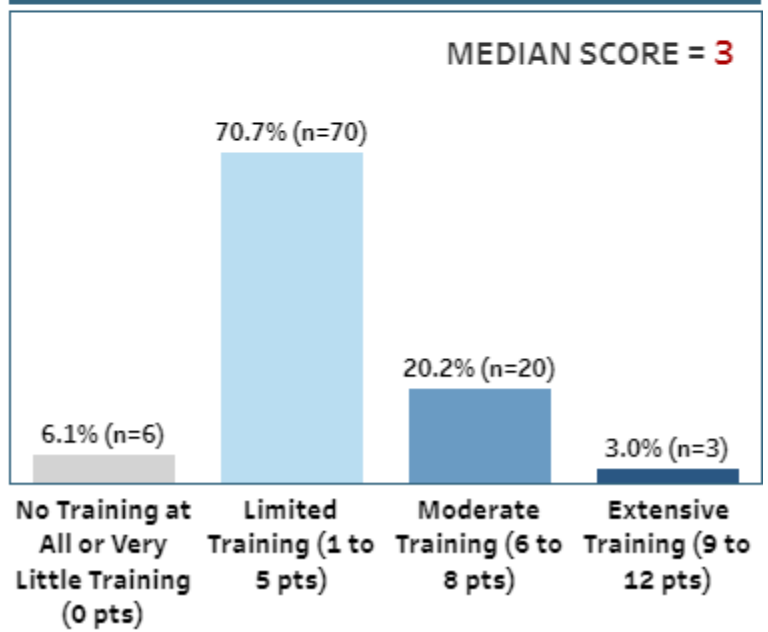
Urbanicity: (All)

County: (All)

Agency Type*: (All)

*All = All Agencies You Surveyed, Drop Down the Menu to See Sub-Group Detail

Breaking Down the Score = Frequency of Training:



Use of Pediatric-Specific Equipment Matrix:

% of Agencies:

	Two or more times per year (4pts)	At least once per year (2pts)	At least once every two years (1pt)	Less frequency than once every two years (0 pts)	None
How often are your providers required to demonstrate skills via a SKILL STATION?	8.1% (n=8)	39.4% (n=39)	41.4% (n=41)	1.0% (n=1)	10.1% (n=10)
How often are your providers required to demonstrate skills via a SIMULATED EVENT?	6.1% (n=6)	39.4% (n=39)	39.4% (n=39)	3.0% (n=3)	12.1% (n=12)
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	6.1% (n=6)	13.1% (n=13)	15.2% (n=15)	9.1% (n=9)	56.6% (n=56)

This matrix was used to score the type of skill demonstration/simulation and the frequency of occurrence. A score of 6 pts or higher "met" the measure. The darker the box the higher the percentage of agencies in that group. See pg. 35 in the "EMSC for Children Performance Measures, Implementation Manual for State Partnership Grantees, Effective March 1st, 2017" for additional information about this matrix.

National EMSC Related Updates

- 2021 NPRP Assessment (ED pediatric readiness)
- As of 07/27 FL at 52% response rate, national 56%

What is the National Pediatric Readiness Project?

The National Pediatric Readiness Project (NPRP) is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children.

The project is supported by the American College of Emergency Physicians, the Emergency Nurses Association, the American Academy of Pediatrics, and the Federal Emergency Medical Services (EMS) for Children Program.

National Pediatric Readiness Project
Ensuring Emergency Care for All Children

For more information and resources, visit:

pedsready.org

and

pediatricreadiness.org

Thank you!

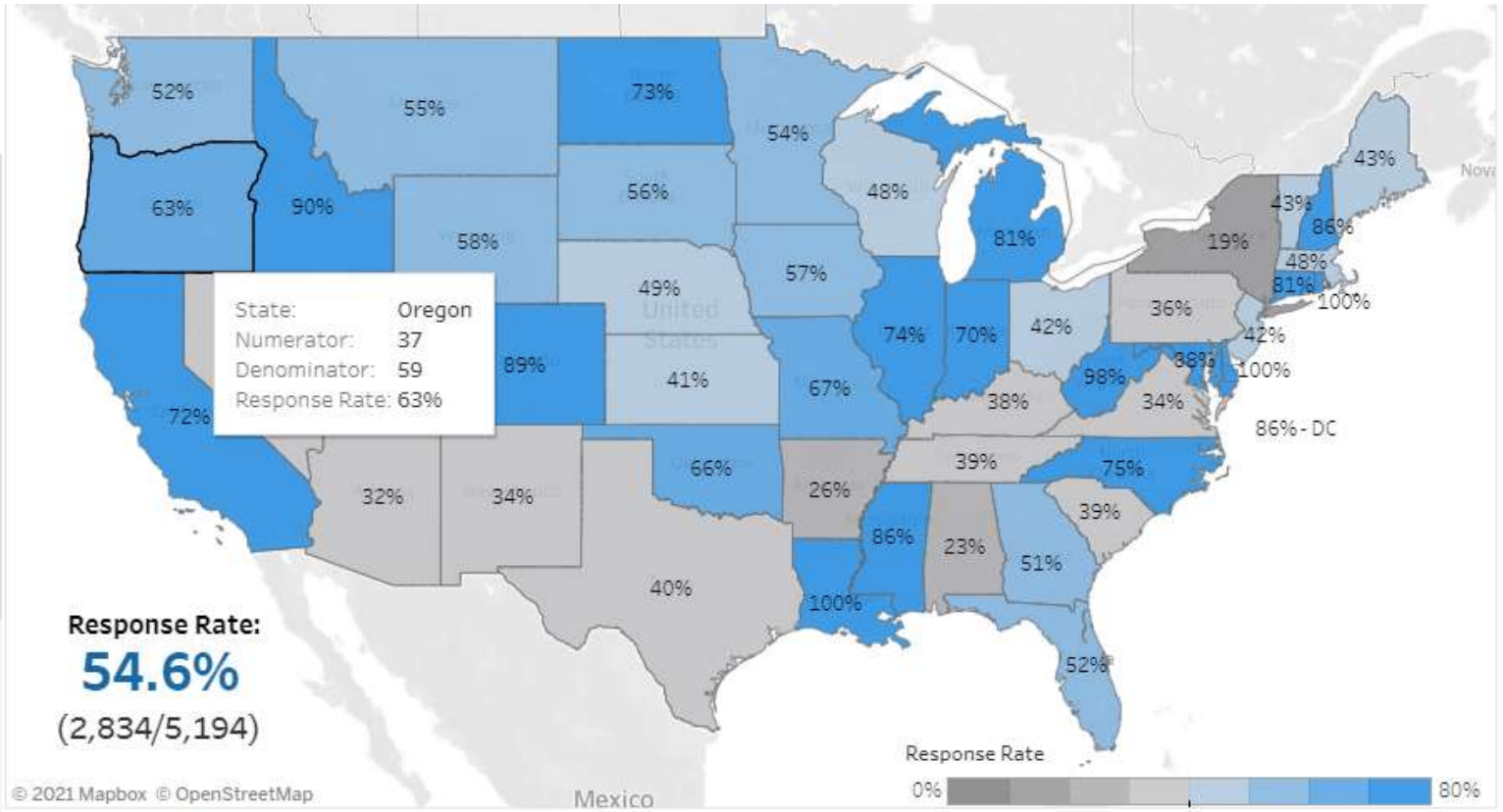
National Pediatric Readiness Project
Ensuring Emergency Care for All Children

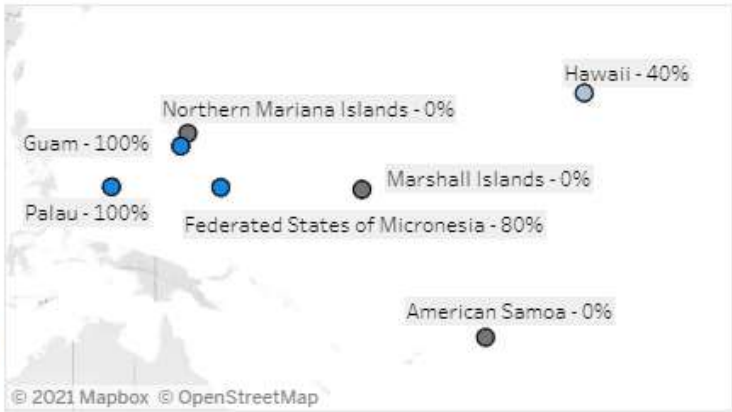
2021 National Pediatric Readiness Assessment Response Rates

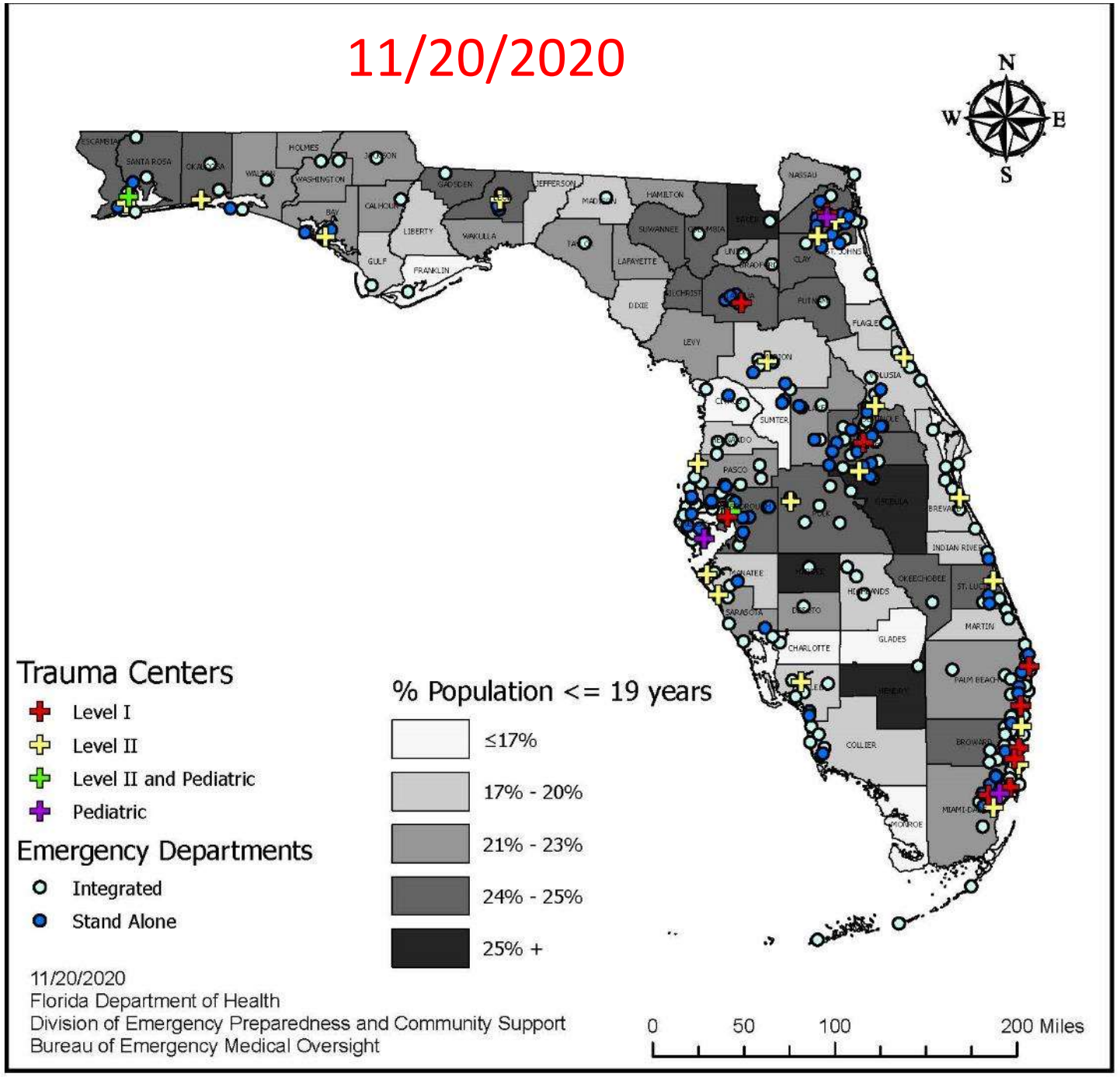
7/26/2021 9:55:19 AM

Deadline extended to August 31st

State	Numerator	Denominator	Response ..
American Samoa	0	1	0.0%
Marshall Islands	0	2	0.0%
Northern Mariana Isl..	0	1	0.0%
New York	38	195	19.5%
Alabama	22	95	23.2%
Arkansas	19	73	26.0%
Arizona	28	88	31.8%
Nevada	11	33	33.3%
Virgin Islands	1	3	33.3%
Virginia	34	100	34.0%
New Mexico	15	44	34.1%
Pennsylvania	60	169	35.5%
Kentucky	38	100	38.0%
South Carolina	27	70	38.6%
Tennessee	46	119	38.7%
Texas	224	562	39.9%
Hawaii	10	25	40.0%
Kansas	57	140	40.7%
Ohio	78	187	41.7%
New Jersey	30	71	42.3%
Maine	15	35	42.9%
Vermont	6	14	42.9%
Wisconsin	63	131	48.1%
Massachusetts	32	66	48.5%
Nebraska	41	84	48.8%
Florida	152	294	51.7%







Percent of Population Ages <= 19 In Relation to Trauma Centers and Emergency Departments

Disclaimer: This thematic map is for reference purposes. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.

Now up to 308 EDs

299 EDs: 215 Integrated ED's, 84 Stand Alone (AHCA)

87 Off-Site EDs as of 02/01/2021

~286 EMS agencies

17 CH

15 TC w/ peds

4 Burn Centers w/ped capability

Hospital Name	City	State	County	Contact Name	
Baptist Hospital of Miami	Miami	Florida	Miami-Dade	ED Nurse Manager	7865961960
Baptist Medical Center Nassau	Fernandina Beach	Florida	Nassau	ED Nurse Manager	9043213560
AdventHealth New Smyrna Beach	New Smyrna Beach	Florida	Volusia	ED Nurse Manager	3864245000
Bethesda Hospital East	Boynton Beach	Florida	Palm Beach	ED Nurse Manager	5617377733
Boca Raton Regional Hospital	Boca Raton	Florida	Palm Beach	ED Nurse Manager	5619555293
Bayfront Health Brooksville	Brooksville	Florida	Hernando	ED Nurse Manager	3527965111
Broward Health North	Deerfield Beach	Florida	Broward	ED Nurse Manager	9547866814
Calhoun-Liberty Hospital	Blountstown	Florida	Calhoun	ED Nurse Manager	8506745411
Cape Canaveral Hospital	Cocoa Beach	Florida	Brevard	ED Nurse Manager	3217997111
Cape Coral Hospital	Cape Coral	Florida	Lee	ED Nurse Manager	2394242000
Bayfront Health - Punta Gorda	Punta Gorda	Florida	Charlotte	ED Nurse Manager	9416372437
Cleveland Clinic Hospital	Weston	Florida	Broward	ED Nurse Manager	9546595000
Coral Gables Hospital	Coral Gables	Florida	Miami-Dade	ED Nurse Manager	3054416866
Delray Medical Center	Delray Beach	Florida	Palm Beach	ED Nurse Manager	5614953621
Doctors Hospital	Coral Gables	Florida	Miami-Dade	ED Nurse Manager	7863083901
Doctors Memorial Hospital- Bonifay	Bonifay	Florida	Holmes	ED Nurse Manager	8505478000
Doctor's Memorial Hospital- Perry	Perry	Florida	Taylor	ED Nurse Manager	8505840800
Ed Fraser Memorial Hospital	MacClenny	Florida	Baker	ED Nurse Manager	9042593151
Englewood Community Hospital	Englewood	Florida	Sarasota	ED Nurse Manager	9414735807
Fawcett Memorial Hospital	Port Charlotte	Florida	Charlotte	ED Nurse Manager	9416291181
Fishermen's CommunityHospital	Marathon	Florida	Monroe	ED Nurse Manager	3307271037
Flagler Hospital	Saint Augustine	Florida	St. Johns	ED Nurse Manager	9048194303
Adventhealth Altamonte Springs	Altamonte Springs	Florida	Seminole	ED Nurse Manager	3526366552
AdventHealth Carrollwood	Tampa	Florida	Hillsborough	ED Nurse Manager	8139322222
AdventHealth DeLand	DeLand	Florida	Volusia	ED Nurse Manager	3869434522
AdventHealth Sebring	Sebring	Florida	Highlands	ED Nurse Manager	8634023423
AdventHealth Lake Placid ER	Lake Placid	Florida	Highlands	ED Nurse Manager	8634653777
Adventhealth Kissimmee	Kissimmee	Florida	Osceola	ED Nurse Manager	4079443059
AdventHealth Waterman	Tavares	Florida	Lake	ED Nurse Manager	3522533333
AdventHhealth Wauchula	Wauchula	Florida	Hardee	ED Nurse Manager	8637678256
AdventHealth Wesley Chapel	Wesley Chapel	Florida	Pasco	ED Nurse Manager	8139295017
AdventHealth Zephyrhills	Zephyrhills	Florida	Pasco	ED Nurse Manager	8137880411
George E. Weems Memorial Hospital	Apalachicola	Florida	Franklin	ED Nurse Manager	8506538853

Good Samaritan Medical Center	West Palm Beach	Florida	Palm Beach	ED Nurse Manager	5616555511
Gulf Breeze Hospital	Gulf Breeze	Florida	Santa Rosa	ED Nurse Manager	8509342000
Gulf Coast Medical Center Lee Memorial Health System	Fort Myers	Florida	Lee	ED Nurse Manager	2393431000
Halifax Health Medical Center- Daytona Beach	Daytona Beach	Florida	Volusia	ED Nurse Manager	3862544162
Halifax Health Medical Center- Port Orange	Port Orange	Florida	Volusia	ED Nurse Manager	3864254700
Healthmark Regional Medical Center	DeFuniak Springs	Florida	Walton	ED Nurse Manager	8509514500
HealthPark Medical Center	Fort Myers	Florida	Lee	ED Nurse Manager	2393435000
Adventhealth Heart of Florida	Davenport	Florida	Polk	ED Nurse Manager	8634192279
Hialeah Hospital	Hialeah	Florida	Miami-Dade	ED Nurse Manager	3058354279
Holy Cross Hospital	Fort Lauderdale	Florida	Broward	ED Nurse Manager	9547718000
Homestead Hospital	Homestead	Florida	Miami-Dade	ED Nurse Manager	7862438000
Cleveland Clinic Indian River Hospital	Vero Beach	Florida	Indian River	ED Nurse Manager	7725674311
Jackson Hospital	Marianna	Florida	Jackson	ED Nurse Manager	8505262200
Jackson South Medical Center	Miami	Florida	Miami-Dade	ED Nurse Manager	3052512500
Jay Hospital	Jay	Florida	Santa Rosa	ED Nurse Manager	8506758000
Adventhealth Lake Wales	Lake Wales	Florida	Polk	ED Nurse Manager	8636761433
Lakeland Regional Medical Center	Lakeland	Florida	Polk	ED Nurse Manager	8636871246
Lakewood Ranch Medical Center	Bradenton	Florida	Manatee	ED Nurse Manager	9417822100
Larkin Community Hospital	South Miami	Florida	Miami-Dade	ED Nurse Manager	3052847500
Lee Memorial Hospital	Fort Myers	Florida	Lee	ED Nurse Manager	2393432000
Lehigh Regional Medical Center	Lehigh Acres	Florida	Lee	ED Nurse Manager	2393692101
Lower Keys Medical Center	Key West	Florida	Monroe	ED Nurse Manager	3052945531
Manatee Memorial Hospital	Bradenton	Florida	Manatee	ED Nurse Manager	9417456873
Mariners Hospital	Tavernier	Florida	Monroe	ED Nurse Manager	3054341077
Mayo Clinic	Jacksonville	Florida	Duval	ED Nurse Manager	9049532000
Mease Countryside Hospital	Safety Harbor	Florida	Pinellas	ED Nurse Manager	7277256198
Mease Hospital Dunedin	Dunedin	Florida	Pinellas	ED Nurse Manager	7277346696
Memorial Hospital Miramar	Miramar	Florida	Broward	ED Nurse Manager	9545385000
Memorial Hospital Pembroke	Pembroke Pines	Florida	Broward	ED Nurse Manager	9548838855
Memorial Regional Hospital South	Hollywood	Florida	Broward	ED Nurse Manager	9545185301
Children and Family Hospital South Florida	Miami	Florida	Miami-Dade	ED Nurse Manager	3052656465
Morton Plant Hospital	Clearwater	Florida	Pinellas	ED Nurse Manager	7272986279
Morton Plant North Bay Hospital	New Port Richey	Florida	Pasco	ED Nurse Manager	7278428468
Mount Sinai Medical Center	Miami Beach	Florida	Miami-Dade	ED Nurse Manager	3056742273

AdventHealth Ocala	Ocala	Florida	Marion	ED Nurse Manager	3523517200
Naples Community Hospital	Naples	Florida	Collier	ED Nurse Manager	2395528572
Nemours Childrens Hospital	Orlando	Florida	Orange	ED Nurse Manager	4076507808
North Okaloosa Medical Center	Crestview	Florida	Okaloosa	ED Nurse Manager	8506898100
North Shore Medical Center- Miami	Miami	Florida	Miami-Dade	ED Nurse Manager	3058356000
Florida Medical Center - a campus of North Shore	Lauderdale Lakes	Florida	Broward	ED Nurse Manager	9547302850
Northwest Florida Community Hospital	Chipley	Florida	Washington	ED Nurse Manager	8506381610
Palm Bay Hospital	Palm Bay	Florida	Brevard	ED Nurse Manager	3214348000
Palm Beach Gardens Medical Center	Palm Beach Gardens	Florida	Palm Beach	ED Nurse Manager	5616223630
Palm Springs General Hospital	Hialeah	Florida	Miami-Dade	ED Nurse Manager	3055582500
Palmetto General Hospital	Hialeah	Florida	Miami-Dade	ED Nurse Manager	3058235000
Adventhealth Dade City	Dade City	Florida	Pasco	ED Nurse Manager	3525211100
BayFront Health Port Charlotte	Port Charlotte	Florida	Charlotte	ED Nurse Manager	9417664554
Physicians Regional - Collier Blvd	Naples	Florida	Collier	ED Nurse Manager	2393546000
Physicians Regional Medical Center - Pine Ridge	Naples	Florida	Collier	ED Nurse Manager	2393044735
Santa Rosa Medical Center	Milton	Florida	Santa Rosa	ED Nurse Manager	8506267762
Sarasota Memorial Hospital	Sarasota	Florida	Sarasota	ED Nurse Manager	9419179000
Steward Sebastian River Medical Center	Sebastian	Florida	Indian River	ED Nurse Manager	7723884313
BayFront Health Seven Rivers	Crystal River	Florida	Citrus	ED Nurse Manager	3527956560
Select Specialty Hospital Gainesville	Gainesville	Florida	Alachua	ED Nurse Manager	8168689898
UF Health Jacksonville	Jacksonville	Florida	Duval	ED Nurse Manager	9042445060
Lake City Medical Center Suwannee Campus	Live Oak	Florida	Suwannee	ED Nurse Manager	3863620800
South Florida Baptist Hospital	Plant City	Florida	Hillsborough	ED Nurse Manager	8137571200
South Miami Hospital	Miami	Florida	Miami-Dade	ED Nurse Manager	7866624000
Bayfront Health - Spring Hill	Spring Hill	Florida	Hernando	ED Nurse Manager	3526888200
St. Anthony's Hospital	St. Petersburg	Florida	Pinellas	ED Nurse Manager	7278251305
St. Petersburg General Hospital	St. Petersburg	Florida	Pinellas	ED Nurse Manager	7273414990
Tampa General Hospital	Tampa	Florida	Hillsborough	ED Nurse Manager	8138447146
The Villages Regional Hospital	The Villages	Florida	Sumter	ED Nurse Manager	3527518000
Venice Regional Medical Center	Venice	Florida	Sarasota	ED Nurse Manager	9414857711
West Boca Medical Center	Boca Raton	Florida	Palm Beach	ED Nurse Manager	5614706453
Keralty Hospital	Miami	Florida	Miami-Dade	ED Nurse Manager	3052645252
Winter Haven Hospital	Winter Haven	Florida	Polk	ED Nurse Manager	8632931121
AdventHealth Winter Park	Winter Park	Florida	Orange	ED Nurse Manager	4076467717

Golisano Children's Hospital of Southwest Florida	Fort Myers	Florida	Lee	ED Nurse Manager	2393435437
Cleveland Clinic Tradition Medical Center	Port St. Lucie	Florida	St. Lucie	ED Nurse Manager	7722235945
AdventHealth Four Corners ER	WINTER GARDEN	Florida	Orange		
AdventHealth TimberRidge ER	Ocala	Florida	Marion		
AdventHealth Winter Garden ER	Winter Garden	Florida	Orange		
AdventHealth Lake Mary ER	Lake Mary	Florida	Seminole		
AdventHealth Oviedo ER	Oviedo	Florida	Seminole		
AdventHealth Brandon ER	Brandon	Florida	Hillsborough		
AdventHealth Central Pasco ER	Lutz	Florida	Pasco		
Bayfront Health ER Citrus Hills	Hernando	Florida	Citrus		
Lake Worth Emergency Center	Lake Worth	Florida	Palm Beach		
UF Health The Villages Hospital	The Villages	Florida	Sumter		
UF Health Shands Emergency Center Springhill	Gainesville	Florida	Alachua		
Sarasota Memorial North Port ER	North Port	Florida	Sarasota		
Baycare Alliant Hospital	Dunedin	Florida	Pinellas		7277346782
AdventHealth Apopka	Apopka	Florida	Orange		4076097000
Select Specialty Hospital- Miami Lakes	Miami Lakes	Florida	Miami-Dade		7866099200
Adventhealth Connerton	Land O Lakes	Florida	Pasco		8139033700
Cape Canaveral Hospital	Cocoa Beach	Florida	Brevard		3217997111
UF Health Leesburg Hospital INC	Leesburg	Florida	Lake		3523235762
Select Specialty Hospital- Palm Beach	Lake Worth	Florida	Palm Beach		5613577370
Aspire Health Partners	Orlando	Florida	Orange		
Bethesda Hospital West	Boynton Beach	Florida	Palm Beach		5613367000
Select Specialty Hospital Pensacola	Pensacola	Florida	Escambia		8504734800
Halifax Health Medical Center- Port Orange	Port Orange	Florida	Volusia		3862544000
Halifax Health UF Health Medical Center	Deltona	Florida	Volusia		3864254806
Madison County Memorial Hospital	Madison	Florida	Madison		8509732271
Select Specialty Hospital - Orlando North	Orlando	Florida	Orange		4073037869
Park West ER	Jacksonville	Florida	Duval	Tiffany Sebregandio	9543254936
Ocala Health Summerfield ER	Summerfield	Florida	Marion		3522454440
AdventHealth Partin Settlement ER	Kissimmee	Florida	Osceola		4078613500
Vero Beach Emergency Room	Vero Beach	Florida	Indian River		
ER 24-7 Clerwater	Clearwater	Florida	Pinellas		
Doctors Hospital of Sarasota ER at Lakewood Ranch	Bradenton	Florida	Sarasota		
Capital Regional Southwood ER	Tallahassee	Florida	Leon		
Town- Country Emergency Room	Miami	Florida	Miami-Dade		
ER 24-7 in Lutz	Lutz	Florida	Hillsborough		
Ascension St. Vincent ER Westside	Jacksonville	Florida	Duval		
Ascension St. Vincent Arlington Emergency Room	Jacksonville	Florida	Duval		9044507974
Ascension Emergency Room Navarre	Navarre	Florida	Santa Rosa		8507462916
BayFront Health St. Petersburg - Pinellas Park	Pinellas Park	Florida	Pinellas		

EIIC Prehospital Pediatric Readiness Toolkit

Use this tool to check your EMS agency for pediatric readiness

- https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/pprp-toolkit/
- https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/checklist-faq/

National PRP Prehospital Pediatric Readiness
EMS AGENCY CHECKLIST

This checklist is based on the 2020 joint policy statement "Pediatric Readiness in Emergency Medical Services Systems", co-authored by the Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), and National Association of EMTs (NAEMT). Additional details can be found in the AAP Technical Report "Pediatric Readiness in Emergency Medical Services Systems".

Use this tool to check if your EMS agency is ready to care for children as recommended in the Policy Statement. Consider using resources compiled by the Health & Human Resources Emergency Medical Services for Children (EMSC) program when implementing the recommendations noted here, to include the Prehospital Pediatric Readiness Toolkit.

Education & Competencies for Providers

- [ ] Process(es) for ongoing pediatric specific education using one or more of the following modalities:
  - Classroom/in-person didactic sessions
  - Online/distributive education
  - Skills stations with practice using pediatric equipment, medication and protocols
  - Simulated events

Process for evaluating pediatric-specific competencies for the following types of skills:

- [ ] Psychomotor skills, such as, but not limited to:
  - Airway management
  - Fluid therapy
  - Medication administration
  - Vital signs assessment
  - Weight assessment for medication dosing and equipment sizing
  - Specialized medical equipment
- [ ] Cognitive skills, such as, but not limited to:
  - Patient growth and development
  - Scene assessment
  - Pediatric Assessment Triangle (PAT) to perform assessment
  - Recognition of physical findings in children associated with serious illness
- [ ] Behavioral skills, such as, but not limited to:
  - Communication with children of various ages and with special health care needs
  - Patient and family centered care
  - Cultural awareness
  - Health care disparities
  - Team communication

Equipment and Supplies

- [ ] Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages
- [ ] Process for determining competency on available equipment and supplies

Patient and Medication Safety

- [ ] Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to:
  - Length based tape
  - Volumetric dosing guide
- [ ] Policy for the safe transport of children
- [ ] Equipment necessary for the safe transport of children

Patient- and Family-Centered Care in EMS

Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training, including:

- [ ] Using lay terms to communicate with patients and families
- [ ] Having methods for accessing language services to communicate with non–English speaking/non-verbal patients and family members
- [ ] Narrating actions, and alerting patients and caregivers before interventions are performed

Policies and procedures that facilitate:

- [ ] Family presence during resuscitation
- [ ] The practice of cultural or religious customs
- [ ] A family member or guardian to accompany a pediatric patient during transport

Policies, Procedures, and Protocols (to Include Medical Oversight)

- [ ] Prearrival instructions identified in EMS dispatch protocols include pediatric considerations, when relevant, such as, but not limited to:
  - Respiratory distress
  - Cardiac arrest
  - Choking
  - Seizure
  - Altered consciousness
- [ ] Policies, procedures, and protocols include pediatric considerations, such as, but not limited to:
  - Policy on pediatric refusals
  - Pediatric assessment
  - Consent and treatment of minors
  - Recognition and reporting of child maltreatment
  - Trauma triage
  - Children with special health care needs
- [ ] Direct medical oversight integrates pediatric-specific knowledge
- [ ] Protocols (indirect medical oversight) include pediatric evidence when available
- [ ] Destination policy that integrates pediatric-specific resources

Quality Improvement (QI)/ Performance Improvement (PI)

- [ ] PI process includes pediatric encounters
- [ ] Pediatric-specific measures are included in the PI process
- [ ] Submission of EMS agency data to the state's prehospital patient care database
- [ ] Submitted data is compliant with the current version of NEMSIS (version 3.x or higher)
- [ ] Process to track pediatric patient centered outcomes across the continuum of care, such as, but not limited to:
  - Transport destination
  - Secondary transport destination
  - ED and hospital disposition
  - ED and hospital diagnoses
  - Survival to hospital admission
  - Survival to hospital discharge

Interaction with Systems of Care

Policies, procedures, protocols, and performance improvement initiatives involve ongoing collaboration with:

- [ ] Pediatric emergency care
- [ ] Public health
- [ ] Family advocates

Plans and exercises for disasters or mass casualty incidents include:

- [ ] Care of pediatric patients, such as, but not limited to:
  - Pediatric mental health first aid
  - Pediatric disaster triage
  - Pediatric dosing of medications used as antidotes
  - Pediatric mass transport
- [ ] Tracking of unaccompanied children
- [ ] Family reunification
- [ ] Collaborate with external personnel or have internal staff focused on enhancing pediatric care, such as, but not limited to:
  - Pediatric emergency care coordinator (PECC)
  - Regional PECC
  - Pediatric advisory council(s)
  - Medical director with pediatric knowledge and experience
- [ ] Understand pediatric capabilities at local and/or regional emergency departments for children with the following types of conditions:
  - Medical emergency
  - Traumatic injury
  - Behavioral health emergency
- [ ] Policies and/or procedures for transfer of responsibility of patient care at destination

To provide feedback on this checklist, please email pprp@emsimprovement.center

For additional information on the Prehospital Pediatric Readiness Project (PPRP), visit: https://emsimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness

PECC Workforce Development Collaborative: September 1, 2021 – June 30, 2022

- Mission of the Pediatric Emergency Care Coordinator Workforce Development Collaborative (PWDC) is to train EMS professionals, nurses/clinical staff, physicians/advanced practice providers and EMSC State Partnership programs on seven pediatric readiness areas of focus in order to develop highly-effective pediatric champions and broadly improve pediatric emergency care across the nation.

- **Webinar Introduction 7/14/2021, 3-3:30 pm EST**
- https://webapps.acep.org/meetingsv1/Registration.aspx?mcode=AVS-71421
- Time commitment is approximately three hours each month
- https://emscimprovement.center/collaboratives/pwdc/

PECC Workforce Development Collaborative

The Pediatric Emergency Care Coordinator
Passionate about providing high-quality pediatric emergency care and advocates for pediatric needs in all aspects of care.

Patient Safety & Family Centered Care
Aware of the unique pediatric patient safety concerns and ensures family members are included on all care decisions.

Equipment, Supplies and Medications
Ensures pediatric equipment, supplies, and medications are available, easily accessible, labeled, and logically organized.

Care Team Competencies
Develops processes for delivering comprehensive, ongoing, pediatric specific education and evaluating pediatric-specific psychomotor and cognitive competencies.

Policies & Procedures
Assists with the development of policies and procedures to ensure pediatric patients consistently receive high-quality care.

Communication & Collaboration
Serves as a liaison and/or coordinator in collaboration with appropriate in-house and external committees, pediatric experts, public health officials and family advocates.

Quality Improvement
Participates in the development of the pediatric components of the QI plan and facilitates QI activities related to pediatric emergency care.

National EMSC Related Updates

- EMSC Grantee meeting August 31-September 2

  Hendry, Dully and Nasca presenting on Child Abuse During Covid

  FL PEDReady part of panel discussion on communications

- EMSC Pulse monthly newsletter: main means of national communication (https://emscimprovement.center/)

-PACES Just-in-Time: PECARN TBI Rule https://www.youtube.com/watch?v=gYf_iojaL18
-ENA sickle-cell-disease-infographic https://www.ena.org/docs/default-source/resource-library/practice-resources/infographics/ena-sickle-cell-disease-infographic.pdf?sfvrsn=7271a79a_6
-Improve Your ED's Readiness to Care for Children Infographic

Improve Your ED's Readiness to Care for Children*

Competency in Pediatric Care

Ensure members of the healthcare team have the skills and knowledge to treat children of all ages and developmental stages:

- Periodically evaluate pediatric-specific competencies, including triage, medication administration, procedures, disaster preparedness, and handoff communication
  - Use observation, written tests, and/ or chart reviews
    - Emergency Medicine or Pediatric Emergency Medicine board certification and pediatric emergency nursing certification is strongly encouraged.

Equipment, Supplies, and Medications

Stock ED with appropriate-sized, easily accessible pediatric supplies and equipment for pediatric patients from newborn to adult ranges:

- Organize items logically
- Use a color-coded, weight-based, storage system
- Keep a fully stocked pediatric resuscitation cart readily accessible at all times

Quality and Performance Improvement (QI/PI)

Implement a QI/PI plan that includes monitoring of outcomes-based pediatric-specific indicators.

- Integrate multidisciplinary QI/PI activities with:
  - prehospital agencies
  - inpatient pediatrics
  - trauma/injury prevention programs
  - pediatric critical care
- Use the Plan, Do, Study, Act method:
  - systematically review, identify, and mitigate variances in pediatric emergency care

Administration and Coordination for Care of Children

Identify Pediatric Emergency Care Coordinators (PECCs) to coordinate delivery and evaluation of pediatric care in the ED: An emergency physician and emergency nurse with demonstrated clinical competence and expertise in pediatric emergency care

Support Services for the ED

Ancillary services should have skills, equipment, and capability to provide care to pediatric patients:

- Radiology departments
  - develop protocols based on age and size of patients to reduce radiation exposure
- Clinical laboratories
  - facilitate testing for all ages of patients
  - ensure availability of microtechnology for small and limited samples
  - have transfer protocols for pediatric patients who exceed laboratory capabilities

Policies, Procedures and Protocols

Develop and implement age-specific policies, procedures, and protocols that also address children with special health care needs through:

- Local collaboration with regional pediatric centers
- Use of standard, evidence-based guidelines found on the EMSC Innovation and Improvement Center website: https://emscimprovement.center/

Educate staff on policies and monitor compliance.

Pediatric Patient and Medication Safety

Establish a culture of safety and educate staff in pediatric-specific safety considerations:

- weigh all patients in kilograms, ideally with scales locked in kilograms
- take full set of vital signs
- use weight-based dosing
- provide for cultural sensitivity, interpreter services, and family-centered care
- implement patient identification policies
- monitor/evaluate patient safety events

ENA EMERGENCY NURSES ASSOCIATION

American College of Emergency Physicians® ADVANCING EMERGENCY CARE

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®

* Based on the 2018 AAP/ACEP/ENA Joint Policy Statement, "Pediatric Readiness in the Emergency Department"

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Caring for Children with **Sickle Cell Disease** in the ED

What is Sickle Cell Disease?

- An inherited blood disorder, most common among people of African, Mediterranean, or Hispanic descent
- Causes breakdown of red blood cells (sickle cell anemia)
- Distorts cells into a sickle shape that blocks blood and oxygen flow
- Triggers severe pain (vaso-occlusive episodes) and multisystem complications

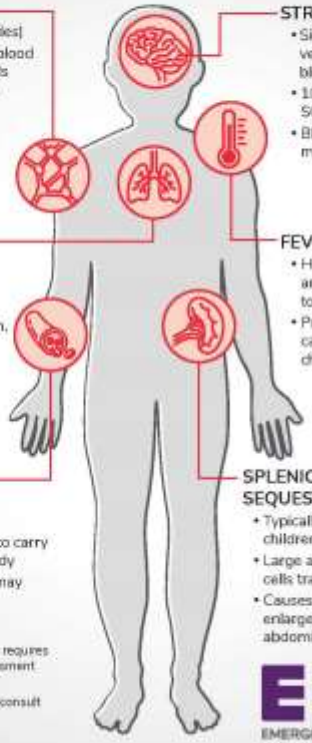
Acute Complications of SCD

If not recognized or managed timely, complications may be life-threatening or result in lifelong disabilities.

ASSESSMENT

Signs and symptoms vary based on system affected, and may start to appear as early as 5 months of age.

- ☐ Fever
- ☐ Anemia
- ☐ Pain
- ☐ Dactylitis (infants)
- ☐ Priapism
- ☐ Abdominal tenderness or rigidity
- ☐ Extremity weakness
- ☐ Shock



PAIN (vaso-occlusive episodes)
- Sickled cells block blood flow in small vessels to chest, abdomen, and bones
- Sudden onset; excruciating and debilitating

ACUTE CHEST SYNDROME (!)
- Impaired oxygen flow to lungs
- Shortness of breath, chest pain, cough, fever
- Blood transfusion may be indicated*

ANEMIA
- Red blood cells breakdown early
- Not enough RBCs to carry oxygen through body
- Blood transfusion may be indicated*

STROKE (!)
- Sickled cells block vessels impairing blood flow to brain
- 10% children with SCD are affected
- Blood transfusion may be indicated*

FEVER/INFECTION
- High risk for infection and sepsis due to splenic damage
- Pneumonia leading cause of death in children with SCD

SPLENIC SEQUESTRATION (!)
- Typically occurs in children under 5 years
- Large amount sickled cells trapped in spleen
- Causes sudden splenic enlargement and left-sided abdominal pain

(!) = Life-threatening; requires immediate assessment and treatment

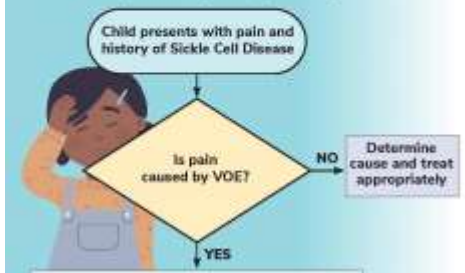
*Only with hematology consult

EMERGENCY NURSES ASSOCIATION

Patient Care Management**

Acute Pain

Painful vaso-occlusive episodes can be induced by dehydration, stressors, and exposure to cold or infection. Opioids may be required for pain relief.



- Use evidence-based pain assessment tool (e.g., Wong-Baker FACES)
- Assign ESI Triage Level 2 (high priority)
- Titrate oxygen to maintain SaO2 ≥ 95% (or patient's baseline)

Initiate pain treatment rapidly (per patient care plan or weight-based protocol)
- Mild to Moderate Pain
  - Non-steroidal anti-inflammatory drugs (NSAIDs)
- Pain < 7 unrelieved by NSAIDs
  - Consider oral narcotics
- Severe Pain
  - Treat with parenteral opioids
    - Use sub-Q or intranasal opioids when IV access is difficult
    - Consider escalation of dose until pain is controlled
- Adjuncts
  - Heat packs
  - Distraction

Fever

Children with SCD have compromised immunity and are at high risk for infection and sepsis.

Fever ≥ 101.3° F (38.5° C)
a. Physical exam
b. Evaluate for source of fever
c. Labs
   i. Blood cultures; additional cultures as needed
   ii. CBC with differential, reticulocyte count
d. Administer empiric parenteral antibiotics (within 1 hour)
e. Chest X-ray for chest pain, shortness of breath, tachypnea, cough or rales
f. Admission vs. Discharge
   i. Discharge following empiric antibiotics only if:
      1. Child non-ill appearing
      2. High likelihood for good follow up (next day)
      3. No other reasons for admission

Fever ≥ 103.1° (39.5° C)
a. Admit
   i. Close observation
   ii. Parenteral antibiotics

Patient and Family Education

Provide patients and caregivers with education on healthy, self-management behaviors.

- Maintain hydration, nutrition, and rest
- Avoid environmental triggers (e.g., extreme hot and cold temperatures)
- Take hydroxyurea (improves quality of life; decreases hospitalizations and chances for ACS; associated with improved survival)
- Take all medications as directed
- Maintain Influenza and Pneumococcal vaccinations
- Use tools for pain management
  - Pediatric Self-Management Model - bit.ly/3kDsw0W
  - Adolescent Pediatric Pain Tool - bit.ly/3pszmke

Individualized Prescribing and Monitoring Care Protocols

Use of an individualized VOE protocol significantly decreases hospital admissions, and allows for consistent care across the healthcare continuum.

- Collaboratively develop individualized care protocol with child/family, primary care provider, case management, and hematologist
- Include specific pain medications, current doses, non-pharmacological pain therapies, and current pain scale used by the child or adolescent

** NHLBI Evidence-Based Management of Sickle Cell Disease Expert Panel Report, 2014 | For full references, contact qualitysafety@ena.org | 11/2020v1

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FAIR EMS Measurement Project

- National EMS Quality Alliance, in collaboration with Florida DOH Division of Emergency Preparedness and Community Support, invites comments on rural-relevant EMS quality measures developed as part of the Feasible, Actionable, Impactful, Relevant (FAIR) EMS Measurement Project by August 1st https://www.surveymonkey.com/r/Z2DWYB9

- Hendry and Fishe- pediatric representatives

Florida EMSC/PEDReady Updates

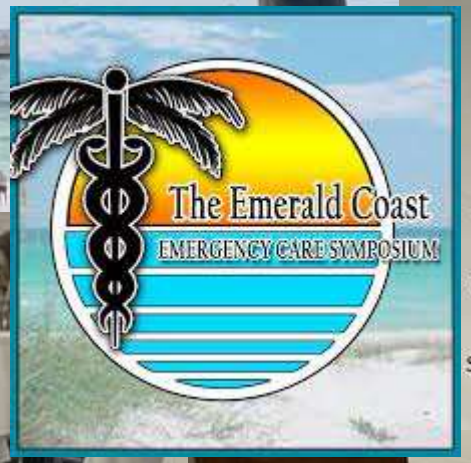
- State Awards and status of proposed STAR of Life EMSC Award (Jan 2020)
- PEDReady website updated: https://emlrc.org/flpedready/
- Report on recent educational sponsorships
- EMSC Sponsorship of 2021 SBTS Pediatric Simulation Track: Cardiovascular Emergencies

EMSC/PEDReady Education: On the Road Again

- Emerald Coast Emergency Care Symposium June 2-4, 2021
  - Booth and lecture

- Sponsored 47 participants at Florida Resuscitation Academy, First There First Care Conference Gathering of Eagles, June 14th
  - Next Resuscitation Academy on Sept. 14th in Sarasota: https://www.eventbrite.com/e/florida-resuscitation-academy-tickets-164346618159

THE EMERALD COAST
EMERGENCY CARE SYMPOSIUM


The Emerald Coast
EMERGENCY CARE SYMPOSIUM

EMERALD COAST EMERGENCY CARE
SYMPOSIUM THANKS
OUR VENDORS AND SPONSORS
SHANDS CAIR
AIR METHODS
TELEFLEX
FORT WALTON BEACH MEDICAL CENTER
STRYKER
PED READY
INTEGRITY MEDICAL SOLUTIONS
BURN & RECONSTRUCTIVE CENTERS OF AMERICA
BRACE
EMERGENCY NURSES ASSOCIATION
QUALITY EMERGENCY VEHICLES
EMS CHARTS/ZOLL
NATUS NEURO
FRANK GOLDSTEIN, Ph.D.
SAFCARE
NATIONAL EMS MUSEUM
FLORIDAONE

EMSC Sponsorship of 2021 SBTS Pediatric Simulation Track: Cardiovascular Emergencies

- Saturday, August 7th at Naples Grande Beach Resort
- ? 30 person limit, 3 hour track

9:00 am - 10:00 am

Pediatric Updates with Shiva Kalidindi, MD, MPH, MS(Ed.), FAAP, et. Al; ***Neonatal and Pediatric Resuscitation Update*** by Todd Wylie, MD, FACEP; ***COVID and MIS-C*** by Tricia Swan, MD, FACEP & Dr. Christina Zeretzke, MD, FAAP, FAAEM, FACEP; ***Sudden Cardiac Arrest in Young Athletes*** by Dr. Sara Kirby, MD

10:00 am - 10:20 am

Simulation Demonstration with Debrief: SVT Recognition and Management

A team-based evaluation and management of a pediatric cardiovascular emergency will be demonstrated.

10:20 am - 11:40 am

Simulation Workshops: Participants will spend 20 minutes at each station:

Approach to Cyanotic Neonate/Congenital Heart Disease by Tricia Swan, MD, M.Ed., FAAP & Christina Zeretzke, MD, FAAP, FAAEM, FACEP

This station will demonstrate the initial steps in the evaluation and stabilization of a cyanotic neonate.

Prolonged QT-> Torsades Simulation by Carmen Martinez, MD, MSMEd, FACEP and Sarah Kirby, MD

Learn how to perform effective CPR and Defibrillation.

SVT Simulation by Orlando Health: vagal maneuvers, chemical and electric cardioversion in pediatrics.

Rhythm Station with Defibrillator by Dr. Kamal Chavda & Nicholas Erbrich, MD, FAAP

Recognize dysrhythmias in pediatrics and what steps you should take towards appropriate management through a game format and small group discussion.

Florida EMSC/PEDReady Updates

- May 2022 EMSC Day plans
- Rural update (Bedford)
- Florida FAN Report (Nasca)
- Pediatric trauma patient safety grant case scenarios

Taking the “Trauma” out of Florida Pediatric Trauma Preparedness and Management

UF Department of Emergency Medicine
College of Medicine – Jacksonville
UNIVERSITY of FLORIDA

UFHealth UNIVERSITY OF FLORIDA HEALTH
University of Florida JHMHC Self-Insurance Program
UF W. Martin Smith Interdisciplinary Patient Safety Awards

Pediatric Trauma

- *FL TRAUMA PEDReady*
  - 2-3 hours, free access online case based modules
  - Need images, cases (de-identified)
  - FCOT survey and outline completed
    - Basics and Pitfalls
    - Triage, abuse, burns, pain management, safe imaging, handoff, fluids, medications, etc.
    - Resources and trauma center contact info

EMSC Committee: 4 PEDReady Work Groups

Pediatric Resuscitation

Safe Pediatric Transport

- Report by Dr. Marshall Frank

Pediatric Mental Health and Disaster

PECCs and Pediatric Equipment Education

Pediatric Mental Health and Disaster

- JumpSTART badge buddy updates and new images
- PEDReady website update for disaster
- TEEX Pediatric Disaster Response and Emergency Preparedness
- Mental health- EIIC toolkit in progress
- Other updates

Disaster Collaboration: JumpSTART

- JumpSTART, a pediatric version of START, was developed at the Miami, Florida Children's Hospital in 1995 by Dr. Lou Romig. A modification was published in 2001.
- JumpSTART is probably the most commonly used pediatric mass casualty triage algorithm in the US.
- PEDReady website will become the hosting site for JumpSTART in collaboration with Dr. Romig.
- Chief Julie Downey, Dr. Hendry and Dr. Romig updated JumpSTART and badge buddy design.

START Modified ADULT

(size, + 2° sex characteristics)

Move the Walking Wounded	MINOR
No Respirations after Head Tilt	EXPECTANT

CONTROL BLEEDING

Respiratory Distress (> 30/min)	IMMEDIATE
Perfusion (No Radial Pulse)	IMMEDIATE
Mental Status (Unable to Follow Commands)	IMMEDIATE
Normal RPM, Follows Commands	DELAYED

CONDUCT SECONDARY TRIAGE IN THE TREATMENT PHASE

FL MCI LEVELS

MCI Level 1: 5-10 victims
MCI Level 2: 11-20 victims
MCI Level 3: 21-100 victims
MCI Level 4: 100 -1000 victims
MCI Level 5: Over 1000 victims

July 2021

IMMEDIATE	Red
DELAYED	Yellow
MINOR	Green
EXPECTANT	Black

JumpSTART Modified

(Newborn to Young Adult*)

Move the Walking Wounded	MINOR
No Respirations and No Peripheral Pulse	EXPECTANT
Respiratory Rate: > 45/min, < 15/min or ↑Work of Breathing, obvious distress	IMMEDIATE
No Respirations with Peripheral Pulse Give 5 Ventilations via Barrier Device Spontaneous Respirations Resume after 5 Ventilations	IMMEDIATE
No Spontaneous Respirations Resume after 5 Ventilations	EXPECTANT

CONTROL BLEEDING

Perfusion (No Palpable Pulse)	IMMEDIATE
Mental Status** Unresponsive or not localizing pain	IMMEDIATE
Alert, responds to voice, localizes pain	DELAYED

*Presence of 2° sex characteristics; **Consider developmental level

July 2021 with permission ©Lou E Romig MD. emlrc.org/flpedready/

CONDUCT SECONDARY TRIAGE IN THE TREATMENT PHASE

Texas A&M Engineering TEEX Extension Service | National Emergency Response and Rescue Training Center®

PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS

MGT-439

DHS/FEMA-funded course

FEMA

Texas A&M Engineering TEEX Extension Service | National Emergency Response and Rescue Training Center®

PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS

MGT-439

A 2010 report by the National Commission on Children and Disasters identified a training gap for emergency responders, first receivers, and emergency management personnel that reduced their effectiveness in responding to pediatric patients and their unique needs/considerations. This course addresses pediatric emergency planning and medical response considerations through a combination of lectures, small group exercises, and a table-top exercise.

Topics

- Introduction to Pediatric Response
- Emergency Management (EM) Considerations
- Implications for Planning and Response
- Functional Access Needs Considerations
- Mass Sheltering
- Pediatric Triage and Allocation of Scarce Resources
- Pediatric Reunification Considerations
- Pediatric Decontamination Considerations

Prerequisites

FEMA / SID Number

Students must register and bring a copy of their SID number to class. Register online:

cdp.dhs.gov/femasid

Recommendation

Familiarity with the National Incident Management System (NIMS) and the Incident Command System (ICS) via completion of study courses IS-100, IS-200, IS-700, and IS-800 (or equivalents).

Course Length

Two days (16 hours)

Venue

Jurisdiction

Class Size

Minimum 30 Participants

CE Credits

This course is approved and accredited for continuing education hours from:

ENA- Emergency Nurses Association
AAFP - America Academy of Family Physicians
Texas Department of Health - EMS

*This continuing education activity was approved by the Emergency Nurses Association (ENA), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Participants

- Community and Hospital based Emergency Managers
- EMS Personnel
- Hospital Administration and Emergency Room Personnel
- Public Safety / Public Health Personnel
- School Administrators
- MRC Personnel
- Private sector
- Law Enforcement
- Disaster response/relief personnel
- County, State, and Federal personnel who respond to a local jurisdiction disaster event

For more information, contact:
TEXAS A&M ENGINEERING EXTENSION SERVICE
Juan Guerrero
Training Manager, EMS/Public Health Programs
200 Technology Way
College Station, TX 77845-3424
979.862.1063 or 855.245.1614 (toll free)
juan.guerrero@teex.tamu.edu
TEEX.org/nerrtc

PECCs and Pediatric Equipment Education

- Need section on website
- EIIC Collaborative
- Updates and ideas from PECCs

https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%207.1%20FINAL.pdf

Children and COVID-19: State Data Report

A joint report from the American Academy of Pediatrics and the Children's Hospital Association

Summary of publicly reported data from 49 states, NYC, DC, PR, and GU

Version: 7/1/21

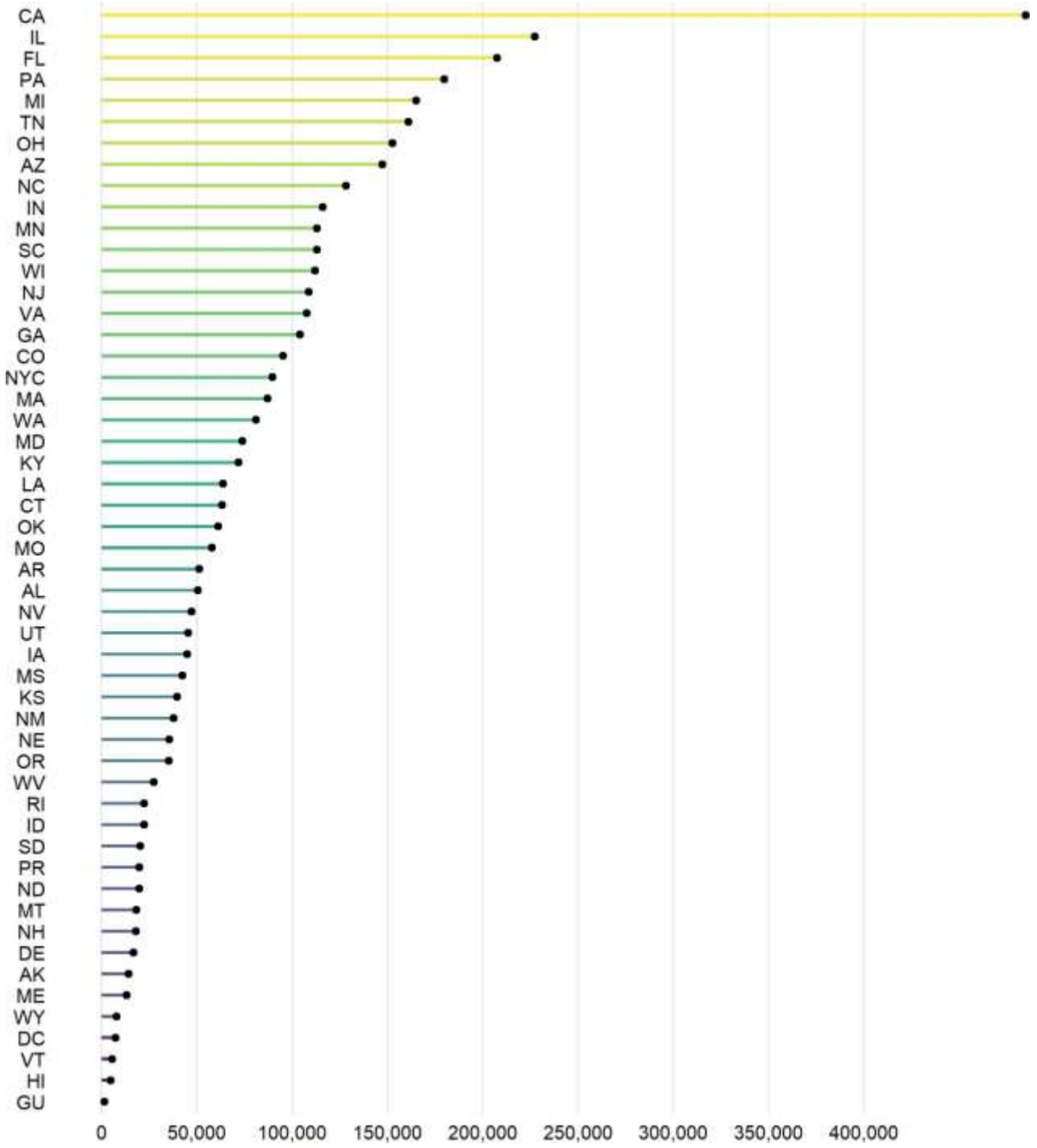
** Note: The numbers in this report represent cumulative counts since states began reporting. The data are based on how public agencies collect, categorize and post information. All data reported by state/local health departments are preliminary and subject to change and reporting may change over time. Notably, in the summer of 2021, some states have revised cases counts previously reported, begun reporting less frequently, or dropped metrics previously reported. For example, the Nebraska COVID-19 dashboard is no longer available as of June 30, 2021. Readers should consider these factors. States may have additional information on their web sites.*

CHILDREN'S HOSPITAL ASSOCIATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Fig 2. Cumulative Number of Child COVID-19 Cases: 7/1/21

- 4,044,884 total child COVID-19 cases (cumulative)
- Sixteen states reported 100,000+ child cases
- Four states reported fewer than 10,000 child cases



See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)
All data reported by state/local health departments are preliminary and subject to change
Analysis by American Academy of Pediatrics and Children's Hospital Association
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21

CHILDREN'S HOSPITAL ASSOCIATION
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Fig 3. Percent of Cumulative COVID-19 Cases that were Children: 7/1/21

- Children represented 14.2% (4,044,884/28,557,884) of all available cases
- Nine states reported 18% or more of cumulated cases were children

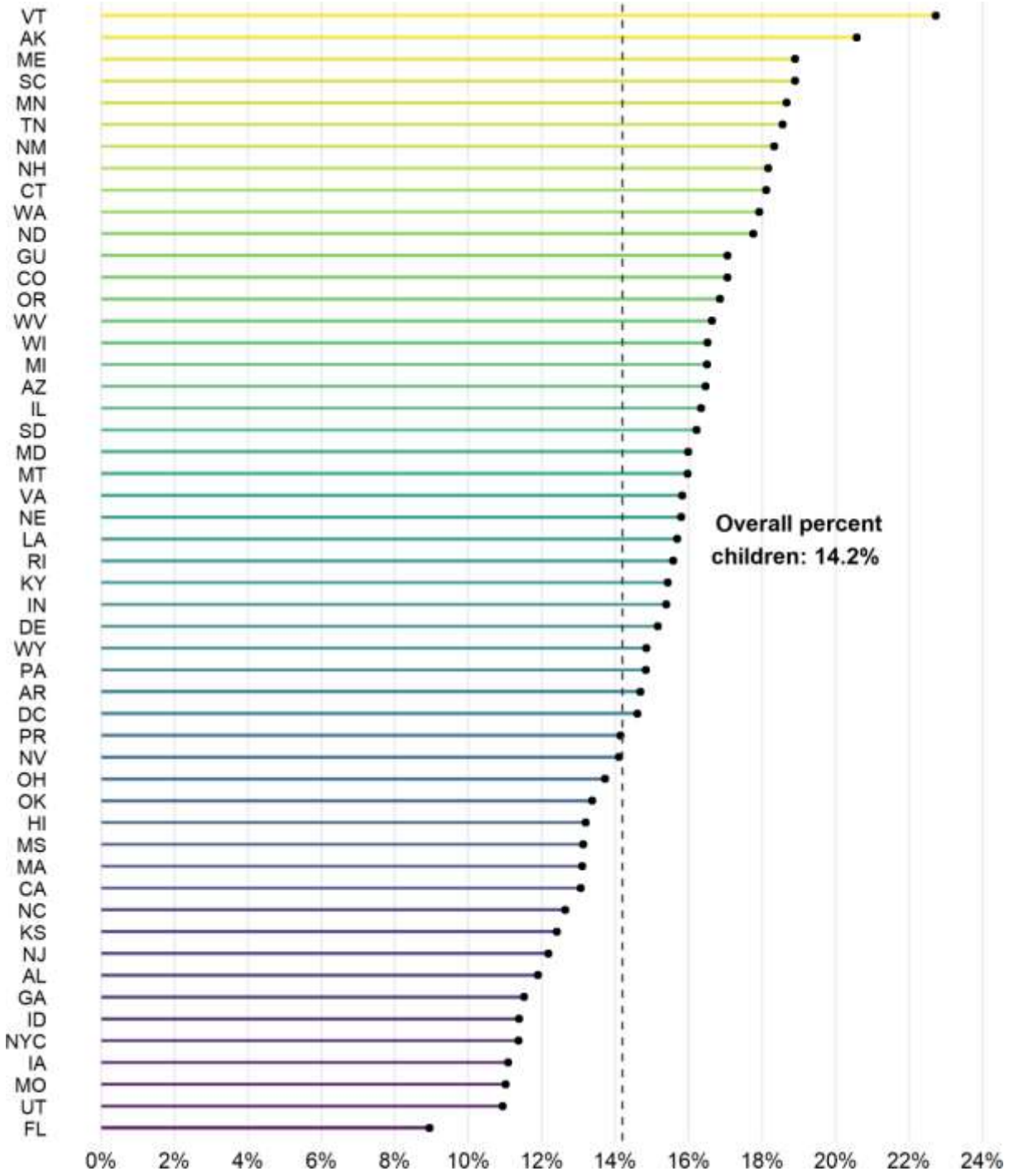

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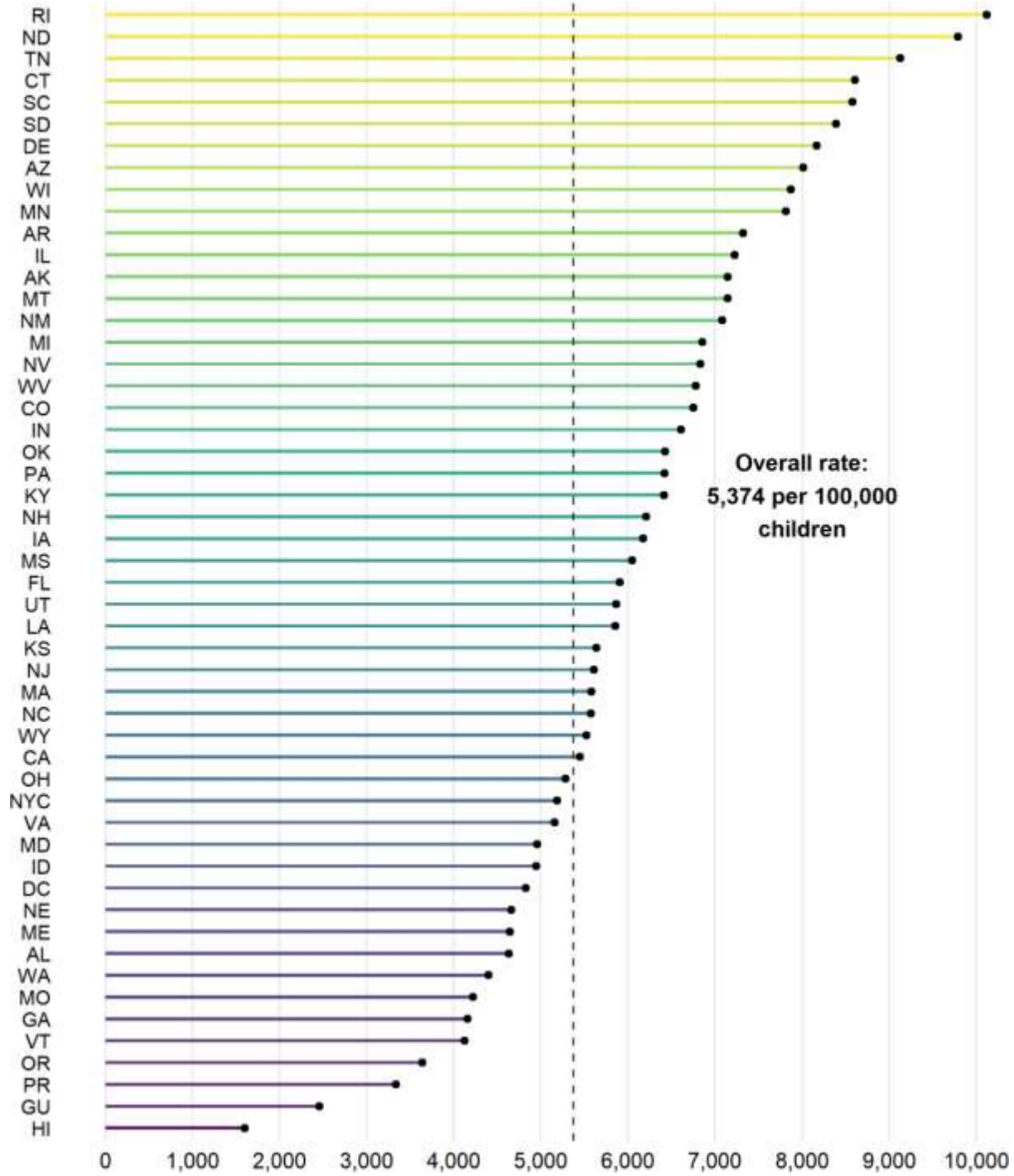
Fig 4. Cumulative COVID-19 Cases per 100,000 Children: 7/1/21

- Calculated using state-level population estimates from US Census Bureau (2019)*
- Overall rate: 5,374 child COVID-19 cases per 100,000 children in the population
- Eight states reported more than 8,000 cases per 100,000



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All data reported by state/local health departments are preliminary and subject to change
Analysis by American Academy of Pediatrics and Children's Hospital Association
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
** Source: US Census Bureau, State Population by Characteristics: 2010-2019,*
https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html

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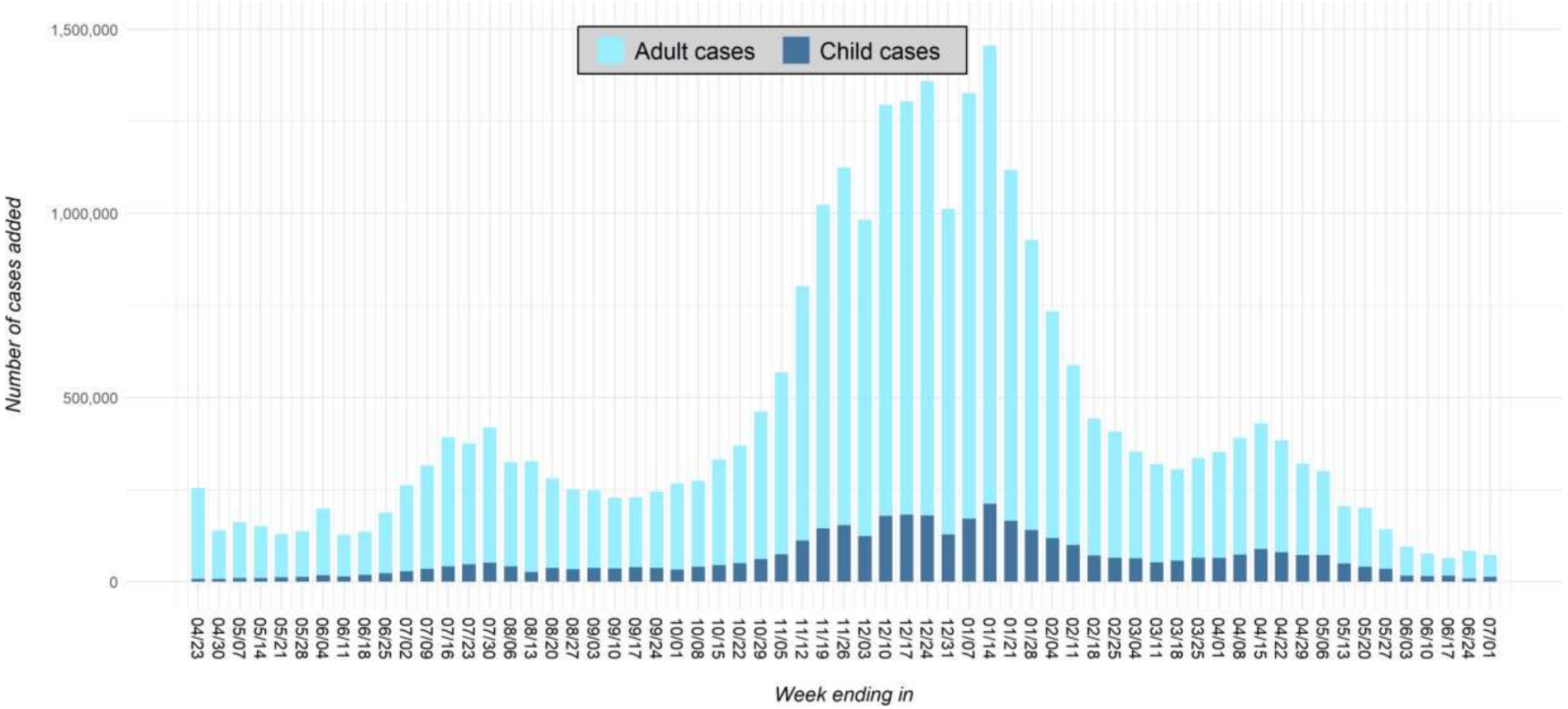
Fig 7. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*



** Note: 4 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20; TX reported age for only a small proportion of total cases each week (eg, 3-20%); On 5/6/21, due to data revision and lag in reporting, RI experienced 30% increase in child cases (4,906 cases added);*
On 2/18/21, 3/11/21, 6/3/21, 6/10/21, 6/24/21, and 7/1/21, due to available MA data and calculations required to obtain child total cases, there is a downward revision of cumulative child cases for MA (390 fewer cases on 7/1/21); As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
See detail in Appendix: Data from 49 states, NYC, DC, PR and GU
All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

Appendix Table 6A: Child Mortality Data Available on 7/1/21*

COVID-19-Associated Deaths and Children

Location	Age range	Cumulative child deaths	Cumulative total deaths (all ages)	Percent children of total deaths	Percent of child cases resulting in death^
Alabama#	0-17	8	11,352	0.07%	0.02%
Alaska	0-19	0	370	0.00%	0.00%
Arizona	0-19	32	17,936	0.18%	0.02%
Arkansas	0-17	0	5,909	0.00%	0.00%
California	0-17	23	63,096	0.04%	0.00%
Colorado	0-19	16	6,794	0.24%	0.02%
Connecticut	0-19	4	8,278	0.05%	0.01%
Delaware	0-17	2	1,694	0.12%	0.01%
District of Columbia	0-19	0	1,141	0.00%	0.00%
Florida	0-15	7	37,772	0.02%	0.00%
Georgia	0-17	11	18,496	0.06%	0.01%
Guam	0-19	2	139	1.44%	0.14%
Hawaii	0-17	1	514	0.19%	0.02%
Idaho	0-17	0	2,152	0.00%	0.00%
Illinois	0-19	20	23,227	0.09%	0.01%
Indiana	0-19	8	13,426	0.06%	0.01%
Iowa	0-17	3	6,138	0.05%	0.01%
Kansas☐	0-17	2	5,156	0.04%	0.01%
Kentucky	0-19	2	7,220	0.03%	0.00%
Louisiana	0-17	9	9,717	0.09%	0.01%
Maine	0-19	1	859	0.12%	0.01%
Maryland	0-19	10	9,744	0.10%	0.01%
Massachusetts~	0-19	7	17,625	0.04%	0.01%
Minnesota	0-19	3	7,594	0.04%	0.00%

** Note: Data represent cumulative counts since states began reporting; All data reported by state/local health departments are preliminary and subject to change;*
^ Number of child deaths / number of child cases;
 # As of 8/13/20, AL changed definition of child case, resulting in a downward revision of cumulative child deaths; On 7/1/21, AL revised mortality data, resulting in a downward revision of cumulative child deaths
☐ On 3/18/21, KS revised mortality data, resulting in a downward revision of cumulative deaths for all ages
~ As of 9/3/20, MA only reported age distribution of deaths added in last two weeks but not for total deaths to date; 7/1/21 totals calculated using MA Dept. of Public Health COVID-19 Dashboard published 7/1/21 (data from 6/13/21-6/26/21) and 6/10/21 version of this report

PEDIATRICS®
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Research Briefs

COVID-19 and Changes in Child Obesity

Brian P. Jenssen, Mary Kate Kelly, Maura Powell, Zoe Bouchelle, Stephanie L. Mayne and Alexander G. Fiks

Pediatrics May 2021, 147 (5) e2021050123; DOI: https://doi.org/10.1542/peds.2021-050123

The Children's Hospital of Philadelphia Care Network
In our large pediatric primary care network, results reveal that already alarming disparities in obesity rates among children ages 2 through 17 increased since the onset of the COVID-19 pandemic.

Upcoming Meetings of Interest

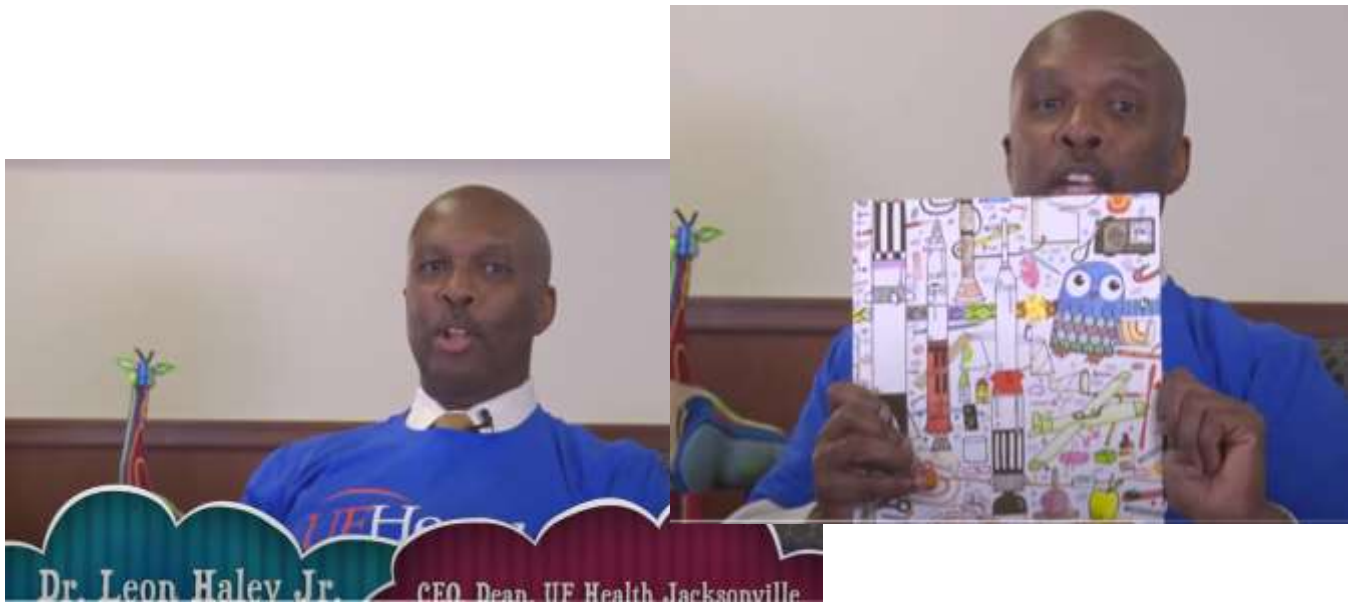
- Next EMSC Advisory Committee meeting proposed for September 27-October 1 in collaboration with CLINCON
- FAEMSMD (https://emlrc.org/faemsmd/)
  next meeting Sept 29th 9-12
- Advent Health Human Trafficking Conference (Virtual) August 12th
- ? Others

- Human Trafficking Conference (Virtual) August 12th

Farewell to Great Physicians, Healers, Educators and Champions for Children

- Dr. Pete Gianas
- Dr. Leon Haley, Jr.: reading "Rosie Revere, Engineer" in partnership with Communities in Schools.

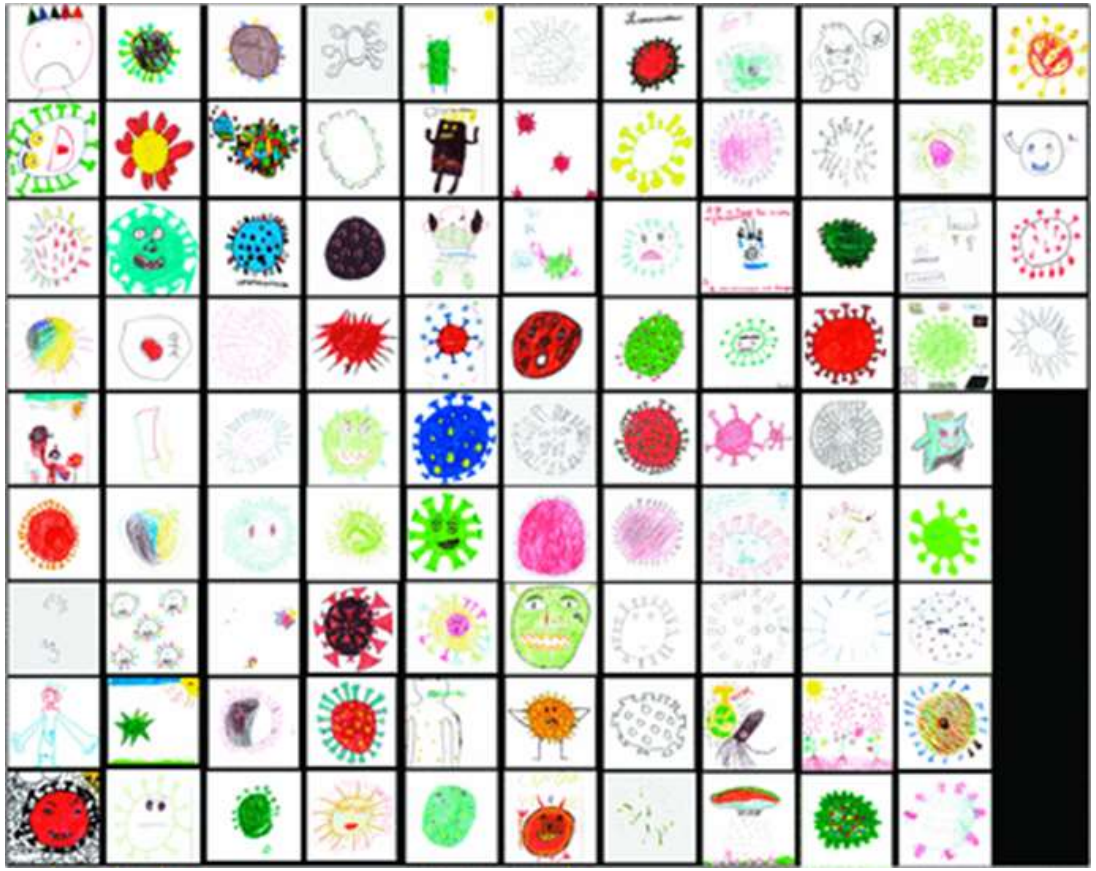
https://www.youtube.com/watch?v=12ttex5BqoM



Bradford County Sheriff posted the following on Facebook:

Sheriff Smith and the Bradford County Sheriff's Office, would like to wish Doctor Pete Gianas a very Happy Birthday!! He has served the citizens of Bradford County for over 38 years. "Dr Pete" we love you and hope your day is amazing!

Thank You!



- New Business
- Questions
- Announcements