

**PEDIATRIC EMERGENCY CARE FACILITY RECOGNITION
Emergency Department with Pediatric Level I Capabilities**

Application Instructions

- 1) Prior to beginning the application process, please submit a **letter of intent** signed by your Chief Executive Officer to the State EMS Director (to the address in # 4 below) stating that your organization plans to apply for Level I Pediatric Emergency Care Facility recognition.
- 2) Before you begin the application, please take a moment to carefully review all requirements in this application and in the Pediatric Emergency Care Facility Standards document.

I. Application Form – This is the signature page

II. Checklist Section – This is the list of required equipment, supplies, personnel and policies in a table format with columns for initials of those who verify items that are present in the facility.

The Checklist Section supports the Emergency Department Pediatric Plan and it lists required equipment, supplies, personnel and policies needed to be recognized as a Level I Pediatric Emergency Care Facility. Supporting documentation is requested when there is a checkmark in the column labeled “DOC” at the top of the Checklist Section of this application.

Please organize in an appendix any appropriate supporting documentation (schedules, policies, procedures, protocols, guidelines, plans, etc.) Please reference the section of the Pediatric Emergency Care Facility Standards for which you are providing documentation in organizing the application.

- 3) Complete the application form and obtain the appropriate signatures.
- 4) Submit the original ink-signed application plus three (3) additional copies of the signed application form and the Emergency Department Pediatric Plan (including supporting documentation) to:

**Office of EMS
Pediatric Emergency Care Facility Recognition Program
Attention Angela Quackenbush
100 Sunnyside Road
Smyrna, DE 19977**

- 5) The application should be submitted in a single-sided format and unstapled.
Please remember to clearly label any supporting documentation provided.
- 6) For questions regarding the application process, specific criteria items, and/or supporting documentation, please contact the Delaware Emergency Medical Services for Children (EMSC) Program in the Office of EMS at 302-223-1208 or 302-223-1350.

Review of Applications

- 1) Applications will be reviewed by the Office of EMS to assure all required documents are included.
- 2) Feedback on the application will be provided in writing prior to scheduling a visit.

*Note: The term "pediatric" throughout this document refers to all children age 12 and younger.

Recognition as a Pediatric Emergency Care Facility

- 1) Upon achieving recognition as a Level I Pediatric Emergency Care Facility in the State of Delaware an official letter from the Director of the Division of Public Health and a Certificate of Recognition will be issued to the facility.
- 2) If the application is incomplete, or if pediatric emergency care standards are not met to the level required for recognition, a letter will be sent to the facility with deficiencies identified.
- 3) Facilities may appeal the denial of recognition by submitting a written request to the Director of EMS in the Office of EMS.
- 4) A facility may appeal the denial of Recognition within 90 days of receiving the denial letter. After the 90 day time frame a new application would be required to apply for Recognition.
- 5) A facility may continue to submit applications multiple times until a Certificate of Recognition is issued by the Division of Public Health.
- 6) Recognition may be renewed by submitting a renewal application every three years. A separate application will be available for facilities renewing their recognized pediatric emergency care status.
- 7) Facilities may not be able to meet a Pediatric Emergency Care Facility requirement due to extenuating circumstances. As a result, **Withdrawal of Recognition status may occur.** In this situation, the hospital will notify the Delaware Division of Public Health's Director of EMS by phone (302-223-1350) and through written notice to the attention of State EMS Director, Pediatric Emergency Care Facility Recognition Program at least 60 days prior to withdrawal, if possible. In the notification please include information on the rationale for the decision.

**RECOGNITION OF PEDIATRIC EMERGENCY CARE FACILITY LEVEL I
SECTION I - APPLICATION FORM**

Facility Name		
Facility Address		
<p align="center">The above-named facility certifies that each requirement in this Level I Pediatric Emergency Care Facility request for Recognition is met and will be operational during the three year Pediatric Emergency Care Facility Recognition period to the best of the facilities ability.</p>		
Chief Executive Officer	Typed Name:	
	Signature:	Date:
Medical Director of Emergency Services	Typed Name:	
	Signature:	Date:
Nurse Manager or Director of Emergency Services	Typed Name:	
	Signature:	Date:
Pediatric Nurse Coordinator Contact	Name:	
	Phone Number:	
	Fax:	
	E-mail:	
	Signature:	Date:
Pediatric Physician Coordinator Contact	Name:	
	Phone Number:	
	Fax:	
	E-mail:	
	Signature:	Date:

D= Desired E=Essential NR=Not Required ✓=Documentation Required
 * = available in <1 hour

PEDIATRIC EMERGENCY CARE FACILITIES LEVEL I CHECKLIST				
1. PERSONNEL*(Available in less than 1 hour)	Level I	DOC	Have Y/N	Reviewer Initials
Physician with pediatric emergency care experience on duty 24/7 (provide a schedule)	E	✓		
RN with pediatric training (provide a schedule)	E	✓		
Respiratory therapist	E	✓		
Trauma coordinator	E	✓		
Nurse educator	E	✓		
Trauma team*	E	✓		
Pediatric Physician Coordinator	E	✓		
Pediatric Nurse Coordinator	E	✓		
Social Services	E			
Child Abuse support services	E			
Child life support	E			
On-line medical control for pre-hospital	E			
Respiratory care	E			
Pediatric Critical Care Committee	E			
Pediatric Trauma Committee	E			
Child development services	E			

Specialist consultants*(Available in less than 1 hour)¹	Level 1	DOC	Have Y/N	Reviewer Initials
Pediatrician*	E	✓		
Radiologist	E	✓		
Anesthesiologist*	E	✓		
Cardiologist	E	✓		
Critical Care Physician (on site)	E	✓		
Nephrologist	E	✓		
Hematologist/oncologist	E	✓		
Endocrinologist	E	✓		
Gastroenterologist	E	✓		
Neurologist	E	✓		
Pulmonologist	E	✓		
Psychiatrist/Psychologist	E	✓		
Infectious Disease Physician	E	✓		

Surgical Specialists*(Available in less than 1 hour)	Level 1	DOC	Have Y/N	Reviewer Initials
Anesthesia and surgical suite promptly available	E	✓		
Secondary surgeon	E	✓		
Pediatric surgeon*	E	✓		
Neurosurgeon	E	✓		

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Orthopedic surgeon	E	✓		
Otolaryngologist	E	✓		
Urologist	E	✓		
Plastic surgeon	E	✓		
Oral/maxillofacial surgeon	E	✓		
Gynecologist (transfer agreement if not available)	E	✓		
Microvascular surgeon (transfer agreement if not available)	E	✓		
Hand surgeon (transfer agreement if not available)	E	✓		
Ophthalmologist	E	✓		
Cardiac surgeon ²	E	✓		
Pathologist	E	✓		
Pediatric Dentist	E	✓		
Intensivist onsite	E	✓		

Rehabilitation Program	Level 1	DOC	Have Y/N	Reviewer Initials
Physical Therapy	E			
Physical Medicine/Rehabilitation Physician	E			
Occupational Therapy	E			
Speech Therapy	E			
Special Education	E			

2. POLICIES, PROCEDURES, AND PROTOCOLS	Level 1	DOC	Have Y/N	Reviewer Initials
Illness and injury triage	E	✓		
Pediatric patient assessment and reassessment	E	✓		
Documentation of pediatric vital signs	E	✓		
Immunization Assessment	E	✓		
Sedation and Analgesia for Procedures (including medical imaging)	E	✓		
Pediatric pain assessment and management	E	✓		
Informed consent for procedures, treatments (when parent/guardian is not present)	E	✓		
Social and mental health evaluations	E	✓		
Physical and/or chemical restraint of patients	E	✓		
Child maltreatment and sexual assault	E	✓		
Death of the Child in the ED	E	✓		
Do-not-resuscitate orders	E	✓		
Family centered care policies, including but not limited to:	E	✓		
▪ Involving families in patient care decision making and in medication safety processes	E	✓		
▪ Consideration of family presence during all aspects of emergency care, including	E	✓		

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resuscitation				
<ul style="list-style-type: none"> ▪ Education of the patient, family, and regular caregivers 	E	✓		
<ul style="list-style-type: none"> ▪ Discharge planning and instruction 	E	✓		
<ul style="list-style-type: none"> ▪ Identifying bereavement counseling resources 	E	✓		
Communication system with the patient's medical home or primary health care provider upon discharge	E	✓		
Medical imaging policies (address appropriate dosing for studies consistent with as low as reasonably achievable (ALARA) principles)	E	✓		
All-hazard disaster preparedness plan that includes pediatric specific components	E	✓		

3. EQUIPMENT	Level 1	DOC	Have Y/N	Reviewer Initials
Scale (with weight in kilograms)	E			
EMS communication equipment*	E			
Organized emergency cart	E			
Printed or electronically available drug doses/length-based resuscitation tape	E			
Resuscitation board	E			
Infant scale	E			
Warming device for infants	E			
Warming device for children	E			
Pediatric restraint equipment (to use for painful or difficult procedures)	E			
Portable radiography	E			
Slit lamp	E			
Neonatal/infant incubators	E			
Phototherapy equipment	E			
Pacemaker capability internal	E			
Pacemaker capability external	E			
Thermal control for patient and/or resuscitation room	E			
Age appropriate pain scale assessment tools	E			
*May listen to EMS calls but are not permitted to provide EMS medical direction				

Monitoring Equipment	Level 1	DOC	Have Y/N	Reviewer Initials
Electrocardiography monitor/defibrillator with pediatric paddles or pads and hard copy capabilities	E			
Cardiopulmonary monitor with pediatric and	E			

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hard copy capability, visible/audible alarms, routine testing and maintenance				
Pulse oximeter (neonatal, pediatric, and adult probes)	E			
Blood pressure cuffs (neonate, infant, child, adult, thigh)	E			
Rectal thermometer probe (28 degrees – 42 degrees, Celsius)	E			
Hypothermia thermometer	E			
Otoscope, ophthalmoscope, stethoscope	E			
Doppler ultrasound device	E			
Non-invasive blood pressure monitoring (infant, child, and adult)	E			
Continuous End tidal CO2 monitor	E			
End tidal CO2 detector	E			
Monitor for central venous pressure, arterial lines, temperature	E			
Monitor for pulmonary arterial pressure and intracranial pressure	E			
Transportable monitor	E			

Airway and Ventilation Equipment and Supplies	Level 1	DOC	Have Y/N	Reviewer Initials
Bag-mask device (infant size: 450 mL; adult size 1000 mL) with oxygen reservoir. Self inflating	E			
Neonatal, infant, child, and adult masks to fit bag mask device	E			
Oxygen delivery device with flow meter	E			
Clear oxygen masks (standard and non-rebreathing) for neonatal, infant, child, and adult	E			
Nasal cannula (infant, child and adult)	E			
Suction devices – catheters (6 – 14 fr) and yankauer-tip/suction equipment	E			
Nasopharyngeal airways (infant, child, and adult)	E			
Nasogastric tubes (sizes 6-18 fr)	E			
Laryngoscope handles (pediatric and adult)	E			
Laryngoscope blades:				
▪ curved 2,3	E			
▪ straight or Miller 0,1,2,3	E			
Endotracheal tubes:				
▪ uncuffed (2.5-3.0)	E			
▪ cuffed (3.5 – 8.0)	E			
Stylets for endotracheal tubes (infant, child, adult)	E			
Lubricant (water soluble)	E			
Magill forceps (pediatric and adult)	E			
Peak Flow Meters	E			

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Inhalation therapy equipment - Nebulizer	E			
Tracheostomy tubes (2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm)	E			
Chest tubes:				
▪ Infant (10fr – 12fr)	E			
▪ Child (16fr – 24fr)	E			
▪ Adult (28fr – 40fr)	E			
Oxygen blender	E			
Pediatric endoscopes and bronchoscopes available	E			
Respired gas humidifiers and bronchoscopes available	E			
Pediatric ventilators	E			
Difficult airway kit, Alternate airway device	E			
Laryngeal Mask Airways (LMA) (size 1, 1.5, 2, 2.5, 3, 4, 5)	E			

Vascular Equipment and Supplies	Level 1	DOC	Have Y/N	Reviewer Initials
Arm Boards (infant, child and adult sizes)	E			
Butterfly needles (19-25 gauge)	E			
Catheters for intravenous lines (14-24 gauge)	E			
Needles (18-27 gauge)	E			
Intraosseous (IO) needles or device (pediatric and adult sizes)	E			
IV pressure bags for IO infusions	E			
Umbilical vessel catheters (3.5fr and 5.0fr) and cannulation tray	E			
IV administration sets with calibrated chambers and extension tubing	E			
Extension tubing, stopcocks, T-connectors	E			
Infusion device, able to regulate rate and volume of solution	E			
IV Solutions: Normal saline, dextrose 5%, and dextrose 10%	E			
Central venous access kit, (4.0 – 7.0fr) (4-7 fr)	E			
IV fluid/blood warmer	E			
Blood gas kits	E			
Rapid Infusion Pumps	E			

Specialized Pediatric Trays	Level 1	DOC	Have Y/N	Reviewer Initials
Lumbar puncture kit including:				
▪ Neonatal (22 gauge)	E			
▪ Pediatric (22 gauge)	E			
▪ Adult (18-21 gauge)	E			
Urinary catheterization kits	E			

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Foley catheters (sizes 6 – 22 fr)	E			
Venous cut down equipment	E			
Resuscitative Thoracotomy tray	E			
Tracheostomy tray	E			
Peritoneal lavage tray	E			
Needle cricothyrotomy set	E			
Intracranial pressure monitor tray	E			
Newborn delivery kit (including umbilical clamps, scissors, bulb syringe, towel, and blanket)	E			
Shunt Tap kit	E			
Compartment pressure testing equipment	E			
Incision & Drainage (I & D) Tray	E			
Epistaxis Tray or supplies and equipment	E			
Dental Tray or supplies and equipment	E			
Plastics Tray or supplies and equipment	E			
Thoracostomy Tray	E			

Fracture Management Devices	Level 1	DOC	Have Y/N	Reviewer Initials
Cervical stabilization equipment for pediatric and adult patients	E			
Spine board (child and adult)	E			
Extremity splints	E			
Femur splints (child and adult)	E			

Medication Classes	Level 1	DOC	Have Y/N	Reviewer Initials
Analgesics	E			
Antibiotics/antimicrobial agents	E			
Anticonvulsants	E			
Antidotes and activated charcoal	E			
Antiemetic agents	E			
Antihypertensive agents	E			
Antipyretics	E			
Bronchodilators	E			
Corticosteroids	E			
All current PALS medications	E			
Rapid sequence intubation medications	E			
Sedatives and anti-anxiety medications	E			
Inotropic agents	E			
Vasopressor agents	E			
Vaccines	E			

4. FACILITIES	Level 1	DOC	Have Y/N	Reviewer Initials
Emergency Department				
One identified area with capacity and equipment for pediatric resuscitation	E			
Access to two or more carts or bags with capacity and equipment to resuscitate injured pediatric patients	E			
Access to helicopter landing site within stretcher transport distance	E			

Hospital Support Services	Level 1	DOC	Have Y/N	Reviewer Initials
Pediatric inpatient care	E			
Pediatric intensive care unit	E			
Child life specialist	E			

Operating Room	Level 1	DOC	Have Y/N	Reviewer Initials
Operating room team available 24/7	E			
One RN physically present in OR 24/7	E			
Second operating room available and staffed (within 30 minutes)	E			
Thermal control equipment	E			
X-ray capability (including C-arm)	E			
Endoscopes (all varieties)	E			
Craniotomy equipment (including ICP monitoring equipment)	E			
Invasive and noninvasive monitoring equipment	E			
Ventilation equipment	E			
Pediatric airway control equipment	E			
Defibrillator, monitor (including internal and external paddles)	E			
Laparotomy tray	E			
Thoracotomy tray and chest retractors (of appropriate size)	E			
Synthetic grafts (all sizes)	E			
Spinal and neck surgical halos immobilization equipment	E			
Fracture table with pediatric capability	E			
Auto-transfuser with pediatric capability	E			
Pediatric Drug Dosage Reference	E			
Tracheostomy tubes (neonatal through adolescent)	E			

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Recovery Room	Level 1	DOC	Have Y/N	Reviewer Initials
RNs and other essential personnel on call 24 hrs/day	E			
Staff competent in the post-anesthesia care of the pediatric patient	E			
Airway control equipment	E			
Thermal control equipment to ambient room temperature	E			
Radiant warmer	E			
Blood warmer	E			
Resuscitation cart	E			
Immediate access to sterile surgical supplies for emergency	E			
Pediatric drug dosage reference	E			
E* If surgery is performed on pediatric patients				

Laboratory Services	Level 1	DOC	Have Y/N	Reviewer Initials
Hematology	E			
Chemistry	E			
Drug levels/toxicology	E			
Microbiology	E			
Blood Bank	E			
Arterial blood gases	E			
Bedside Blood Glucose monitoring/testing	E			
Bedside Blood Gas testing	D			

Medical Imaging	Level 1	DOC	Have Y/N	Reviewer Initials
Radiology (24 hours per day)	E			
Computed tomography scan (24 hours per day)	E			
Ultrasound (available 24 hours per day)	E			
Magnetic Resonance Imaging (on call 24 hours per day)	E			
Nuclear medicine (on call 24 hours per day)	E			
Fluoroscopy/contrast studies (on call 24 hours per day)	E			
Access to Angiography on call 24 hours per day	D			

Other	Level 1	DOC	Have Y/N	Reviewer Initials
Pediatric Echocardiography	E			
Pediatric Cardiac Catheterization	E			
Electroencephalography	E			
Access to:				
▪ Poison Control Center	E			

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▪ Hemodialysis capability/transfer agreement	E			
▪ Rehabilitation medicine/transfer agreement	E			
Acute spinal cord injury management capability/transfer agreement	E			

5. ACCESS, TRIAGE, TRANSFER AND TRANSPORT	Level 1	DOC	Have Y/N	Reviewer Initials
Prehospital Care Report receiving process	E			
Transfer agreements for:				
▪ In-patient pediatric care if not provided within the institution	N/A			
▪ ICU pediatric care	N/A			
▪ Major trauma care	E			
▪ Burn care	E			
▪ Hemodialysis	E			
▪ Spinal injury care	E			
▪ Rehabilitation care	E			
Hyperbaric oxygen chamber policy and procedure agreement	E			
Accept all critically ill patients from lower-level facilities within the state	E			
Access to a pediatric transport team	E			

6. EDUCATION, TRAINING RESEARCH, AND QUALITY ASSESSMENT AND IMPROVEMENT	Level 1	DOC	Have Y/N	Reviewer Initials
Education and Training				
Public education, injury prevention	E			
Assure staff training in resuscitation and stabilization or a similar course approved by the Director of Public Health and/or by the EMSC Advisory Committee	E	✓		
Current CPR certification for all nurses	E			
Annual Pediatric Mock Codes	E	✓		
Ongoing Pediatric Continuing Education for RNs and RRTs from the ED	E	✓		
Offer educational resources for training all levels of health professionals within the state	E			

Research	Level 1	DOC	Have Y/N	Reviewer Initials
Support state EMSC and Level II Care Center research efforts and data collection	E			
Participate in and/or maintain trauma registry	E			

Participate in regional pediatric critical care education	E			
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Quality Assessment and Improvement	Level 1	DOC	Have Y/N	Reviewer Initials
Structured QI program with indicators and periodic review	E	✓		
Participate in regional quality review by EMSC and/or Local EMS agency	E			

7. ADMINISTRATIVE SUPPORT AND HOSPITAL COMMITMENT	Level 1	DOC	Have Y/N	Reviewer Initials
Make available clinical resources for training prehospital personnel	E			
Provide emergency care and stabilization for all pediatric patients	E			
Support networking education/training for health care professionals	E			
Participate in pediatric emergency care network	E			
Assure availability of:	E			
▪ Social services	E			
▪ Child abuse support services	E			
▪ Child life support	E			
▪ On-line medical control for pre-hospital	E			
▪ Respiratory care	E			
▪ Pediatric Critical Care Committee	E			
▪ Pediatric Trauma Committee	E			
▪ Child development services	E			

D= Desired E=Essential NR=Not Required ✓ =Documentation Required
 * = available in <1 hour

Initials	Printed Name

¹ All medical specialists should have pediatric expertise as evidenced by board certification, fellowship training, or demonstrated commitment and continuing education in their subspecialty area.

² Or substituted by a current signed transfer agreement with an institution with cardiothoracic surgery and cardiopulmonary bypass capability.

* If pediatric operating room services are available at the facility.