Greetings!
The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.
We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, emergency response, prehospital care, hospital care, inter-facility transport, and rehabilitation) is provided to children and adolescents, no matter where they live, play, attend school or travel.

THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME WITH THE RIGHT RESOURCES!

The intent of the program is to develop an accountable culturally competent emergent care system for pediatric patients across Montana.

WHAT'S NEW?

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Exciting news and events are going on this month
Multiple training opportunities are in this newsletter. If you have any training opportunities you want to share, please let me know.

The MT EMSC Program is offering pediatric virtual trainings as well as scheduling in-person trainings.

https://www.nativehope.org/about-us

January is Human Trafficking Prevention Month
Are you pediatric ready?
Now is the time!
ANNUAL data collection for the EMS for Children Survey [emscsurveys.org] with EMS agencies. A friendly reminder that the survey will launch JANUARY 5, 2022 and will close March 31, 2022.

You are being asked to participate in a nationwide assessment to help us better understand how pediatric emergency care is integrated in your EMS agency. A paper version of the assessment was developed to assist you in collecting the data necessary to officially submit your response online. (Will send out early January!)

Some things you might want to know:
• We anticipate that the assessment will take approximately 5-10 minutes to complete.

• Results from the assessment will be used to track ongoing success in integrating the needs of children into our overall emergency care systems.

• Questions with an asterisk (*) are required for completing the assessment online.

Currently developing incentives for agencies that complete the survey. The MT EMSC is Federally required to have at least an 80% response rate for the completion of this annual data collection.

Remember your Image Trend Data is very useful for this survey.

ALL AGENCIES THAT RESPOND AND ANSWER THE SURVEY QUESTIONNAIRE WILL BE ENTERED INTO A DRAWING FOR PEDIATRIC EQUIPMENT, CHILD CPR MANIKIN WITH MONITOR, AIRWAY TRAINING MANIKIN, AND MORE!!

The questionnaire is called the EMS for Children Survey and should only take 5-10 minutes to complete. To begin, simply click on the link below:

emscsurveys.org

You will need to select “MONTANA” as your state and “[County]” from the drop-down menus, and then select “[Agency Name]” as your agency.

Some recent resources that may be of assistance to you are:

• A Paper Copy of the Survey (I recommend that you print this out to help with the survey.)
• Pediatric Readiness in EMS Systems, Policy Statement (released January 2020)
• Short Video on the Importance of this Survey
• 2020 National EMS for Children Survey Report for EMS Agencies
• 2021 National EMS for Children Survey Report for EMS Agencies

The survey opens on January 5th!
THE NATIONAL PREHOSPITAL PEDIATRIC READINESS PROJECT—an initiative of the federally funded Emergency Medical Services for Children Program—announced December 9, 2021 that it has launched two foundational resources: a pediatric checklist and corresponding toolkit for EMS agencies. The checklist and toolkit will help provide the basis for a national prehospital assessment, which is expected to launch in 2024. The checklist is based on a 2020 joint policy statement and corresponding American Academy of Pediatrics technical report, and covers seven focus areas:

- Education and competencies for providers
- Equipment and supplies
- Patient and medication safety
- Patient- and family-centered care in EMS
- Policies, procedures, and protocols (to include medical oversight)
- Quality improvement/performance improvement
- Interaction with systems of care.

The corresponding toolkit includes more than 80 resources that were selected and vetted by a multidisciplinary team of stakeholders. The resources align with the checklist and the joint policy statement. “The checklist that the National Prehospital Pediatric Readiness Steering Committee developed takes the essential recommendations from the Pediatric Readiness in Emergency Medical Services Systems policy statement and turns them into tangible guidance that EMS systems can use,” says Manish I. Shah, MD, MS, co-author of the policy statement. “It helps agencies figure out how ready they are to care for children and set goals to build upon what they are already doing. The comprehensive toolkit also provides resources that agencies can use to implement their own readiness strategies.”

The National Prehospital Pediatric Readiness Project mirrors the parallel National Pediatric Readiness Project, which focuses on pediatric readiness in emergency departments. Visit the project webpage to learn more.
Prehospital Pediatric Readiness EMS AGENCY CHECKLIST

This checklist is based on the 2020 joint policy statement “Pediatric Readiness in Emergency Medical Services Systems”, co-authored by the Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), and National Association of EMTs (NAEMT). Additional details can be found in the AAP Technical Report “Pediatric Readiness in Emergency Medical Services Systems”.

Use this tool to check if your EMS agency is ready to care for children as recommended in the Policy Statement. Consider using resources compiled by the Health Resources & Services Administration’s Emergency Medical Services for Children (EMSC) Program when implementing the recommendations noted here, to include the Prehospital Pediatric Readiness Toolkit.

EDUCATION & COMPETENCIES FOR PROVIDERS

☐ Process(es) for ongoing pediatric specific education using one or more of the following modalities:
  - Classroom/in-person didactic sessions
  - Online/distributive education
  - Skills stations with practice using pediatric equipment, medication and protocols
  - Simulated events

Process for evaluating pediatric-specific competencies for the following types of skills:

☐ Psychomotor skills, such as, but not limited to:
  - Airway management
  - Fluid therapy
  - Medication administration
  - Vital signs assessment
  - Weight assessment for medication dosing and equipment sizing
  - Specialized medical equipment

☐ Cognitive skills, such as, but not limited to:
  - Patient growth and development
  - Scene assessment
  - Pediatric Assessment Triangle (PAT) to perform assessment
  - Recognition of physical findings in children associated with serious illness

☐ Behavioral skills, such as, but not limited to:
  - Communication with children of various ages and with special health care needs
  - Patient and family centered care
  - Cultural awareness
  - Health care disparities
  - Team communication

EQUIPMENT AND SUPPLIES

☐ Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages

☐ Process for determining competency on available equipment and supplies

PATIENT AND MEDICATION SAFETY

☐ Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to:
  - Length based tape
  - Volumetric dosing guide

☐ Policy for the safe transport of children

☐ Equipment necessary for the safe transport of children

PATIENT- AND FAMILY-CENTERED CARE IN EMS

Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training, including:

☐ Using lay terms to communicate with patients and families

☐ Having methods for accessing language services to communicate with non-English speaking/non-verbal patients and family members

☐ Narrating actions, and alerting patients and caregivers before interventions are performed

Policies and procedures that facilitate:

☐ Family presence during resuscitation

☐ The practice of cultural or religious customs

☐ A family member or guardian to accompany a pediatric patient during transport
### Policies, Procedures, and Protocols (to include medical oversight)

- Prearrival instructions identified in EMS dispatch protocols include pediatric considerations, when relevant, such as, but not limited to:
  - Respiratory distress
  - Cardiac arrest
  - Choking
  - Seizure
  - Altered consciousness

- Policies, procedures, and protocols include pediatric considerations, such as, but not limited to:
  - Policy on pediatric refusals
  - Pediatric assessment
  - Consent and treatment of minors
  - Recognition and reporting of child maltreatment
  - Trauma triage
  - Children with special health care needs

- Direct medical oversight integrates pediatric-specific knowledge

- Protocols (indirect medical oversight) include pediatric evidence when available

- Destination policy that integrates pediatric-specific resources

### Quality Improvement (QI)/Performance Improvement (PI)

- PI process includes pediatric encounters

- Pediatric-specific measures are included in the PI process

- Submission of EMS agency data to the state’s prehospital patient care database

- Submitted data is compliant with the current version of NEMSIS (version 3.x or higher)

- Process to track pediatric patient centered outcomes across the continuum of care, such as, but not limited to:
  - Transport destination
  - Secondary transport destination
  - ED and hospital disposition
  - ED and hospital diagnoses
  - Survival to hospital admission
  - Survival to hospital discharge

### Interaction with Systems of Care

Policies, procedures, protocols, and performance improvement initiatives involve ongoing collaboration with:

- Pediatric emergency care
- Public health
- Family advocates

Plans and exercises for disasters or mass casualty incidents include:

- Care of pediatric patients, such as, but not limited to:
  - Pediatric mental health first aid
  - Pediatric disaster triage
  - Pediatric dosing of medications used as antidotes
  - Pediatric mass transport

- Tracking of unaccompanied children

- Family reunification

- Collaborate with external personnel or have internal staff focused on enhancing pediatric care, such as, but not limited to:
  - Pediatric emergency care coordinator (PECC)
  - Regional PECC
  - Pediatric advisory council(s)
  - Medical director with pediatric knowledge and experience

- Understand pediatric capabilities at local and/or regional emergency departments for children with the following types of conditions:
  - Medical emergency
  - Traumatic injury
  - Behavioral health emergency

- Policies and/or procedures for transfer of responsibility of patient care at destination

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Revised May 20, 2021

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To provide feedback on this checklist, please email pprp@emscimprovement.center

For additional information on the Prehospital Pediatric Readiness Project (PPRP), visit: https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness
If your healthcare coalitions are in contingency or crisis standards of care, make sure you have access to these important resources from the Western Regional Alliance for Disaster Response (WRAP-EM)


For additional crisis standard of care resources go to https://wrap-em.org/ [wrap-em.org]

ENJOY YOUR OATMEAL AND HOT TEA~!
It all comes down to practice, practice, practice. If you knew it would be your child or grandchild on the next critical pediatric call, how much would you practice then? Would you practice daily? How about just weekly for a few minutes to keep your skills sharp? Perhaps it's time we give our tiny 1% (the national average EMS rate of critical peds calls) the training time they deserve instead of counting on someone more experienced being on shift to save the day.

An Apt Mnemonic Want a simple way to remember the Broselow and Handtevy color sequences so you don’t accidently measure from the wrong side of the tape? Here’s a mnemonic: Give pediatric resuscitations priority—you will be overwhelmingly grateful. These first letters correspond to those of the colors.

Conclusion We hope critical peds calls will never happen on our shift. We pray someone more experienced will save the day. We hope a supervisor or chase vehicle will pull up to take over. But what happens if no one shows up, and you have a brand-new partner on their first day—then what? All eyes are on you! Regardless of whether you have a color-coded tape, a Pedi-Wheel in your pocket, or an app on your phone, please take a few extra minutes at the start of your shift and open those tapes and apps to prepare. Let’s give our critical kids every possible chance to make it home to chase rainbows, and not send them somewhere over the rainbow for eternity!
Each year, hundreds of thousands of men, women and children are impacted by human trafficking in the United States. "Human trafficking is modern-day slavery," said Kathryn Brinsfield, MD, MPH, Assistant Secretary for Health Affairs and Chief Medical Officer for the Department of Homeland Security (DHS). "EMS employees working on the frontlines, whether on an ambulance or at a hospital, you are in a place to recognize and report human trafficking."

Brinsfield joined Scott Santoro, DHS Blue Campaign Training Advisor; Ray Mollers from the DHS Medical First Responder Coordination Branch; and Noah Smith, MPH, EMT, a project manager with the NHTSA Office of EMS, to discuss the Blue Campaign and EMS’s role in the effort to end human trafficking. The webinar was the latest installment in EMS Focus, a series that educates the EMS community on Federal EMS initiatives and programs. The Department of Homeland Security created the Blue Campaign to unify efforts to combat human trafficking and foster collaboration among government and non-governmental organizations, private companies, law enforcement and EMS. "EMS has an important role to play in the effort to end human trafficking," Smith said. "As responders who are often the first to arrive at a scene, EMS practitioners are in a position to look for key indicators to identify potential victims, provide the appropriate care and access to resources, and potentially save a life."

During the webinar, Santoro and Mollers introduced a training video made specifically for the EMS community. The video, which is meant to be used by local EMS agencies to train field personnel, is available online. In the webinar, Santoro, who manages human trafficking awareness training programs for federal, state and local law enforcement, explained that although they’re very different crimes, human trafficking is often confused with smuggling. The root cause of this misperception, according to Santoro, is that the word "trafficking" immediately brings to mind drug trafficking, which is the movement of drugs across borders. "I almost wish we could have referred to this crime not as human ‘trafficking,’ but the more appropriate word, which is human ‘exploitation,’” Santoro said. "With human trafficking, one can be trafficked in one’s hometown." In fact, Santoro said, the majority of victims in the United States are actually U.S. citizens. Santoro explained that because victims are bound by psychological, physical or economic coercion, they often won’t identify themselves or seek help.

But EMS practitioners and other healthcare providers are uniquely situated to recognize indicators and potentially save human trafficking victims. Some of those signs include symptoms of abuse, submissive behavior, malnourishment or mutilations. For a more thorough list of indicators, view or download a DHS fact sheet here.

Santoro also said that trafficking victims can be any age, race, gender or nationality. While traffickers often prey on victims who are vulnerable because of their immigration status, reporting victims would not condemn them to deportation, but could instead save their lives. Law enforcement and Homeland Security officials, he said, worked closely together to provide immigration benefits so victims would not be deported.

Through the Blue Campaign, the Department of Homeland Security and its partners developed a robust public awareness and media campaign along with training materials to increase awareness and understanding of human trafficking indicators.

The training materials are accessible on the campaign’s website: https://www.dhs.gov/blue-campaign.

A recording of the webinar is archived on the EMS Focus website. https://www.ems.gov/ems-focus.html
THE NATIONAL HUMAN TRAFFICKING HOTLINE (1-888-373-7888) IS AN IMPORTANT RESOURCE TO REPORT A TIP OR ASK FOR HELP.

If you are in crisis and want help, call the Montana Suicide Prevention Lifeline, 24/7, at 1-800-273-TALK (1-800-273-8255) or text 'MT' to 741-741.

Trivia -- Answer the trivia and win a Pulse Oximeter = the first 5 to email answers to Robin at rsuzor@mt.gov. Please let me know your physical mailing address in your response.
1. What is the National Human Trafficking Hotline number?
2. Who/What is a PECC?
3. What is the link for the EMS for Children Survey?