



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@emscimprovement.center

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

