

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 352
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References		Effective 01/01/93

I. POLICY

A Pediatric Critical Care Center (PCCC) shall fulfill all local EMS requirements for pediatric critical care operations and shall meet California Childrens Services (CCS) standards for Pediatric Intensive Care Units (PICUs).

II. PROCEDURE

- A. To be designated a Pediatric Critical Care Center (PCCC) for Fresno, Kings or Madera County, a licensed general acute care hospital shall have at least the following:
1. A multi-disciplinary critical care committee included in their organization, which can provide for the implementation of the requirements specified in this policy and provide for coordination with the local EMS Agency.
 2. The hospital shall designate a Pediatric Intensive Care Medical Director who shall be certified in Pediatric Critical Care Medicine by the American Board of Pediatrics, or be board eligible for such certification. A board eligible Director shall obtain board certification within six (6) years of assuming directorship. The director shall successfully complete and maintain certification in Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS).
- An alternate qualification for the PICU physician-director would include all three of the following: Board certification in Pediatrics, Board Certification in Anesthesiology, and Certification in Anesthesiology Critical Care Medicine.
- B. Department(s), division(s), service(s) or section(s), that include at least the following medical and surgical pediatric specialties, which are staffed by qualified specialists:
1. In-house and immediately available at all times:

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision 02/01/1997
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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- a. Emergency Department Physician board certified in Emergency Medicine or Pediatrics.
 - b. Physician skilled in pediatric airway management and the management of emergencies in the PICU. This requirement may be fulfilled by:
 - (1) Pediatric Intensivist;
 - (2) Physician board certified in pediatrics;
 - (3) Physician board certified in anesthesiology; or
 - (4) Senior level resident* (in any of the above) with staff physician on-call and promptly available (within 30 minutes).
2. On-call and promptly available (within 30 minutes).
 - a. Pediatric Intensivist;
 - b. Neurosurgeon;
 - c. General surgeon or pediatric surgeon; and
 - d. Anesthesiologist.
3. On-call and available within one hour:
 - a. Surgical
 - (1) otorhinolaryngology;
 - (2) ophthalmology;
 - (3) pediatric surgery;
 - (4) plastic/hand surgery;
 - (5) urology;
 - (6) orthopedics;
 - (7) vascular; and
 - (8) cardiothoracic.
 - b. Non-Surgical
 - (1) cardiology;
 - (2) psychiatric;
 - (3) gastroenterology;
 - (4) hematology/oncology;
 - (5) infectious disease;
 - (6) neurology;
 - (7) radiology;
 - (8) nephrology;
 - (9) pulmonary;
 - (10) neonatology
 - (11) pediatric medicine; and
 - (12) endocrinology.
4. On-call and available:
 - a. neuroradiology; and

* Senior Level Resident is defined as a physician licensed in the State of California who has completed at least two years of residency under consideration and has the capability of initiating treatment, including surgery, when the clinical situation demands and is in training as a member of the residency program at the designated trauma center. Residents in general surgery shall have completed three years of residency in order to be considered a senior resident.

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- b. pathology.
 - 5. Available for consultation (may be provided through consultation or transfer agreement):
 - a. gynecology;
 - b. genetics;
 - c. allergy/immunology;
 - d. adolescent medicine;
 - e. developmental psychology; and
 - f. pediatric rehabilitation/physical medicine.
 - 6. Nursing Service to meet California Children Services Standards to include:
 - a. Qualified nursing administrator;
 - b. Masters prepared PICU clinical nurse specialist or clinical nurse educator;
 - c. Designated charge nurse(s); and
 - d. RNs with training, clinical experience, and demonstrated clinical competence in the treatment and care of critically ill children directly responsible for the care of the patients in the PICU.
- C. A PCCC shall also have the following supplemental service which require a special permit pursuant to California Code of Regulations, Title 22, Chapter 1, Articles 5 & 6:
 - 1. An emergency department, division, service or section staffed so that it is capable of managing complex pediatric emergencies. The emergency department physicians shall be capable of evaluating critically ill or injured children, providing initial resuscitation, and performing necessary surgical procedures not requiring general anesthesia. All emergency department physicians shall obtain and maintain certification in Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS). All new emergency department physicians shall obtain PALS certification within six (6) months. This requirement may be fulfilled by senior level resident(s) in emergency medicine or pediatrics who are assigned to the emergency department and are serving in the same capacity. Senior residents shall be PALS or APLS certified. In such cases, a staff physician shall be on-call and promptly available.
 - a. The emergency department shall have two-way radio communication capable of being accessed by ambulances in the emergency medical services system in accordance with local EMS policies and procedures, and a dedicated phone line to communicate with other hospitals for patient information such as transfers and patients arriving by ambulance.
- D. In addition to licensure requirements, a Pediatric Critical Care Center shall have the following service capabilities:
 - 1. Radiology services. A radiology service shall have the following:
 - a. Certified radiological technician in-house and immediately available at all times for general radiologic procedures.
 - b. Angiography and imaging services with a technician who is promptly available at all times (within 30 minutes);
 - c. Ultrasonography with a technician available at all times.
 - 2. Clinical laboratory services. A clinical laboratory service with microcapability shall have the following:

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- a. Comprehensive blood bank or access to a community central blood bank;
 - b. Capability of performing necessary lab studies (routine and stat) on a 24-hour a day basis;
 - c. Toxicology studies capabilities; and
 - d. Clinical laboratory technician(s) in-house and promptly available at all times.
 3. Respiratory Therapy Service
 - a. Staffed by respiratory care practitioners licensed by the State of California who have advanced training in pediatric care and who are in-house and immediately available at all times.
 4. Surgical Service
 - a. Operating room available within the main operating room for pediatric emergencies;
 - b. Nurses with special pediatric operating room training promptly available at all times;
 - c. Appropriate pediatric equipment and supplies;
 - d. Appropriate anesthesia personnel and services; and
 - e. Post-anesthesia care unit (may be located in the PICU) with appropriate personnel and pediatric equipment for monitoring and resuscitation.
 5. Pediatric Intensive Care Unit (PICU) approved by California Children Services. The PICU shall:
 - a. Have a physician skilled in the management of emergencies and airway management immediately available at all times; and
 - b. Meet all California Children Services Standards for:
 - (1) Organization;
 - (2) Facility (new or renovated facilities);
 - (3) Staffing; and
 - (4) Services.
 6. Physical Therapy and Occupational Therapy Services.
 7. Rehabilitation Center Service. In-house consultation service for immediate or acute rehabilitation, when medically prudent, shall be available, however, further rehabilitation may be provided through a written agreement with a rehabilitation center. A copy of the written agreement shall be on file with the appropriate County Department of Health.
 8. Social Services.
 - a. Licensed clinical social workers with experience in family/child psychology and all aspects of child abuse/neglect immediately available at all times; and
 - b. Child protection team/service.
 9. Nutritionist(s).
- E. A PCCC shall have the following specialty services or programs or make provisions for these services through written transfer agreements with facilities that have these services (if provided through a written transfer agreement a copy of the transfer agreement shall be on file with the appropriate Department of Health):
1. Acute hemodialysis capabilities;

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2. Acute spinal cord injury management capabilities; and
 3. Burn care.
- F. A PCCC shall have the following additional programs:
1. Programs for quality improvement, including:
 - a. Detailed audits for all deaths, major complications, and transfers;
 - b. Multi-disciplinary critical care conferences that include all members of the critical care team. These conferences shall be held at least once a month to critique selected cases; and
 - c. A Pediatric Critical Care Nurse Specialist who will be responsible for data collection, record keeping, and maintaining a high level of nursing care utilizing research methodology while continuously upgrading personal and staff clinical skills.
 2. Outreach programs, to include, but not limited to:
 - a. On-site and 24-hour telephone consultation availability with physicians in the community and outlying areas;
 - b. Pediatric transport services available at all times; and
 - c. Outreach education programs.
 3. Continuing medical education. Formal medical education in pediatric critical care shall be provided for:
 - a. Staff physicians;
 - b. Staff nurses, to include PICU, ED, Surgery, and Transport Team;
 - c. Staff allied health personnel;
 - d. Local EMS personnel, including at least EMT-IAs, EMT-Ps and MICNs; and
 - e. Other community physicians and health care personnel.
- G. All PCCCs shall have written transfer agreements with all appropriate hospitals. A copy of the written agreement(s) shall be on file with the appropriate County Department of Health.