

Preventive Health and Health Services Block Grant

SUCCESS STORY 2018

EMS for Children

Caring for Kids in Crisis is Crucial

Public Health Issue: Children are often thought of as tiny adults; however, in the event of a medical emergency they require specialized transport needs, resuscitation equipment, and other medical supplies designed especially for children. “Emergency medical service (EMS) responses for pediatric patients represent a very small percentage of total EMS responses. The infrequency of seeing pediatric patients in the field means many of the nation’s EMS providers have limited chances to exercise their pediatric skills in real-life settings, resulting in low-level confidence in providing appropriate care to children. Additionally, educational opportunities and even best-practice guidelines are very limited in the prehospital setting, further exacerbating the quality of care gap between high- and low-encounter events.” (1) It is important for California to provide up-to-date training opportunities to ensure providers are comfortable and well-prepared to care for children in medical emergencies.

Intervention: EMS for Children is a specialty care program with a goal of ensuring that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of all children. With that goal in mind, EMSA staff organized and hosted the 21st Annual EMS for Children Educational Forum held on November 9, 2018, in Fairfield, CA. The theme of the Forum was "Caring for Kids in Crisis." Online registration was created through the Eventbrite website and notification for registration was posted on the EMS Authority website. Email invitations were sent to previous attendees, EMS administrators, and prehospital personnel. Speakers provided insight into California's pediatric system and also provided clinical highlights from case studies and pediatric trauma care covering a wide range of subjects including responder resiliency, child abuse, and drowning. Skill stations provided hands-on training for the use of specialized pediatric medical and emergency equipment specially geared towards use in children. Skill stations were offered for burn management and hemorrhage control. Hands-on training in a simulation lab was provided for a scenario with an injured baby. Attendees also practiced related skills such as airway management, resuscitation, and the Pediatric Assessment Triangle (PAT) to quickly determine whether a child is in respiratory distress, failure, or shock.

Impact: The EMS for Children Educational Forum had approximately 120 attendees and was very well received by the pre-hospital and emergency department personnel who attended. Seven continuing education credits were provided to all EMTs, Paramedics, and RNs that attended and provided their license number. Evaluations were received and reviewed by the State EMSC Coordinator and the State EMSC Advisory Committee and included excellent reviews on topics and speakers. In addition to well received speakers, a new venue was chosen this year that provided ample space and opportunity for attendees to participate in all skill stations.

Footnote:

(1) Emergency Medical Service for Children, Innovation & improvement Center, EMSC Pulse Newsletter, Issue 30 - October 25, 2018, Learning Collaborative Designed to Increase Count of EMS Agencies with a PECC, <https://emscimprovement.center/resources/emsc-pulse/>