



# MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (E.M.S.C.)/CHILD READY MT PEDIATRIC PREHOSPITAL EMERGENCY MEDICAL SERVICES (E.M.S.) VOLUNTARY RECOGNITION PROGRAM

It is our pleasure to introduce our voluntary statewide initiative that is being sponsored by the Montana Department of Public Health and Human Services (MT D.P.H.H.S.), Emergency Medical Services & Trauma Systems, Emergency Medical Services for Children (E.M.S.C.) Program. The MT E.M.S.C./Child Ready MT Pediatric Prehospital E.M.S. Voluntary Recognition Program is an exciting opportunity for ground E.M.S. Agencies to achieve recognition for their efforts in providing the best possible pediatric care.

This is a multi-phase voluntary recognition program for Montana E.M.S. Agencies who wish to establish programs and standards to improve their capabilities to deliver care to pediatric patients. This is an excellent opportunity for your agency to receive recognition within Montana, within your community and from local media outlets for going “*above and beyond.*”

**It is important to note this is a voluntary recognition program. Please note that your decision to participate in this voluntary recognition program will not impact your licensure by the MT D.P.H.H.S., E.M.S. & Trauma Systems or with the Montana Board of Medical Examiners (B.O.M.E.) and/or the Montana Department of Labor and Industry.**

If your Emergency Medical Service (E.M.S.) Agency is interested in participating in this program, please review this overview manual and complete and return the attached application and forms. **Agencies who successfully complete the application process will receive a Certificate and decals to affix to its E.M.S. vehicle(s) to recognize its accomplishment and commitment to Montana’s children.**

The MT E.M.S.C. would like to thank the E.M.S. for Children State Partnership in Pennsylvania, Texas, Nebraska, North Dakota and Missouri for their initial work for Prehospital Recognition Programs.

The program receives an annual review with the MT E.M.S.C. Advisory Committee. As future phases are developed for this program, additional information will be sent so that organizations can begin work to achieve each phase.

Should you have any questions, please don’t hesitate to contact the staff at (406) 444-3895 or the MT E.M.S.C. Program Manager at (406)444-0901 or [Email Robin Suzor](mailto:Robin.Suzor@mtems.org).

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## **INTRODUCTION**

The mission of the **Montana (MT) Emergency Medical Services for Children (E.M.S.C.) Program** is to reduce child and youth mortality and morbidity caused by severe illness or trauma. The MT E.M.S.C. Program aims to ensure that: state of the art emergency medical care is available for the ill and injured child or adolescent; pediatric service is well integrated into an emergency medical service system backed by optimal resources; and the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents as well as adults, no matter where they live, attend school or travel.

### **The Montana E.M.S.C.'s Program focuses on:**

- Strengthening Montana's Pediatric Readiness
- Increasing the number of Montana Hospitals that are formally recognized as a Pediatric Prepared or a Pediatric Capable Facility, and
- Increasing Montana's Emergency Medical Services Prehospital pediatric capabilities.

The MT E.M.S.C./Child Ready MT Program developed the MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Criteria to formally recognize Montana E.M.S. Agencies who wish to establish programs and standards to improve their capabilities to deliver care to pediatric patients. This is an excellent opportunity for your agency to go “*above and beyond.*”

This document is a collaboration between the **MT E.M.S.C. Program**, the MT D.P.H.H.S., Emergency Medical Services & Trauma Systems, and the MT E.M.S.C./Child Ready MT's Advisory Committee with financial support from the U.S. Health Resources and Services Administration (HRSA), to assist the leadership of licensed E.M.S. agencies within the state of Montana that desire to be formally recognized for their capacity to care for pediatric patients.

Agencies may apply for recognition through the voluntary Montana E.M.S.C Pediatric Prehospital E.M.S. Recognition Program. E.M.S. agencies currently licensed within Montana are eligible to participate. This overview manual describes the levels, the steps necessary to apply for and maintain recognition status, and appendixes with the forms for submission.

This document is subject to review and revision; therefore, the applicant is encouraged to review a current copy and confer with the Montana Emergency Medical Services & Trauma Systems Staff to secure additional assistance. The most recent version of this overview document is posted on the [MT E.M.S.C. website](#) .

*This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the E.M.S. for Children State Partnership Grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

## Frequently Asked Questions

**Q. Is participation in this program mandatory?**

A. No, participation is **completely voluntary**.

**Q. Does the Montana Department of Public Health and Human Services, E.M.S. & Trauma Systems, Emergency Medical Services for Children's (E.M.S.C.) Program plan to mandate future participation?**

A. No; this program is entirely **voluntary**.

**Q. What are the benefits to participating?**

A. Not only will participation improve the capability of their agency to treat pediatric medical and trauma emergencies, but it will also allow you to present your achievements to your local media outlets, elected officials, and the members of your community. Your agency staff will also be eligible for free educational opportunities and annual pediatric supplies if funding allows.

**Q. Is there a fee to participate in this recognition program?**

A. No. There is no cost to an organization to participate in the first phase of the program beyond the cost to meet the requirements of the program, which we hope are minimal.

**Q. What is meant by "small, medium, and large" extremity splints?**

A. The terminology used on the required equipment list is based on federally-developed lists. E.M.S. agencies will comply with the Montana Pediatric Prehospital E.M.S. Voluntary Recognition Program as long as it carries, on all units, a variety of splint sizes that would be appropriate for use on pediatric patients. Typically, SAM splits (or equivalent) and a variety pack of padded board splints will serve this purpose.

**Q. Do I request a special inspection through the respective E.M.S. Inspection System?**

A. No. There is no requirement for a special inspection. E.M.S. Agencies will be recognized based on good faith for initial recognition and will then be inspected at their regularly scheduled inspection with the MT E.M.S. Licensing and PI Specialist.

**Q. Is there a cost for the Child Safety Plus Endorsement?**

A. No, the cost of the Child Protective Background check is sponsored by the **MT D.P.H.H.S. Child and Family Services Division**. Their mission is to keep children safe.

## **PROGRAM LEVELS OVERVIEW**

The ***MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program*** is structured to be a multi-level system of recognition. The fundamental phase, required to obtain initial recognition, centers around E.M.S. Agencies carrying specific, nationally recommended pediatric-specific supplies and equipment in their E.M.S. vehicles beyond what is currently required for licensure in Montana.

Pediatric education requirements annually, as well as participation in Federal E.M.S.C. Pediatric Readiness assessments and surveys are a required component. From there, agencies may opt to attain higher levels of recognition through the program. As the program develops, additional levels may be added or enhanced.

### **Level I – Basic – Equipment Standards and Assessment Participation (BRONZE)**

The basic level of recognition relates to pediatric-specific equipment/supplies on ambulances, as well as national E.M.S. assessment participation. The list of recommended equipment and supplies on ambulances is based on the *2014 Joint Policy Statement: Equipment for Ground Ambulances*.

The Federal E.M.S.C. Program also maintains a list of recommended pediatric equipment and supplies for ambulances, which is the metric used to determine a state's compliance with Federal E.M.S.C performance objectives.

Appendix A, included in this manual, provides a list of the E.M.S. pediatric supplies/equipment currently recommended by the Federal E.M.S.C. Program that are not currently required for Montana ambulance licensure. To obtain Level I (Bronze) recognition through this Voluntary Recognition Program, agencies must demonstrate that their vehicles are equipped with all of the items on this list. Verification of these equipment/supplies will occur during the regularly scheduled inspection.

Though not currently required by the MT E.M.S.C to be present on an ambulance at all times, the MT E.M.S.C. **Program strongly encourages ambulance services carry some form of pediatric restraint device on all of their transport units.** The MT E.M.S.C. recommended pediatric restraint, based on scientific research, is the ACR-4. For this program, Appendix B notes that a proper restraint device must be available at all times, even if it is held at the station for pediatric calls or on a supervisor's vehicle or other support vehicle/resource. This requirement only applies to licensed transport units (i.e. an ambulance) and a plan must be established to ensure constant access to the device is available. For more information on safe transport, and how to obtain safe transport devices, E.M.S. Agencies may contact the MT E.M.S.C. Program.

In addition to equipment requirements, E.M.S. Agencies seeking recognition under the Voluntary Recognition Program are required to participate in any national E.M.S.C. survey or assessment, administered by the National E.M.S.C. Data Analysis Resource Center (NEDARC). These surveys generally take 30 minutes or less to complete. Survey periods generally last for three months and E.M.S. agencies are provided with advance notice of the upcoming survey.

## Level II –

### **Intermediate- Silver- Pediatric Education for Providers and Pediatric Emergency Care Coordinator (P.E.C.C.)**

The Federal E.M.S.C. program identifies pediatric continuing education as a critical component of an E.M.S. provider's skill. Pediatric Advance Life Support (PALS) and Emergency Pediatric Care (E.P.C.) courses are vitally important for maintaining skills and are considered an effective remedy for skill atrophy. These courses are typically required only every two years. **More frequent practice of skills using different methods of skill ascertainment are necessary for E.M.S. providers to ensure their readiness to care for pediatric patients when faced with these infrequent encounters.**

Performance assessments can be demonstrated by a combination task training at skill stations, integrated skills training during case scenarios, and integrated team performance while treating patients in the field. The MT E.M.S.C. Program publishes a monthly E-Newsletter that offers free or low cost pediatric specific educational opportunities. The newsletter is located at <http://dphhs.mt.gov/publichealth/EMSTS/emsc/emscnews.aspx>.

To achieve recognition at the **Silver Level II** through the MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program, an E.M.S. Agency shall meet the **Level I level/Bronze Level**. Additionally, the E.M.S. Agency shall require its providers to receive a minimum of **four (4) hours** of continuing education, as approved by the MT D.P.H.H.S., E.M.S. & Trauma Systems, on **pediatric-specific subject matter on an annual basis**.

Current recommendations of the *Institute of Medicine (IOM)* encourage each E.M.S. Agency to have a **Pediatric Emergency Care Coordinator (P.E.C.C.)** to specifically coordinate services for pediatric patients. The *IOM Report* states that a P.E.C.C. advocates for improved competencies and availability of resources for pediatric patients. The P.E.C.C. coordinates pediatric emergency care at E.M.S. Agencies and helps to ensure providers are prepared to care for ill and injured children.

A P.E.C.C. should be a member of the E.M.S. Agency and be familiar with day-to-day operations and needs at the agency. A P.E.C.C. coordinates pediatric activities for the service, and that individual could serve as the P.E.C.C. for more than one agency. Roles of the individual who will oversee the pediatric components of the E.M.S. agency may include ensuring that the pediatric perspective is included in the development of protocols; promoting pediatric continuing education; overseeing pediatric process improvement projects; ensuring availability of pediatric medications, equipment and supplies; promoting agency participation in pediatric injury prevention activities; liaising with the E.D. Hospital P.E.C.C.; and promoting family-centered, culturally appropriate care at the agency.

Verification will be completed in the form of a letter signed by the E.M.S. Agency's Administrator (Appendix C); however, it should be understood that any E.M.S. Agency receiving recognition at this level is subject to a random audit of its personnel training records specific to pediatric continuing education and the P.E.C.C. contact information. E.M.S. Agencies will need to hold on file proof of completion of the required course hours for each E.M.S. provider at the E.M.S. Agency. E.M.S. providers who function at multiple E.M.S. Agencies are allowed to use the same courses to satisfy the requirements of this level at all E.M.S. Agencies, provided documentation is maintained at each E.M.S. agency.

### Level III – Master – (PLATINUM) – Community Outreach Programs

Agencies must **meet the requirements of the Level I and II (Bronze and Silver)** before reaching the **Level III or Platinum Level**. Beyond simply providing high quality and safe clinical care to children, E.M.S. Agencies demonstrating excellence in pediatric care also share a responsibility to provide education, injury prevention initiatives, and outreach within their community. This outreach can be accomplished in multiple ways and may target a variety of audiences (children, parents, school teachers, child care providers, etc.).

To achieve recognition at the Master Platinum Level through the MT E.M.S.C. Pediatric Prehospital EMS Voluntary Recognition Program, an E.M.S. Agency shall regularly participate in community outreach initiatives. While this outreach shall include at **least two (2) offerings** on an annual basis, there is no specific way that this must be accomplished as long as a benefit to children can be demonstrated. Some examples include:

1. Hosting a community safety day at the ambulance station;
2. Hosting a community CPR class, including child/infant curriculum components;
3. Providing a presentation to local elementary school students on E.M.S.;
4. Conducting injury prevention talks at the local swimming pool or local public library;
5. Holding a bike safety rodeo;
6. Community Health Fairs;
7. Hosting events with your local hospital;
8. Hosting events with community-based organizations or local county public health departments;
9. Hosting Pediatric Disaster Trainings or drills;
10. Partnering with local law enforcement agencies for a children's safety day;
11. Partnering with your local chapter of Safe Kids MT or local child passenger safety technicians to host a public car-seat checkup event or assist at the local permanent fitting station, and/or,
12. Partnering with local schools to educate and improve awareness of E.M.S. topics including, but not limited to, compression-only CPR, first aid, and 9-1-1 usage.

Any events submitted will be subject to approval by the Montana E.M.S.C. Program, and, whenever possible, notice of an event shall be provided to the program prior to its occurrence. E.M.S. Agencies should complete Appendix D, indicating what events have occurred over the past year, any upcoming events; and collaborating partners for the events.

If an E.M.S. Agency has more events than space available, then E.M.S. Agencies are encouraged to submit a supplemental list in addition to the form.

## **LEVEL IV – EXPERT – (GOLD) – CHILD PASSENGER SAFETY TECHNICIANS**

### **Agencies must meet the requirements of Level I, II, and III (Bronze, Silver, and Platinum.)**

Recognizing that one of the major causes of injury in children is motor vehicle collisions, the MT E.M.S.C. Program wishes to recognize E.M.S. Agencies working to ensure children are safe in their own child passenger safety seats. To meet the requirements of this level, E.M.S. Agencies shall do the following:

1. Have, at a minimum, one (1) certified Child Passenger Safety (C.P.S.) Technician at the E.M.S. Agency.
2. Host at least one (1) car seat inspection event annually. E.M.S. Agencies are encouraged to contact Safe Kids MT to provide notice of this event. This event can be used to satisfy one (1) event requirement of Level III, though E.M.S. Agencies are encouraged to do a variety of different outreach events throughout the year.
3. Participate with other certified child passenger safety technicians in hosting at least one (1) public car seat checkup annual event. E.M.S. Agencies are encouraged to contact local chapters of Safe Kids MT to provide notice of this event. If there isn't a local chapter, E.M.S. Agencies are encouraged to partner with local Child Passenger Safety Technicians. This event can be used to satisfy one (1) event requirement of Level III.
4. Apply with the **National Highway Traffic Safety Administration** to develop a Child Passenger Safety Permanent Inspection Station and provide carseat installation inspections year-round, either during regularly scheduled hours or by appointment, or a combination of both.

E.M.S. Agencies should complete Appendix E, indicating which E.M.S. provider(s) at the E.M.S. Agency are C.P.S. Technicians. If an E.M.S. Agency has more C.P.S. Technicians than space available, then E.M.S. Agencies are encouraged to submit a supplemental list in addition to the form found in Appendix E. C.P.S. Certifications are valid for a period of two (2) years.

To encourage MT E.M.S. Agencies to have a cadre of their E.M.S. providers become certified C.P.S. Technicians, the Montana E.M.S.C. Program is pleased to offer financial assistance in the form of reimbursement of the current registration fee, dependent upon current E.M.S.C. grant funding, to any E.M.S. Agency involved in or seeking to become involved. The Montana Department of Transportation also may have a stipend to help cover the cost of travel to the initial Technician Training. For more information, please contact the Montana E.M.S.C. Program Manager regarding availability of supplemental funding. Continuing Education Units are available for free to the participant for the Child Passenger Safety Technician Training.

For more information on the National C.P.S. Technician Certification Training Program, please visit the following Safe Kids Worldwide website: <http://cert.safekids.org/>

For information on Montana's C.P.S. Program contact the Montana Department of Transportation at (406) 444-0809 or for upcoming training dates, visit:  
<http://www.mdt.mt.gov/publications/docs/brochures/safety/cps-training-dates.pdf>

Safe Kids- MT Chapters -- <https://www.safekids.org/coalition/safe-kids-montana>.

## **SAFETY PLUS ENDORSEMENT –**

### **Child Protective Service (CPS) Background Check Requirement**

Mandatory abuse reporting requirements for Montana (*MCA 41-3-201 Reports*) states any of the following persons when acting as a result of information they receive in their professional or official capacity: (*including but not limited to*) A physician, resident, intern, or **member of a hospital's staff** engaged in the admission, examination, care, or treatment of persons; a **nurse**, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, or **any other health professional**.

**The MT Child and Family Services (C.F.S.D.) offer free Mandatory Reporter Training. For more information contact [Mark Laramore](#), Centralized Intake Supervisor.**

**To report suspected abuse CALL 7 DAYS A WEEK, 24 HOURS A DAY: CHILD ABUSE HOTLINE 1-866-820-5437.**

The MT E.M.S.C. Program maintains a position that criminal acts, especially those against children, should be prevented whenever possible. The MT D.P.H.H.S. Child and Family Services Division (C.F.S.D.) makes available a child protective services background check to identify subjects convicted of crimes against children, including abuse and assault, among others.

A request for a **Child Protective Service Background Check** is made by submitting a completed, signed, and notarized Montana release of Information form to C.F.S.D. by mail or fax (secured line) using the *DPHHS-CFSD 400 Release of Information Protective Services Form*. Specific information about the Child Protective Services Background Checks can be found at <http://dphhs.mt.gov/CFSD/BackgroundChecks>. The *Child Protective Service Background Check Form 400* is included in this document and also can be found at on the website <http://dphhs.mt.gov/CFSD/BackgroundChecks>. An example letter to the Agency from the MT D.P.H.H.S. C.F.S.D. is also included in the appendix.

**The release must be signed and dated in front of a Notary.** The notarization ensures the identification of the applicant has been verified, and the applicant has signed the release. The requestor submitting the release must be the person for whom information is being requested or must have hiring or approving authority of the applicant, employee or volunteer.

In accordance with *Montana Code Annotated 41-3-205*, a person or entity who is carrying out background, employment-related or volunteer-related screening of current or prospective employees or volunteers who have or may have unsupervised contact with children through employment or volunteer activities may request and receive CPS background checks.

To obtain MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition with the Safety Plus Endorsement, an E.M.S. Agency shall require that each of its E.M.S. providers submit to a CPS Background Check through the MT D.P.H.H.S. Child and Family Services Division (CFSD) and maintain a copy of the request on file at the E.M.S. Agency.

Please note: The MT E.M.S.C. program does not recommend specific actions against E.M.S. providers with a founded history of child abuse and encourages E.M.S. Agency Managers to seek legal counsel as well as consult with laws related to background checks. No information is shared with the MT E.M.S.C. Program or MT E.M.S. & Trauma Staff.

Organizations who can demonstrate that all E.M.S. providers have completed a child protective services background clearance are eligible for recognition. A signed letter from the E.M.S. Agency Manager indicating compliance is acceptable to achieve recognition; however, it should be understood that any E.M.S. Agency receiving recognition at this level is subject to a random audit of its personnel records specific to the C.P.S. form.

At the discretion of the E.M.S. Agency Manager, new E.M.S. providers currently possessing a clearance may submit their existing forms (dated within 2 years) to meet background clearance requirements.

## APPLICATION PROCESS

### To Obtain an Application:

1. Application forms can be downloaded from .....
2. If you do not have internet access, applications can be requested by contacting:  
The Montana Emergency Medical Services for Children Program  
PO Box 202951  
1400 Broadway, Room C314A  
Helena, MT 59620  
(406) 444-3895

### Submitting a Completed Application:

At such time that the applicant believes the E.M.S. agency is ready for application submission; the completed application should be returned to the Montana E.M.S.C. Program in one of the following three ways:

1. Via U.S. Mail:  
The Montana Emergency Medical Services for Children Program  
PO Box 202951  
1400 Broadway, Room C314A  
Helena, MT 59620
2. Via fax: (406) 444-1814
3. Via e-mail: [Robin Suzor](#)

## Application Review Process

### 1. MT E.M.S.C. Program Review

All applications must be sent to the Montana E.M.S.C.'s Program Manager for initial review, during this process the applications will be checked for completeness and accuracy. The E.M.S. Agency's licensure status and status of "good standing" will be verified through the MT D.P.H.H.S. E.M.S.'s Section and the MT E.M.S.C./Child Ready MT Advisory Committee. If further information is needed or the application is in need of correction or further completeness, the applying agency will be contacted by the MT E.M.S.C. Project Manager via e-mail or phone.

2. Access to the current list of recognized E.M.S. Agencies is available on the MT E.M.S.C. website by going to [www.emsc/EMSrecognition](http://www.emsc/EMSrecognition) and clicking the hyperlink entitled "List of Recognized Agencies".

### **3. Appeal Process for Denied Applications**

E.M.S. Agencies may appeal a decision to deny recognition or a change in recognition status or level by submitting a written request to have their application or status re-evaluated. A written response to the appeal will be returned to the E.M.S. Agency within 90 days of its receipt.

### **4. Suspension or Revocation**

Recognition through this program may be suspended or revoked if the E.M.S. Agency:

- a. Willfully or repeatedly violated any provision of these guidelines;
- b. Willfully or repeatedly acted in a manner inconsistent with preserving the health and safety of patients, the public, or providers;
- c. Provided falsified information in order to gain recognition;
- d. Failed to maintain the standards of this Voluntary Recognition Program as identified in the guidance; or
- e. Failed to provide services to any person's due to inability to pay, sexual preference, race, age, sex, ethnic origin, or any other reason deemed by the MT D.P.H.H.S. to be discriminatory in nature.

### **5. Renewal of Recognition**

Once recognized through this program, renewal will be automatic, as long as the standards identified in this program are maintained. During the regularly scheduled inspection of the E.M.S. Agency by the MT E.M.S. Licensing Specialist, the agency is also subject to inspection of the standards identified in this guidance.

### **6. Submitting Application for Level Advancement or Downgrade**

To voluntarily upgrade or downgrade a recognition level or levels, the E.M.S. Agency shall contact the MT E.M.S.C. Program Manager in writing, with documentation of support for level upgrade or rationale for level downgrade. The documentation for level(s) advancement is the same documentation that an E.M.S. Agency would use to be initially recognized.

To voluntarily downgrade, please contact the MT E.M.S.C. Program Manager directly. The MT E.M.S.C. Program Manager will ensure that supporting documentation is appropriately completed and will send updated decals to the E.M.S. Agency. The MT E.M.S.C. Program Manager will contact the MT E.M.S. to advise them of the status change.

## **AWARD OF RECOGNITION**

Upon successful submission of completed verification documentation, the MT E.M.S.C. Program will send a Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary **Recognition Certificate and Decal(s)** to the applicant. While placement of the vehicle recognition decal is strongly encouraged, it is not required.

Successful applicants, by virtue of applying for recognition, authorize their organization name and general information to be posted in program documents and on the MT E.M.S.C. website.

E.M.S. Agencies are also encouraged to promote their recognition under this program through a public relations event, press release, etc. The MT E.M.S.C. Program has a generic press release available for E.M.S. Agencies, as well as other support services. E.M.S. Agencies seeking assistance with public relations events should contact the MT E.M.S.C. Program Manager.

In the event that an organization no longer maintains recognition status, decals must be removed from all E.M.S. vehicles.

### **Inspection by MT E.M.S. Licensing and PI Specialist**

The MT E.M.S. Licensing and PI Specialist will inspect for the additional pediatric E.M.S. components in conjunction with the ambulance service's standard licensure inspection. For example, if an E.M.S. Agency is due for licensure inspection in June of 2017 and enrolls in the Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program in July of 2017, the service will not physically be inspected for the pediatric E.M.S.C. components included in this document until the regularly scheduled 2018 inspection.

A voluntary compliance reporting mechanism (*i.e.*, verification letters) is available to those agencies to allow them to receive good faith recognition in advance. In the event of a MT D.P.H.H.S, E.M.S. Section's Spot Inspections, those agencies recognized through this program are subject to inspection for the pediatric items required by this program.

If a Montana E.M.S. Agency would like to schedule a Pediatric E.M.S. Inspection/Site Visit to formally be recognized, please contact Robin Suzor, MT E.M.S.C. Program Manager.

# **APPENDIX A**

## **REQUIRED PEDIATRIC EQUIPMENT AND SUPPLIES**

## Required Supplemental Pediatric Equipment/Supplies

The meet the requirements of **Level I (Basic)** the following equipment must be carried on ALL E.M.S. Agency vehicles, as a supplement to the respective equipment currently required for Montana Ambulance Licensure.

For example, current MT D.P.H.H.S. E.M.S. standards require a total of two 2.5mm ET tubes or two 3.0mm ET tubes. This PEDIATRIC RECOGNITION program, however, requires a total of two of each size.

### QRS Equipment:

- + Pulse Oximeter with pediatric capability *or* pediatric and adult probes (1)
- + Small Extremity Splint (1)
- + Medium Extremity Splint (1)
- + Large Extremity Splint (1)

### BLS/ALS Equipment:

- + Pulse Oximeter with pediatric capability *or* pediatric and adult probes (1)
- + Small Extremity Splint (1)
- + Medium Extremity Splint (1)
- + Large Extremity Splint (1)
- + The *availability* of age/size-appropriate pediatric restraint device/system. This device/system does not have to be present on the E.M.S. vehicle but must be **available** for use at the E.M.S. Agency and the E.M.S. Agency must have an established plan in place to ensure access to this device/system, if the E.M.S. Agency operates licensed vehicle(s) capable of patient transport.

### ALS Equipment:

- + All equipment identified for BLS
- + Adult Intraosseous Needle (1)
- + Pediatric Intraosseous Needle (1)
- + Miller Laryngoscope Blades Sizes 0, 1, 2, and (3 or 4) – **(4 total)**
- + MAC Laryngoscope Blades Sizes 2 and (3 or 4) – **(2 total)**
- + Endotracheal tube sizes: **(2 of each size)**
  - o 2.5
  - o 3.0
  - o 3.5
  - o 4.0
  - o 4.5
  - o 5.0
  - o 5.5
  - o 6.0
  - o 7.0
  - o 8.0

APPENDIX B

**Pediatric Ambulance Equipment/Supplies, Assessment Participation & Pediatric Restraint Device**  
**Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program**  
***Compliance Reporting Form***

*To be completed by an E.M.S. Agency Administrator (e.g., Chief, Human Resources Administrator, Director, President, etc.).*

By signing this verification form, I attest to the fact that my E.M.S. Agency maintains, on all E.M.S. vehicles, all pediatric equipment mandated by Montana licensure standards and all of the pediatric equipment/supplies as required by the Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program.

I acknowledge that our pediatric equipment/supplies, specific to this form, are subject to audit and inspection without notice, including during a Montana Department of Public Health and Human Services, E.M.S. Safety Spot Inspection. Additionally, I understand that when a national E.M.S.C. assessment, administered by NEDARC, is conducted that my E.M.S. Agency must participate in the survey.

I acknowledge that \_\_\_\_\_ is the Agency’s Pediatric Emergency Care Coordinator (P.E.C.C.) and the contact information is (406) \_\_\_\_\_, physical mailing address is \_\_\_\_\_ and email address is: \_\_\_\_\_.

I acknowledge that a proper pediatric restraint device must be available at all times, even if it is held at the station for pediatric calls or on a supervisor’s vehicle or other support vehicle/resource. This requirement only applies to licensed transport units (i.e. an ambulance) and a plan must be established to ensure constant access to the device is available.

I acknowledge that future ambulance licensure inspections conducted by the MT Department of Public Health and Human Services, E.M.S. Licensing will verify the continued maintenance of these items in order to maintain recognition through the MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Affiliate #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

# **APPENDIX C**

## **PEDIATRIC EDUCATION COMPLIANCE**

**Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program  
Compliance Reporting Form  
Pediatric Continuing Education**

*To be completed by an E.M.S. Agency Administrator (e.g., Chief, Human Resources Administrator, Director, President, etc.).*

By signing this verification form, I attest to the fact that my E.M.S. Agency requires that all E.M.S. providers obtain a minimum of **four (4) hours** of continuing education on pediatric-specific subject matter per year.

I attest that we maintain, on record, proof of this accomplishment, such as course completion certificates or Montana E.M.S. continuing education reports for each provider at our E.M.S. Agency.

I acknowledge that our training records, specific to this requirement, are subject to audit and inspection without notice.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Affiliate #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**List pediatric education courses taken and Name of participant taking class:**  
\_\_\_\_\_  
\_\_\_\_\_

**Add additional form if needed.**

# **APPENDIX D**

## **COMMUNITY OUTREACH PROGRAMS**

**Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program  
Compliance Reporting Form  
Community Outreach Programs**

*To be completed by an E.M.S. Agency Administrator (e.g., Chief, Human Resources Administrator, Director, President, etc.).*

By signing this verification form, I attest to the fact that my E.M.S. Agency regularly participates in a minimum of **two (2) community outreach offerings annually** which focus on pediatric education, injury prevention initiatives, and/or outreach within our community.

List community outreach:

1. \_\_\_\_\_  
\_\_\_\_\_

Date held/scheduled: \_\_\_\_\_

Audience: \_\_\_\_\_

Collaborating Organization: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Date held/scheduled: \_\_\_\_\_

Audience: \_\_\_\_\_

Collaborating Organization: \_\_\_\_\_

I attest that we maintain, on file at my E.M.S. Agency, a record of our participation in these types of community outreach events and will provide notice, whenever possible, to the Montana E.M.S.C. Program of upcoming community outreach events. I acknowledge that all records of these events are subject to audit and inspection without notice.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Affiliate #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **APPENDIX E**

## **Child Passenger Safety Technicians**

**Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition  
Program  
Compliance Reporting Form  
Child Passenger Safety Technicians**

*To be completed by an E.M.S. Agency Administrator (e.g., Chief, Human Resources Administrator, Director, President, etc.).*

By signing this verification form, I attest to the fact that my E.M.S. Agency has at least one (1) nationally-certified Child Passenger Safety (CPS) Technician on staff or as a member of our E.M.S. Agency. The following E.M.S. provider(s) or member(s) of our E.M.S. Agency are C.P.S. Technicians:

1. \_\_\_\_\_  
Name and Certification #                      Expiration date
  
2. \_\_\_\_\_  
Name and Certification #                      Expiration date
  
3. \_\_\_\_\_  
Name and Certification #                      Expiration date

I acknowledge that the above-listed personnel are certified by the National Child Passenger Safety Certification (CPS) Training Program. I understand that the Child Passenger Safety Certification Training Technician database will be checked to ensure compliance with the MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program.

I acknowledge that my E.M.S. Agency will complete at least **one (1) public child safety seat inspection event annually**, and that our CPS Technician(s) will be available either during regular weekly hours or by appointment, or a combination of both.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Affiliate #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

## **APPENDIX F**

### **Child Protective Services Background Checks**

**Includes Form 400 and example of the C.P.S. Background Information  
letter to E.M.S. Agencies**

**Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program  
Compliance Reporting Form  
Child Protective Service (CPS) Background Checks**

*To be completed by an E.M.S. Agency Administrator (e.g., Chief, Human Resources Administrator, Director, President, etc.).*

By signing this verification form, I attest to the fact that my E.M.S. Agency maintains, on record, a Montana Department of Health and Human Services, Child and Family Services Division (C.F.S.D.) Child Protective Service Background Check on all of our E.M.S. providers who function as clinical care providers for our agency.

I acknowledge that our personnel records, specific to this form, are subject to audit and inspection without notice.

I acknowledge that this requirement of the MT E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition program is simply to ensure a Child Protective Service Background Check is conducted on Montana E.M.S. providers, but that I have been advised by the program to seek legal counsel on any actions concerning any E.M.S. provider with a founded CPS report. Also, I understand that this program currently does not require updated clearances, but recommends that my E.M.S. Agency repeat background checks every two years.

I acknowledge that no information is given to the MT E.M.S.C. Program regarding the status of Child Protective Service Background Checks other than they were completed.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Affiliate #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**RELEASE OF INFORMATION PROTECTIVE SERVICE BACKGROUND CHECKS**  
**CFS 400 STATE OF MONTANA**

**CFS 400 FORM**

**PLEASE TYPE OR PRINT LEGIBLY *Incomplete or illegible forms may be returned***

Legal

Name \_\_\_\_\_

(First Name) (Middle Name) (Maiden Name) (Last Name)

**Enter NMN if none** Aliases/Other Names Used  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Please check as many as apply. **The reason this information is being requested is that I am:**

an applicant for employment  an employee  a prospective volunteer  a volunteer

**Authorization Statement and Signature:** I am aware that this release pertains to report(s) of child abuse or neglect in Montana that indicates a **risk to children**. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that a child in the care of the person was adjudicated by a court as a youth in need of care; and/or a history that show that the person has had their caregiver rights to a child terminated. The information provided under this release may contain information that could adversely affect my employment or volunteer status. I hereby authorize the Department of Public Services, Child and Family Services Division to release confidential information in connection with my status as a prospective or current employee or volunteer in accordance with 413-20593(o) MCA to:

\_\_\_\_\_  
Name of Agency Mailing Address

\_\_\_\_\_  
Name of Agency Contact Person: Telephone No: Fax No:

I am also aware that although the entities requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information. The Department of Public Health and Human Services (DPHHS) does not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin. If you believe you have been subjected to discrimination contact the DPHHS Human Resources Division at (406) 444-3136 or the Montana Human Rights Bureau at 1-(800)-542-0807, or relay service at 711.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC) TO BE COMPLETED BY NOTARY PUBLIC:**

Taken, sworn, and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_  
\_\_\_\_\_ Notary Public

for the State of Montana Residing at \_\_\_\_\_  
\_\_\_\_\_ Printed name of Notary Public My Commission expires

**CFS 400 FORM**

**PLEASE TYPE OR PRINT LEGIBLY *Incomplete or illegible forms may be returned***

Legal

Name \_\_\_\_\_

(First Name) (Middle Name) (Maiden Name) (Last Name)

**Enter NMN if none** Aliases/Other Names Used

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Please check as many as apply. **The reason this information is being requested is that I am:**

an applicant for employment  an employee  a prospective volunteer  a volunteer



# Department of Public Health and Human Services

Child & Family Services Division ♦ Backgrounds Check Unit ♦ PO Box 8005 ♦ 301 S. Park, 5<sup>th</sup> Floor ♦  
Park Avenue Building ♦ Helena, MT 59604-8005 ♦ Phone: (406) 841-2400 ♦ Fax (406) 841-2487

**Steve Bullock, Governor**

**Sheila Hogan, Director**

02/01/18

TO: Click or tap here to enter text.

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

A Child Protective Service Background Check completed by the Montana Department of Public Health & Human Services (DPHHS) Child and Family Service Division (CFSD) is a check of the CFSD history that is available on a person from 1997 to the date the check is completed. The check is conducted using only the name(s) and other identifying information included on the Release of Information form provided to the Department.

The Child Protective Service Background Check does include any information about pending allegations, investigations, or pending substantiations that have not been finalized by the Administrative Review Process.

This Child Protective Services Check which was completed has determined that the above named

**may** pose a risk to children.                       **does not** pose a risk to children.

This information is provided in accordance with Mont. Code Ann 41-3-205.

This information is not to be considered as a recommendation for or against the applicant's licensure, employment or service as a volunteer.

**X**  
\_\_\_\_\_

Signature of staff completing check

# **APPENDIX G**

## **APPLICATION FOR ENROLLMENT**

## **Application for Enrollment**

### **Montana E.M.S.C. Pediatric Prehospital E.M.S. Voluntary Recognition Program**

The MT E.M.S.C./Child Ready MT Pediatric Prehospital E.M.S. Voluntary Recognition Program is an exciting opportunity for ground E.M.S. Agencies to achieve recognition for their efforts in providing the best possible pediatric care.

Please complete the following demographic information in its entirety and forward this request for participation to the **Montana Emergency Medical Services for Children (E.M.S.C.) Program** office via mail, fax, or email. Please note that incomplete applications will be returned.

**Robin Suzor**  
**MT E.M.S.C. Program Manager**  
**PO Box 202951**  
**Helena MT 59620**  
[rsuzor@mt.gov](mailto:rsuzor@mt.gov)  
**(406) 444-0901**  
**(406) 444-1814 (FAX)**

**MONTANA E.M.S.C. PEDIATRIC PREHOSPITAL E.M.S. VOLUNTARY  
RECOGNITION PROGRAM APPLICATION:**

**E.M.S. Agency Information**

Name of E.M.S. Agency: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Mailing Address: \_\_\_\_\_  
Affiliate #: \_\_\_\_\_ Level Applied for: \_\_\_\_\_  
Primary Contact Name and Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**E.M.S. Agency Medical Director Information**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**E.M.S. Agency Pediatric Emergency Care Coordinator (P.E.C.C.) Information**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*Montana E.M.S. for Children Program  
PO Box 202951,  
1400 Broadway, Room C314A  
Helena, MT 59620  
(406) 444-3895/ fax (406) 444-1814*