**California Code of Regulations**

**Title 22. Social Security**

**Division 9. Prehospital Emergency Medical Services**

**Chapter 14. Emergency Medical Services for Children**

**ARTICLE 1. DEFINITIONS**

 **§ 100450.200. California Emergency Medical Services Information System (CEMSIS)**

“California emergency medical services information system” or “CEMSIS” means the secure, standardized, and centralized electronic information and data collection system administered by the California EMS Authority which is used to collect statewide emergency medical services (EMS) and trauma data.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.102 and 1799.204, Health and Safety Code.

**§ 100450.201. Emergency Medical Services Authority**

“Emergency medical services authority” or “EMS authority” means the department in California responsible for the coordination and integration of all state activities concerning emergency medical services.

Note: Authority cited: Sections 1797.107 and 1797.54, Health and Safety Code. Reference: Sections 1797.100, 1797.103, and 1799.204, Health and Safety Code.

**§ 100450.202. Emergency Medical Services for Children (EMSC) Program**

“Emergency medical services for children program” or “EMSC program” means the written EMSC program components integrated into an existing local EMS agency’s EMS Plan.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.76, 1797.222, 1797.250, 1797.254, 1799.204, and 1799.205 Health and Safety Code.

**§ 100450.203. Emergency Medical Services Quality Improvement Program**

"Emergency medical services quality improvement program" or “quality improvement” or “QI” means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.205(j), Health and Safety Code.

**§ 100450.204. Interfacility Transfer**

“Interfacility transfer” means the transfer of an admitted or non-admitted pediatric patient from one licensed health care hospital to another pursuant to the policies and procedures of the local EMS agency for the transfer of pediatric patients between health care facilities.

Note: Authority cited: Sections 1797.107 and 1799.204(6), Health and Safety Code. Reference: Sections 1798.170, 1798.172, 1799.204(c)(6) and 1799.205(e), Health and Safety Code.

**§ 100450.205. National EMS Information System (NEMSIS)**

“National EMS information system” or “NEMSIS” means the national repository used to store secure, standardized, and centralized electronic EMS data from every state in the nation.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.206. Pediatric Emergency Care Coordinator (PECC)**

“Pediatric emergency care coordinator” or “PECC” means a physician or nurse who is assigned to an emergency department and demonstrates competence and skill in the emergency care of pediatric patients.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.207. Pediatric Intensivist**

“Pediatric intensivist” means a physician who is board-certified or board-eligible in pediatric critical care medicine, or pediatrics, anesthesia, and anesthesia critical care.

Note: Authority cited: Sections 1797.107 and 1799.204 Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.208. Pediatric Patient**

**“**Pediatric patient**”** means a person who is less than or equal to 14 years of age.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.209. Pediatric Receiving Center (PedRC)**

“Pediatric Receiving Center” or “PedRC” means a licensed general acute care hospital with, at a minimum, a permit for basic or comprehensive services that have been formally designated by the local EMS agency for its role in an EMS system.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1797.67, 1797.88, 1799.204, Health and Safety Code.

**§ 100450.210**. **Pediatric Receiving Center – Level I**

“Level I pediatric receiving center” means a California Children’s Services (CCS) approved tertiary hospital, pursuant to Health and Safety Code 213800 et seq (the Robert W. Crown California Children’s Services Act), with specialized in-patient intensive care, diagnostic, operative, therapeutic services and equipment, and with in-house and/or promptly available physician specialists in pediatric subspecialties. A Level I pediatric community hospital may be designated as a PedRC by the local EMS agency if the hospital has full, provisional, or CCS approval readily available.

Note: Authority cited: Health and Safety Code Sections 1797.107 and 1799.204. Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840, Health and Safety Code.

**§ 100450.211. Pediatric Receiving Center – Level II**

“Level II pediatric receiving center” means a CCS approved pediatric community hospital. A level II pediatric community hospital may be designated as a PedRC by the local EMS agency if the hospital has full, provisional, or CCS approval readily available.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840, Health and Safety Code.

**§ 100450.212. Pediatric Receiving Center- Level III**

“Level III pediatric receiving center” means a hospital with basic emergency services, staffed 24 hours a day, 7 days a week, but which may have limited inpatient services. A level III PedRC is a general community hospital that has adult inpatient specialty care with no dedicated inpatient pediatric services. Diagnostic, operative, therapeutic services and equipment must be available, and selected physician specialists must be available for consultation. A level III pediatric community hospital may be designated as a PedRC by the local EMS agency if the hospital has full, provisional, or CCS approval readily available.

Note: Authority cited: Health and Safety Code Sections 1797.107 and 1799.204. Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840, Health and Safety Code.

**§ 100450.213**. **Pediatric Receiving Center – Level IV**

“Level IV pediatric receiving center” means a small and rural hospital, with a basic emergency department permit, as defined in Section 124840 of the Health and Safety Code, with limited or no inpatient care capability and limited physician specialists available for consultation. Emergency department services may include physician staffing 24 hours a day, 7 days a week or a physician available for consultation. A level IV pediatric community hospital may be designated as a PedRC by the local EMS agency if the hospital has full, provisional, or CCS approval readily available.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840. Health and Safety Code,

**§ 100450.214. Qualified Emergency Specialist**

“Qualified emergency specialist” means a qualified California physician who is board certified or board eligible in emergency medicine or pediatric emergency medicine by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.215. Qualified Pediatric Specialist**

“Qualified pediatric specialist” means a qualified California physician who is board certified or board eligible in a pediatric specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.216. Qualified Specialist**

“Qualified specialist” means a physician licensed in California who has taken special postgraduate medical training, and has become board certified or is board eligible in the corresponding specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

**§ 100450.217. Telehealth**

“Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.

Note: Authority cited: Sections 1797.107 and 1799.204

Reference: Section 2290.5, California Business and Professions Code

**§ 100450.218. Trauma Facility**

"Trauma facility" means a licensed hospital, which has been designated as a level I, II, III, or IV trauma facility and/or Level I or II pediatric trauma facility by the local EMS agency.

Note: Authority cited: Sections 1797.107, 1798.160, 1798.165 and 1799.204, Health and Safety Code. Reference: Sections 1798.161, 1798.162, and 1799.204, Health and Safety Code.

**Article 2. LOCAL EMS AGENCY EMSC PROGRAM REQUIREMENTS**

**§ 100450.219. EMSC program approval**

(a) A local EMS agency may develop and implement an EMSC program.

(b) A local EMS agency implementing a new EMSC program shall have the EMSC component of an EMS plan approved by the EMS Authority prior to implementation.

(c) The EMSC component of an EMS plan submitted to the EMS Authority shall include, at a minimum, the following:

1. The names and titles of the local EMS agency personnel who have a role in the planning, implementation, and management of an EMSC program.
2. Injury and illness prevention planning that includes coordination, education, and data collection.

(3) Care rendered to pediatric patients outside the hospital readily available upon request.

(4) A description of emergency department care available to pediatric patients.

(5) A copy of the local EMS agency policy that facilitates interfacility, consultation, transfer, and transport of EMSC patients.

(6) A list of pediatric critical care and pediatric trauma services readily available upon request.

(7) Copies of agreements with designated hospitals with pediatric considerations readily available upon request.

(8) Pediatric rehabilitation plans that include data collection and evaluation, education on early detection of need for referral, and proper referral of pediatric patients.

(9) A description of care available for pediatric patients with special EMS needs outside the hospital.

 (10) A description of the integration of EMSC into existing quality improvement committees, including information management and system evaluation.

(11) Copies of the local EMS agency’s EMSC patient identification and destination policies.

(12) A description of the method of field communication to the receiving hospital specific to the EMSC patient.

(13) A description of the method of data collection from the EMS providers and designated EMSC hospitals to the local EMS agency and the EMS Authority.

(14) Copies of agreements with neighboring local EMS agencies providing pediatric care readily available.

(d) The EMS Authority shall, within 30 days of receiving a request for approval, notify the requesting local EMS agency in writing of approval or disapproval of its EMSC program. If the EMSC program is disapproved, the response shall include the reason(s) for the disapproval and any required corrective action items.

(e) The local EMS agency shall provide an amended plan to the EMS Authority within 60 days of receipt of the disapproval letter.

(f) A local EMS agency currently operating an EMSC program implemented prior to the effective date of these regulations, shall submit, to the EMS Authority, an EMSC component of an EMS plan as an addendum to its annual EMS plan update, or within 180 days of the effective date of these regulations, whichever comes first.

Note: Authority cited: Sections 1797.103, 1797.105, 1797.107, 1797.220, 1797.250, 1797.254 1798.150, 1798.170, 1798.172, 1799.204 and 1799.205 Health and Safety Code. Reference: Section 1797.176 and 1797.220, Health and Safety Code.

**§ 100450.220 Annual EMSC program Update**

(a) The local EMS agency shall submit an annual update to its EMSC program, which shall include, but not be limited to, the following information:

(1) Any changes in the EMSC program since submission of the prior annual EMS plan.

(2) The status of EMSC program goals and objectives.

(3) A summary of the EMSC program performance improvement activities.

(4) Progress on addressing action items and recommendations provided by the EMS Authority within the EMSC program or Status Report approval letter, if applicable.

Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254, 1798.150, and 1798.172 Health and Safety Code. Reference: Section 1797.176, 1797.220, 1797.222, 1798.170, 1799.204, and 1799.205 Health and Safety Code.

**Article 3: Pediatric Receiving Centers**

**§ 100450.221. Level I PedRC Requirements**

(a) A hospital may be designated as a level I PedRC by the local EMS agency upon meeting all the following criteria:

(1) All designated PedRCs shall be licensed, pursuant to the Robert W. Crown California Children’s Services Act as a basic Emergency Department.

(2) All PedRC personnel shall be qualified pursuant to section 100450.225 of this Chapter.

(3) All PedRC shall have an interfacility transfer plan for pediatric patients in accordance with Title 22, Division 9, Chapter 7.

(4) Have full, provisional, or conditional CCS approval.

(5) Have documentation of CCS approval readily available upon request.

(6) Can provide comprehensive specialized pediatric medical and surgical care to any acutely ill or injured child.

(7) Plan and implement ongoing outreach regarding provisions for pediatric emergency education and level II, III, and IV PedRCs, in collaboration with the local EMS agency.

(8) Provide consultation via phone, telehealth, or onsite for emergency care and stabilization, transfer, and transport.

(9) Establish transfer agreements and serve as a regional referral center for the specialized care of pediatric patients.

(c) Emergency department services include a separate pediatric emergency department or a designated area for emergency care of pediatric patients within an emergency department, with physician staff who are qualified specialists in emergency medicine or pediatric emergency medicine.

(d) Inpatient resources must include a neonatal intensive care unit (NICU) and a pediatric intensive care unit (PICU).

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.173, 1799.204, and 1799.205, Health and Safety Code.

**§ 100450.222. Level II PedRC Requirements**

(a) A hospital may be designated as a level Il PedRC by the local EMS agency upon meeting all the following criteria:

(1) All designated PedRCs shall be licensed, pursuant to the Robert W. Crown California Children’s Services Act as a basic emergency department.

(2) All PedRC personnel shall be qualified pursuant to section 100450.225 of this Chapter.

(3) All PedRCs shall have an interfacility transfer plan for pediatric patients in accordance with Title 22, Division 9, Chapter 7.

(4) Establish formal agreements with a minimum of one level I PedRC as approved by the local EMS agency, for education, consultation and transfer of pediatric patients;

(5) Participate with a level I PedRC for pediatric emergency education for emergency care providers consistent with the local EMS agency plan for ongoing pediatric education.

(6) Develop written agreements with a level I PedRC to transfer pediatric patients for stabilization, ensuring the highest level of care.

(7) Develop transfer agreements with other pediatric centers for pediatric patients needing specialized care, not available at a level I PedRC, such as trauma, burn, spinal cord injury, and rehabilitation.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172, 1799.204, and 1799.205, Health and Safety Code.

**§ 100450.223. Level III PedRC Requirements**

(a) A hospital may be designated as a level III PedRC by the local EMS agency upon meeting all the following criteria:

(1) All designated PedRCs shall be licensed, pursuant to the Robert W. Crown California Children’s Services Act as a basic Emergency Department.

(2) All PedRC personnel shall be qualified pursuant to section 100450.225 of this Chapter.

(3) All PedRCs shall have an interfacility transfer plan for pediatric patients in accordance with Title 22, Division 9, Chapter 7.

(4) Establish formal agreements with at least one level I PedRC, as approved by the local EMS agency, for education, consultation and transfer of pediatric patients.

(5) Participate with a level I and/or II PedsRC for pediatric emergency education for emergency care providers consistent with the local EMS agency plan for ongoing pediatric education.

(6) Develop written agreements with a level I and/or Level II PedRCs to transfer pediatric patients for stabilization ensuring the highest level of care.

(7) Develop transfer agreements with other centers for pediatric patients needing specialized care such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety

Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,

1799.204 and 1799.205, Health and Safety Code.

**§ 100450.224. Level IV PedRC Requirements**

(a) A hospital may be designated as a level IV PedRC by the local EMS agency upon meeting all the following criteria:

(1) All designated PedRCs shall be licensed, pursuant to the Robert W. Crown California Children’s Services Act as a basic Emergency Department.

(2) All PedRC personnel shall be qualified pursuant to section 100450.225 of this Chapter.

(3) All PedRC shall have an interfacility transfer plan for pediatric patients in accordance with Title 22, Division 9, Chapter 7.

(4) Establish formal agreements with at least one level I PedRC as approved by the local EMS agency, for education, consultation, and transfer of pediatric patients.

(5) Develop written agreements with a level I and/or Level II PedRCs to transfer pediatric patients for stabilization ensuring the highest level of care.

(6) Develop transfer agreements with other centers for pediatric patients needing specialized care such as trauma, burn, spinal cord injury rehabilitation, and behavioral health.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety

Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,

1799.204, and 1799.205, Health and Safety Code.

**§ 100450.225. Pediatric Receiving Center Personnel Requirements**

 (a) All PedRC personnel shall meet the minimum qualifications:

(1) If a PECC is a physician, the physician PECC shall be licensed in California and meet all the following minimum qualifications and responsibilities:

(A) Be a qualified emergency specialist, or

(B) A physician who is a qualified specialist in Pediatrics or Family Medicine, and

(C) Shall have verified competency in resuscitation of pediatric patients of all ages from neonates to adolescents.

(D) Provide oversight of the emergency department pediatric quality improvement program.

(E) Liaison with appropriate hospital-based pediatric care committees.

(F) Liaison with other PedRCs, the local EMS agency, base hospitals, prehospital care providers, and neighboring hospitals.

(G) Facilitate pediatric emergency education for emergency department staff.

(H) Ensure pediatric disaster preparedness.

(2) If the PECC is a nurse, the nurse PECC shall meet all the following minimum qualifications and responsibilities:

(A) Be a California registered nurse (RN) with at least two (2) years of experience in pediatric or emergency nursing within the previous five (5) years.

(B) Have verified competency in resuscitation of pediatric patients of all ages from neonates to adolescents.

(C) Provide coordination with the pediatric physician coordinator for pediatric quality improvement activities.

(D) Facilitate emergency department nursing continuing education and competency evaluations in pediatrics.

(E) Liaison with pediatric critical care centers, trauma centers, the local EMS agency, base hospitals, prehospital care providers, and community hospitals.

(F) Liaison with appropriate hospital-based pediatric care committees.

(G) Coordinate with the physician coordinator to ensure pediatric disaster preparedness.

(3) At all times, personnel staffing within the PedRC emergency department shall include, but not be limited to:

1. A qualified pediatric specialist pursuant to section 100450.215 or a qualified specialist pursuant to section 100450.216, who demonstrates competency in resuscitation of pediatric patients of all ages from neonates to adolescents.

(B) A non-board-certified physician may be recognized as a qualified specialist by the local EMS agency upon substantiation of need by the PedRC if:

1. The physician provides documentation that meet requirements, which are equivalent to those of the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.

2. The physician provides documentation of education, training, and experience in treating and managing pediatric critically ill or injured patients, which shall be tracked by a pediatric performance improvement program.

3. The physician has successfully completed a residency program.

(C) At minimum, one RN per shift in the emergency department shall have current completion of Pediatric Advanced Life Support, Advanced Pediatric Life Support, completion of an Emergency Nursing Pediatric Course, or other equivalent pediatric emergency care nursing course, as determined by the local EMS agency.

(D) Mid-level practitioners including Nurse Practitioners and/or Physician Assistants regularly assigned to the emergency department who care for pediatric patients and who are licensed in California and have verified competency in resuscitation of pediatric patients of all ages from neonates to adolescents.

(4) Other personnel staff that may serve as consultants to the emergency department include, but is not limited to:

(A) A qualified pediatric specialist available for in-house consultation through live interactive telehealth or other means determined by the local EMS agency.

(B) A pediatric intensivist available for in-house consultation or through live interactive telehealth or agreed upon processes outlined within transfer agreements.

(5) Support services including respiratory care, laboratory, radiology, and pharmacy shall include staff and equipment to care for the pediatric patient.

(6) Respiratory care specialists who respond to the emergency department shall verify their competence to support oxygenation and ventilation of pediatric patients to the Director of Respiratory Services. This verification may include, but is not limited to:

(A) Current completion of the American Heart Association Pediatric Advanced Life Support Course, or

(B) The American Academy of Pediatrics and American College of Emergency Physicians sponsored Advanced Pediatric Life Support Course, or

(C) The Emergency Nurses Association, Emergency Nursing Pediatric Course, or

(D) Continuing education courses specific to resuscitation of pediatric patients.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.

Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1799.204, and 1799.205, Health and Safety Code.

**§ 100450.226. Pediatric Equipment, Supplies and Medication Requirements**

(a) The pediatric equipment, supplies and medications in all PedRCs, for pediatric patients from neonates to adolescents, shall include, but not be limited to:

(1) A size-based resuscitation tape, medical software, or other system available to assure proper sizing of resuscitation equipment and proper dosing of medication.

(2) Portable resuscitation supplies, such as a crash cart or bag with a method of verification of contents on a regular basis.

(3) Equipment for patient and fluid warming, patient restraint, weight scale (in kilograms) and pain scale tools for all ages of pediatric patients.

(4) Monitoring equipment appropriate for pediatric patients including, but not limited to, blood pressure cuffs, doppler device, electrocardiogram monitor/defibrillator, hypothermia thermometer, pulse oximeter, and end tidal carbon dioxide monitor.

(5) Respiratory equipment and supplies appropriate for pediatric patients including, but not limited to, clear oxygen masks, bag-mask devices, intubation equipment, tracheostomy equipment, oral and nasal airways, nasogastric tubes, and suction equipment;

(6) Vascular access supplies and equipment for pediatric patients including, but not limited to, intravenous catheters, intraosseous needles, umbilical and central venous catheters, infusion devices, and Intravenous solutions.

(7) Fracture management devices for pediatric patients including extremity and femur splints and spinal stabilization devices.

(8) Medications for the care of pediatric patients requiring resuscitation.

(9) Specialized pediatric trays or kits which shall include, but not be limited to:

(A) Lumbar puncture tray including a difficult airway kit with laryngeal mask airways and other devices to provide assisted ventilation.

(B) Tube thoracotomy tray including chest tubes in sizes for pediatric patients of all ages.

(C) Newborn delivery and resuscitation kit including supplies for immediate delivery and resuscitation of the newborn.

(D) Urinary catheter tray including urinary catheters for pediatric patients of all ages.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1799.204, and 1799.205, Health and Safety Code.

**Article 4: Data Management, Quality Improvement and Evaluations**

**§ 100450.227. Data Management Requirements**

(a) The local EMS agency shall implement a standardized data collection and reporting process for EMSC program.

(1) The EMSC program shall include the collection of both prehospital and hospital patient care data, as determined by the local EMS agency.

(2) The prehospital and hospital EMSC patient care elements selected by the local EMS agency shall be compliant with the most current version of the CEMSIS and the NEMSIS databases.

(b) All hospitals that receive pediatric patients shall participate in the local EMS agency data collection process in accordance with local EMS agency policies and procedures.

(c) Following submission of the EMSC program, the PedRC shall submit data to the local EMS agency which shall include, but not be limited to:

(1) Baseline data from pediatric ambulance transports, including but not limited to:

(A) Arrival time/date to the emergency department.

(B) Date of birth.

(C) Mode of arrival.

(D) Gender.

(E) Primary impression.

(2) Basic outcomes for EMS quality improvement activities, including but not limited to:

(A) Admitting hospital name if applicable.

(B) Discharge or transfer diagnosis.

(C) Time and date of discharge or transfer from the emergency department.

(D) Disposition.

(E) External cause of injury.

(F) Injury location.

(G) Residence zip code.

(d) Pediatric data shall be integrated into the local EMS agency and the EMS Authority data management system through data submission on no less than a quarterly basis.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1799.204 and 1799.205, Health and Safety Code.

**§ 100450.228. Quality Improvement and Evaluation Process**

(a) Each EMSC program shall have a quality improvement program to include structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. This process shall include, at a minimum:

(1) Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure protected review of selected pediatric cases.

(2) A process that integrates emergency department quality improvement activities with the prehospital, trauma, inpatient pediatrics, pediatric critical care and hospital-wide quality improvement activities.

1. A process to integrate findings from quality improvement audits and reviews into education and clinical competency evaluations of staff.

(4) A multidisciplinary pediatric quality improvement committee to review prehospital, emergency department, and inpatient pediatric patient care which shall include, but not be limited to:

1. Cardiopulmonary or respiratory arrests.

(B) Child maltreatment case.,

(C) Deaths.

(D) Intensive care unit admissions.

(E) Operating room admissions.

(F) Transfers.

(G) Trauma admissions.

(b) The local EMS agency is responsible for:

(1) Ongoing performance evaluations of the local or regional EMSC programs.

(2) The development of a quality improvement program pursuant to this section.

(3) Ensuring the designated PedRCs, other hospitals that provide care to pediatric patients, and prehospital providers involved in the EMSC program, participate in the quality improvement program contained in this section.

Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204, 1797.220, 1797.250, 1797.254, 1798.150, and 1798.172. Health and Safety Code. Reference: Section 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1798.170 Health and Safety Code.