



PENNSYLVANIA
EMSC State Partnership Program

**PREPARED FOR
PEDIATRICS**
EMERGENCY MEDICAL SERVICES

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PROGRAM HANDBOOK



PENNSYLVANIA

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Preface

Pediatric Prehospital Readiness is focused on improving emergency care for acutely ill and injured children across the United States. Children have unique characteristics that require specialized care, especially in emergencies.

Pediatric cases account for approximately 10% of all prehospital calls.

However, the rare occurrence of pediatric cases can leave EMS clinicians less familiar and often less confident in providing care for children.

Being “pediatric-ready,” EMS professionals can reduce anxiety and enhance their confidence in managing these critical situations. Delivering high-quality out-of-hospital care to children requires an emergency medical services (EMS) system structured to support pediatric patients effectively.

As with emergency department settings, all EMS agencies must have the necessary resources, including physician oversight, trained and competent staff, educational materials, established policies, appropriate medications, equipment, and supplies, to deliver effective emergency care for children.

The availability of these resources varies among EMS agencies, making it essential for EMS medical directors, administrators, and personnel to collaborate with pediatric experts in outpatient and hospital-based settings, particularly those in emergency departments, to optimize prehospital emergency care for children.



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Introduction

This handbook has been created to assist all Pennsylvania licensed EMS agencies interested in participating in the Pennsylvania Prepared for Pediatrics – EMS recognition program. Participation is voluntary. Effort and resources required to meet any of the three levels of recognition are specific to the agency's current capacity to care for children and the additional components necessary to meet the recognition level's requirements.

When presented with an ill or injured child, EMS finds themselves with a unique set of needs which can be compounded by the seriousness of the event. Add in the low frequency of pediatric patient contacts, and the likelihood that EMS was called to assist with a higher acuity patient who could not be cared for or transported by parents alone, the importance of having a pediatric ready agency and team of providers is key to the overall positive outcome of the patient.

Pediatric readiness keys on several focus areas where agency and provider readiness and competency will aid in improving care. These focus areas include.

- ✓ having a Pediatric Emergency Care Coordinator
- ✓ ensuring specific pediatric equipment, medications, and supplies are available
- ✓ ensuring patient safety through provider background checks and clearances
- ✓ requiring regular pediatric specific education and verification of knowledge and competency on pediatric specific equipment and procedures
- ✓ community engagement with education on EMS capacity and pediatric needs
- ✓ safe transport of children in both transport capable ambulances and other vehicles
- ✓ performance improvement and the assessment of pediatric specific processes
- ✓ disaster readiness with pediatric specific considerations
- ✓ family centered care practice included in all pediatric encounters
- ✓ compliance with NEMSIS data submission
- ✓ participation in EMSC related surveys

While we all hope that many of the focus area components are never needed, we cannot deny that pediatric emergencies do occur every day in Pennsylvania. By preparing and planning in advance, each participating agency can do their part to optimize prehospital care for every pediatric patient encountered.



History of Program

Pediatric readiness and the focus on an EMS agency's capacity to care for children is not new, at least in Pennsylvania. The Pediatric Voluntary Recognition Program (PVRP) began its course in Pennsylvania EMS in early 2013. The PVRP's goal was to increase agency and provider capacity to care for children through resources, education, and process. The initial focus was on supplemental equipment, background checks, provider education, community outreach, and later safe transport. The program was open to any licensed Pennsylvania EMS agency.



The first agencies were recognized in the fall of 2013 with a total of 37 that year. Over the next 10 years nearly 300 agencies were recognized as pediatric-ready through the PVRP. The program evolved, taking on expanded scope through the application of pulse oximetry and blood glucose at the BLS level, and addressing early agency needs through supplemental funding of child clearances, and supplying safe transport devices through the Pennsylvania EMS Operating Fund. Revised versions saw supplemental additional equipment requirements reflective of changes to licensure required equipment lists, and lastly in 2019 the addition of a Pediatric Emergency Care Coordinator to the upper levels of recognition.

The Pennsylvania program has been recognized nationally as a standard for prehospital pediatric readiness and has been used by other states in the development of their own programs.

The PVRP has helped to improve clinical outcomes and reduce mortality through its program components and focuses on the subset of pediatric patients which EMS encounters less than 8 percent of the time statewide and even less across many geographical areas of the Commonwealth. It has served as an excellent product to support promoting the care of a population that many providers are anxious about, lack experience in caring for, and where timely care is of the highest importance.

Need for Change

The attention to pediatric readiness has grown with expanding programs, research, federal input, and public awareness. Pediatric readiness has been identified to correlate with improved outcomes and saved lives. Although pediatric specific incidents only account for up to 10% of prehospital calls nationally, readiness to care for this population has been found to improve provider confidence and competence, by addressing EMS provider clinical delivery through programs areas that focus on education; skill; quality improvement; policy and procedure; equipment, supplies, and medication; engagement with families and the community; and disaster response. Additionally, the presence of a pediatric coordinator in the emergency department was found to improve facility readiness and this effect was transferred over to EMS with strong scientific and industry support. These components of care have become the groundwork for the next steps in prehospital pediatric readiness.



The Pennsylvania EMS for Children program engaged a review team in January 2024. The group represented a cross-section of EMS agency leadership, pediatric coordinators, educators, and state leadership to evaluate the legacy PVRP program and assess the need to expand, incorporate new focus areas, and realign the pediatric readiness program with current needs and expectations of the pediatric population in our state. This team assessed each current category of readiness and each of the new focus areas to see how the program could adapt, expand, and address pediatric readiness. The result is a consolidation of the five-tier legacy program and addition of new components into an updated three-tier program. Several key components were identified to be mandatory across all levels while others were identified to have levels of growth in each successive tier. Together, the new Prepared for Pediatrics – Emergency Medical Services program highlights a continued effort to address legacy groundwork and incorporate new program focus areas to support the capacity and capability for EMS providers to care for children.

The resultant program remains voluntary in participation with a focus on education, awareness, accountability, and preparedness to care for the pediatric population.



Program Outline by Focus Area

Pediatric Emergency Care Coordinator

A Pediatric Emergency Care Coordinator has been found to be an integral part of EMS agency success with improved readiness to care for children. In 2019, Pennsylvania participated in a multi-state learning collaborative to develop a pre-hospital pediatric emergency care coordinator program. Between 2019 and 2024, over 250 agencies have identified a PECC who have engaged in various levels of pre-hospital readiness responsibilities. The 2020 American Academy of Pediatrics Technical Report "Pediatric Readiness in Emergency Medical Services Systems" ([Owusu-Ansah S, 2020](#)), outlines the importance of the PECC role in EMS. A 2006 Institute of Medicine report ([Institute of Medicine, 2006](#)) stated the importance of having a pediatric emergency care coordinator designated at the agency level to facilitate continued pediatric education; ensure QI for pediatric patients; enhance the availability of pediatric medications, equipment, and supplies; represent the pediatric perspective in the development of EMS protocols; and participate in pediatric research. A 2016 National Association of Emergency Medical Services Physicians position statement ([Physician Oversight of Pediatric Care in Emergency Medical Services, 2016](#)) reaffirmed the importance of pediatric care in EMS and discussed how PECC oversight could be incorporated into existing roles.

In Pennsylvania, the activity and importance of the PECC is critical to an agency's readiness to care for children. The PECC role was added to the legacy program at the Master level initially, considering that agencies with less resources may have difficulty with engagement and assessment. Agencies and PECCs from non-transporting QRS to large regional ALS agencies have demonstrated that any size agency can incorporate the role successfully.

Requirement by level

At the Bronze and Silver levels, an agency specific or shared PECC with one or more licensed agencies (partner agency can be of any licensure type at or above the level of the recognized agency) is required. The PECC can be a committee or an individual. If a committee, a singular representative shall be identified as the agency PECC for administrative purposes. An individual PECC should be certified at the highest level of provider equivalent to the agency licensure or be a community healthcare provider with pediatric expertise.

At the Gold level, there must be an agency specific PECC. This PECC can be a committee or an individual. If an individual PECC, they must be certified at the highest level of provider equivalent to the agency licensure. I.E an ALS agency PECC must be an individual at or above the certification level of Paramedic.

At all levels, if utilizing a committee, the Committee PECC must have **at least one individual certified at the highest level** of provider equivalent to the agency licensure or a community healthcare provider with pediatric expertise. The community member need not be a member or employee of the organization.

All levels, completion of the PECC compliance section of the General Attestation document.



Equipment and Supplies

Having additional pediatric specific equipment and supplies has been the entry level of the legacy program and remains a core component of pediatric readiness. Over the years, the additional equipment required of the recognition program above that required by licensure and published in the PA Bulletin has slowly seen fewer items. Recently, a national collaborative effort to assess a minimum list of items to be carried resulted in the “Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A joint Position Statement” ([John Lyng, 2021](#)). Input for these recommendations came from the National Association of EMS Physicians (NAEMSP), the American Academy of Pediatrics (AAP), the American College of Surgeons Committee on Trauma (ACSCOT), the Emergency Medical Services for Children Innovation and Improvement Center (EIIIC), the Emergency Nurses Association (ENA), and the National Association of State EMS Officials (NASEMSO).

The EMSC program created a crosswalk between the recommended equipment and supplies from the Joint Position Statement and the January 27, 2024, PA Bulletin publication of the Pennsylvania Department of Health “Vehicle, Equipment and Supply Requirements for Emergency Medical Services; Corrected Notice”. This crosswalk was evaluated for necessity across each licensure type and also assessed costs to implement. The final list of additional equipment and supplies to be carried by an agency based on their highest level of licensure is available in the Pediatric Recognition Program Equipment and Supplies document (see appendix A). Additional equipment requirements are identified as “A” by licensure category and items type, or “A-D” where additional documentation is also required for the licensure type to be able to utilize these items as per Bureau of EMS publication. Lastly, items identified as “S” are scope limited to provider level in the licensure type of the agency.

The Pediatric Recognition Program Equipment and Supplies document will be updated as necessary and maintained on the EMSC website at <https://paemsc.org/>.

Requirement by level

At all levels, the agency maintains all required equipment identified by the Pennsylvania Department of Health at the agency licensure type as most recently published in the Pennsylvania Bulletin and carries the additional agency licensure type specific pediatric equipment identified in the Pediatric Recognition Program Equipment and Supplies document.

All levels, completion of the Equipment, Supplies and Medication section of the General Attestation document.

Background Checks

The legacy program utilized background checks as a second-tier requirement and therefore nearly all previously recognized agencies were able to meet this requirement. The program understands the nominal financial impact this requirement brings for paid staff while being available at no cost for volunteer staff. The importance of protecting our patients through a vetted and legal process carries significant importance and therefore should continue to be included in the program.



Requirement by level

At all levels, all rostered agency personnel must maintain ChildLine, Child Abuse History Certification, and PATCH, Pennsylvania Access to Criminal History, clearances as per their specific regulations.

All levels, completion of the Background Check compliance section of the General Attestation document.

Education

The importance of education is demonstrated across many levels of prehospital care, from initial certification through ongoing education requirements and annual skills assessments to verify provider competencies. Continuing education as a condition of certification is widely recognized across professional and medical disciplines as beneficial for provider knowledge and skill retention, therefore it is imperative that EMS practitioners routinely review pediatric specific content across cognitive, psychomotor, and affective domains.

Education requirements apply to all providers listed on the EMS agency licensure roster.

Requirement by level

At the Bronze level, for QRS and BLS licensed agencies, two (2) hours of pediatric-specific education is required annually. For IALS and ALS agencies, four (4) hours of pediatric-specific education is required annually. Additionally, ALS agencies are required to complete bi-annual (every two years) pediatric-specific competencies on pediatric equipment, assessment, and procedures at provider scope.

At the Silver level, At the Silver level, for QRS, BLS, and IALS agencies, four (4) hours of pediatric-specific education is required annually. Additionally, providers must have documented annual pediatric-specific competencies on pediatric equipment, assessment, and procedures for provider scope. For ALS agencies, four (4) hours of pediatric-specific education is required annually. Additionally, providers must have documented annual pediatric-specific competencies on pediatric equipment, assessment, and procedures for provider scope.

At the Gold level, for QRS, BLS, and IALS agencies, four (4) hours of pediatric specific-education is required annually. Additionally, providers must have documented annual pediatric-specific competencies on pediatric equipment, assessment, and procedures for provider scope (competencies must include both skill and scenario-based activities). For ALS agencies, four (4) hours of pediatric-specific education is required annually. Additionally, providers must have documented annual pediatric-specific competencies on pediatric equipment, assessment, and procedures for provider scope (competencies must include both skill and scenario-based activities).

All levels, all agency licensure types require completion of the Education compliance section of the General Attestation document.



Documentation of EMS education and competencies should be completed via the Prepared for Pediatrics – EMS Education Transcript and EMS Education Roster forms. These forms are available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>. Forms may be required to be submitted as part of an in-person or virtual site visit.

Community Outreach

Community Outreach has been an integral component of the legacy program since its inception. The importance of educating the community on specific emergency care topics, on the capacity of the EMS agency and its providers, and the engagement between community members and agency providers is paramount to support readiness across both provider and receiver of care. These general education programs offer an excellent opportunity to interact with the community and provide a conduit of information sharing between EMS and families or caregivers.

Agencies should focus on prevention programs over general education. Specific outreach prevention programs to be considered acceptable will be published on the EMSC website (<https://paemsc.org/>) and updated on a regular basis. Examples of these programs may include Stop the Bleed™, bicycle safety training, pool safety training, babysitting safety, and safe transport education. Agencies wishing to have a prevention program approved for use should submit program materials and any other pertinent information to EMSC@pehsc.org for review.

Requirement by level

At the Bronze level, agencies must participate in at least two (2) general education public programs annually regarding public safety outreach involving pediatrics or including children as the audience.

At the Silver and Gold levels, agencies must participate in at least two (2) general education public programs annually regarding public safety outreach involving pediatrics or including children, and two (2) additional public outreach programs with focused education on prevention education.

Documentation of agency outreach programs should be completed and submitted via the Prepared for Pediatrics – EMS Outreach Log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Child Passenger Safety Technician and Safe Transport in Ambulances

Safe Transport has been an integral part of the legacy program since its inception with the requirement for all transporting agencies to carry a pediatric safe transport device. This requirement was supported early on with product distribution to agencies who were unable to afford the items. Later, the device requirement was added to the minimum state equipment requirements for licensed ambulances and the Bureau of EMS clarified weight guidelines for these items as well. No specific device is recommended or considered acceptable as of this handbook publication, however national efforts into developing testing standards and evaluating product compliance with those standards is active.



Requirement by level

All levels – requires initial and bi-annual (every two years) education and a competency assessment for all rostered EMS providers on all safe transport devices utilized by the agency.

All levels, completion of the Safe Transport Attestation document for all devices and all rostered providers. The document is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Optional Plus designation for the Bronze and Silver level, have a Child Passenger Safety Technician on staff or have an agreement with an individual or organization that identifies at least one Child Passenger Safety Technician to support safe transport activities for the EMS Agency. The agency will provide one-on-one car seat checks on a regular basis throughout the year or hold at least one large scale Public Car Seat Safety check event annually (multiple technicians that can check multiple cars at one time).

At the Gold level, have a Child Passenger Safety Technician on staff or have an agreement with an individual or organization that identifies at least one Child Passenger Safety Technician to support safe transport activities for the EMS Agency. The agency will provide one-on-one car seat checks on a regular basis throughout the year or hold at least one large scale Public Car Seat Safety check event annually (multiple technicians that can check multiple cars at one time).

All levels, documentation of annual requirements on the CPST Information and Activity log.

The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Performance Improvement

Performance Improvement (PI) and Quality Improvement (QI) are valuable in assessing the effectiveness of the effort applied to the focus areas. Specific to the quality of healthcare, QI consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. PI addresses a more administrative and individual (human) focus on improvement, but it too looks to improve health care services and the health status of targeted patient groups. Frequently used interchangeably, they work together as a way to validate effort and results, address gaps of compliance, and develop interventions to fix those gaps. As much of the Prepared for Pediatrics program focuses on individual competency, the term Performance Improvement is utilized with an assumption that Quality Improvement is incorporated into the assessment of clinical activities.

Requirement by level

At the Bronze level, there is no requirement

At the Silver level, The EMS agency has a PI program that includes monitoring of pediatric EMS calls including proper Refusal of Services documentation and process.



At the Gold level, the EMS agency has a PI program that includes the monitoring of pediatric EMS calls including proper Refusal of Services documentation and process and includes Pediatric specific PI bundles, which review specific types of cases when they occur for proper EMS provider treatment and disposition.

At the Silver and Gold levels, documentation of PI activities using the Performance Improvement Progress Report. The Performance Improvement Progress Report is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Disaster Readiness

Disaster preparedness has seen significant improvement with regards to children. Recent events involving worldwide health challenges have brought attention to an even higher level of responsibility and accountability. Disasters come in many shapes and sizes. They are not solely attributed to natural occurring events that historically have been linked to the need for preparedness, specifically as they relate to weather disasters.

Disaster readiness requires engagement and collaboration well before the event occurs. EMS preparation includes awareness of partner agencies, roles and responsibilities during an event, proper planning, education, and equipment in order to respond, and a successful integration into the event for optimal outcomes. Being part of planning through Regional EMS Council and regional Health Care Coalition planning and response enables an EMS agency to interface with partner responders and facilitate effective and safe response. Coordination, especially regarding children when separated from families, is paramount to their safe and effective care.

Requirement by level

All levels – Has an agency or regional Disaster Plan which includes pediatric patient considerations for treatment, transport, and reunification.

At the Silver level, the agency participates in local, regional, or statewide disaster planning or Health Care Coalition (HCC) EMS Committees.

At the Gold level, the agency participates in local, regional, or statewide disaster planning or Health Care Coalition (HCC) EMS Committees and participates in at least one in person, virtual, or tabletop exercise annually that includes pediatric patients.

At all levels, submit a copy of the agency or Regional Disaster Plan

At the Silver and Gold level, completion of the Disaster Readiness Activity log for annual activities. The Disaster Readiness Activity log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.



Family Centered Care

Family centered care emphasizes the critical role of the family unit in support of healthcare delivery. Many organizations such as the American Academy of Pediatrics and health systems nationwide support active inclusion of family members in a child's care and decision-making to improve communication, satisfaction, and outcomes. EMS agencies should adopt a policy that supports transportation of a pediatric patient's parent/caregiver, respect for cultural background and family values, and active communication with family members regarding care rendered. Recognizing that reunification after a disaster/MCI is also a component of family centered care, EMS agencies should also incorporate pediatric-specific patient tracking into their disaster plan.

Requirement by level

All levels – the agency has an agency level policy on Family Centered Care that includes Parent/Caregiver accompanying pediatric patients during EMS transport (for EMS agencies) and addresses the including of Parent/Caregivers in the delivery of care where able and appropriate for the situation.

At the Silver and Gold levels, the agency utilizes a triage system that includes pediatric specific patient identification and patient tracking. This can be a system individualized to the agency or a regional system incorporated into a Disaster Plan or Mass Casualty Plan.

At all levels, submit a copy of the Agency Family Centered Care Policy.

At the Silver and Gold levels, completion of the pediatric specific triage system section of the General Attestation document.

NEMSIS

The National Emergency Medical Services Information Systems (NEMSIS) is the national system used to collect, store and share EMS data from U.S. States and Territories. NEMSIS develops and maintains a national standard for how patient care information resulting from prehospital EMS activations is documented. The NEMSIS uniform dataset and database help local, state, and national EMS stakeholders more accurately assess EMS needs and performance, as well as support better strategic planning for the EMS systems of tomorrow. Data from NEMSIS is also used to help benchmark performance, determine the effectiveness of clinical interventions, and facilitate cost-benefit analyses.

Requirement by level

All levels – All agencies participating in the recognition program must be compliant with submitting NEMSIS compliant EMS patient care reports for all 911 EMS calls.

All levels, completion of the NEMSIS Compliance section of the General Attestation document.



EMSC Survey Participation

At least annually, the national EMS for Children program requests EMS agencies across the country to participate in a survey to assess specific parameters of pediatric care. These surveys help to better understand an agency's readiness to care for children and are shown to predict an agency's ability to care for children. Furthermore, specific survey content allows state level resources to understand statewide strengths and weaknesses of EMS agencies and to plan programs to support improving the readiness to deliver pediatric care.

Requirement by level

All levels – All agencies participating in the recognition program must be compliant with participation in any national or Pennsylvania survey regarding pediatric readiness.

All levels, completion of the EMSC Survey participation section of the General Attestation document.



Program Outline by Recognition Level

Bronze Recognition Level

The Bronze level is the initial level of recognition for the pediatric recognition program.

Focus Area requirement by licensure type

PECC:

- For all licensure types, an agency specific or shared PECC with one or more licensed agencies (partner agency can be of any licensure type at or above the level of the recognized agency) is required. The PECC can be a committee or an individual.
- An individual PECC should be certified at the highest level of provider equivalent to the agency licensure or be a community healthcare provider with pediatric expertise.
- If utilizing a committee, a singular representative shall be identified as the agency PECC for administrative purposes.
- Complete the PECC compliance section of the General Attestation document.

Equipment and Supplies

- At all licensure types, the agency maintains all required equipment identified by the Pennsylvania Department of Health at the agency licensure type as most recently published in the Pennsylvania Bulletin and carries the additional agency licensure type specific pediatric equipment identified in the Pediatric Recognition Program Equipment and Supplies document.
- All licensure types, complete the Equipment, Supplies and Medication section of the General Attestation document.

Background Checks

- At all licensure types, all rostered agency personnel must maintain ChildLine, Child Abuse History Certification, and PATCH, Pennsylvania Access to Criminal History, clearances as per their specific regulations.
- All licensure types must complete the Background Check compliance section of the General Attestation document.

Education

- For QRS and BLS licensed agencies, two (2) hours of pediatric specific education is required annually. For IALS and ALS agencies, four (4) hours of pediatric specific education is required annually. Additionally, ALS agencies are required to complete bi-annual (every two years) pediatric specific competencies on pediatric equipment, assessment, and procedures at provider scope.



- All agency licensure types require completion of the Education compliance section of the General Attestation document.
- Documentation of EMS education and competencies should be completed via the Prepared for Pediatrics – EMS Education Transcript and EMS Education Roster forms. These forms are available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>. Forms may be required to be submitted as part of an in-person or virtual site visit.

Community Outreach

- Agencies must participate in at least two (2) general education public programs annually regarding public safety outreach involving pediatrics or including children as the audience.
- Documentation of agency outreach programs should be completed and submitted via the Prepared for Pediatrics – EMS Outreach Log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Child Passenger Safety Technician and Safe Transport in Ambulances

- Initial and bi-annual (every two years) education and a competency assessment for all rostered EMS providers on all safe transport devices utilized by the agency.
- Completion of the Safe Transport Attestation document for all devices and all rostered providers. The document is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.
- Optional Plus designation for the Bronze level, have a Child Passenger Safety Technician on staff or have an agreement with an individual or organization that identifies at least one Child Passenger Safety Technician to support safe transport activities for the EMS Agency. The agency will provide one-on-one car seat checks on a regular basis throughout the year or hold at least one large scale Public Car Seat Safety check event annually (multiple technicians that can check multiple cars at one time).
- For Plus designation only. Document annual requirements on the CPST Information and Activity log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Performance Improvement

- No requirement

Disaster Readiness

- Has an agency or regional Disaster Plan which includes pediatric patient considerations for treatment, transport, and reunification.
- Submit a copy of the agency or Regional Disaster Plan with Recognition program application.



Family Centered Care

- Agency has an agency level policy on Family Centered Care that includes Parent/Caregiver accompanying pediatric patients during EMS transport (for EMS agencies) and addresses the including of Parent/Caregivers in he delivery of care where able and appropriate for the situation.
- Submit a copy of the Agency Family Centered Care Policy with Recognition program application.

NEMESIS

- All agencies participating in the recognition program must be compliant with submitting NEMESIS compliant EMS patient care reports for all 911 EMS calls.
- Complete the NEMESIS Compliance section of the General Attestation document.

EMSC Survey Participation

- All agencies participating in the recognition program must be compliant with participation in any national or Pennsylvania survey regarding pediatric readiness.
- Complete the EMSC Survey participation section of the General Attestation document.

Silver Recognition Level

The Silver level is considered the mid-level of the pediatric recognition program. Requirements are at least equivalent to the Bronze level and typically increase engagement at the particular focus area.

Focus Area requirement by licensure type

PECC

- For all licensure types, an agency specific or shared PECC with one or more licensed agencies (partner agency can be of any licensure type at or above the level of the recognized agency) is required. The PECC can be a committee or an individual.
- An individual PECC should be certified at the highest level of provider equivalent to the agency licensure or be a community healthcare provider with pediatric expertise.
- If utilizing a committee, a singular representative shall be identified as the agency PECC for administrative purposes.
- Complete the PECC compliance section of the General Attestation document.



Equipment and Supplies

- At all licensure types, the agency maintains all required equipment identified by the Pennsylvania Department of Health at the agency licensure type as most recently published in the Pennsylvania Bulletin and carries the additional agency licensure type specific pediatric equipment identified in the Pediatric Recognition Program Equipment and Supplies document.
- All licensure types, complete the Equipment, Supplies and Medication section of the General Attestation document

Background Checks

- At all licensure types, all rostered agency personnel must maintain ChildLine, Child Abuse History Certification, and PATCH, Pennsylvania Access to Criminal History, clearances as per their specific regulations.
- All licensure types must complete the Background Check compliance section of the General Attestation document.

Education

- For QRS and BLS, and IALS licensed agencies, four (4) hours of pediatric specific education is required annually. Additionally, providers must have documented annual pediatric specific competencies on pediatric equipment, assessment, and procedures for provider scope.
- For ALS agencies, four (4) hours of specific pediatric education is required annually. Additionally, providers must have documented annual pediatric specific competencies on pediatric equipment, assessment, and procedures for provider scope.
- Documentation of EMS education and competencies should be completed via the Prepared for Pediatrics – EMS Education Transcript and EMS Education Roster forms. These forms are available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>. Forms may be required to be submitted as part of an in-person or virtual site visit.

Community Outreach

- Agencies must participate in at least two (2) general education public programs annually regarding public safety outreach involving pediatrics or including children, and two (2) additional public outreach programs with focused education on prevention education.
- Documentation of agency outreach programs should be completed and submitted via the Prepared for Pediatrics – EMS Outreach Log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.



Child Passenger Safety Technician and Safe Transport in Ambulances

- Required initial and bi-annual (every two years) education and a competency assessment for all rostered EMS providers on all safe transport devices utilized by the agency.
- Complete the Safe Transport Attestation document for all devices and all rostered providers. The document is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.
- Optional Plus designation for Silver, have a Child Passenger Safety Technician on staff or have an agreement with an individual or organization that identifies at least one Child Passenger Safety Technician to support safe transport activities for the EMS Agency. The agency will provide one-on-one car seat checks on a regular basis throughout the year or hold at least one large scale Public Car Seat Safety check event annually (multiple technicians that can check multiple cars at one time).
- For Plus designation only. Document annual requirements on the CPST Information and Activity log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Performance Improvement

- The EMS agency has a PI program that includes monitoring of pediatric EMS calls including proper Refusal of Services documentation and process.
- Document PI activities using the Performance Improvement Progress Report.

Disaster Readiness

- Has an agency or regional Disaster Plan which includes pediatric patient considerations for treatment, transport, and reunification.
- Agency participates in local, regional, or statewide disaster planning or Health Care Coalition (HCC) EMS Committees.
- Submit a copy of the agency or Regional Disaster Plan with Recognition program application
- Complete the Disaster Readiness Activity log for annual activities. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Family Centered Care

- Agency has an agency level policy on Family Centered Care that includes Parent/Caregiver accompanying pediatric patients during EMS transport (for EMS agencies) and addresses the including of Parent/Caregivers in the delivery of care where able and appropriate for the situation.



- Agency utilizes a triage system that includes pediatric specific patient identification and patient tracking. This can be a system individualized to the agency, or a regional system incorporated into a Disaster Plan or Mass Casualty Plan.
- Submit a copy of the Agency Family Centered Care Policy.

NEMSIS

- All agencies participating in the recognition program must be compliant with submitting NEMSIS compliant EMS patient care reports for all 911 EMS calls.
- Complete the NEMSIS Compliance section of the General Attestation document.

EMSC Survey Participation

- All agencies participating in the recognition program must be compliant with participation in any national or Pennsylvania survey regarding pediatric readiness.
- Complete the EMSC Survey participation section of the General Attestation document.

Gold Recognition Level

The Gold level is considered the highest level of the pediatric recognition program. Requirements are at least equivalent to the Silver level and typically increase engagement at the particular focus area.

Focus Area requirement by licensure type

PECC

- For all licensure types, an agency specific or shared PECC with one or more licensed agencies (partner agency can be of any licensure type at or above the level of the recognized agency) is required. The PECC can be a committee or an individual.
- An individual PECC should be certified at the highest level of provider equivalent to the agency licensure or be a community healthcare provider with pediatric expertise.
- If utilizing a committee, a singular representative shall be identified as the agency PECC for administrative purposes.
- Complete the PECC compliance section of the General Attestation document.

Equipment and Supplies

- At all licensure types, the agency maintains all required equipment identified by the Pennsylvania Department of Health at the agency licensure type as most recently published in the



Pennsylvania Bulletin and carries the additional agency licensure type specific pediatric equipment identified in the Pediatric Recognition Program Equipment and Supplies document.

- All licensure types, complete the Equipment, Supplies and Medication section of the General Attestation document.

Background Checks

- At all licensure types, all rostered agency personnel must maintain ChildLine, Child Abuse History Certification, and PATCH, Pennsylvania Access to Criminal History, clearances as per their specific regulations.
- All licensure types must complete the Background Check compliance section of the General Attestation document.

Education

- For QRS and BLS agencies, four (4) hours of pediatric specific education is required annually. Additionally, providers must have documented annual pediatric specific competencies on pediatric equipment, assessment, and procedures for provider scope.
- For IALS agencies, four (4) hours of pediatric specific education is required annually. Additionally, providers must have documented annual pediatric specific competencies on pediatric equipment, assessment, and procedures for provider scope (competencies must include both skill and scenario-based activities).
- For ALS agencies, four (4) hours of pediatric specific education is required annually. Additionally, providers must have documented annual pediatric specific competencies on pediatric equipment, assessment, and procedures for provider scope (competencies must include both skill and scenario-based activities). All agency licensure types require completion of the Education compliance section of the General Attestation document.
- Documentation of EMS education and competencies should be completed via the Prepared for Pediatrics – EMS Education Transcript and EMS Education Roster forms. These forms are available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>. Forms may be required to be submitted as part of an in-person or virtual site visit.

Community Outreach

- Agencies must participate in at least two (2) general education public programs annually regarding public safety outreach involving pediatrics or including children, and two (2) additional public outreach programs with focused education on prevention education.



- Documentation of agency outreach programs should be completed and submitted via the Prepared for Pediatrics – EMS Outreach Log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Child Passenger Safety Technician and Safe Transport in Ambulances

- Required initial and bi-annual (every two years) education and a competency assessment for all rostered EMS providers on all safe transport devices utilized by the agency.
- Complete the Safe Transport Attestation document for all devices and all rostered providers. The document is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.
- Have a Child Passenger Safety Technician on staff or have an agreement with an individual or organization that identifies at least one Child Passenger Safety Technician to support safe transport activities for the EMS Agency. The agency will provide one-on-one car seat checks on a regular basis throughout the year or hold at least one large scale Public Car Seat Safety check event annually (multiple technicians that can check multiple cars at one time).
- Documentation of annual requirements on the CPST Information and Activity log. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Performance Improvement

- The EMS agency has a PI program that includes the monitoring of pediatric EMS calls including proper Refusal of Services documentation and process and includes Pediatric specific PI bundles, which review specific types of cases when they occur for proper EMS provider treatment and disposition.
- Document PI activities using the Performance Improvement Progress Report. The Performance Improvement Progress Report is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Disaster Readiness

- Has an agency or regional Disaster Plan which includes pediatric patient considerations for treatment, transport, and reunification.
- Agency participates in local, regional, or statewide disaster planning or Health Care Coalition (HCC) EMS Committees and participates in at least one in person, virtual, or tabletop exercise annually that includes pediatric patients.



- Submit a copy of the agency or Regional Disaster Plan with Recognition program application
- Complete the Disaster Readiness Activity log for annual activities. The log is available in the forms section of this handbook and maintained on the EMSC website at <https://paemsc.org/>.

Family Centered Care

- Agency has an agency level policy on Family Centered Care that includes Parent/Caregiver accompanying pediatric patients during EMS transport (for EMS agencies) and addresses the including of Parent/Caregivers in the delivery of care where able and appropriate for the situation.
- Agency utilizes a triage system that includes pediatric specific patient identification and patient tracking. This can be a system individualized to the agency, or a regional system incorporated into a Disaster Plan or Mass Casualty Plan.
- Submit a copy of the Agency Family Centered Care Policy.
- Complete the pediatric specific triage system section of the General Attestation document.

NEMESIS

- All agencies participating in the recognition program must be compliant with submitting NEMESIS compliant EMS patient care reports for all 911 EMS calls.
- Complete the NEMESIS Compliance section of the General Attestation document.

EMSC Survey Participation

- All agencies participating in the recognition program must be compliant with participation in any national or Pennsylvania survey regarding pediatric readiness.
- Complete the EMSC Survey participation section of the General Attestation document.



Application and Recognition Process

Application Process

All EMS agencies must submit an **Intent to Apply** to begin the application process for the Prepared for Pediatrics EMS pediatric recognition program. A completed and signed **Intent to Apply** must be submitted electronically to EMSC@PEHSC.org. The **Intent to Apply** document is available on the EMSC website <https://paemsc.org> under the documents section or by request to the EMSC program by email or phone as noted below. Application to the Prepared for Pediatrics EMS program may only be made online via the prescribed process.

Once an Intent to Apply has been received, the EMSC program will communicate with the Primary Contact listed to provide guidance on the application process along with other important application related information including specific documents to be completed, signed and submitted.

Once all application materials have been submitted, the agency must notify the EMSC program via email to EMSC@PEHSC.org. All materials will be reviewed, and a response will be emailed to the EMS agency's primary contact within thirty (30) days with any need for clarification or acceptance of application materials.

Revisions or clarifications will be the responsibility of the EMS agency. The application process will remain paused until all materials are received, reviewed, and approved. Once all items for clarification have been addressed, the agency must notify the EMSC program via email to EMSC@PEHSC.org.

EMS agencies wishing to upgrade their recognition level may do so by submitting an **Intent to Apply** as prescribed above. Upgrade applications require at least one year of compliance across all requirements of the upgrade application level. Safe Transport internal education required to be completed over a two year period should show 100% compliance of all rostered EMS providers. Annual requirements of the currently recognized level must be maintained as prescribed for that level. All annual requirements of the upgrade level must be completed in the year preceding the application upgrade date.

Renewal applications should be submitted at least ninety (90) days prior to the EMS Agency licensure expiration date by submitting an Intent to Apply as prescribed above. Renewal applications require compliance across all requirements for the application level for each year of recognition prior to the renewal application. Safe Transport internal education required to be completed over a two year period should show 100% compliance of all rostered EMS providers regardless of the time between recognition award and renewal. All annual requirements must be met for each year of recognition prior to the renewal.

The EMS agency is responsible for ensuring all application materials are correct and complete before submitting them to the EMSC program. Applications and support material are treated as true and factual once signed and submitted to the EMSC program for consideration.

The EMSC program will review all new, renewal, and upgrade applications that are submitted. Application materials will be reviewed for completeness and accuracy based upon the information set



forth within this handbook and any supplemental program materials. When inaccurate or incomplete information is found, the EMSC program will return the application materials to the agency via the email provided for the primary contact with an explanation detailing the information that needs to be corrected. Corrected materials will then be re-submitted as directed.

Incomplete and/or incorrect applications will be returned to the applicant within thirty (30) days of receipt by the EMSC program.

All applications that have been confirmed as complete and correct will have a site visit scheduled and conducted within forty-five (45) days of confirmation of a complete application. A later date may be requested or coordinated by the EMS agency or EMSC program based on availability and scheduling issues. Renewal site visits must take place prior to the EMS agency licensure expiration date.

Verification of Requirements

For all applications, required document verification of application-level requirements will be completed during the application review. For new applications, an in-person site visit will be coordinated with the EMS agency and their Regional EMS Council. Additional equipment and supplies identified in the Pediatric Recognition Program Equipment and Supplies document will be verified during the in-person site visit and by Regional EMS Council staff during scheduled licensure inspections. In person site visits will include the agency PECC, agency medical director, and other appropriate agency leadership along with the Prepared for Pediatrics site visit team.

For Upgrade and Renewal applications, site visits will be coordinated through a virtual meeting. Additional equipment and supplies identified in the Pediatric Recognition Program Equipment and Supplies document will be verified by Regional EMS Council staff during scheduled licensure inspections. Deficiencies in equipment, supplies, and medication will be reported by the Regional EMS Council staff to the EMSC program. Renewal recognitions will not be finalized until this report is received.

For new applications, once the applicant has been successfully inspected, recognition program materials may be provided to the EMS agency at the conclusion of a successful site visit or mailed to the primary contact person for the agency.

For upgrade applications, recognition program materials will be mailed to the primary contact person for the agency.

For renewal applications, recognition program materials such as a new certificate and any additional decals will be mailed to the primary contact person for the agency.

Prepared for Pediatrics decals may only be applied to licensed vehicles of the EMS agency being recognized. Decals must be applied to each side of the EMS vehicle in an area nearby the EMS Agency Licensure decal.

Replacement decals may be obtained by submitting a completed Replacement Decal form to EMSC@PEHSC.org.



Term of Recognition

Recognition at any level of the Prepared for Pediatrics – Emergency Medical Services recognition program will expire with the EMS agency's next Pennsylvania Department of Health agency licensure expiration date, except for new applicants with an EMS agency licensure expiration date less than one year from the date of their initial pediatric recognition award. These agency applications will be extended to the next licensure expiration date, but for no more than four years in total. Upgrade applications and Renewal applications will expire on the same date as the EMS agency licensure expiration date, but no more than three years from recognition award date. Recognition expiration dates will be displayed on program award documents.

EMS agencies whose recognition program term expires without successful renewal MUST immediately remove all reference to the Pennsylvania EMS pediatric recognition program (PVRP or Prepared for Pediatrics) from all vehicles, websites, media, and all other forms of communications.

Support information documents include:

Completed and submitted

- Application
- General Attestation
- Education Transcript
- Education Roster
- EMS Outreach Log
- Safe Transport Attestation log
- Child Passenger Safety Technician Information and Activity log
- Performance Improvement Progress Report
- Disaster Readiness Activity log

Submitted

- Agency or Regional Disaster Plan
- Agency Family Centered Care Policy

Signatures and Attestation

By completing and signing the application and subsequent application documents, the applicant EMS agency attests that all the information provided is correct. The applicant EMS agency understands that falsification of information could result in denial of recognition. The signature also attests that the applicant EMS agency, both at the time of signature and during the period of recognition, will continue to maintain the necessary and required resources throughout the Prepared for Pediatrics recognition period. The applicant organization attests that they understand that the agency, once recognized, will be subject to announced or unannounced auditing and/or site visit(s) at any time.

This handbook, the Intent to Apply, and other support documents are available;

via the Pennsylvania EMS for Children program website @ <https://paemsc.org/> or

via email to EMSC@PEHSC.org, or

by calling the EMS for Children program at 717-795-074 extension 5



Application Support

Definitions:

Affiliate Number. Five digits, contains a two digit county code and three digit agency number.

Agency Name – provide the legal name of the agency, as registered on the agency licensure with the Bureau of EMS.

Child Abuse History Certification – aka form CY113. The Child Protective Services Law (CPSL) requires certain individuals to submit clearances in order to be employed, be a resource parent (foster or adoptive), or be a volunteer with children. The purpose for requiring clearances is to provide employers and those selecting volunteers with information to use as a part of a larger decision-making process when determining whether to hire someone as an employee or select them as a volunteer. Clearances are required for an employee or unpaid volunteer at a minimum of every 60 months from the date of the oldest clearance. Clearances may be required more frequently based on licensure or employer requirements. Agencies and organizations must ensure that clearances are obtained in accordance with the CPSL.

Child Passenger Safety Technician – is a national certification through Safe Kids Worldwide. A Child Passenger Safety Technician (CPST) is a certified professional who educates parents and caregivers on how to properly use car seats to ensure the safety of children in vehicles. They are trained to identify and correct improper car seat installation and usage, and to provide information on car seat selection, state laws, recalls, and other relevant topics.

Doing Business as (D/B/A). If applicable, this should not be the legal name of the agency and must be registered with the Department of State as a fictitious name.

EMSC – Emergency Medical Services for Children – a federally funded program established to improve access and quality of emergency care for children and reduce serious injury or death. In Pennsylvania, PA EMSC is established through a competitive grant awarded by the federal government to the Pennsylvania Department of Health and sub-contracted to the Pennsylvania Emergency Health Services Council. EMSC program are developed based on specific Performance Measures established by the federal EMSC program.

Family Centered Care – Family-centered care is a way of providing services that assures the health and well-being of children and their families through respectful family/professional partnerships. It honors the strengths, cultures, traditions, and expertise that families and professionals bring to this relationship. Family-centered care improves the patient's and family's experience with health care, reduces stress, improves communication, reduces conflict, and improves the health of children with chronic health conditions.



Mailing Address – is where agency mail is delivered. This may be a postal box or alternate location to the physical address.

Medical Director. The medical director’s email should be specific to the physician and not the same as the primary contact or PECC unless they are the same individual. If the agency has more than one medical director, utilize the individual who is associated with the EMS agency licensure application.

PATCH – Pennsylvania Access to Criminal History. PATCH is a supplemental background check performed through the Pennsylvania State Police in addition to the Pennsylvania Child Abuse History Certification.

Pediatric Emergency Care Coordinator (PECC). A PECC is required of all applicants. The email must be specific to the PECC, not the same email as the primary contact unless the individuals are the same.

Physical Address – is the primary location of the agency. It must be a physical address.

Prepared for Pediatrics (P4P) – is the pediatric readiness program of the Pennsylvania EMS for Children Program. P4P has an EMS component and an emergency department component.

Primary Contact – is the individual who is responsible for the application and verification of its contents. It may be anyone but should be an individual with set responsibilities in the agency, such as a Chief, President, or similar. The phone number should be the business number for the agency where the primary contact may be reached. The email address should be an agency specific email, or an email that can be accessed by other individuals in the agency should the primary contact not be available or leaves the agency. This email is used as a primary communication method with the EMSC program and should be monitored regularly, and contact updated as needed.

PVRP – Pediatric Voluntary Recognition Program – The legacy pediatric readiness program developed and implemented by Pennsylvania EMSC. PVRP was replaced by the Prepared for Pediatrics – EMS program.

Roster – refers to the Agency Roster populated from the PA EMS registry and includes all providers that provide service to the agency including EMSVO’s.

Year – when referenced to requirements is the 12 months preceding the date reference. It does not specifically apply to a calendar or fiscal measure.



References

Institute of Medicine, C. o. (2006). *Emergency Care for Children: Growing Pains*. Washington, DC: National Academies Press.

John Lyng, K. A. (2021). Recommended Essential Equipment for Basic. Prehospital Emergency Care. doi:<https://doi.org/10.1080/10903127.2021.1886382>

Owusu-Ansah S, M. B. (2020). Pediatric Readiness in Emergency Medical Services Systems. *Pediatrics*, 145(1), e20193308.

Physician Oversight of Pediatric Care in Emergency Medical Services. (2016). *Prehospital Emergency Care*, 21(1). doi:<https://doi.org/10.1080/10903127.2016.1229826>



Version History

Date	Version	Description
7/1/2025	1.0	Published document



Appendix A – Pediatric Recognition Program Equipment and Supplies

Yellow highlighted “A” items are required recognition program items in addition to the required PA EMS licensure list. Dark green highlighted “A-D” items are required items for the recognition program requiring supplemental documentation per Department of Health guidelines. Orange highlighted “S” items are scope restricted and not required if the item is above the scope of the agency licensure level.

Category	Supplemental equipment required of recognition program above that as identified via PA Bulletin per PA Regulations.	ORS – EMR level	ORS – EMT level	BLS Ambulance	BLS Squad	IALS Ambulance	IALS Squad	ALS Ambulance	ALS Squad	CCT	Air
Airway, Ventilation, and Oxygenation	Separate Bulb Syringe (1) Sterile	A	A								
	Flexible 6 and 8 Suction catheters, pharyngeal: (Must be sterile) (1 each) Size is FR	A	A								
	Flexible 10 or 12 Suction catheters, pharyngeal: (Must be sterile) (2) Size is FR	A	A								
	Flexible 14 or 16 Suction catheters, pharyngeal: (Must be sterile) (2) Size is FR	A	A								
	CPAP Ventilation—portable equipment with (2) disposable masks	S	A-D	A-D	A-D						
Bleeding, Hemorrhage Control, Shock Management, and Wound Care	Sterile Water/Normal Saline (2 liters)	A	A								
	Chest Decompression needles 14g diameter, maximum length 1.5 inches (3.8 cm) for patients less than 56 inches (144 cm) long. Std. IV Catheters if carried may apply. Must be 14g and 1.5” only					A	A	A	A	A	A
Diagnostic Tools	Thermometer—electronic digital, non-tympanic	A	A								
	Electronic Glucose Meter	S	A	A	A						
Infection Control	General trash collection bags Both red bag and regular	A	A	A	A	A	A	A	A	A	A
	Products appropriate for cleaning and disinfecting surfaces and equipment wipes, sprays, combination.	A	A	A	A	A	A	A	A	A	A
Medication Delivery and Vascular Access	Sponges, Alcohol, Prep (10)	A	A								
	Pediatric length-based Drug Dosing/ Equipment Sizing Tape—most current version	S	A	A	A						
	Nebulizer System (1) with both adult and child size delivery devices (masks and/or mouthpieces)	S	A-D	A-D	A-D						
	Hypodermic needles: 16–18 gauge (4), 20–22 gauge (4), 23–25 gauge (4). Additional BLS level equipment to include two (2) filter needles or straws to draw from a glass vial (if used) and at least two (2) hypodermic needles 22–25 gauge (one (1) 5/8 inch and one (1) 1–1.5 inches in length).	S	A-D	A-D	A-D						



Appendix A – Pediatric Recognition Program Equipment and Supplies

Yellow highlighted “A” items are required recognition program items in addition to the required PA EMS licensure list. **Dark green highlighted “A–D” items** are required items for the recognition program requiring supplemental documentation per Department of Health guidelines. **Orange highlighted “S” items** are scope restricted and not required if the item is above the scope of the agency licensure level.

Category	Supplemental equipment required of recognition program above that as identified via PA Bulletin per PA Regulations.	QRS – EMR level	QRS – EMT level	BLS Ambulance	BLS Squad	IALS Ambulance	IALS Squad	ALS Ambulance	ALS Squad	CCT	Air
Medication Delivery and Vascular Access	Two syringes of assorted sizes, including at least one with a 1 mL volume. Additional BLS level equipment to include two (2) sterile syringes specially marked to only indicate a dose of 0.15mg or 0.3mg.	S	A–D	A–D	A–D						
	A device to provide pressure infusion of IV fluids (one 1000 ml capacity spec'd)					A	A	A	A	A	A
	A device suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid (3-way stop-cock with 60 ml syringe acceptable)					A	A	A	A	A	A
Neonatal Care	Sterile OB Kits (2) (Air 1) (QRS 1). Must include in or have available along with kit: 2 umbilical cord clamps, Tool for cutting umbilical cord, Bulb suction, Infant head cover, Towels, Blanket, Gauze dressings, Material or device intended to maintain body temperature	A	A								
	Sterile Thermal Blanket (Silver Swaddler) (1) or roll of sterile aluminum foil (1)	A	A								
Orthopedic Injury Care	Elastic bandages (Coband or typical, 1–2” and 1–4”)	A	A	A	A	A	A	A	A	A	A
	Pelvic stabilization device (1) or a sheet with some device to hold it in place, Towel clip or similar, is acceptable.			A	A	A	A	A	A		
	Upper and lower extremity splints (2 each)	A	A		A		A		A		
Patient Packaging, Evacuation, and Transport	Rigid/Semi-rigid neck immobilizer S, M, L, pediatric (1 each). Multi-size are permitted for S, M, L (3 each).	A	A								
Safety	Hazard Warning Device (3)	A	A								
Temperature Management and Heat-loss Prevention	Heat packs, Chemical (4)	A	A								
	Towels (4)	A	A		A		A		A		A
ePCR Recordkeeping	NEMSIS Compliant Electronic Patient Care Recordkeeping charting program.	A	A								



Appendix B – Forms

Are all available on the PA EMS for Children website at <https://paemsc.org>.

- Intent to Apply
- General Attestation
- Education Transcript
- Education Roster
- EMS Outreach Log
- Safe Transport Attestation
- Child Passenger Safety Technician Information and Activity log
- Performance Improvement Report
- Disaster Readiness Activity log
- Replacement Decal form

An Application will be made available to the Primary Contact once a completed Intent to Apply has been received.



PENNSYLVANIA
EMSC State Partnership Program

**PREPARED FOR
PEDIATRICS**
EMERGENCY MEDICAL SERVICES

EMS INTENT TO APPLY

Agency Name* (legal name as licensed)

Date

DBA (if applicable)

Agency Affiliate number* (first 5 digits of number on license decal)

Primary Contact*

Name _____ Title _____

Email _____ Phone _____

Application Authorization

I hereby acknowledged and approve my EMS Agency's Intent to Apply for the Pennsylvania Pediatric Readiness Recognition Program **Prepared for Pediatrics EMS**. Furthermore, my EMS agency understands that all requirements and resources to successfully obtain verification at one of the three levels of recognition are the sole responsibility of the agency.

Name _____ Title _____

Signature _____

Should be signed by senior-level agency leadership (Chief, President, Executive Director, etc.)

A completed form should be submitted as an electronic attachment to: EMSC@PEHSC.org





PENNSYLVANIA
EMSC State Partnership Program

PREPARED FOR
PEDIATRICS
EMERGENCY MEDICAL SERVICES

GENERAL ATTESTATION

Recognition Level: BRONZE SILVER GOLD

Agency Name* (legal name as licensed)

Date

DBA (if applicable)

Agency Affiliate number* (first 5 digits of number on license decal)

As a supplement to the EMS agency application for recognition in the Prepared for Pediatrics EMS program, the following attestations to program requirements as outlined in the program handbook for the recognition level identified above are submitted. (please initial each requirement).

The EMS agency will maintain:

- _____ PECC compliance with recognition level requirements.
- _____ The additional Equipment, Supplies, and Medications as listed in the program document.
- _____ Background Check compliance with recognition level requirements.
- _____ Compliance with recognition level education requirements.
- _____ A Family Centered Care Policy as submitted with the application.
- _____ NEMSIS compliance with recognition level requirements.
- _____ EMSC Survey compliance with recognition level requirements
- _____ A pediatric specific triage system as per the recognition level requirements

Application Attestation

I hereby attest that the EMS agency listed herein is compliant with the specific requirements listed above and as outlined in the Prepared for Pediatrics Program Administrative Handbook. Furthermore, the EMS agency will maintain compliance with program requirements for the recognition level identified throughout the recognition term until required to renew their application. I understand that any falsification, omission, or concealment of material fact may subject the EMS agency to action against the application, including rejection or reversal of recognition award.

Name _____ Title _____

Signature _____

Should be signed by senior level agency leadership (Chief, President, Executive Director, etc.)

PEDIATRIC READINESS RECOGNITION PROGRAM

EMS EDUCATION TRANSCRIPT

AGENCY NAME

Date _____ Provider Name _____ Certificate # _____

	Class Name	Date Held	Hours Awarded
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Medical Director Name: _____ Signature: _____

My signature verifies that the Disaster Readiness Activities documented in this report are accurate and true.



PEDIATRIC READINESS RECOGNITION PROGRAM

EMS EDUCATION ROSTER

AGENCY NAME

Date _____ Class _____ Hours _____

EMS Provider Name	Certification #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

EMS Provider Name	Certification #
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	

Medical Director Name: _____ Signature: _____

My signature verifies the EMS providers on this record attended the listed class for the number of hours shown.



PEDIATRIC READINESS RECOGNITION PROGRAM

EMS OUTREACH LOG

AGENCY NAME

Date Range _____ Class _____ Hours _____

Date	Activity Name	Location	Description of Event

Agency PECC Name: _____ Signature: _____

My signature verifies that the Outreach Activities documented in this report are accurate and true.

PEDIATRIC READINESS RECOGNITION PROGRAM

SAFE TRANSPORT ATTESTATION

AGENCY NAME

Date _____

Name/type of Safe Transport Device Reviewed and Competency Verified:		Instructor/Evaluator Name:	
EMS Provider Name	Certification #	EMS Provider Name	Certification #
1.		13.	
2.		14.	
3.		15.	
4.		16.	
5.		17.	
6.		18.	
7.		19.	
8.		20.	
9.		21.	
10.		22.	
11.		23.	
12.		24.	

Complete a new form for each date that device education and competency verification occurred.

Agency PECC Name: _____ Signature: _____

My signature verifies the EMS providers on this record attended the listed class and were verified as competent on the use of the specified device.



PEDIATRIC READINESS RECOGNITION PROGRAM

CPST INFORMATION AND ACTIVITY LOG

AGENCY NAME

Certified Child Passenger Safety Technician Name(s)

Public Car Seat Safety Program Activity

Date	Location	Number of checks completed

Agency PECC Name: _____ Signature: _____

My signature verifies the Child Passenger Safety Technician activity for the dates and locations listed.



PEDIATRIC READINESS RECOGNITION PROGRAM

PERFORMANCE IMPROVEMENT REPORT

AGENCY NAME

Performance Improvement Activity Description	Measures	Outcome
1.		
2.		
3.		
4.		
5.		

Medical Director Name: _____ Signature: _____

My signature verifies that the Performance Improvement Activities documented in this report are accurate and true.

PEDIATRIC READINESS RECOGNITION PROGRAM

DISASTER READINESS ACTIVITY LOG

AGENCY NAME

Activity Description	Date	Location
1.		
2.		
3.		
4.		
5.		

Medical Director Name: _____ Signature: _____

My signature verifies that the Disaster Readiness Activities documented in this report are accurate and true.



PENNSYLVANIA
EMSC State Partnership Program

**PREPARED FOR
PEDIATRICS**
EMERGENCY MEDICAL SERVICES

REQUEST FOR ADDITIONAL DECALS

Agency Name* (legal name as licensed)

Date

DBA (if applicable)

Affiliate number* (first 5 digits of number on license decal)

Primary Contact* (for process and communication)

Name _____ Title _____

Email _____ Phone _____

Number of Decals Requested* _____ Recognition Level* _____

Name _____ Title _____

Application Attestation: I hereby acknowledge that my request for additional or replacement decals will follow decal placement instructions outlined in the Prepared for Pediatrics EMS Handbook and will only be placed on licensed vehicles that meet all program requirements for the recognition level shown on the decal.

Signature _____

Should be signed by senior-level agency leadership (Chief, President, Executive Director, etc.)

A completed form should be submitted as an electronic attachment to EMSC@PEHSC.org.

