

1 **NOTE:** *The information contained in the proposed regulatory text has been thoroughly*  
2 *reorganized while also incorporating prior changes and modifications recommended by*  
3 *or resulting from comments received during the previous 15- and initial 45-day public*  
4 *comment periods. EMSA is providing a clean copy of regulatory text noticed for 30-day*  
5 *public comment for review in an effort to promote clarity.*  
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7 **California Code of Regulations**  
8 **Title 22. Social Security**  
9 **Division 9. Prehospital Emergency Medical Services**  
10 **Chapter 14. Emergency Medical Services for Children**  
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13 **ARTICLE 1. DEFINITIONS**  
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15 **§ 100450.200. California Emergency Medical Services Information System**  
16 **(CEMSIS)**

17 “California emergency medical services information system” or “CEMSIS” means the  
18 secure, standardized, and centralized electronic information and data collection system  
19 administered by the California EMS Authority which is used to collect statewide  
20 emergency medical services (EMS) and trauma data.  
21

22 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
23 Reference: Sections 1797.102 and 1799.204, Health and Safety Code.  
24

25 **§ 100450.201. Emergency Medical Services Authority**

26 “Emergency medical services authority” or “EMS authority” or “EMSA” means the  
27 department in California responsible for the coordination and integration of all state  
28 activities concerning emergency medical services.  
29

30 Note: Authority cited: Sections 1797.107 and 1797.54, Health and Safety Code.  
31 Reference: Sections 1797.100, 1797.103, and 1799.204, Health and Safety Code.  
32

33 **§ 100450.202. Emergency Medical Services for Children (EMSC) Program**

34 “Emergency medical services for children program” or “EMSC program” means the  
35 prehospital and hospital pediatric care components integrated into an existing local  
36 EMS agency’s EMS Plan for pediatric emergency care.  
37

38 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
39 Reference: Sections 1797.76, 1797.222, 1797.250, 1797.254, 1799.204, and 1799.205  
40 Health and Safety Code.  
41

42 **§ 100450.203. Emergency Medical Services Quality Improvement Program**

43 “Emergency medical services quality improvement program” or “quality improvement” or  
44 “QI” means methods of evaluation of structure, process, and outcome that focus on  
45 improvement efforts to identify root causes of problems, intervene to reduce or eliminate

46 these causes, and take steps to correct the process and achieve excellence in delivery  
47 of care.

48  
49 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
50 Reference: Section 1799.205(j), Health and Safety Code.

51  
52 **§ 100450.204. Interfacility Transfer**

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

57  
58 Note: Authority cited: Sections 1797.107 and 1799.204(6), Health and Safety Code.  
59 Reference: Sections 1798.170, 1798.172, 1799.204(c)(6) and 1799.205(e), Health and  
60 Safety Code.

61  
62 **§ 100450.205. Local Emergency Medical Services Agency**

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

67  
68 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
69 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

70  
71 **§ 100450.206. National EMS Information System (NEMSIS)**

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

75  
76 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
77 Reference: Section 1799.204, Health and Safety Code.

78  
79 **§ 100450.207. Pediatric Emergency Care Coordinator (PECC)**

80 Pediatric emergency care coordinator” or “PECC” means a physician or nurse who is  
81 qualified in the emergency care of pediatric patients pursuant to California Code of  
82 Regulations (CCR), Title 22, Chapter 14, Article 2, section 100450.216.

83  
84 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
85 Reference: Section 1799.204, Health and Safety Code.

86  
87 **§ 100450.208. Pediatric Intensivist**

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

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

**§ 100450.209. 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.

**§ 100450.210. 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 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.

**§ 100450.211. 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 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.

**§ 100450.212. 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, 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.

**§ 100450.213. 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, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

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

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141 **§ 100450.214. Quality Improvement**

142 “Quality Improvement” or “QI” means methods of evaluation that are composed of  
143 structure, process, and outcome evaluations that focus on improvement efforts to  
144 identify root causes of problems, intervene to reduce or eliminate these causes and take  
145 steps to correct the process, and recognize excellence in performance and delivery of  
146 care.

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148 Note: Authority cited: Sections 1797.103, 1797.107, 1797.174, 1797.176 and 1798.150  
149 119 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204,  
150 1797.220 120 and 1798.175, Health and Safety Code.

151

152 **§ 100450.215. Telehealth**

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

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159 Note: Authority cited: Sections 1797.107 and 1799.204  
160 Reference: Section 2290.5, California Business and Professions Code

161

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

163

164 **§ 100450.216. EMSC Program Approval**

165

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

167

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

170

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

173

174 (1) EMSC program goals and objectives.

175

176 (2) The names and titles of the local EMS agency personnel who have a role in the  
177 planning, implementation, and management of an EMSC program.

178

179 (3) Injury and illness prevention planning that includes coordination, education, and data  
180 collection.

181

182 (4) (A) Policies for care and services rendered to pre-hospital EMS pediatric patients:

183

184 (i) First response non-transport.

185

186 (ii) Transport.

187

188 (iii) Interfacility Transfer.

189

190 (iv) Critical Care.

191

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

193

194 (i) Pediatric-specific personnel training.

195

196 (ii) Pediatric ambulance equipment.

197

198 (5) A quality improvement plan containing process-outcome measures as referenced in  
199 section 100450.223 of this Chapter.

200

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

202

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

205

206 (8) Pediatric physical rehabilitation plans that include data collection and evaluation, and  
207 proper referral of pediatric patients.

208

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

210

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

213

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

216

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

219

220 (13) Pediatric surge planning.

221

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

226

227 (e) The local EMS agency shall provide an amended plan to the EMS Authority within  
228 60 days of receipt of the disapproval letter.

229

230 (f) A local EMS agency currently operating an EMSC program implemented prior to the  
231 effective date of these regulations, shall submit, to the EMS Authority, an EMSC  
232 component of an EMS plan as an addendum to its annual EMS plan update, or within  
233 180 days of the effective date of these regulations, whichever comes first.

234  
235 Note: Authority cited: Sections 1797.103, 1797.105, 1797.107, 1797.220, 1797.250,  
236 1797.254 1798.150, 1798.170, 1798.172, 1799.204 and 1799.205 Health and Safety  
237 Code. Reference: Section 1797.176 and 1797.220, Health and Safety Code.

238

239 **§ 100450.217. Annual EMSC Program Update**

240  
241 (a) The local EMS agency shall submit an annual update to its EMSC program, which  
242 shall include, but not be limited to, the following information:

243

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

245

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

247

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

249

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

252

253 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254,  
254 1798.150, and 1798.172 Health and Safety Code. Reference: Section 1797.176,  
255 1797.220, 1797.222, 1798.170, 1799.204, and 1799.205 Health and Safety Code.

256

257

258 **Article 3: Pediatric Receiving Centers**

259

260 **§ 100450.218. All PedRC Requirements**

261

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

263

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

266

267 (2) Establish a process for obtaining and providing consultation via phone, telehealth, or  
268 onsite for emergency care and stabilization, transfer, and transport.

269

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

271

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

274

275 (A) Be a qualified emergency specialist, or

Updated 09-19-18  
30-Day Public Comment Period  
September 21 – October 21, 2018

- 276 (B) Be a qualified specialist in Pediatrics or Family Medicine, and  
277
- 278 (C) Shall have competency in resuscitation of pediatric patients of all ages from  
279 neonates to adolescents.  
280
- 281 (2) All nurse PECCs shall be licensed in California and meet all the following minimum  
282 requirements:  
283
- 284 (A) Have at least two (2) years of experience in pediatric or emergency nursing within  
285 the previous five (5) years.  
286
- 287 (B) Shall have competency in resuscitation of pediatric patients of all ages from  
288 neonates to adolescents through Pediatric Advanced Life Support or Advanced  
289 Pediatric Life Support.  
290
- 291 (3) The designated PECC shall be responsible for all of the following:  
292
- 293 (A) Provide oversight of the emergency department pediatric quality improvement  
294 program.  
295
- 296 (B) Liaison with appropriate hospital-based pediatric care committees.  
297
- 298 (C) Liaison with other PedRCs, the local EMS agency, base hospitals, prehospital care  
299 providers, and neighboring hospitals.  
300
- 301 (D) Facilitate pediatric emergency department continuing education and competency  
302 evaluations in pediatrics for emergency department staff.  
303
- 304 (E) Coordinate pediatric disaster preparedness.  
305
- 306 (F) Ensure pediatric centered care practices are in place.  
307
- 308 (4) All PedRCs shall have personnel staff available for consultation to the emergency  
309 department through live interactive telehealth or other means determined by the local  
310 EMS agency including, but not limited to:  
311
- 312 (A) A qualified pediatric specialist  
313
- 314 (B) A pediatric intensivist  
315
- 316 (C) Support services including respiratory care, laboratory, radiology, and pharmacy  
317 shall include staff and equipment to care for the pediatric patient.  
318
- 319 (D) Respiratory care specialists who respond to the emergency department  
320

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30-Day Public Comment Period  
September 21 – October 21, 2018

321 (i) Respiratory care specialists shall verify their competence to support oxygenation and  
322 ventilation of pediatric patients to the Director of Respiratory Services. This verification  
323 may include, but is not limited to:

324  
325 A. Current completion of the American Heart Association Pediatric Advanced Life  
326 Support Course, or

327  
328 B. The American Academy of Pediatrics and American College of Emergency  
329 Physicians sponsored Advanced Pediatric Life Support Course, or

330  
331 C. Continuing education courses specific to resuscitation of pediatric patients.

332  
333 (c) The pediatric equipment, supplies and medications in all PedRCs, for pediatric  
334 patients from neonates to adolescents, shall include, but not be limited to:

335  
336 (1) A size-based resuscitation tape, medical software, or other system available to  
337 assure proper sizing of resuscitation equipment and proper dosing of medication.

338  
339 (2) Portable resuscitation supplies, such as a crash cart or bag with a method of  
340 verification of contents on a regular basis.

341  
342 (3) Equipment for patient and fluid warming, patient restraint, weight scale (in kilograms)  
343 and pain scale tools for all ages of pediatric patients.

344  
345 (4) Monitoring equipment appropriate for pediatric patients including, but not limited to,  
346 blood pressure cuffs, doppler device, electrocardiogram monitor/defibrillator,  
347 hypothermia thermometer, pulse oximeter, and end tidal carbon dioxide monitor.

348  
349 (5) Respiratory equipment and supplies appropriate for pediatric patients including, but  
350 not limited to, clear oxygen masks, bag-mask devices, intubation equipment,  
351 supraglottic airways, oral and nasal airways, nasogastric tubes, and suction equipment.

352  
353 (6) Vascular access supplies and equipment for pediatric patients including, but not  
354 limited to, intravenous catheters, intraosseous needles, infusion devices, and  
355 Intravenous solutions.

356  
357 (7) Fracture management devices for pediatric patients including extremity splints and  
358 spinal motion restriction devices.

359  
360 (8) Medications for the care of pediatric patients requiring resuscitation.

361  
362 (9) Specialized pediatric trays or kits which shall include, but not be limited to:

363  
364 (A) Lumbar puncture tray.

365



366 (B) Difficult airway kit with supraglottic airways and other devices to provide assisted  
367 ventilation.

368  
369 (C) Tube thoracostomy tray including chest tubes in sizes for pediatric patients of all  
370 ages.

371  
372 (10) Newborn delivery kit to include, but not limited to, the following:

373  
374 (A) towel,

375  
376 (B) scissors for cutting the umbilical cord,

377  
378 (C) bulb suction,

379  
380 (D) warming pad, and

381  
382 (E) neonatal bag-mask ventilation device with appropriate sized masks.

383  
384 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety  
385 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,  
386 1799.204, and 1799.205, Health and Safety Code.

387  
388 **§ 100450.219. Basic PedRC Requirements**

389  
390 (a) A hospital may be designated as a Basic PedRC by the local EMS agency upon  
391 meeting all the following criteria:

392  
393 (1) All designated Basic PedRCs shall be licensed as a general acute care hospital with  
394 a basic or standby Emergency Department permit.

395  
396 (2) Emergency Department services may include physician staffing 24 hours a day, 7  
397 days a week or a physician available for consultation.

398  
399 (3) At minimum, one licensed registered nurse or advanced care practitioner per shift in  
400 the emergency department shall have current completion American Heart Association of  
401 Pediatric Advanced Life Support, Advanced Pediatric Life Support, completion of an  
402 Emergency Nursing Pediatric Course, or other equivalent pediatric emergency care  
403 nursing course, as determined by the local EMS agency.

404  
405 (4) Establish agreements with at least one Comprehensive PedRC as approved by the  
406 local EMS agency, for education, consultation and transfer of critical pediatric patients.

407  
408 (5) Establish agreements with an Advanced or General PedRC as approved by the local  
409 EMS agency, for consultation and transfer of pediatric patients.

410

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

414  
415 (7) All Basic PedRCs shall have a physician and/or nurse PECC which may be shared  
416 with other PedRCs.

417  
418 (b) Additional requirements may be stipulated by the local EMS agency medical  
419 director.

420  
421 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety  
422 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,  
423 1799.204, and 1799.205, Health and Safety Code.

424  
425 **§ 100450.220. General PedRC Requirements**

426  
427 (a) A hospital may be designated as a General PedRC by the local EMS agency upon  
428 meeting all the following criteria:

429  
430 (1) All designated General PedRCs shall be licensed as a general acute care hospital  
431 with a basic or comprehensive Emergency Department permit.

432  
433 (2) Participate with a Comprehensive and/or Advanced PedRC for pediatric emergency  
434 education for hospital staff and emergency care providers consistent with the local EMS  
435 agency plan for ongoing pediatric education.

436  
437 (3) Establish agreements with a Comprehensive and/or Advanced PedRCs as approved  
438 by the local EMS agency, for education, consultation and transfer.

439  
440 (4) Establish transfer agreements for pediatric patients needing specialized care, if the  
441 specialized care is not available at a Comprehensive, Advanced or General PedRC,  
442 such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

443  
444 (5) All designated General PedRCs have a physician and/or nurse PECC which may be  
445 shared with other PedRCs.

446  
447 (6) All designated General PedRCs shall meet the following additional equipment  
448 requirements:

449  
450 (A) neonatal resuscitation equipment, including:

451  
452 (i) pediatric laryngoscope with Miller 0 and 00 blades,

453  
454 (ii) size 2.5 and 3.0 endotracheal tubes, and

455  
456 (iii) umbilical vein catheters.

457  
458 (B) Urinary catheter tray including urinary catheters for pediatric patients of all ages.

459  
460 (b) Additional requirements may be stipulated by the local EMS agency medical  
461 director.

462  
463 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety  
464 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,  
465 1799.204 and 1799.205, Health and Safety Code.

466  
467 **§ 100450.221. Advanced PedRC Requirements**

468  
469 (a) A hospital may be designated as an Advanced PedRC by the local EMS agency  
470 upon meeting the following criteria:

471  
472 (1) All designated Advanced PedRCs shall be licensed by the Department of Health  
473 Services (DHS), Licensing and Certification Division, under California Code of  
474 Regulations (CCR), Title 22, Division 5, Chapter 1, as follows:

475  
476 (A) As an acute care hospital pursuant to Article 1, sections 70003 and 70005.

477  
478 (B) For pediatric service pursuant to Article 6, section 70535 et seq.

479  
480 (C) For basic or comprehensive emergency medical services pursuant to article 6,  
481 section 70411, et seq.

482  
483 (D) For social services pursuant to Article 6, section 70535 et seq

484  
485 (E) Community neonatal intensive care unit (NICU) or as an Intermediate NICU if it  
486 meets the following requirements, as per:

487  
488 (i) Article 6, Section 70545 et seq., for the provision of perinatal services and licensed  
489 by DHS, Licensing and Certification Division as a perinatal service;

490  
491 (ii) Article 6, Section 70481 et seq., for the provision of neonatal intensive care services  
492 and licensed by DHS, Licensing and Certification Division as an Intensive Care  
493 Newborn Nursery (ICNN)

494  
495 (F) If the hospital has a pediatric intensive care unit (PICU) then it shall be licensed by  
496 DHS, Licensing and Certification Division for intensive care services, and meet the  
497 requirements for the provision of intensive care services pursuant to CCR Title 22,  
498 Division 5, Chapter 1, Article 6, Section 70491 et seq.

499  
500 (G) The emergency department in the hospital shall be able to stabilize critically ill or  
501 injured infant, children, and adolescents prior to admission to the PICU or transfer to a  
502 Comprehensive PedRC facility.

- 503  
504 (2) Establish agreements with a minimum of one Comprehensive PedRC as approved  
505 by the local EMS agency, for consultation.  
506
- 507 (3) Participate with a Comprehensive PedRC for pediatric emergency education for  
508 emergency care providers consistent with the local EMS agency plan for ongoing  
509 pediatric education.  
510
- 511 (4) Establish transfer agreements with a Comprehensive PedRC to transfer pediatric  
512 patients for stabilization, ensuring the highest level of care.  
513
- 514 (5) Establish transfer agreements for pediatric patients needing specialized care, if the  
515 specialized care is not available at a Comprehensive, Advanced or General PedRC,  
516 such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health.  
517
- 518 (b) All Advanced PedRCs shall meet the following personnel requirements:  
519
- 520 (1) Advanced PedRCs shall have a physician and nurse Pediatric Emergency Care  
521 Coordinator (PECC).  
522
- 523 (2) Respiratory care service in the pediatric service/department and emergency  
524 department provided by respiratory care practitioners (RCPs) who are licensed in the  
525 state of California and who have completed formal training in pediatric respiratory care  
526 which includes clinical experience in the care of children.  
527
- 528 (3) Social work services in the pediatric service/department provided by a medical social  
529 worker (MSW) holding a master's degree in social work who has expertise in the  
530 psychosocial issues affecting the families of seriously ill infants, children, and  
531 adolescents.  
532
- 533 (4) Behavioral health specialists with pediatric experience to include but not limited to  
534 psychiatrist, psychologist, and nurse.  
535
- 536 (5) The following specialties shall be on-call and available for consultation to the ED  
537 within 30 minutes:  
538
- 539 (A) Radiologist – with pediatric experience  
540
- 541 (B) Neonatologist  
542
- 543 (C) General Surgeon with pediatric experience  
544
- 545 (D) Otolaryngologist with pediatric experience  
546
- 547 (E) Obstetrics/Gynecologist with pediatric experience  
548

- 549 (F) Mental health professional with pediatric experience  
550
- 551 (6) A Pediatric Cardiologist shall be on the hospital staff, on-call, and available to the  
552 NICU or ED in less than one hour.  
553
- 554 (7) The following qualified specialists shall be available for consultation which may be  
555 met through a transfer agreement or telehealth:  
556
- 557 (A) Pediatric Gastroenterologist  
558
- 559 (B) Pediatric Hematologist/Oncologist  
560
- 561 (C) Pediatric Infectious Disease  
562
- 563 (D) Pediatric Nephrologist  
564
- 565 (E) Pediatric Neurologist  
566
- 567 (F) Pediatric Surgeon  
568
- 569 (G) Cardiac Surgeon with pediatric experience  
570
- 571 (H) Neurosurgeon with pediatric experience  
572
- 573 (c) The pediatric equipment, supplies and medications in all Advanced PedRCs, for  
574 pediatric patients from neonates to adolescents, shall include, but not be limited to:  
575
- 576 (1) Crash carts with pediatric resuscitation equipment that shall be standardized and  
577 available on all units including but not limited to the emergency department, radiology  
578 suite and inpatient pediatric service.  
579
- 580 (2) neonatal resuscitation equipment, including:  
581
- 582 (A) pediatric laryngoscope with Miller 0 and 00 blades,  
583
- 584 (B) size 2.5 and 3.0 endotracheal tubes, and  
585
- 586 (C) umbilical vein catheters.  
587
- 588 (3) Urinary catheter tray including urinary catheters for pediatric patients of all ages.  
589
- 590 (d) Additional requirements may be stipulated by the local EMS agency medical  
591 director.  
592
- 593 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.

594 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172, 1799.204, and  
595 1799.205, Health and Safety Code.

596

597 **§ 100450.222. Comprehensive PedRC Requirements**

598

599 (a) A hospital may be designated as a Comprehensive PedRC by the local EMS agency  
600 upon meeting all the following facility requirements:

601

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

607

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

610

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

613

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

617

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

621

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

626

627 (7) All designated Comprehensive PedRCs shall meet the following additional  
628 equipment requirements:

629

630 (A) neonatal resuscitation equipment, including:

631

632 (i) pediatric laryngoscope with Miller 0 and 00 blades,

633

634 (ii) size 2.5 and 3.0 endotracheal tubes, and

635

636 (iii) umbilical vein catheters.

637

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

640  
641 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
642 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.173, 1799.204, and  
643 1799.205, Health and Safety Code.

644  
645 **Article 4: Data Management, Quality Improvement and Evaluations**

646  
647 **§ 100450.223. Data Management Requirements**

648  
649 (a) The local EMS agency shall implement a standardized data collection and reporting  
650 process for EMSC program.

651  
652 (1) The EMSC program shall include the collection of both prehospital and hospital  
653 patient care data, as determined by the local EMS agency.

654  
655 (2) The prehospital EMSC patient care elements selected by the local EMS agency  
656 shall be compliant with the most current version of the CEMSYS and the NEMSIS  
657 databases.

658  
659 (b) All PedRCs shall participate in the local EMS agency data collection process in  
660 accordance with local EMS agency policies and procedures.

661  
662 (c) Following approval of the EMSC program, PedRCs shall submit data to the local  
663 EMS agency which shall include, but not be limited to:

664  
665 (1) Baseline data from pediatric ambulance transports, including, but not limited to:

666  
667 (A) Arrival time/date to the emergency department.

668  
669 (B) Date of birth.

670  
671 (C) Mode of arrival.

672  
673 (D) Gender.

674  
675 (E) Primary impression.

676  
677 (2) Basic outcomes for EMS quality improvement activities, including but not limited to:

678  
679 (A) Admitting hospital name if applicable.

680  
681 (B) Discharge or transfer diagnosis.

682  
683 (C) Time and date of discharge or transfer from the Emergency Department.

684  
685 (D) Disposition from the Emergency Department.

- 686  
687 (E) External cause of injury.  
688  
689 (F) Injury location.  
690  
691 (G) Residence zip code.  
692  
693 (d) Pediatric data shall be integrated into the local EMS agency and the EMS Authority  
694 data management system through data submission on no less than a quarterly basis.  
695

696 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.  
697 Reference: Sections 1799.204 and 1799.205, Health and Safety Code.  
698

699 **§ 100450.224. Quality Improvement and Evaluation Process**  
700

701 (a) Each local EMS agency EMSC program and all PedRCs shall have a quality  
702 improvement program. This process shall include, at a minimum:  
703

704 (1) Compliance with the California Evidence Code, Section 1157.7 to ensure  
705 confidentiality, and a disclosure protected review of selected pediatric cases.  
706

707 (2) A process that integrates emergency department quality improvement activities with  
708 the prehospital, trauma, inpatient pediatrics, pediatric critical care and hospital-wide  
709 quality improvement activities.  
710

711 (3) A process to integrate findings from quality improvement audits and reviews into  
712 education and clinical competency evaluations of staff.  
713

714 (4) Each PedRC will complete an online or paper assessment of the National Pediatric  
715 Readiness Project self-assessment and share the results with the local EMS agency  
716 every three years at minimum.  
717

718 (5) A multidisciplinary pediatric quality improvement committee to review prehospital,  
719 emergency department, and inpatient care which shall include, but not be limited to:  
720

721 (A) Cardiopulmonary or respiratory arrests.  
722

723 (B) Child maltreatment cases.  
724

725 (C) Deaths.  
726

727 (D) Intensive care unit admissions.  
728

729 (E) Operating room admissions.  
730

731 (F) Transfers.



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732

733 (G) Trauma admissions.

734

735 (b) The local EMS agency is responsible for:

736

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

738

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

742

743 Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204,  
744 1797.220, 1797.250, 1797.254, 1798.150, and 1798.172. Health and Safety Code.

745

746 Reference: Section 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1798.170  
Health and Safety Code.