

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services

Note: Chapter 14 and the underlying articles and sections listed below shall be adopted in full by the Emergency Medical Services Authority.

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” or “EMSA” 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 1799.204, Health and Safety Code.
Reference: Sections 1797.54, 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 prehospital and hospital pediatric care components integrated into an existing local EMS agency’s EMS Plan for pediatric emergency care.

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

§ 100450.203. 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.

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

§ 100450.204. Local Emergency Medical Services Agency.

“Local emergency medical services agency” or “local EMS agency” or “LEMSA” means the agency, department, or office having primary responsibility for administration of emergency medical services in a county or multicounty region and which is designated pursuant Health and Safety Code commencing with section 1797.200.

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

§ 100450.206. Pediatric Emergency Care Coordinator (PECC).

“Pediatric emergency care coordinator” or “PECC” means a physician or registered nurse who is qualified in the emergency care of pediatric patients pursuant to section 100450.218(b).

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

§ 100450.207. Pediatric Experience.

“Pediatric experience” means demonstrated competency through experience to care for children of all ages within their specialty as determined by hospital staff credentialing.

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

§ 100450.208. Pediatric Intensivist.

“Pediatric intensivist” means a physician who is board-certified or board-eligible in pediatric critical care medicine as recognized by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Board of Medical Specialties.

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

§ 100450.209. Pediatric Patient.

“Pediatric patient” means a person who is less than 14 years of age, consistent with Title 22, Division 5, Chapter 1, Article 6, section 70537 of the California Code of Regulations.

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

§ 100450.210. Pediatric Receiving Center (PedRC).

“Pediatric Receiving Center” or “PedRC” means a licensed general acute care hospital with, at a minimum, a permit for standby, basic, or comprehensive emergency services that has been formally designated as one of four types of PedRCs pursuant to sections 100450.218 through 100450.222, 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: Sections 1797.67, 1797.88, and 1799.204, Health and Safety Code.

§ 100450.211. Qualified Emergency Specialist.

“Qualified emergency specialist” means a physician who is licensed in California, board certified or board eligible in emergency medicine or pediatric emergency medicine by the American Board of Medical Specialties, the American Osteopathic Association Bureau of Osteopathic Specialties, or 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: Sections 1797.107 and 1799.204, Health and Safety Code.

§ 100450.212. Qualified Pediatric Specialist.

“Qualified pediatric specialist” means a physician who is licensed in California, board certified or board eligible in a pediatric specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, or 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: Sections 1797.107 and 1799.204, Health and Safety Code.

§ 100450.213. Qualified Specialist.

“Qualified specialist” means a physician licensed in California who is board certified or board eligible in the corresponding specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, or 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: Sections 1797.107 and 1799.204, Health and Safety Code.

§ 100450.214. Quality Improvement.

“Quality Improvement” or “QI” means methods of evaluation that are comprised of structure, process, and outcome evaluations that 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 1797.103, 1797.107, 1797.176 and 1798.150, and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ 100450.215. 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, Health and Safety Code. Reference: Section 2290.5, California Business and Professions Code, and Section 1799.204, Health and Safety Code.

Article 2. LOCAL EMS AGENCY EMSC PROGRAM REQUIREMENTS

§ 100450.216. 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) EMSC program goals and objectives.
 - (2) The names and titles of the local EMS agency personnel who have a role in the planning, implementation, and management of an EMSC program.
 - (3) Injury and illness prevention planning that includes coordination, education, and data collection.
 - (4) (A) Policies for care and services rendered to pre-hospital EMS pediatric patients:
 - 1. First response non-transport.

2. Transport.

3. Interfacility Transfer.

4. Critical Care.

(B) This shall include, but not be limited to:

1. Pediatric-specific personnel training.

2. Pediatric ambulance equipment.

(5) A quality improvement plan containing process-outcome measures as referenced in section 100450.224 of this Chapter.

(6) A list of facilities providing pediatric critical care and pediatric trauma services.

(7) List of designated hospitals with agreements to participate in the EMSC system of care.

(8) A list of facilities providing pediatric physical rehabilitation resources.

(9) Copies of the local EMS agency's EMSC pediatric patient destination policies.

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

(11) 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.

(12) A policy or description of how the local EMS agency integrates a PedRC in a neighboring jurisdiction.

(13) Pediatric surge planning.

(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.

(g) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with an EMSC program or PedRC unless they have been designated by the local EMS agency, in accordance with this Chapter.

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

§ 100450.217. Annual EMSC Program Update.

(a) The local EMS agency shall submit an annual update to its EMSC program as part of its annual EMS plan submittal, which shall include, at a minimum, all the following:

- (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, 1798.150, and 1799.204, Health and Safety Code. Reference: Section 1797.176, 1797.220, 1797.254, 1798.172, and 1799.204, Health and Safety Code.

Article 3: Pediatric Receiving Centers

§ 100450.218. All PedRC Requirements.

(a) All PedRCs shall meet the following facility requirements:

- (1) All PedRCs shall have an interfacility transfer plan for pediatric patients in accordance with Title 22, Division 9, Chapter 7, Article 5, section 100266.
- (2) Establish a process for obtaining and providing consultation via phone, telehealth, or onsite for emergency care and stabilization, transfer, and transport.

(b) All PedRCs shall meet the following personnel requirements:

- (1) All physician PECCs shall be licensed in California and meet all the following minimum requirements:

- (A) Be a qualified emergency specialist, or
 - (B) Be a qualified specialist in Pediatrics or Family Medicine, and
 - (C) Shall have competency in resuscitation of pediatric patients of all ages from neonates to adolescents.
- (2) All nurse PECCs shall be licensed in California and meet all the following minimum requirements:
- (A) Have at least two (2) years of experience in pediatric or emergency nursing within the previous five (5) years.
 - (B) Shall have competency in resuscitation of pediatric patients of all ages from neonates to adolescents through American Heart Association Pediatric Advanced Life Support or American College of Emergency Physicians sponsored Advanced Pediatric Life Support.
 - (3) The designated PECC shall be responsible for all of the following:
 - (A) Provide oversight of the emergency department pediatric quality improvement program.
 - (B) Liaison with appropriate hospital-based pediatric care committees.
 - (C) Liaison with other PedRCs, the local EMS agency, base hospitals, prehospital care providers, and neighboring hospitals.
 - (D) Facilitate pediatric emergency department continuing education and competency evaluations in pediatrics for emergency department staff.
 - (E) Coordinate pediatric disaster preparedness.
 - (F) Ensure family centered care practices are in place.
 - (4) All PedRCs shall have personnel available for consultation to the emergency department through live interactive telehealth or other means determined by the local EMS agency including, but not limited to:
 - (A) A qualified pediatric specialist.
 - (B) A pediatric intensivist.
 - (C) Support services, including respiratory care, laboratory, radiology, and pharmacy shall include staff and equipment to care for the pediatric patient.

(D) Respiratory care specialists who respond to the emergency department.

1. Respiratory care specialists 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. Continuing education courses specific to resuscitation of pediatric patients.

(c) 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 length-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, supraglottic airways, 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, infusion devices, and Intravenous solutions.

(7) Fracture management devices for pediatric patients including extremity splints and spinal motion restriction 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.
- (B) Difficult airway kit with devices to assist intubation and ventilation.
- (C) Tube thoracostomy tray including chest tubes in sizes for pediatric patients of all ages.
- (10) Newborn delivery kit to include, but not limited to, the following:
 - (A) Towel,
 - (B) Clamps and scissors for cutting the umbilical cord,
 - (C) Bulb suction,
 - (D) Warming pad, and
 - (E) Neonatal bag-mask ventilation device with appropriate sized masks.
 - (F) 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 1798.150 and 1799.204, Health and Safety Code.

§ 100450.219. Basic PedRC Requirements.

- (a) A hospital may be designated as a Basic PedRC by the local EMS agency upon meeting all the following criteria:
 - (1) All designated Basic PedRCs shall be licensed as a general acute care hospital with a basic or standby Emergency Department permit.
 - (2) Emergency Department services may include physician staffing 24 hours a day, 7 days a week or a physician available for consultation.
 - (3) At minimum, one licensed registered nurse or advanced care practitioner per shift in the emergency department shall have current completion of the American Heart Association 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.
 - (4) The emergency department in the hospital shall be able to stabilize critically ill or injured infants, children, and adolescents prior to admission to the pediatric intensive care unit (PICU) or transfer to a Comprehensive PedRC facility.

(5) Establish agreements with at least one Comprehensive PedRC, as approved by the local EMS agency, for education, consultation, and transfer of critical pediatric patients.

(6) Establish agreements with an Advanced or General PedRC, as approved by the local EMS agency, for consultation and transfer of pediatric patients.

(7) Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at a Comprehensive, Advanced or General PedRC, such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

(8) All Basic PedRCs shall have a physician and/or nurse PECC which may be shared with other PedRCs.

(b) Additional requirements may be stipulated by the local EMS agency medical director.

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, and 1799.204, Health and Safety Code.

§ 100450.220. General PedRC Requirements.

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

(1) All designated General PedRCs shall be licensed as a general acute care hospital with a basic or comprehensive Emergency Department permit.

(2) Participate with a Comprehensive and/or Advanced PedRC for pediatric emergency education for hospital staff and emergency care providers consistent with the local EMS agency plan for ongoing pediatric education.

(3) The emergency department in the hospital shall be able to stabilize critically ill or injured infant, children, and adolescents prior to admission to the PICU or transfer to a Comprehensive PedRC facility.

(4) Establish agreements with Comprehensive and/or Advanced PedRCs as approved by the local EMS agency, for education, consultation, and transfer.

(5) Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at a Comprehensive, Advanced or General PedRC, such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

(6) All designated General PedRCs shall have a physician and/or nurse PECC which may be shared with other PedRCs.

(7) All designated General PedRCs shall meet the following additional equipment requirements:

(A) Neonatal resuscitation equipment, including:

1. Pediatric laryngoscope with Miller 0 and 00 blades,
2. Size 2.5 and 3.0 endotracheal tubes, and
3. Umbilical vein catheters.

(b) Additional requirements may be stipulated by the local EMS agency medical director.

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, and 1799.204, Health and Safety Code.

§ 100450.221. Advanced PedRC Requirements.

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

(1) All designated Advanced PedRCs shall be licensed by the Department of Health Services (DHS), Licensing and Certification Division, under California Code of Regulations (CCR), Title 22, Division 5, Chapter 1, as follows:

(A) As an acute care hospital pursuant to Article 1, sections 70003 and 70005.

(B) For pediatric service pursuant to Article 6, section 70535 et seq.

(C) For basic or comprehensive emergency medical services pursuant to Article 6, section 70411, et seq.

(D) For social services pursuant to Article 6, section 70535 et seq

(E) Community neonatal intensive care unit (NICU) or as an Intermediate NICU if it meets the following requirements, as per:

1. Article 6, Section 70545 et seq., for the provision of perinatal services and licensed by DHS, Licensing and Certification Division as a perinatal service;

2. Article 6, Section 70481 et seq., for the provision of neonatal intensive care services and licensed by DHS, Licensing and Certification Division as an Intensive Care Newborn Nursery (ICNN)

(F) If the hospital has a PICU then it shall be licensed by DHS, Licensing and Certification Division for intensive care services, and meet the requirements for the provision of intensive care services pursuant to CCR Title 22, Division 5, Chapter 1, Article 6, Section 70491 et seq.

(G) The emergency department in the hospital shall be able to stabilize critically ill or injured infant, children, and adolescents prior to admission to the PICU or transfer to a Comprehensive PedRC facility.

(2) Establish agreements with a minimum of one Comprehensive PedRC as approved by the local EMS agency, for consultation.

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

(4) Establish transfer agreements with a Comprehensive PedRC to transfer pediatric patients for stabilization, ensuring the highest level of care.

(5) Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at a Comprehensive, Advanced or General PedRC, such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health.

(b) All Advanced PedRCs shall meet the following personnel requirements:

(1) Advanced PedRCs shall have a physician and nurse Pediatric Emergency Care Coordinator (PECC).

(2) Respiratory care service in the pediatric service department and emergency department provided by respiratory care practitioners (RCPs) who are licensed in the state of California and who have completed formal training in pediatric respiratory care which includes clinical experience in the care of children.

(3) Social work services in the pediatric service department provided by a medical social worker (MSW) holding a master's degree in social work who has expertise in the psychosocial issues affecting the families of seriously ill infants, children, and adolescents.

(4) Behavioral health specialists with pediatric experience to include, but not be limited to, psychiatrists, psychologists, and nurses.

(5) The following specialties shall be on-call, and available for consultation to the ED or NICU within 30 minutes by telephone and in-person within one hour:

(A) Neonatologist.

(B) General Surgeon with pediatric experience.

(C) Anesthesiologist with pediatric experience.

(D) Pediatric Cardiologist.

(6) The following specialties shall be on-call, and available to the NICU or ED either in-person, by phone, or by telehealth, within 30 minutes:

(A) Radiologist with pediatric experience.

(B) Otolaryngologist with pediatric experience.

(C) Mental health professional with pediatric experience.

(D) Orthopedist with pediatric experience.

(7) The following qualified specialists shall be available twenty-four (24) hours a day, 7 days a week, for consultation which may be met through a transfer agreement or telehealth:

(A) Pediatric Gastroenterologist.

(B) Pediatric Hematologist/Oncologist.

(C) Pediatric Infectious Disease.

(D) Pediatric Nephrologist.

(E) Pediatric Neurologist.

(F) Pediatric Surgeon.

(G) Cardiac Surgeon with pediatric experience.

(H) Neurosurgeon with pediatric experience.

(I) Obstetrics/Gynecologist with pediatric experience.

(J) Pulmonologist with pediatric experience.

(K) Pediatric Endocrinologist.

(8) The hospital or LEMSA may require additional specialists or more rapid response times.

(c) The pediatric equipment, supplies, and medications in all Advanced PedRCs for pediatric patients from neonates to adolescents shall include all General PedRC equipment, and:

(1) Crash carts with pediatric resuscitation equipment that shall be standardized and available on all units, including but not limited to, the emergency department, radiology suite, and inpatient pediatric service.

(d) Additional requirements may be stipulated by the local EMS agency medical director.

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, and 1799.204, Health and Safety Code.

§ 100450.222. Comprehensive PedRC Requirements.

(a) A hospital may be designated as a Comprehensive PedRC by the local EMS agency upon meeting all criteria of an Advanced PedRC, as well as the following facility requirements:

(1) All designated Comprehensive PedRCs shall be licensed as a general acute care hospital with a basic or comprehensive Emergency Department permit and have full, provisional, or conditional California Children's Services (CCS) approval by the Department of Health Care Services as a tertiary hospital, or meet CCS criteria as a tertiary hospital as approved by the local EMS agency.

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

(3) Inpatient resources including a neonatal intensive care unit (NICU) and a pediatric intensive care unit (PICU).

(4) Provide ongoing outreach and pediatric education for Community, General and Basic PedRCs, and prehospital care providers, in collaboration with the local EMS agency.

(5) Establish transfer agreements or serve as a regional referral center for specialized care, such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health, of pediatric patients.

(6) 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.

(7) All designated Comprehensive PedRCs shall meet the equipment requirements of Advanced PedRCs.

(b) Additional requirements may be stipulated by the local EMS agency medical director.

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, and 1799.204, Health and Safety Code.

Article 4: Data Management, Quality Improvement and Evaluations

§ 100450.223. 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 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 PedRCs shall participate in the local EMS agency data collection process in accordance with local EMS agency policies and procedures.

(c) Following approval of the EMSC program, PedRCs 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 from the Emergency Department.
- (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 systems through data submission on no less than a quarterly basis.

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

§ 100450.224. Quality Improvement and Evaluation Process.

- (a) Each local EMS agency shall have a quality improvement program in collaboration with all PedRCs.
- (b) All PedRCs shall have a quality improvement program. 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.
 - (3) A process to integrate findings from quality improvement audits and reviews into education and clinical competency evaluations of staff.
 - (4) Each PedRC will complete an online or paper assessment of the National Pediatric Readiness Project self-assessment and share the results with the local EMS agency every three years at minimum.
 - (5) A multidisciplinary pediatric quality improvement committee to review prehospital, emergency department, and inpatient care which shall include, but not be limited to:
 - (A) Cardiopulmonary or respiratory arrests.
 - (B) Child maltreatment cases.

(C) Deaths.

(D) Intensive care unit admissions.

(E) Operating room admissions.

(F) Transfers.

(G) Trauma admissions.

(c) The local EMS agency is responsible for:

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

(2) 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 1797.107, 1797.176, 1798.150, and 1799.204, Health and Safety Code. Reference: Sections 1797.103, 1797.104, 1797.220, and 1799.204 Health and Safety Code.