EMSC
Emergency Medical Services for Children

Pediatric Readiness Recognition Program

CRITERIA CONSIDERATIONS

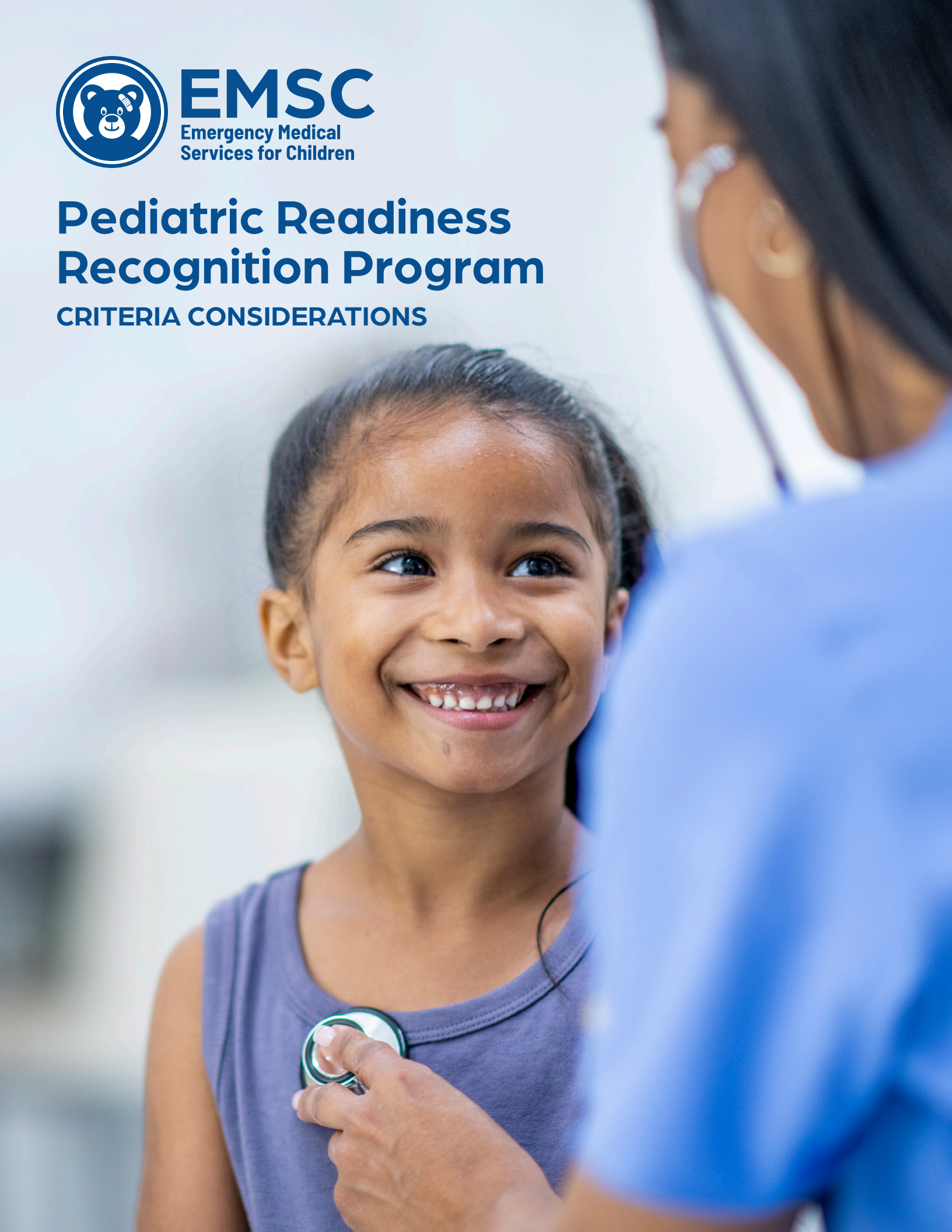


Table of Contents

Overview **3**
What This Guide Is Designed To Do 3
What This Guide Is Not Designed To Do 3
Criteria Type Definitions and Methodologies 4
- 2024 PRRPC Consensus Minimum Criteria 4
- HRSA Standardized Recognition Program Criteria 4
- 2024 PPRPC Consensus Stretch Criteria 4
- NPRP/PPRPJoint Policy Statement and Technical Report Recommendations 4
- Incorporating Criteria 5

ED Recognition Programs **6**
ED Recognition Program Criteria 7
Advocating for the Inclusion of ED Recognition Program Criteria 9
Resources for Recommended ED Consensus Criteria 11

EMS Recognition Programs **12**
EMS Recognition Program Criteria 13
Advocating for the Inclusion of EMS Recognition Program Criteria 15
Resources for Consensus Minimum Criteria for EMS 15

References **16**

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Overview

Pediatric Readiness recognition programs are based on the joint policy statements and technical reports **"Pediatric Readiness in the Emergency Department"** and **"Pediatric Readiness in Emergency Medical Service Systems."** These statements are also the foundations for both the National Pediatric Readiness Project (NPRP) and the Prehospital Pediatric Readiness Project (PPRP). Pediatric readiness recognition programs support the national projects by providing a way to verify and celebrate pediatric emergency department (ED) and emergency medical services (EMS) capabilities.

Data demonstrates that EDs that participate in a pediatric readiness recognition program score significantly higher on the NPRP assessment, scoring a median of 24 points higher than EDs not involved in a formal recognition program.[1] It has been shown that high Pediatric Readiness scores in EDs are associated with increased survival for critically ill and injured children, specifically, as much as 76% lower mortality for children.[2] (Research is ongoing for EMS agencies.)

Recognition programs vary by state or territory. These programs may serve as one mechanism to identify and track the location and distribution of pediatric capabilities across the emergency care continuum. Recognition programs include specific criteria that EDs and EMS agencies must meet to achieve recognition. Participation in a recognition program and verification process affirms an ED or EMS agency's commitment to children and can help improve outcomes for the pediatric population.

Having shared criteria and including them in recognition programs across the nation will strengthen the collective impact of the EMSC State Partnership (SP) Programs and establish a universal minimum standard, which will help to overcome gaps in pediatric outcomes. SP Program participants in the Pediatric Readiness Recognition Programs Collaborative (PRRPC), which was jointly hosted by the EMSC Innovation and Improvement Center and the Pediatric Pandemic Network, came together to identify a set of criteria to be utilized as a consensus-driven starting point, ultimately identifying minimum criteria and stretch criteria. These criteria help establish a ground floor – and an ideal ceiling to work toward – for recognition programs while recognizing the unique circumstances of each state and territory may require phased and progressive adoption over time.

What This Guide Is Designed To Do

This guide provides additional guidance on developing recognition programs and does not replace the **2023 Implementation Manual for State Partnership Grantees**, which includes recognition program criteria required to meet HRSA performance measures. The information in this guide was developed with the assistance of EMSC SP Program Managers participating in the PRRPC, where participants worked to identify criteria that can be considered for ED and EMS recognition programs. The PRRPC criteria is a consensus-driven starting point for states developing recognition programs and for states enhancing current program criteria. The guide also provides supporting information for the consensus criteria and key elements to be considered during the application and verification period.

What This Guide Is Not Designed To Do

This guide is not a mandatory set of criteria for adoption by recognition programs but rather consensus criteria. The information outlined here provides a recommended starting point for EMSC SP Programs to use in their recognition programs.

Criteria Type Definitions and Methodologies

See Tables 1 (ED) and 5 (EMS) for a chart of all criteria types..

2024 PRRPC Consensus Minimum Criteria

Through a consensus-driven, modified Delphi process, EMSC SP teams participating in the PRRPC reviewed and prioritized all Pediatric Readiness criteria as outlined by joint policy statements on Pediatric Readiness for EDs and EMS systems. Prioritization was based on the National Quality Forum (NQF) framework. NQF is a leading national organization to improve health care quality in the United States and is affiliated with the Joint Commission. The NQF framework includes: the importance for patient outcomes, scientific acceptability, feasibility for low-resourced institutions, and usability.

Using a five-point scale, six ED criterion and three EMS criterion with an average score of 4.4 or higher were proposed as consensus minimum criteria for recognition programs. These criteria should be considered the most basic requirements for the lowest level of recognition.

HRSA Standardized Recognition Program Criteria

Standardized recognition program criteria is outlined in the **2023 Implementation Manual for State Partnership Grantees**. For programs to meet the performance measure criteria, there are select criteria for EMS agencies and EDs based on current published joint policy statements on Pediatric Readiness. In order to meet HRSA performance measures during the 2023-2027 grant cycle, recognition programs must include these criteria. (Additional HRSA requirements for verification include engagement of the advisory committee, an application process, a verification process, and a tracking mechanism; refer to the manual for specifics).

2024 PPRPC Consensus Stretch Criteria

Those criteria with an average score of less than 4.4 during the 2024 PRRPC consensus activity were considered "stretch" criteria for ED and EMS recognition programs based on perceived feasibility for implementation in low-resourced EDs and EMS agencies. It is recommended that these criteria be considered for higher levels of recognition and for future integration.

NPRP/PPRP Joint Policy Statement and Technical Report Recommendations

Including as many key recommendations as possible from the joint policy statements on Pediatric Readiness for EDs and EMS systems, which are the basis for the NPRP and PPRP, represents the gold standard for pediatric readiness recognition programs. To view the joint policy recommendations in full, see the **"Pediatric Readiness in the Emergency Department"** and **"Pediatric Readiness in Emergency Medical Service Systems"** joint policy statements and corresponding technical report. Each recommendation included is recommended because of its impact on Pediatric Readiness.

This is, of course, a challenging goal. While programs are not expected to implement all recommendations, they should be mindful that true Pediatric Readiness involves following all recommendations and strive to incorporate as many of them as possible. Program goals should include identifying additional recommendations that could be included in future criteria revisions as programs evolve and support and awareness increase. This approach ensures a comprehensive and high-quality standard of care for pediatric patients.

Joint policy statement and technical report recommendations, beyond the stretch consensus criteria, should be incorporated into the highest levels of recognition or considered for future integration.

Incorporating Criteria

Whether incorporating criteria into an established program or including them in a new program, EMSC SP Program managers and their advisory committees are encouraged to keep their HRSA project officer aware of project progress. Integrating new criteria into long-standing or newly established programs can be challenging due to field readiness and acceptance, among other factors. Therefore, collaboration is encouraged for a smoother and less burdensome process.

The following tables were created to assist EMSC SP managers with incorporating criteria in their recognition programs. These tables outline the PRRPC consensus criteria (minimum and stretch), HRSA standardized criteria, and joint NPRP/PPRP policy statement and technical report recommendations. Utilize the evidence in Tables 2 and 3 (for EDs) and 6 and 7 (for EMS), along with references to specific resources, to advocate for the inclusion of the criteria and to share them with participating EDs and EMS agencies.



ED Recognition Programs

ED Recognition Program Criteria

Table 1: Criteria Considerations for ED Recognition Programs

Domains of Readiness	Specific Recommendation	2024 PRRPC Consensus Minimum Criteria	HRSA Standardized Recognition Program Criteria	2024 PRRPC Consensus Stretch Criteria	NPRP/Joint Policy Statement Recommendations*
Administration and Coordination	Appointment of nurse **or** physician (or advanced pracitice provider) PECC	✓			
	Appointment of a nurse **and** physician (or advanced pracitice provider) PECC		✓	✓	✓
	Nurse PECC has additional training and/or certification in pediatric emergency care				✓
	Nurse and physician PECC have defined roles and responsibilities (eg. policy/protocol development, staff education, staff compentency evaluations, QI, etc.)				✓
Care Team Compentencies	At least annual pediatric training opportunities are available and encouraged for ED staff			✓	✓
	Pediatric competency evaluations are required for nurses (skills, knowledge, and behavior)			✓	✓
	All nurse and physician staff have required sustained pediatric-specific competencies				✓
	Pediatric compentency evaluations and/or maintenance of board certification are required for physicans and advanced practice providers				✓
	At least one physician on staff is board certified or board eligible in EM or PEM				✓
Policies, Procedures, and Protocols	The pediatric population is integrated into all relevant policies and procedures	✓		✓	✓
	Disaster plan includes pediatric considerations	✓	✓	✓	✓
	Disaster plans include pediatric triage, decontamination procedures for children and families, pediatric surge capacity, tracking unaccompanied minors, reunification of children and families, behavioral health therapy/social services for children, and disaster drills that include pediatric patients at least biannually.			✓	✓
	Adoption of a triage tool validated for the pediatric population			✓	✓
	Pediatric evidence-based clinical pathways and/or decision support tools to promote standardized care			✓	✓
	Pediatric patient assessment and reassessment, including a complete set of vital signs and frequency				✓
	Identification and notification of the responsible provider for abnormal vital signs (age-appropriate)				✓
	Family-centered care policy that encourages family presence and engagement in medical decision-making				✓
	Pediatric policy to screen for suicide risk and address mental health emergencies			✓	✓

Domains of Readiness	Specific Recommendation	2024 PRRPC Consensus Minimum Criteria	HRSA Standardized Recognition Program Criteria	2024 PRRPC Consensus Stretch Criteria	NPRP/Joint Policy Statement Recommendations*
Policies, Procedures, and Protocols (continued)	Interfacility transfer guidelines			✓	✓
	Interfacility transfer agreements			✓	✓
	Pediatric transfusion protocol				✓
	Pediatric sedation and analgesia				✓
	Death of a child in the ED				✓
	Child maltreatment assessment and mandated reporting				✓
	Human trafficking screening and management				✓
	Pediatric social issues, including food insecurity, housing instability, and home safety				✓
Pediatric Quality and Process Improvement	Chart review of all pediatric deaths			✓	✓
	Incorporate pediatrics into overarching quality improvement (QI) activities			✓	✓
	Pediatric QI plan includes pediatric-specific indicators and tracking performance, adoption of improvement strategies			✓	✓
Pediatric Patient and Medication Safety	Pediatric patients are weighed in kilograms only (scale is locked)	✓	✓	✓	✓
	Weight is documented in kilograms only		✓	✓	✓
	Documentation of a full set of vital signs (weight in kg, temperature, RR, SpO2, HR, BP-with manual confirmation, pain, and mental status)				✓
Support Services	Pediatric imaging policy outlines reducing raditation exposure as much as possible while still allowing for proper diagnosis			✓	✓
Supplies Medication	Access to weight-based pediatric resuscitation cart in the ED (e.g., color-coded pediatric crash cart)	✓		✓	✓
	All recommended equipment and supplies are readily available within the ED	✓		✓	✓
	Daily method to verify the proper location of pediatric equipment and supplies			✓	✓

***Note: This chart includes many, but not all, elements recommended by the NPRP and the related joint policy statement. For a complete list of recommended elements, view the NPRP checklist and/or assessment.**

Advocating for the Inclusion of ED Recognition Program Criteria

Table 2: Supporting the Inclusion of Key ED Recognition Program Criteria
The information found in Table 2 can help EMSC SP managers advocate for the inclusion of key criteria.

Criteria	Talking Points to Support the Criteria
Appointing pediatric emergency care coordinators (PECCs)	• PECCs are one of the strongest drivers of improved Pediatric Readiness • The presence of a nurse-physician PECC dyad = average 16-point increase in adjusted Pediatric Readiness Score • PECCs improve all domains of readiness but are most associated with QI (PECCs often drive pediatric QI), and QI is the leading driver of high Pediatric Readiness[2]
Inclusion of pediatrics in policies and procedures	A validated pediatric triage tool is associated with increased survival (62.4%) and is Emergency Nursing Association-endorsed[3]
ED disaster plan includes pediatric considerations	• Children are disproportionately impacted by disasters • On average children represent ~25% of disaster victims[4]
Weighing children in kilograms only	• Children are 3 times as likely to have medication errors in the ED • Weighing and recording in kilograms is the national patient safety standard[5]
Access to weight-based pediatric resuscitation equipment in the ED (e.g., color-coded pediatric crash cart)	Many EDs lack pediatric crash carts that are immediately available in the ED and that are color-coded and weight-based[6]
All recommended equipment and supplies are readily available within the ED	The most commonly missing is pediatric airway equipment. Since respiratory failure is the leading cause of cardiaic arrest in children, this is a critical gap.
Incorporate pediatrics into overarching QI activities*	Integrating children into QI efforts can improve Pediatric Readiness by 26 points, meaning QI has the potential to significantly reduce the risk of death for children presenting to your ED.[8,9]

Table 3: NPRP 2013 and 2021 Assessment Responses on Elemental Related to Key Minimum Criteria
The table below describes the percentages of hospitals self-reporting the key components of Pediatric Readiness in the 2013 and 2021 NPRP assessments, showcasing gaps and progress on key elements related to the minimum criteria of the EDs surveyed.

NPRP Assessment Element	EDs (%) 2013[9]	EDs (%) 2021[2]
Physician PECC (MD or DO)	47.5	36.0
Nurse PECC	59.3	37.1
Pediatric-specific policies or procedures: Pediatric QI	45.1	50.0
Pediatric-specific policies or procedures: Weighing only in kilograms	67.7	74.5
Pediatric-specific policies or procedures: Disaster plans include children	46.8	47.5
Pediatric-specific policies or procedures: Family-centered care plan	59.7	62.5

*A note about pediatric QI: Tables 2, 3, and 4 cover PRRPC consensus minimum criteria plus one additional criterion: pediatric QI. While pediatric QI is officially considered part of PRRPC consensus *stretch* criteria, SP Programs are encouraged to prioritize it if possible, as pediatric QI is considered a leading driver of Pediatric Readiness. Pediatric QI is associated with the highest point increase — 26 points total — in Pediatric Readiness scores in EDs. EDs with limited resources for QI may consider exploring a free tool, www.nprqi.org, to help them get started.

Table 4: Sample Methods for Data Collection During Application and Verification for Recommended ED Consensus Criteria
The following table contains examples of how to collect data related to the consensus minimum criteria during the application and verification process.

Minimum Consensus Criteria	Collect During Application	Review During Verification
Appointed PECC/pediatric champion	• Name • Title • Credentials • Training certifications • Job description (as it relates to this role) • Time in role • Allotted protected time	Ask that the PECC(s) be present to answer questions regarding their role and support

Inclusion of pediatrics in policies and procedures	Copies of the written policies and procedures and/or clinical care protocols for pediatric presentations	• Discuss pediatric policies with staff
		• Ask to view sampling of policies/procedures, considering reviewing policies/procedures related to:
		  • Triage - What tool and how is it implemented?
		  • Screening for suicide - when and what are age cutoffs?
		  • Pain assessment, management, and documentation
		  • Are there any sepsis alerts? What other types of alerts are built into the electronic health record?

ED disaster plan includes pediatric considerations	A copy of the plan	• Discuss plan details with staff • How often do you do drills that include children?
Weighing children in kilograms only	A copy of the written plan	Visual inspection of the scale
Access to weight-based pediatric resuscitation equipment in the ED (e.g., color-coded pediatric crash cart)	Equipment list for unit from central supply/Biomed department	• Visual inspection of equipment supplies, and medications • View the pediatric resuscitation cart
All recommended equipment and supplies are readily available within the ED	• Copy of written procedure/protocol for daily method to verify the proper location and function of equipment and expiration of medications and supplies • Equipment list for unit from central supply/Biomed department	• Visual inspection of equipment, supplies, and medications • Ask to see some of the more commonly missing pediatric equipment: Commonly missing equipment included infant-sized nonrebreather masks, pediatric-sized Magill forceps, pediatric difficult airway kits, and neonatal blood pressure cuffs

Resources for Recommended ED Consensus Criteria

Learn more about the recommended consensus criteria and find resources to share with EDs looking to become recognized.

Administration and Coordination

- What is a Pediatric Emergency Care Coordinator (PECC)?
- Emergency Department PECC Module Series
- NPRP Toolkit Administration and Coordination Resources

Policies, Procedures, and Protocols

- NPRP Toolkit Policy, Procedure, and Protocol Resources
- NPRP Toolkit All- Hazard Disaster Preparedness Resources
- Pediatric Pandemic Disaster Resources

Pediatric Patient and Medication Safety

- ENA Position Statement: Weighing All Patients in Kilograms
- Pediatric Readiness Quality Improvement Collaborative Patient Safety Resources
- We're Gaining Weight Flyer

Equipment, Supplies, and Medication

- NPRP Checklist
- NPRP Toolkit Equipment, Supplies, and Medication Resources

Reference Material

- Pediatric Readiness in the Emergency Department joint policy statement



EMS Recognition Programs

EMS Recognition Program Criteria

Table 5: Criteria Considerations for EMS Recognition Programs

Domains of Readiness	Specific Recommendation	2024 PRRPC Consensus Minimum Criteria	HRSA Standardized Recognition Program Criteria	2024 PRRPC Consensus Stretch Criteria	PPRP/Joint Policy Statement and Technical Report Recommendations*
Administration and Coordination	Appointment of PECC who may support one or more agencies	✓	✓	✓	✓
Education and Competencies of Providers	EMS clinicians are required to physically demonstrate the correct use of pediatric-specific equipment (at least annually)		✓	✓	✓
	EMS clinicians receive regular training on safe medication dosing for children based on licensing or certification level (at least annually)			✓	✓
	Pediatric training opportunities are available and required for EMS clinicians (at least annually)				✓
	Pediatric competency evaluations for EMS clinicians include psychomotor skills, knowledge, and behaviors (at least annually, ideally every 6 months)				✓
Policies, Procedures, and Protocols	Policy or procedure regarding mandatory reporting of suspected child maltreatment			✓	✓
	Policies and procedure regarding the care and consent of unaccompanied minors			✓	✓
	Policies and procedure regarding pediatric trauma triage destination protocols for transporting agencies			✓	✓
	Policies and procedures include pediatric refusals, pediatric patient assessment, children with special health care needs			✓	✓
	Inclusion of pediatrics considerations in guidelines and policies				✓
	Integration of online EMS physician medical oversight				✓
	Pediatric clinical protocols for common clinical concerns				✓
	Prearrival instructions for EMS dispatch protocols include pediatric considerations for respiratory distress, cardiac arrest, choking, seizures, and altered consciousness				✓
	Destination policy considers the availability of pediatric-specific resources and pediatric patient needs				✓
Patient- and Family-Centered Care in EMS	Inclusion of family-centered practices in approach to patient care			✓	✓
	Partner with families to integrate patient- and family-centered care in protocols				✓
	Policy or protocol to use lay terms to communicate with patients and families				✓
	Methods to access language services to communicate with non-English speaking/nonverbal patients and family members				✓
	Policy to support narrating actions and alerting patients and caregivers before interventions are performed				✓

Domains of Readiness	Specific Recommendation	2024 PRRPC Consensus Minimum Criteria	HRSA Standardized Recognition Program Criteria	2024 PRRPC Consensus Stretch Criteria	PPRP/Joint Policy Statement and Technical Report Recommendations*
Pediatric Quality Improvement and Performance Improvement (PI)	Overall PI process includes pediatric encounters			✓	✓
	Submission of EMS agency data to the state's prehospital patient care registry				✓
	Submitted data is compliant with the current version of NEMSIS				✓
	Pediatric-specific measures are included in PI process				✓
	Process to track pediatric patient outcomes, including transport destinations, disposition, diagnosis, hospitalization, and hospital discharge				✓
Pediatric Patient and Medication Safety	Adoption of a standardized weight estimation system	✓		✓	✓
	Policy for safe transport of children				✓
	Available equipment for the safe transport of children				✓
Interaction with Systems of Care	Participates in disaster drills that include pediatric patients (real or simulated)			✓	✓
	EMS agency has a disaster plan that addresses the needs of children		✓		✓
	Mass transport policy or protocol that includes children			✓	✓
	Presence of a field triage algorithm that includes children (e.g., SALT or JumpSTART Triage Algorithm) for use in MCI or disaster events			✓	✓
	Disaster plans and exercises include tracking unaccompanied minors, family reunification, and understanding pediatric capabilities at local and regional EDs for medical, trauma, and behavioral health emergencies.				✓
	Collaboration with EDs to provide Pediatric Readiness across the care continuum				✓
	Policy and/or procedure for the transfer of care at destination facility				✓
	Collaborate with pediatric emergency care experts such as a pediatric advisory council, medical director with pediatric-specific knowledge, regional PECC, or internal PECC destination protocols for transporting agencies				✓
	Pediatric performance improvement initiatives involve collaboration with emergency care, public health, and family advocates				✓
Supplies Medication	All EMS clinicians are assessed on their ability to locate pediatric-specific equipment	✓		✓	✓
	Presence of national consensus recommendations for equipment and supplies (based on agency licensure/scope of practice)			✓	✓
	Process to regularly verify the availability of pediatric equipment and supplies			✓	✓
	Process to determine competency on available equipment and supplies				✓

***Note: This chart includes many, but not all, elements recommended by the PPRP and the related joint policy statement. For a complete list of recommended elements, view the PPRP checklist and/or assessment.**

Advocating for the Inclusion of EMS Recognition Program Criteria

Table 6: Supporting the Inclusion of Consensus Minimum Criteria for EMS
The information found in Table 6 can help EMSC SP managers advocate for the inclusion of consensus minimum criteria.

Consensus Minimum Criteria	Talking Points in Support of the Criteria
Appointing pediatric emergency care coordinator (PECC)	• PECCs are associated with increased pediatric psychomotor skills evaluations[10] • National professional societies have coauthored a policy statement advocating for PECCs in EMS agencies • Pediatric transports account for only 5-10% of prehospital patients. Exposure to pediatric patients is therefore limited; PECCs help ensure everyday readiness for pediatrics
EMS personnel are oriented and assessed as to the location of pediatric-specific equipment	Ensures that regardless of day or time, staff can quickly access the necessary equipment for emergent interventions
A standardized weight estimation system is utilized	Pediatric drug dosing is a high-risk safety event; using a standardized weight estimation system helps to decrease medication dosing errors[11]

Table 7: National EMS for Children Survey Results from 2020, 2021, & 2022 on PECCs[12]
Table 7 highlights the results of the 2020, 2021, and 2022 EMS for Children surveys related to PECCs. Other suggested minimum criteria were not assessed during the National EMS for Children surveys.

EMS for Children Survey Element	2020	2021	2022
Agency has a PECC	30.4%	35.7%	35.8%

Table 8: Sample Methods for Data Collection During Application and Verification for EMS Consensus Minimum Criteria:
The following table contains examples of how to collect data related to the consensus minimum criteria during the application and verification processes.

Minimum Consensus Criteria	Collect During Application	Review During Verification
A designated PECC/pediatric champion who supports one or more agencies	• Name • Title • Credentials • Training certifications • PECC job description • Time in role • Allotted protected time	Ask that the PECC be present to answer questions regarding their role and support
EMS personnel are oriented and assessed as to the location of pediatric-specific equipment	• A copy of the written policy • Attestation of staff completion or request that staff attendance records for orientation and assessment be submitted	• Discussion of how this is completed with personnel and how often, as well as who is responsible for overseeing this across all shifts • Ask an EMS clinician to locate a certain piece of equipment
A standardized weight estimation system is used	A copy of the written policy or an attestation	• Visual inspection of system • Discussion on how it is used

Resources for Consensus Minimum Criteria for EMS

Learn more about the recommended consensus criteria and find resources to share with EMS looking to become recognized.

Administration and Coordination

- PPRP Toolkit PECC Role/Job Description Resources

Education and Competencies

- PPRP Toolkit Education and Competency Resources

Patient and Medication Safety

- PPRP Toolkit Safety Resources

Reference Material

- Pediatric Readiness in Emergency Medical Services Systems: Policy Statement



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