Section 400: Facilities

Policy 401: Emergency Department Approved for Pediatrics

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I. Definition:

A. An Emergency Department Approved for Pediatrics (EDAP) is a licensed basic Emergency Department (physician on duty 24 hours) that meets specific minimum criteria to provide emergency pediatric care.

II. Authority:

A. Reference: Division 2.5 of the California Health and Safety Code, Chapter 2, Section 1797.67; Chapter 4, Article 1, Section 1797.222; Chapter 4, Article 2, Section 1798.150; Chapter 4, Article 3, Section 1798.170 and 1798.172.

III. EDAP Standards and Designation

A. Professional Staff: Physicians

1. All emergency department physicians who are not Board certified by the American College of Emergency Physicians (ACEP) shall have successfully completed the Pediatric Advanced Life Support (PALS) provider course or Advanced Pediatric Life Support (APLS) course.

2. All emergency department physicians who are not Board certified by the American Board of Emergency Medicine (ABEM) or by the American Board of Pediatrics (ABP) will obtain at least eight hours of continuing education in pediatric emergency care every two years. Suggested courses include, but are not limited to, the AHA PALS course or the AAP-ACEP APLS course when available.

3. At least 50% of ED physician coverage must be by full-time staff doctors who are either emergency medicine physicians or are pediatricians with ED experience and boarded in pediatrics. This coverage is based on a monthly schedule since full-time is defined in the Section as working at least 100 hours per month in the ED.

4. At least 50% of the emergency department coverage in any 24-hour period shall be provided by physicians who are board certified by the American Board of Emergency Medicine (ABEM) or the American Board of Pediatrics (ABP) and are certified in Pediatric Advanced Life Support (PALS) or APLS.

5. At least one other emergency department physician shall be on call and available within 30 minutes to assist in critical situations.

6. A designated pediatric consultant shall be available to the EDAP who is Board Certified in pediatrics and responsible for collaboration with the emergency department

physicians and pediatric liaison nurse (PdLN) in both implementation and the documentation of ongoing chart reviews (quality assurance) of pediatric emergency cases brought to the EDAP. This review shall include, but is not limited to, all pediatric cardiopulmonary arrests and all pediatric emergency department deaths.

7. A pediatrician, Board certified in pediatrics, shall be on-call 24 hours/day and available within 30 minutes to the EDAP. A panel of several pediatricians on rotation may satisfy this requirement.

8. The Emergency Department Physician will ensure that a pediatrician is immediately consulted on all critically ill or injured pediatric patients and/or pediatric patients admitted to specialty care units of the hospital.

B. Professional Staff: Nursing

1. At least one Registered Nurse (RN) per shift shall have successfully completed the American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) provider course.

2. A Pediatric Liaison Nurse (PdLN) shall be designated. This nurse may have shared responsibilities with several institutions. He/she may be employed in the emergency department or in other areas of the hospital such as a ward, ICU, nursery, or quality assurance. Additionally, the PdLN shall complete eight hours of Board of Registered Nursing (BRN) approved CEU's in pediatric emergency care topics per year. (CEU's may be applied toward fulfilling Santa Cruz County MICN certification requirements). Responsibilities of the PdLN shall include:

   a) Ensuring and documenting appropriate nurse pediatric continuing education.

   b) Maintaining a log of all pediatric emergency department visits. This can be accomplished by highlighting pediatric patient's names when they are entered into the standard emergency department log.

   c) Coordinating the review and follow-up of a sample of pediatric emergency department visits which will include all pediatric cardiopulmonary arrests, all pediatric emergency department deaths, and all pediatric emergencies transported by paramedics; including pediatric patients admitted through the emergency department to the critical care units of the EDAP facility and those cases referred by a PdLN or a physician.

   d) Coordination of the review of paramedic transported pediatric cases with the paramedic liaison nurse in hospitals where the EDAP is also the paramedic base station; including tape reviews of pediatric runs.

   e) Providing data to the EMS office as requested for program evaluation.

f) ensuring injury prevention/health education protocols are followed, health education materials are available, and data is made available to the EMS Office for evaluating the health education component.

g) QA activities.

h) There should be at least one registered nurse per shift who has completed a postgraduate course in pediatrics or has at least one year experience as an RN caring for pediatric patients in a pediatric emergency department, a pediatric ward, or a PICU. The postgraduate course should be at least 8 hours long and cover a broad spectrum of pediatric emergency topics. It is recommended that all emergency department nurses meet this requirement.

i) All emergency department nurses (RN's and LVN's) shall fulfill a CE requirement of 6 hours of BRN approved pediatric emergency care in a two-year period (CEU's may be applied toward fulfilling Santa Cruz County MICN certification requirements). Base station meetings that review pediatric calls and discuss pediatric care may substitute for this requirement.

j) Emergency Department nurses shall provide injury prevention health education counseling to patients and/or parents as defined in the Santa Cruz County EDAP Health Education Component.

C. Policies, Procedures and Transfer Agreements

		Essential	Desirable
1.	Written policies and procedures concerning the early transfer of critically ill and injured patients to pediatric intensive care units and trauma centers.	X	
2.	Written policies and procedures for the Identification, evaluation, and referral of Suspected child abuse victims.	X	
3.	Written transfer agreement (s) with one or more CCS approved PICU(s). The agreement should address the following issues:	X	
	a) Agreement to accept all medically qualified pediatric patients without regard for race, ethnicity, religion, national origin, citizenship, sex, preexisting medical condition, physical or mental handicap, insurance status, economic status or ability to pay for medical services.	X	

b)	Mechanism for making a single telephone call 24 hours a day for consultation and to arrange admission transportation to a CCS approved PICU, which has an available bed.	X	
c)	24-hour telephone consultation services provided by PICU staff members.	X	
d)	Outline of the logistics for the transfer of a critically ill or injured patient to the PICU.	X	
e)	Mechanism for reviewing data on patients transferred from an EDAP to a PICU.	X	
f)	Joint reviews of patients transferred from the EDAP.		X
g)	Written case summaries on all patients transferred from the EDAP.		X
h)	On-going outreach education provided by the PICU for referring hospital nurses, physicians and ancillary staff.		X
i)	Participation in EMSC QA review activities.		X

D. Equipment/Supplies/Trays Requirements

1. The emergency department shall have pediatric equipment, supplies and trays readily available and immediately accessible within the department (it is recommended that a “crash cart” system be utilized):

2. Equipment

   a) Monitor-defibrillator (Biphasic) and paddles and adhesive pads in adult and pediatric sizes.

   b) Infusion pumps, drip or volumetric.

   c) Doppler sensing device for blood pressure measurements.

   d) Pediatric scale for weight measurement.

   e) Blood warmer

   f) Pediatric blood pressure cuffs: preemie, infant, child, adult, and thigh sizes.

g) Stethoscopes with appropriate size bell and/or diaphragm for assessing a preemie, infant or child.

h) printed pediatric drug dosage reference material (calculated on dose per kilogram basis), readily available on a wall-mounted chart.

i) Pediatric bag-valve resuscitation device (ideally with an over rideable pop-off valve).

j) Preemie, infant, child and adult size masks to use with bag-valve device.

k) Magill Forceps (pediatric and adult).

l) An appropriate infant warming procedure/device

m) Pulse oximeter with pediatric sensor.

3. Supplies

a) Pediatric oral airways (sizes 0-5), endotracheal tubes (sizes 2.5-9.0), pediatric nasopharyngeal airways, and infant and child laryngoscope blades curved 2, 3 and straight 0, 1, 2, and 3.

b) Pediatric suction catheters sizes 6-14 fr.

c) Pediatric IV supplies including volumetric sets, butterfly cannulas and IV catheters of varying sizes, including central lines, 14 gauge through 25 gauge. 250 or 500, and 1000 ml bags of NS, D5/0.25NS, D5/0.5NS, D5NS, D10/W.

d) Needles for intraosseous infusion, preferably 18 gauge and 15-gauge short bone-marrow needles with stylets, or EZ IO with appropriate pediatric sized needles. (Example – disposable Illinois Jamshidi sternal/iliac aspiration needle with adjustable length.

e) Pediatric nasogastric tubes, 6-16 fr. Including 5,8 infant feeding tubes.

f) Pediatric Foley catheters, sizes 8-22 fr.

g) Chest tube sizes 16-28 fr (size 26 fr. Is not available) and at least two in the newborn size range.

h) Stiff cervical collars in sizes small, medium and large or equivalent. (Sandbags for children 6 years and under).

i) Appropriate procedures/devices for ensuring pediatric restraint.

4. Trays

a) Tracheostomy/cricothyrotomy tray with pediatric size tubes (Shiley tube sizes 0-6).

b) Pediatric spinal tap tray with 22 gauge 1-1/2 inch spinal needle.

E. Quality Assurance

1. Quality assurance on a continuing and regular basis is essential. Quality assurance review for the purposes of EDAP designation is defined as a multi-disciplinary committee that meets regularly and reviews the treatment provided to children within the emergency department.

2. The multi-disciplinary committee, at a minimum, should include representatives from ED nursing, physicians, pediatricians, surgeons, and various pediatric specialties as may be locally available. When possible, the committee should also include a representative from a hospital with an approved pediatric intensive care unit with which the EDAP participating hospital has a signed agreement as required in Section E.3.

3. The frequency of the meetings of the multi-disciplinary pediatric care review committee should be at a minimum at least quarterly.

4. The multi-disciplinary committee should at a minimum review pediatric care in the following categories:

   a) Pediatric deaths

   b) Pediatric cardiopulmonary arrests.

   c) Pediatric patients treated by paramedics at the advance life support level.

   d) Pediatric patients admitted through the emergency department to the critical care units of the EDAP facility and those cases referred by a PdLN or a physician.

   e) Out-of-County transfers.

   f) Incident reports generated regarding the pre-hospital or EDAP care of a pediatric patient.

5. The multi-disciplinary committee shall review the pediatric patients noted in Section 5.4 for, at a minimum, the following criteria:

   a) Appropriateness of medical care.

   b) Preventable deaths through either better prevention education, paramedic care or medical care.

   c) Timely response to the patient of ancillary hospital services, and pediatric specialists.

6. The County EMS program shall receive a summary report of each of the meetings of the multi-disciplinary committee. At a minimum, the report should indicate the number of cases reviewed and any actions recommended by the committee.

F. Injury Prevention

1. An injury prevention program shall be developed by the EDAP. The program shall be broadly applied to all age groups.

2. The required injury prevention program shall be developed and submitted to the County for review within 6 months of designation.

IV. Designation Process

A. To be considered for designation as an Emergency Department Approved for Pediatrics (EDAP) in Santa Cruz County, the facility shall prepare and submit a completed EDAP application form and supporting documentation (one original and five copies).

B. All questions regarding EDAP standards, designation and the application process should be directed in writing to:

1. EMS Program Manager

2. Santa Cruz County Health Services Agency

3. 1080 Emeline Ave.

4. Santa Cruz, CA 95060

C. The cost of preparation of the application will be borne by the applicant.

D. Designation of qualified applicants as an EDAP will be the responsibility of the EMS Medical Director.

E. This designation does not constitute a contract for services.

F. The EMS Medical Director reserves the right to reject any or all applications, wholly or in part, and to retain all proposals, whether selected or rejected.

V. Site Survey

A. Within two weeks following receipt of the completed EDAP Application Form, the EMS Medical Director will inform the hospital of the status of the application and schedule a site visit. On preparation for the site visit, hospital personnel shall prepare evidence to verify adherence to the Santa Cruz County EDAP Standards.

B. The site visit shall include a meeting with the following persons:

1. The Medical Director of Emergency Services.

2. The Nursing Supervisors of Emergency Services.

3. The Pediatric Liaison Nurse

C. The Site Survey Team shall be appointed by the Santa Cruz County and EMS Medical Director and shall consist of:

1. One registered nurse with significant experience in pediatric care.
2. One registered nurse representative from the Santa Cruz County Health Services Agency.
3. One Board certified pediatrician.
4. One Board Certified Emergency Physician.

VI. Designation

A. Within one week following the site survey, the survey team will make designation recommendations. The hospital will be notified by mail of minor discrepancies and given a period of time for correction.

B. Those facilities meeting all EDAP requirements will receive “Santa Cruz County Emergency Department Approved for Pediatrics Designation” within six weeks of proof of completion of EDAP standards.

VII. Appeals, Reapplication, Re-designation, Failure to Maintain Compliance

A. Hospitals may appeal the results of an EDAP survey by submitting an appeal in writing to the Santa Cruz County EMS Medical Director.

B. Hospitals that are not able to meet all the requirements for EDAP designation may reapply during the next scheduled survey period. Site surveys for EDAP designation will be made within six months.

C. Extensions of designation may be approved by the EMS Medical Director without onsite surveys or reapplication. Extensions may be for up to two years. Extensions will be based upon compliance with the standards of designation as outlined in this policy at the discretion of the EMS Medical Director.

D. Should a designated EDAP fail to meet any of the provisions specified in “Emergency Department Approve for Pediatrics Standard”, the hospital shall immediately notify, in writing, the EMS Medical Director. Withdrawal of EDAP designation may occur at any time thereafter

E. Re-designation should be performed prior to the expiration of the current designation period and may be valid for up to four years.