

EMSC Coordinator Role and Resources

Tia Dickson, BSN RN
Erik Andersen, Paramedic

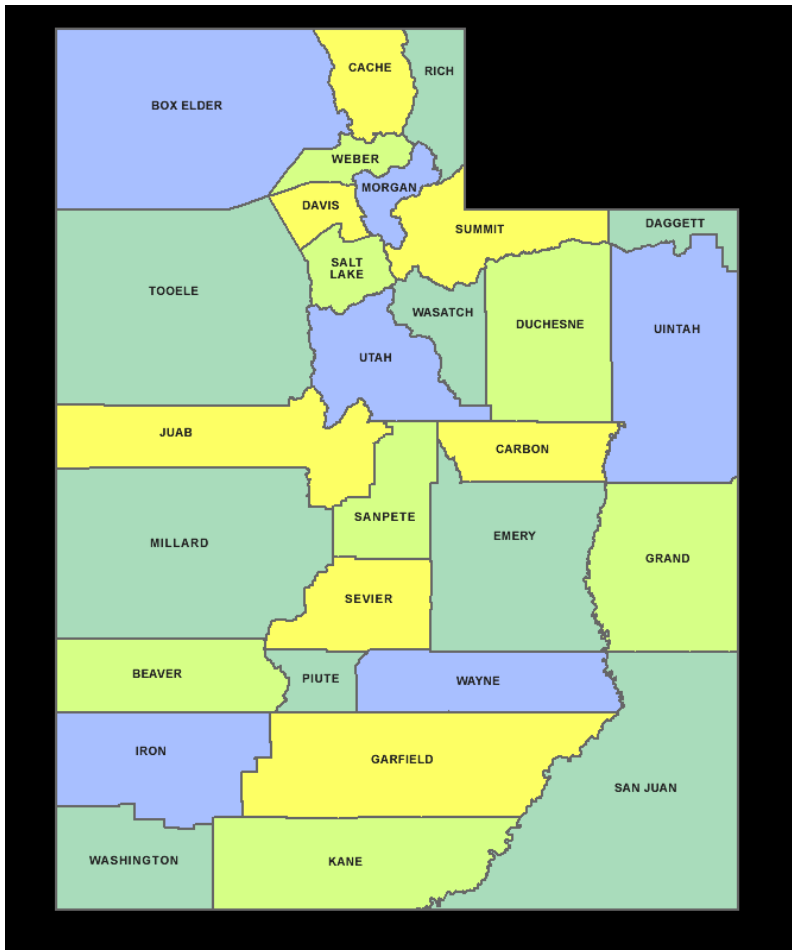
We are so excited you've
decided to join us!

What is EMSC?



- EMS for Children (EMSC) is a program within the Bureau of EMS and Preparedness and the Utah Public Health Department that is funded by federal grant money
- EMSC partners with different organizations including Primary Children's Hospital, Highway Safety, Zero Fatalities, Air Med, the U of U Burn Center, among others.
- The program is designed to ensure that all children and adolescents, no matter where they live, attend school, or travel, receive appropriate care in a health emergency.
- We facilitate quality pediatric care from the pre-hospital setting, emergency department, hospitalization, rehabilitation and return to home.

EMSC Coordinators are an Essential Part of the Program



Utah EMSC Coordinators Requirements

- Currently work for a Utah EMS agency/hospital as an EMT, Paramedic, RN, NP, MD, or approved by Utah EMSC.
- Current Bureau of EMS Instructor status, and/or approved by Utah EMSC.
- Current PEPP/PALS Provider. (Which we can help you get)

Annual Requirements

- Complete a minimum of three qualifying events per year.
- Attend the annual Utah EMSC Coordinator Workshop.
- Log qualifying events online, if it isn't documented it wasn't done 😊

Commitment Letter: Reevaluated Yearly

EMSC Coordinator Commitment 2016

Every 2 years do what healthcare professionals do best, make an assessment. We have holes in our EMSC Coordinator staff and before we start filling these spots we would like to know if you, our current Coordinators are still interested in working with us to further the EMSC goals. We appreciate, and are often astounded, by the dedication that many of you show on a daily basis, but we also have members that have not been active in the program for some time and so we ask that all members read, sign, and return this letter of commitment for 2016.

EMSC Overall Goal

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, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

Utah EMSC Coordinator Requirements

1. A Coordinator must work for a Utah EMS agency/hospital as an EMT, Paramedic, RN, Advance Practice RN, MD, or be approved by Utah EMSC.
2. A Coordinator must hold Bureau of EMS Instructor Status, and/or be an educator approved by Utah EMSC.
3. A Coordinator must be a current PEPP/PALS Provider. (We ask that you provide copies of your current certification cards. If you have lapsed, please arrange with Andy to attend a class.)

Annual Requirements

1. Complete three qualifying activities per year. (See list below)
2. Complete the online Utah EMSC Coordinator Report Form by updating the google doc form that will be emailed to you once all your paperwork is received. The annual time period for qualifying events is January 01 to December 31. (As a federal grant we must account for the activity of the Coordinator staff. This is our documentation process.)
3. Attend the annual Utah EMSC Coordinator Workshop. Please note that the workshop does not count as a qualifying activity. (Attendance at this retreat is mandatory unless written excuse is obtained in advance by our Lead Coordinator Andy Ostler. Your input at the retreat is essential in reviewing EMSC goals and determining the direction of the program.)

Compensation

1. We know that much of your work in EMSC is voluntary and comes from your commitment to improving pediatric care in your communities. We cannot tell you enough how much we appreciate your time and effort.

2. When you aid in EMSC sponsored teaching such as PEPP and PALS classes or you are asked to oversee a specific state sponsored event, you may be compensated for your time and travel. These events do count as qualifying activities. Coordinators available and closest to the event will be utilized first. This is most cost effective for the grant.
3. The annual workshop is paid for by EMSC and usually includes food and accommodations.

There is a great emphasis on pediatric education within this program. As Coordinators you are the EMSC representative for your county. You play a key role in circulating pediatric education in this state. We invite you to network with all pediatric healthcare providers; pre-hospital providers, hospitals, and even clinics and doctor's offices within your counties. When the state produces pediatric education (newsletters, prevention programs, etc) we would like to know that by handing it to our Coordinators it will be distributed throughout the state of Utah. We want to reach everyone responsible for the emergency care of a child. With the new pediatric education rule, EMSC has committed to provided regionalized PEPP classes, while teaching is not a requirement of the coordinator position, we would encourage you to become PEPP instructors. This is a great way to strengthen your own pediatric knowledge base and the regionalization will run best (and most cost-effectively) if we can use coordinators from the region to host classes.

Please sign and return the statement below so that we can go into the next year with a strong and dedicated team.

- I am committed to being an active member of the EMSC Coordinator Staff. I am committed to the goals, objectives, and requirements that have been outlined in this letter.

Print Name _____

Date _____

Current Address: _____

Phone: _____ Email: _____

Current Employer: _____

Or indicate below.

- I am no longer interested in participating in EMSC

Print Name _____

Date _____

What is EMSC asking of you?

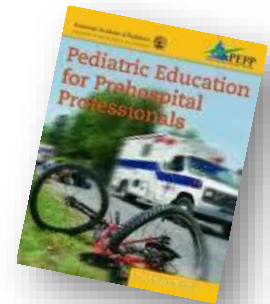
Annual Requirements

1. Complete three qualifying activities per year.
2. Complete the online Utah EMSC Coordinator Report Form as the qualifying activities are completed **(As a federal grant we must account for the activity of the Coordinator staff. This is our documentation process.)**
3. Attend the annual Utah EMSC Coordinator Workshop. Please note that workshops do not count as a qualifying activity. **(Attendance at this retreat is mandatory unless written excuse is obtained in advance from our Lead Coordinator Andy Ostler. Your input at the workshop is essential in reviewing EMSC goals and determining the direction of the program.)**

#1 You are the EMSC Work Force

Complete three qualifying activities per year.

- Bike Rodeo
- Buckle Tough Booth
- Hosting of a PEPP Class
- Hosting a PALS Class
- Assist in teaching a PEPP/PALS Class
- Presenting any of the modules developed for CME
- Spot the Tot booth or CME
- First Aid training involving pediatrics
- Daycare training – First aid and/or CPR
- Children with Special Health Care Needs- enrollment- teaching about the registry, etc.
- Broselow training
- Backboard training
- Helmet awareness bike, scooter, ATV etc.
- EMT initial training pediatric portions
- Scout training- pediatric specific
- Safety Fairs
- Conference presentations
- **Other activities approved by EMSC staff**



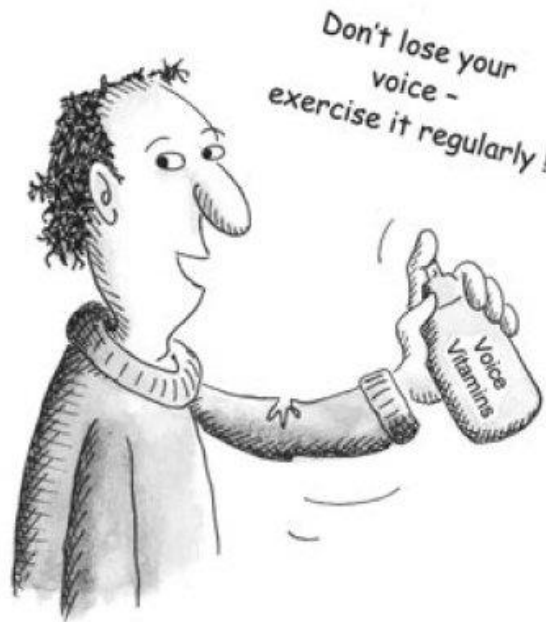
#2 Ensure the EMSC Grant's Continuation

Report your efforts (the 3 qualifying events), That way you verify that the grant is being used as outlined.

- ☐ Complete an event
- ☐ Log it on the google doc we will send you by email

#3 You are Your County's Voice for Pediatric Issues

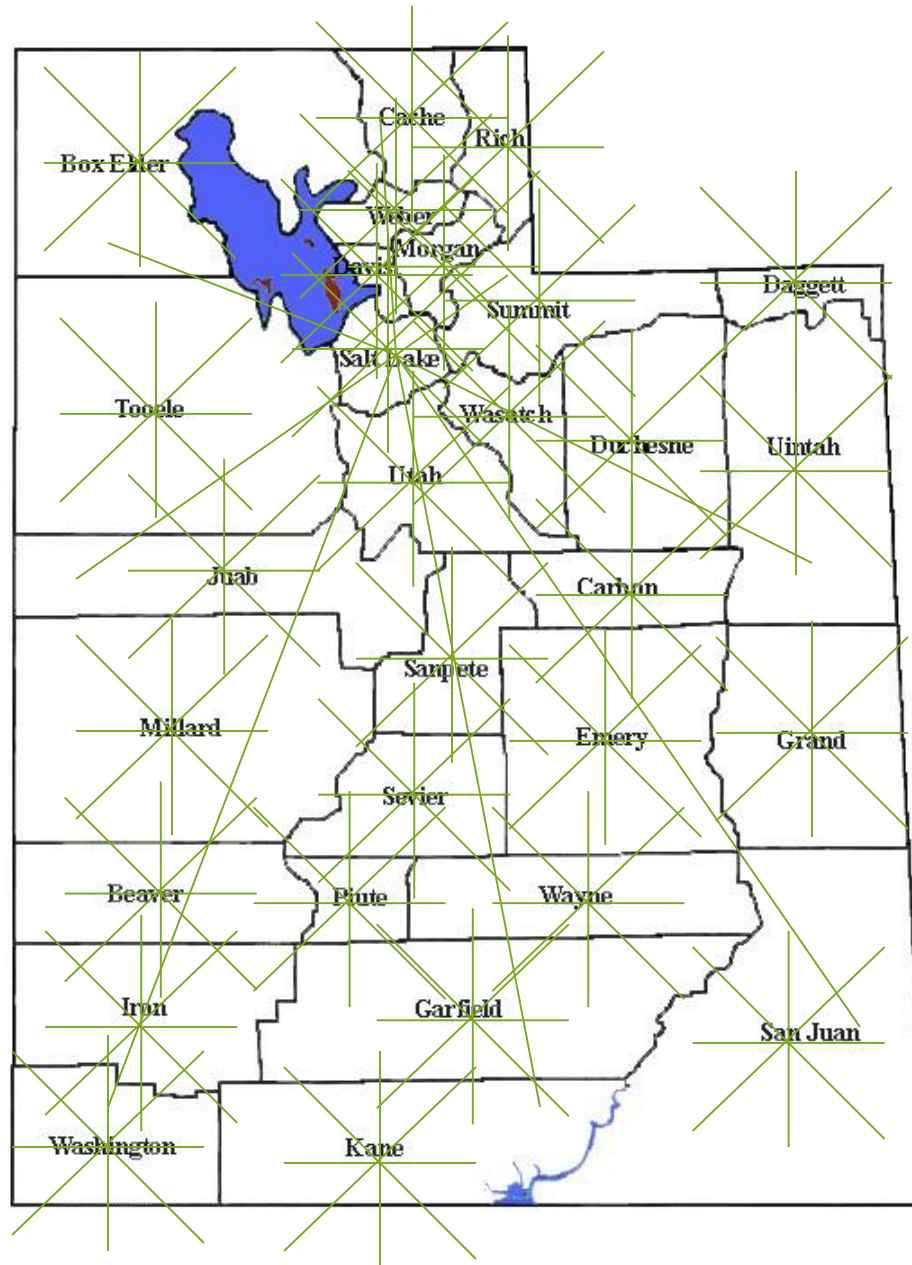
- Through attendance at the annual Workshop
- Through submission to and distribution of the EMSC newsletter
- Through communication throughout the year with the EMSC staff



Our Emphasis

- As Coordinators you are the EMSC representative for your county. You play a key role in circulating pediatric education in this state. We invite you to network with all pediatric healthcare providers; pre-hospital providers, hospitals, and even clinics and doctor's offices within your counties. When the state produces pediatric education (newsletters, prevention programs, etc) we would like to know that by handing it to our Coordinators it will be distributed throughout the state of Utah. We want to reach everyone responsible for the emergency care of a child.

We Work for
State-wide
Coverage
Through You



What does EMSC do for you?

You are Your Country's Pediatric Expert and Educator

- We provide you with current pediatric training
- We promote your role in the county
- We highlight your efforts in our statewide newsletter
- We will have your contact information on website



- This builds your resume
- Gives you a direct link to state government and other counties
- Through the newsletter and other offerings you have first hand information on current trends in pediatric healthcare
- A way to get a little extra cash
 - For teaching PEPP and PALS classes
 - EMS for Children events
- You will get to associate with an AWESOME team



Resources



Wouldn't it be great if I had someone...

- Who knows the program in and out and can answer my questions?
- Who always has their phone attached to their hip to answer calls?
- Who can help me coordinate the steps for bringing a PEPP or PALS class to my area?

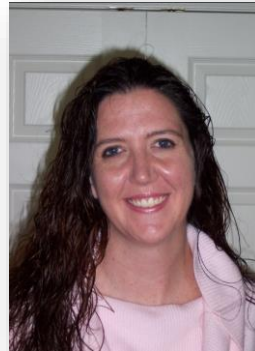


Erik Andersen, EMT, PM
Lead EMSC Course Coordinator
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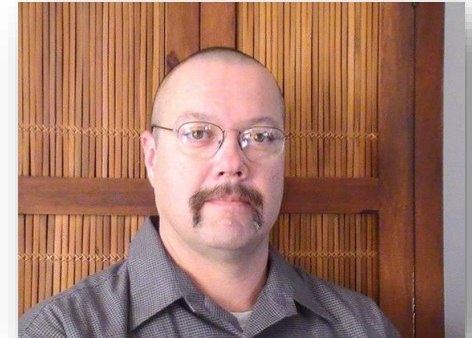
Other EMSC Staff



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Hilary Hewes, MD
PCMC ED Attending Physician
EMSC Medical Director

Be sure you are receiving EMSC Connects, our newsletter

- A Word from the Program Manager
- The Doc Spot
- Protocols in Practice
- Pedi-points
- Peds Preparedness
- Expert Input
- From the Field
- The Calendar
- Did You Know?
- Meet Our Coordinators



Written for You

EMSC Connects

Volume 2, Issue 2

February 2013

Emergency Medical Services for Children
Utah Bureau of EMS and Preparedness

A Word From Our Program Manager

Greetings and a special shout-out to our first three hospitals to complete the pediatric readiness survey!

Way to go Mountain View Hospital, Sevier Valley Medical Center, and Uintah Basin Medical Center!

I know the other 43 hospitals are probably in process of completing it as well and I'm happy to answer any questions that come up. Just email me at wjohnson@utah.gov

Aside from this pediatric survey, do you have a spiral bound flip book in your ambulance that has pediatric protocols for a number of pediatric emergency situations? Well,

these protocols are being updated, simplified, and combined with the adult protocols. We are now looking at the possibility of

protocols and how they would be most useful to you, by clicking below and answering the 5 multiple choice questions. There is also a box where you can type in any other opinions you have.

<https://docs.google.com/spreadsheets/viewform?fromEmail=true&formkey=dFNfZThQcmJlUjNlZHoRjFPNkIBY2c6MQ>

I want the protocols to be useful to you, so I appreciate your feedback!

Thanks,
Whitney



Special points of interest:

- Child maltreatment
- Child abuse by burning
- Reporting suspicions

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Current trends in Peds Program Happenings

EMSC Connects

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Pedi Points Tia Dalrymple RN, BSN

When looking into the smiling face of a child, it's difficult to imagine that anyone would hurt these little ones. Tragically it is a reality in our world. In 2009, Child Welfare Services confirmed more than 700,000 children were abused or neglected. These represent only a fraction of actual cases as most are not reported. Some studies estimate that 1 in 8 U.S. children experience some form of child maltreatment.¹

EMS providers have an important role in protecting these innocent children. You have eyes on the scene, situation, and environment that other healthcare providers do not. I will always remember a case in the ER at Primary Children's Medical Center. The parents told us that a TV fell off a dresser onto their child. The story fit the severe head injury and we would have "bought it," if it were not for the EMS responder who reported to the doctor that he did not see a single dresser or bureau in the home. After an investigation, an arrest was made.

First responders, please be vigilant. Know how to identify the signs of abuse and always follow through with the proper reporting procedures.

¹ Centers for Disease Control website.org



Child's Age (years)	2012
Total Pediatric Injuries	4,438
Reporting Compliance	87
Child Maltreatment	22
Fracture	8
Age	7

Utah's Child Welfare Services Bureau



White bruise = 1 hour bruise
Yellow bruise = 1-2 days bruise

The Doc Spot Bruce Herman MD, PCMC Emergency Department Attending Physician Child Maltreatment in the 21st Century

Child maltreatment or abuse is responsible for 2000 deaths per year and this is likely a huge underestimate since many cases are unreported. It is the leading cause of traumatic death in children <6 yrs. This is as many deaths as from all childhood cancers combined.

EMS responders should keep the possibility of child maltreatment in their mind on all pediatric calls.

- Does the history provided by the caretaker adequately explain the injury?
 - ⇒ look for inconsistencies or changes in the history provided.
 - ⇒ Is the story vague?
- Are the physical findings inconsistent with the child's developmental age?
 - ⇒ Can the history be corroborated?
 - ⇒ Were there witnesses to the event?
 - ⇒ Does the environment validate the story?
- Is there any medical condition that may confuse the assessment?
 - ⇒ Osteogenesis Imperfecta

Red Flag: In Your Physical Findings

- Certain findings are pathognomonic (a sign that is so specific that it can be used to make a diagnosis)
 - Human bite marks or retinal hemorrhages
- Multiple injuries of different ages
 - Old (yellow) and new (purple) bruises
 - Old and new fractures
- Peculiar injury locations
 - Accidental bruises are usually anterior over bony prominences like knees or elbows.
 - Bruises on shins and foreheads of a toddler learning to walk.
 - Inflicted bruises often occur on "protected" areas.
 - Ears, abdomen, back of the legs, buttocks or perineum
 - "Those that don't cry, don't bruise", children that are not crawling are unlikely to bruise themselves.
- Patterned/shape injuries are always concerning, especially without a correlating history.



Child bruises are usually anterior to the body. Bruises on the back of the legs are suspicious.



Inflicted bruises often occur on "protected" areas like the back of the head.

Inflicted Traumatic Brain Injury (ITBI)

Formerly known as Shaken Baby Syndrome, ITBI is a leading cause of serious head injury in small children. There are 25-30 reported cases per 100,000 children every year. For every 1 "reported case" there may be 150 unreported. Usually the victim is very young, under the age of 1 yr. The median age is 4-6 months, but they can range from 1 month to >10 years.

- Physiologic factors predisposing infants to shaking injury
 - ⇒ large heavy head/brain
 - ⇒ increased extracerebral spaces
 - ⇒ loose attachments of meninges
 - ⇒ weak neck muscles
 - ⇒ thin pliable skull
- There is a "constellation" of injuries associated with shaking a child.
 - Presenting symptoms that may indicate a shaken baby
 - ⇒ Lethargy/decreased muscle tone
 - ⇒ Extreme irritability
 - ⇒ Decreased appetite, poor feeding or vomiting
 - ⇒ No smiling or vocalization
 - ⇒ Rigidity or posturing, seizures
 - ⇒ Difficulty breathing
 - ⇒ Head appears large or soft-spots bulging
 - ⇒ Inability of eyes to focus or track move ment

Subdural Hemorrhage



Retinal Hemorrhage



Skeletal Injuries



Prevention Info

Peds Protocols

March 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 EWPC , Delta UT EMSC workshop	2 Safe Kids Pub. Se. Toune Elgo SLC
3	4 PEPP , West Jordan Pire	5 PALS recert MVH Poyson UT	6	7 PDR	8 EMSC Recertification Conference St. George	9
10	11	12 PALS recert MVH, Poyson UT	13	14 PDR	15	16
17 	18	19	20 TWO	21 PDR	22 ATLS U of U	23
24	25 PEPP , Salt Lake go Springs	26	27	28 PDR	29 PEPP , Tooele	30
31						

Pediatric Grand Rounds (PGR) are education offerings webcast weekly (Sept-May) by Pediatric Education Services at Primary Children's Medical Center. They offer CME credit for watching live, Thursdays 0800-0900. Archived presentations are also available. Visit www.primarychildrens.org/grandrounds for more information.

EMS Grand Rounds (TGR) Feb. 21, at 0700. This offering alternates with Trauma Grand Rounds every other month, it is geared towards EMS. Mar 20th, Robert Hoesch, TBA, go to <http://healthcare.utah.edu/trauma> to watch live and earn CME.

Upcoming Peds. Classes, April 2013

For PALS and ENPC classes in MVH and Delta contact Kris Shields DKShields@frontier.net
April 4th 0800-1300 physician ACLS recert

For PEPP and PALS classes throughout the state contact Andy Ostler Aostler@utah.gov
April 8-9th, UVU PEPP
April 12-13th, Fillmore PEPP
April 15-18th, U of U PEPP

Save the Date

April 27, 2013 Northern Utah Trauma Conference, Logan to register go to loganregional.org/traumaconference

April 22-23, 2013 EMS Leadership Conference, Moab UT

June 13-15, 2013 Annual EMSC Coordinators Retreat , Bryce UT, Ruby's Inn

July 1-3, 2013 The Western Pediatric Trauma Conference www.westemtpc.org



- It includes a calendar of peds education around the state
- It's free, it's digital, it's printable and it's archived on our website.
<https://bemsp.utah.gov/>
- I'd also LOVE to have you submit articles and highlight your activities. Being "published" looks great on a resume. 😊

EMSC Website

- Check us out ...

<https://bemsp.utah.gov/operations-and-response/specialty-care-vulnerable-populations/emsc/>



Or Just Google

“Utah EMSC”

And be sure to join our Facebook group

More Questions?

- Contact our Lead Coordinator Erik Andersen
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- Or Tia Dickson, Clinical Nurse Consultant
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