

Third 15-Day Public Comment Period - Third Modified Text
January 23, 2019 – February 7, 2019

1 The Emergency Medical Services Authority has illustrated changes to the original text in
2 the following manner:

- 3
- 4 • Additions to the original text from 45-day comment period are shown underlined.
- 5 • Deletions to the original text from 45-day comment period are shown in ~~strikeout~~.
- 6

7 The Emergency Medical Services Authority has illustrated changes to the modified text
8 from the 15-day comment period in the following manner:

- 9
- 10 • Additions to the modified text are shown in highlighted *italics underline*.
- 11 • Deletions to the modified text are shown in highlighted ~~*italics*~~ ~~strikeout~~.
- 12

13 The Emergency Medical Services Authority has illustrated changes to the modified text
14 from the 30-day comment period in the following manner:

- 15
- 16 • Additions to the modified text are shown in highlighted double underline.
- 17 • Deletions to the modified text are shown in highlighted ~~double~~ ~~strikeout~~.
- 18

19 The Emergency Medical Services Authority has illustrated changes to the modified text
20 from the second 15-day comment period in the following manner:

- 21
- 22
- 23 • Nonsubstantive additions to the modified text are shown in highlighted *italics*
24 double underline.
- 25 • Nonsubstantive additions to the modified text are shown in highlighted ~~*italics*~~
26 ~~double~~ ~~strikeout~~.
- 27

28
29 **California Code of Regulations**
30 **Title 22. Social Security**
31 **Division 9. Prehospital Emergency Medical Services**
32 **Chapter 14. Emergency Medical Services for Children**
33

34
35 **ARTICLE 1. DEFINITIONS**
36

37 **§ 100450.200. California Emergency Medical Services Information System**
38 **(CEMSIS)**

39 “California emergency medical services information system” or “CEMSIS” means the
40 secure, standardized, and centralized electronic information and data collection system
41 administered by the California EMS Authority which is used to collect statewide
42 emergency medical services (EMS) and trauma data.
43

44 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
45 Reference: Sections 1797.102 and 1799.204, Health and Safety Code.
46

47 **§ 100450.201. Emergency Medical Services Authority**

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

51
52 Note: Authority cited: Sections 1797.107 and 1797.54, Health and Safety Code.
53 Reference: Sections 1797.100, 1797.103, and 1799.204, Health and Safety Code.

54
55 **§ 100450.202. Emergency Medical Services for Children (EMSC) Program**

56 “Emergency medical services for children program” or “EMSC program” means the
57 **written EMSC program prehospital and hospital pediatric care** components integrated
58 into an existing local EMS agency’s EMS Plan for pediatric emergency care.

59
60 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
61 Reference: Sections 1797.76, 1797.222, 1797.250, 1797.254, 1799.204, and 1799.205
62 Health and Safety Code.

63
64 ~~**§ 100450.203. Emergency Medical Services Quality Improvement Program**~~

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

70
71 ~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.~~
72 ~~Reference: Section 1799.205(j), Health and Safety Code.~~

73
74 **§ 100450.204203. Interfacility Transfer**

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

79
80 Note: Authority cited: Sections 1797.107 and 1799.204(6), Health and Safety Code.
81 Reference: Sections 1798.170, 1798.172, 1799.204(c)(6) and 1799.205(e), Health and
82 Safety Code.

83
84 **§ 100450.205204. Local Emergency Medical Services Agency**

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

89
90 **Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.**
91 **Reference: Sections 1797.103 and 1797.176, Health and Safety Code.**

92

93 **§ 100450.205206205. National EMS Information System (NEMSIS)**
94 “National EMS information system” or “NEMSIS” means the national repository used to
95 store secure, standardized, and centralized electronic EMS data from every state in the
96 nation.

97
98 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
99 Reference: Section 1799.204, Health and Safety Code.

100
101 **§ 100450.206207206. Pediatric Emergency Care Coordinator (PECC)**
102 “Pediatric emergency care coordinator” or “PECC” means a physician or **registered**
103 nurse who is assigned to an emergency department and demonstrates competence and
104 skill qualified in the emergency care of pediatric patients pursuant to **Health and Safety**
105 **Code section 100450.220 California Code of Regulations (CCR), Title 22, Chapter 14,**
106 **Article 2, section 100450.216.**

107
108 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
109 Reference: Section 1799.204, Health and Safety Code.

110
111 **§ 100450.207. Pediatric Experience**
112 **“Pediatric experience” means demonstrated competency through experience to care**
113 **for children of all ages within their specialty as determined by hospital staff**
114 **credentialing.**

115
116 **Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.**
117 **Reference: Section 1799.204, Health and Safety Code.**

118
119 **§ 100450.207208. Pediatric Intensivist**
120 “Pediatric intensivist” means a physician who is board-certified or board-eligible in
121 pediatric critical care medicine, or pediatrics, anesthesia, and anesthesia critical care as
122 **recognized by the American Board of Medical Specialties, the Royal College of**
123 **Physicians and Surgeons of Canada or the American Osteopathic Board of Medical**
124 **Specialties.**

125
126 Note: Authority cited: Sections 1797.107 and 1799.204 Health and Safety Code.
127 Reference: Section 1799.204, Health and Safety Code.

128
129 **§ 100450.208209. Pediatric Patient**
130 “Pediatric patient” means a person who is less than **or equal to** 14 years of age,
131 **consistent with Title 22, Division 5, section 70537 of the California Code of Regulations.**

132
133 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
134 Reference: Section 1799.204, Health and Safety Code.

135
136 **§ 100450.209210. Pediatric Receiving Center (PedRC)**
137 “Pediatric Receiving Center” or “PedRC” means a licensed general acute care hospital
138 with, at a minimum, a permit for **standby, basic or comprehensive emergency services**

139 that ~~have~~ has been formally designated as one of four types of PedRCs by the local
140 EMS agency for its role in an EMS system.

141
142 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
143 Reference: Section 1797.67, 1797.88, 1799.204, Health and Safety Code.

144
145 **~~§ 100450.210. Pediatric Receiving Center – Level I~~**

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

153
154 Note: Authority cited: Health and Safety Code Sections 1797.107 and 1799.204.
155 Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840, Health
156 and Safety Code.

157
158 **~~§ 100450.211. Pediatric Receiving Center – Level II~~**

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

162
163 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
164 Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840, Health
165 and Safety Code.

166
167 **~~§ 100450.212. Pediatric Receiving Center – Level III~~**

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

176
177 Note: Authority cited: Health and Safety Code Sections 1797.107 and 1799.204.
178 Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840, Health
179 and Safety Code.

180
181 **~~§ 100450.213. Pediatric Receiving Center – Level IV~~**

182 ~~“Level IV pediatric receiving center” means a small and rural hospital, with a basic~~
183 ~~emergency department permit, as defined in Section 124840 of the Health and Safety~~
184 ~~Code, with limited or no inpatient care capability and limited physician specialists~~

185 available for consultation. Emergency department services may include physician
186 staffing 24 hours a day, 7 days a week or a physician available for consultation. A level
187 IV pediatric community hospital may be designated as a PedRC by the local EMS
188 agency if the hospital has full, provisional, or CCS approval readily available.

189
190 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
191 Reference: Sections 1797.67, 1797.88, 1797.222, 1798.101, 1799.204, 124840. Health
192 and Safety Code;

193
194 **§ 100450.214~~210211~~. Qualified Emergency Specialist**
195 “Qualified emergency specialist” means a qualified California physician who is licensed
196 in California, board certified or board eligible in emergency medicine or pediatric
197 emergency medicine by the American Board of Medical Specialties, the Advisory Board
198 for American Osteopathic Association Bureau of Osteopathic Specialties, a Canadian
199 Board or other appropriate foreign specialty board as determined by the American
200 Board of Medical Specialties.

201
202 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
203 Reference: Section 1799.204, Health and Safety Code.

204
205 **§ 100450.215~~211212~~. Qualified Pediatric Specialist**
206 “Qualified pediatric specialist” means a qualified California physician who is licensed in
207 California, board certified or board eligible in a pediatric specialty by the American
208 Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a
209 Canadian Board or other appropriate foreign specialty board as determined by the
210 American Board of Medical Specialties.

211
212 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
213 Reference: Section 1799.204, Health and Safety Code.

214
215 **§ 100450.216~~212213~~. Qualified Specialist**
216 “Qualified specialist” means a physician licensed in California who has taken special
217 postgraduate medical training, and has become is board certified or is board eligible in
218 the specified discipline of medicine as recognized corresponding specialty by the
219 American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties,
220 a Canadian Board or other appropriate foreign specialty board as determined by the
221 American Board of Medical Specialties.

222
223 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
224 Reference: Section 1799.204, Health and Safety Code.

225
226 **§ 100450.214. Quality Improvement**
227 “Quality Improvement” or “QI” means methods of evaluation that are composed
228 comprised of structure, process, and outcome evaluations that focus on improvement
229 efforts to identify root causes of problems, intervene to reduce or eliminate these

230 causes, and take steps to correct the process, and recognize excellence in performance
231 and delivery of care.

232
233 Note: Authority cited: Sections 1797.103, 1797.107, 1797.174, 1797.176 and 1798.150
234 119 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204,
235 1797.220 120 and 1798.175, Health and Safety Code.

236
237 **§ 100450.217~~213~~215. Telehealth**

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

243
244 Note: Authority cited: Sections 1797.107 and 1799.204
245 Reference: Section 2290.5, California Business and Professions Code

246
247 **§ 100450.218. Trauma Facility**

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

251
252 ~~Note: Authority cited: Sections 1797.107, 1798.160, 1798.165 and 1799.204, Health~~
253 ~~and Safety Code. Reference: Sections 1798.161, 1798.162, and 1799.204, Health and~~
254 ~~Safety Code.~~

255
256 **Article 2. LOCAL EMS AGENCY EMSC PROGRAM REQUIREMENTS**

257
258 **§ 100450.219~~214~~216. EMSC pProgram aApproval**

- 259
260 (a) A local EMS agency may develop and implement an EMSC program.
261
262 (b) A local EMS agency implementing a new EMSC program shall have the EMSC
263 component of an EMS plan approved by the EMS Authority prior to implementation.
264
265 (c) The EMSC component of an EMS plan submitted to the EMS Authority shall include,
266 at a minimum, the following:

267
268 (1) EMSC program goals and objectives.

269
270 ~~(4)~~(2) The names and titles of the local EMS agency personnel who have a role in the
271 planning, implementation, and management of an EMSC program.

272
273 ~~(2)~~(3) Injury and illness prevention planning that includes coordination, education, and
274 data collection.

275

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276 ~~(3)(4)~~ (A) Policies for Care and services rendered to pre-hospital EMS pediatric
277 patients outside the hospital readily available upon request.;

278
279 (i) First response non-transport.

280
281 (ii) Transport.

282
283 (iii) Interfacility Transfer.

284
285 (iv) Critical Care.

286
287 (B) This shall include, but not be limited to:

288
289 (i) Pediatric-specific personnel training.

290
291 (ii) Pediatric ambulance equipment.

292
293 ~~(iii)(5)~~ A quality improvement plan containing process-outcome measures as referenced
294 in section 100450.223 of this Chapter.

295
296 ~~(4)(5)~~ An description overview of emergency department care available to pediatric
297 patients within the EMSC program.

298
299 ~~(5)(6)~~ A copy of the local EMS agency policy that facilitates directs interfacility,
300 consultation, transfer, and transport of EMSC patients.

301
302 ~~(6)(7)(6)~~ A list of facilities providing pediatric critical care and pediatric trauma services
303 readily available upon request.

304
305 ~~(7)(8)(7)~~ Copies of agreements with List of designated hospitals with pediatric
306 considerations readily available upon request agreements to participate in the EMSC
307 system of care.

308
309 ~~(8)(9)(8)~~ A list of facilities providing p Pediatric physical rehabilitation plans that include
310 data collection and evaluation, education on early detection of need for referral, and
311 proper referral of pediatric patients resources.

312
313 ~~(9)(10)~~ A description of care available for pediatric patients with special EMS needs
314 outside the hospital.

315
316 ~~(10)(11)~~ A description of the integration of EMSC into existing quality improvement
317 committees, including information management and system evaluation.

318
319 ~~(11)(12)(9)~~ Copies of the local EMS agency's EMSC pediatric patient identification and
320 destination policies.

321

322 ~~(12)~~~~(13)~~~~(10)~~ A description of the method of field communication to the receiving hospital
323 specific to the EMSC patient.

324
325 ~~(13)~~~~(14)~~~~(11)~~ A description of the method of data collection from the EMS providers and
326 designated EMSC hospitals to the local EMS agency and the EMS Authority.

327
328 ~~(14)~~~~(15)~~ Copies List of agreements with neighboring local EMS agencies providing
329 pediatric care readily available with agreements for coordination of pediatric transports.

330
331 (12) A policy or description of how the local EMS agency integrates a PedRC in a
332 neighboring jurisdiction.

333
334 ~~(16)~~~~(13)~~ Pediatric surge planning.

335
336 (d) The EMS Authority shall, within ~~30~~ 60-30 days of receiving a request for approval,
337 notify the requesting local EMS agency in writing of approval or disapproval of its EMSC
338 program. If the EMSC program is disapproved, the response shall include the reason(s)
339 for the disapproval and any required corrective action items.

340
341 (e) The local EMS agency shall provide an amended plan to the EMS Authority within
342 60 days of receipt of the disapproval letter.

343
344 (f) A local EMS agency currently operating an EMSC program implemented prior to the
345 effective date of these regulations, shall submit, to the EMS Authority, an EMSC
346 component of an EMS plan as an addendum to its annual EMS plan update, or within
347 180 days of the effective date of these regulations, whichever comes first.

348
349 (g) No health care facility shall advertise in any manner or otherwise hold itself out to be
350 affiliated with an EMSC program or PedRC unless they have been designated by the
351 local EMS agency, in accordance with this chapter.

352
353 Note: Authority cited: Sections 1797.103, 1797.105, 1797.107, 1797.220, 1797.250,
354 1797.254 1798.150, 1798.170, 1798.172, 1799.204 and 1799.205 Health and Safety
355 Code. Reference: Section 1797.176 and 1797.220, Health and Safety Code.

356
357 **§ 100450. ~~220~~215217. Annual EMSC ~~p~~Program Update**

358
359 (a) The local EMS agency shall submit an annual update to its EMSC program as part
360 of its annual EMS plan submittal, which shall include, but not be limited to a minimum,
361 all the following information:

362
363 (1) Any changes in the EMSC program since submission of the prior annual EMS plan.

364
365 (2) The status of EMSC program goals and objectives.

366
367 (3) A summary of the EMSC program performance improvement activities.

368
369 (4) Progress on addressing action items and recommendations provided by the EMS
370 Authority within the EMSC program or Status Report approval letter, if applicable.

371
372 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254,
373 1798.150, and 1798.172 Health and Safety Code. Reference: Section 1797.176,
374 1797.220, 1797.222, 1798.170, 1799.204, and 1799.205 Health and Safety Code.

375
376 **Article 3: Pediatric Receiving Centers**

377
378 **§ 100450.221-216. Level I Comprehensive PedRC Requirements**

379
380 ~~(a) A hospital may be designated as a level I Comprehensive PedRC by the local EMS~~
381 ~~agency upon meeting all the following criteria:~~

382
383 ~~(1) All designated Comprehensive PedRCs shall be licensed, pursuant to the Robert W.~~
384 ~~Crown California Children's Services Act as a basic Emergency Department as a~~
385 ~~general acute care hospital with a basic or comprehensive Emergency Department~~
386 ~~permit and approved by the Department of Health Care Services as a California~~
387 ~~Children's Services (CCS) tertiary hospital.~~

388
389 ~~(2) All PedRC personnel shall be qualified pursuant to section 100450.225-220 of this~~
390 ~~Chapter.~~

391
392 ~~(3) All PedRC shall have an interfacility transfer plan for pediatric patients in accordance~~
393 ~~with Title 22, Division 9, Chapter 7.~~

394
395 ~~(4) Have full, provisional, or conditional CCS approval.~~

396
397 ~~(5) Have documentation of CCS approval readily available upon request.~~

398
399 ~~(6) (4) Can provide comprehensive specialized pediatric medical and surgical care to~~
400 ~~any acutely ill or injured child.~~

401
402 ~~(7) (5) Plan and implement Provide ongoing outreach regarding provisions for pediatric~~
403 ~~emergency education and level II, III, and IV PedRCs, and pediatric education for~~
404 ~~Community, General and Basic PedRCs, and prehospital care providers, in~~
405 ~~collaboration with the local EMS agency.~~

406
407 ~~(8) (6) Provide May provide consultation via phone, telehealth, or onsite for emergency~~
408 ~~care and stabilization, transfer, and transport.~~

409
410 ~~(9) (7) Establish transfer agreements and serve as a regional referral center for the~~
411 ~~specialized care, such as trauma, burn, spinal cord injury, and rehabilitation and~~
412 ~~behavioral health, of pediatric patients.~~

413

414 ~~(8) Additional requirements may be required at the discretion of the local EMS agency~~
415 ~~medical director.~~

416
417 ~~(e)(b) Emergency department services include a separate pediatric emergency~~
418 ~~department or a designated area for emergency care of pediatric patients within an~~
419 ~~emergency department, with physician staff who are qualified specialists in emergency~~
420 ~~medicine or pediatric emergency medicine.~~

421
422 ~~(d)(c) Inpatient resources must include a neonatal intensive care unit (NICU) and a~~
423 ~~pediatric intensive care unit (PICU).~~

424
425 ~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.~~
426 ~~Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.173, 1799.204, and~~
427 ~~1799.205, Health and Safety Code.~~

428
429 **§ 100450.222-217. Level II Advanced PedRC Requirements**

430
431 ~~(a) A hospital may be designated as a level II an Advanced PedRC by the local EMS~~
432 ~~agency upon meeting all the following criteria:~~

433
434 ~~(1) All designated Advanced PedRCs shall be licensed, pursuant to the Robert W.~~
435 ~~Crown California Children's Services Act as a basic Emergency Department as a~~
436 ~~general acute care hospital with a basic or comprehensive Emergency Department~~
437 ~~permit and approved by the Department of Health Services as a California Children's~~
438 ~~Services (CCS) Pediatric Community Hospital.~~

439
440 ~~(2) All PedRC personnel shall be qualified pursuant to section 100450.225-220 of this~~
441 ~~Chapter.~~

442
443 ~~(3) All PedRCs shall have an interfacility transfer plan for pediatric patients in~~
444 ~~accordance with Title 22, Division 9, Chapter 7.~~

445
446 ~~(4) Establish formal agreements with a minimum of one level I Comprehensive PedRC~~
447 ~~as approved by the local EMS agency, for education, and consultation and transfer of~~
448 ~~pediatric patients;~~

449
450 ~~(5) Participate with a level I Comprehensive PedRC for pediatric emergency education~~
451 ~~for emergency care providers consistent with the local EMS agency plan for ongoing~~
452 ~~pediatric education.~~

453
454 ~~(6) Develop written Establish transfer agreements with a level I Comprehensive PedRC~~
455 ~~to transfer pediatric patients for stabilization, ensuring the highest level of care.~~

456
457 ~~(7) Develop Establish transfer agreements with other pediatric centers for pediatric~~
458 ~~patients needing specialized care, if the specialized care is not available at a level I~~
459 ~~Comprehensive PedRC, such as trauma, burn, spinal cord injury, and rehabilitation and~~
460 ~~behavioral health.~~

461
462 (8) May provide consultation via phone, telehealth, or onsite for emergency care and
463 stabilization, transfer, and transport.

464
465 (9) Additional requirements may be required at the discretion of the local EMS agency
466 medical director.

467
468 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
469 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172, 1799.204, and
470 1799.205, Health and Safety Code.

471
472 **§ 100450.223218. Level III General PedRC Requirements**

473
474 (a) A hospital may be designated as a level III General PedRC by the local EMS agency
475 upon meeting all the following criteria:

476
477 (1) All designated General PedRCs shall be licensed, pursuant to the Robert W. Crown
478 California Children's Services Act as a basic Emergency Department as a general acute
479 care hospital with a basic or comprehensive Emergency Department permit.

480
481 (2) All General PedRC personnel shall be qualified pursuant to section 100450.225220
482 of this Chapter.

483
484 (3) All General PedRCs shall have an interfacility transfer plan for pediatric patients in
485 accordance with Title 22, Division 9, Chapter 7.

486
487 (4) Establish formal agreements with at least one level I Comprehensive PedRC, as
488 approved by the local EMS agency, for education, consultation, and transfer of critical
489 pediatric patients.

490
491 (5) Participate with a level I and/or II PedsRC Comprehensive and/or Advanced PedRC
492 for pediatric emergency education for hospital staff and emergency care providers
493 consistent with the local EMS agency plan for ongoing pediatric education.

494
495 (6) Develop written Establish formal agreements with a level I and/or Level II
496 Comprehensive and/or Advanced PedRCs to transfer pediatric patients for stabilization
497 ensuring the highest level of care as approved by the local EMS agency, for consultation
498 and transfer.

499
500 (7) Develop Establish transfer agreements with other centers for pediatric patients
501 needing specialized care, if the specialized care is not available at a Comprehensive,
502 Advanced or General PedRC, such as trauma, burn, spinal cord injury, rehabilitation,
503 and behavioral health.

504
505 (8) Establish a process for obtaining consultation via phone, telehealth, or onsite for
506 emergency care and stabilization, transfer, and transport.

507
508 (9) Additional requirements may be required at the discretion of the local EMS agency
509 medical director.

510
511 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety
512 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,
513 1799.204 and 1799.205, Health and Safety Code.

514
515 **§ 100450.224~~219~~. Level IV Basic PedRC Requirements**

516
517 (a) A hospital may be designated as a level IV Basic PedRC by the local EMS agency
518 upon meeting all the following criteria:

519
520 (1) All designated Basic PedRCs shall be licensed, pursuant to the Robert W. Crown
521 California Children's Services Act as a basic Emergency Department as a general acute
522 care hospital with a basic or standby Emergency Department permit.

523
524 (2) All PedRC personnel shall be qualified pursuant to section 100450.225 of this
525 Chapter. Emergency Department services may include physician staffing 24 hours a day,
526 7 days a week or a physician available for consultation.

527
528 (3) At minimum, one licensed registered nurse or advanced care practitioner per shift in
529 the emergency department shall have current completion of Pediatric Advanced Life
530 Support, Advanced Pediatric Life Support, completion of an Emergency Nursing
531 Pediatric Course, or other equivalent pediatric emergency care nursing course, as
532 determined by the local EMS agency.

533
534 (3)(4) All Basic PedRC shall have an interfacility transfer plan for pediatric patients in
535 accordance with Title 22, Division 9, Chapter 7.

536
537 (4)(5) Establish formal agreements with at least one level I Comprehensive PedRC as
538 approved by the local EMS agency, for education, consultation, and transfer of critical
539 pediatric patients.

540
541 (5)(6) Develop written Establish formal agreements with an level I, and/or level II
542 Advanced or General PedRCs to as approved by the local EMS agency, for consultation
543 and transfer of pediatric patients for stabilization ensuring the highest level of care.

544
545 (6)(7) Develop Establish transfer agreements with other centers for pediatric patients
546 needing specialized care, if the specialized care is not available at a Comprehensive,
547 Advanced or General PedRC, such as trauma, burn, spinal cord injury, rehabilitation,
548 and behavioral health.

549
550 (8) Establish a process for obtaining consultation via phone, telehealth, or onsite for
551 emergency care and stabilization, transfer, and transport.

552

553 ~~(9) Additional requirements may be required at the discretion of the local EMS agency~~
554 ~~medical director.~~

555
556 ~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety~~
557 ~~Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,~~
558 ~~1799.204, and 1799.205, Health and Safety Code.~~

559
560 ~~§ 100450.225220. Pediatric Receiving Center Personnel Requirements~~

561
562 ~~(a) All Comprehensive and Advanced PedRCs personnel shall meet the minimum~~
563 ~~qualifications: have a physician and nurse Pediatric Emergency Care Coordinator~~
564 ~~(PECC).~~

565
566 ~~(b) All General and Basic PedRCs shall have a physician and/or nurse PECC which~~
567 ~~may be shared with other PedRCs.~~

568
569 ~~(1) If a PECC is a physician, the A physician PECC shall be licensed in California and~~
570 ~~meet all the following minimum qualifications and responsibilities requirements:~~

571
572 ~~(A) Be a qualified emergency specialist, or~~

573
574 ~~(B) A physician who is Be a qualified specialist in Pediatrics or Family Medicine, and~~

575
576 ~~(C) Shall have verified competency in resuscitation of pediatric patients of all ages from~~
577 ~~neonates to adolescents.~~

578
579 ~~(D) Provide oversight of the emergency department pediatric quality improvement~~
580 ~~program.~~

581
582 ~~(E) Liaison with appropriate hospital-based pediatric care committees.~~

583
584 ~~(F) Liaison with other PedRCs, the local EMS agency, base hospitals, prehospital care~~
585 ~~providers, and neighboring hospitals.~~

586
587 ~~(G) Facilitate pediatric emergency education for emergency department staff.~~

588
589 ~~(H) Ensure pediatric disaster preparedness.~~

590
591 ~~(2) If the PECC is a nurse, the A nurse PECC shall meet all the following minimum~~
592 ~~qualifications and responsibilities requirements:~~

593
594 ~~(A) Be a California registered nurse (RN) with at least two (2) years of experience in~~
595 ~~pediatric or emergency nursing within the previous five (5) years.~~

596

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597 ~~(B) Have verified Shall have competency in resuscitation of pediatric patients of all ages~~
598 ~~from neonates to adolescents through Pediatric Advanced Life Support or Advanced~~
599 ~~Pediatric Life Support.~~

600
601 ~~(C) Provide coordination with the pediatric physician coordinator for pediatric quality~~
602 ~~improvement activities.~~

603
604 ~~(D) Facilitate emergency department nursing continuing education and competency~~
605 ~~evaluations in pediatrics.~~

606
607 ~~(E) Liaison with pediatric critical care centers, trauma centers, the local EMS agency,~~
608 ~~base hospitals, prehospital care providers, and community hospitals.~~

609
610 ~~(F) Liaison with appropriate hospital-based pediatric care committees.~~

611
612 ~~(G) Coordinate with the physician coordinator to ensure pediatric disaster~~
613 ~~preparedness.~~

614
615 ~~(3) The designated PECC shall be responsible for all of the following:~~

616
617 ~~(A) Provide oversight of the emergency department pediatric quality improvement~~
618 ~~program.~~

619
620 ~~(B) Liaison with appropriate hospital-based pediatric care committees.~~

621
622 ~~(C) Liaison with other PedRCs, the local EMS agency, base hospitals, prehospital care~~
623 ~~providers, and neighboring hospitals.~~

624
625 ~~(D) Facilitate pediatric emergency department continuing education and competency~~
626 ~~evaluations in pediatrics for emergency department staff.~~

627
628 ~~(E) Ensure pediatric disaster preparedness.~~

629
630 ~~(F) Ensure pediatric centered care practices are in place.~~

631
632 ~~(3)(b) At all times, personnel staffing within the A Comprehensive or Advanced PedRC~~
633 ~~emergency department personnel staffing shall include, but not be limited to:~~

634
635 ~~(A)(1) A qualified pediatric specialist pursuant to section 100450.215~~211~~ or a qualified~~
636 ~~emergency specialist pursuant to section 100450.216~~212~~, who demonstrates~~
637 ~~competency in resuscitation of pediatric patients of all ages from neonates to~~
638 ~~adolescents.~~

639
640 ~~(B)(2) A non-board-certified physician may be recognized as a qualified specialist by the~~
641 ~~local EMS agency upon substantiation of need by the PedRC if:~~

642

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- 643 1. ~~(A) The physician provides documentation that meet requirements, which are~~
644 ~~equivalent to those of the Accreditation Council for Graduate Medical Education~~
645 ~~(ACGME) or the Royal College of Physicians and Surgeons of Canada.~~
646
- 647 2. ~~(B) The physician provides documentation of education, training, and experience in~~
648 ~~treating and managing pediatric critically ill or injured patients, which shall be tracked by~~
649 ~~a pediatric performance improvement program.~~
650
- 651 3. ~~(C) The physician has successfully completed a residency program.~~
652
- 653 ~~(C) (3) At minimum, one RN registered nurse or advance practice nurse per shift in the~~
654 ~~emergency department shall have current completion of Pediatric Advanced Life~~
655 ~~Support, Advanced Pediatric Life Support, completion of an Emergency Nursing~~
656 ~~Pediatric Course, or other equivalent pediatric emergency care nursing course, as~~
657 ~~determined by the local EMS agency.~~
658
- 659 ~~(D) (4) Mid-level practitioners Advanced practice providers including Nurse Practitioners~~
660 ~~and/or Physician Assistants regularly assigned to the emergency department who care~~
661 ~~for pediatric patients and who are licensed in California and shall have verified~~
662 ~~competency in resuscitation of pediatric patients of all ages from neonates to~~
663 ~~adolescents.~~
664
- 665 ~~(4) (c) Other All PedRGs shall have other personnel staff that may serve as consultants~~
666 ~~to the emergency department that may include, but is not limited to:~~
667
- 668 ~~(A) (1) A qualified pediatric specialist available for in-house consultation through live~~
669 ~~interactive telehealth or other means determined by the local EMS agency.~~
670
- 671 ~~(B) (2) A pediatric intensivist available for in-house consultation or through live~~
672 ~~interactive telehealth or agreed upon processes outlined within transfer agreements.~~
673
- 674 ~~(5) (d) Support services including respiratory care, laboratory, radiology, and pharmacy~~
675 ~~shall include staff and equipment to care for the pediatric patient.~~
676
- 677 ~~(6) (e) Respiratory care specialists who respond to the emergency department shall~~
678 ~~verify their competence to support oxygenation and ventilation of pediatric patients to~~
679 ~~the Director of Respiratory Services. This verification may include, but is not limited to:~~
680
- 681 ~~(A) (1) Current completion of the American Heart Association Pediatric Advanced Life~~
682 ~~Support Course, or~~
683
- 684 ~~(B) (2) The American Academy of Pediatrics and American College of Emergency~~
685 ~~Physicians sponsored Advanced Pediatric Life Support Course, or~~
686
- 687 ~~(C) The Emergency Nurses Association, Emergency Nursing Pediatric Course, or~~
688

689 (D) ~~(3) Continuing education courses specific to resuscitation of pediatric patients.~~

690
691 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
692 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1799.204, and 1799.205,
693 Health and Safety Code.

694
695 **~~§ 100450.226~~221. Pediatric Equipment, Supplies and Medication Requirements**

696
697 (a) The pediatric equipment, supplies and medications in all PedRCs, for pediatric
698 patients from neonates to adolescents, shall include, but not be limited to:

699
700 (1) A size-based resuscitation tape, medical software, or other system available to
701 assure proper sizing of resuscitation equipment and proper dosing of medication.

702
703 (2) Portable resuscitation supplies, such as a crash cart or bag with a method of
704 verification of contents on a regular basis.

705
706 (3) Equipment for patient and fluid warming, patient restraint, weight scale (in kilograms)
707 and pain scale tools for all ages of pediatric patients.

708
709 (4) Monitoring equipment appropriate for pediatric patients including, but not limited to,
710 blood pressure cuffs, doppler device, electrocardiogram monitor/defibrillator,
711 hypothermia thermometer, pulse oximeter, and end tidal carbon dioxide monitor.

712
713 (5) Respiratory equipment and supplies appropriate for pediatric patients including, but
714 not limited to, clear oxygen masks, bag-mask devices, intubation equipment,
715 tracheostomy equipment, supraglottic airways, oral and nasal airways, nasogastric tubes,
716 and suction equipment;

717
718 (6) Vascular access supplies and equipment for pediatric patients including, but not
719 limited to, intravenous catheters, intraosseous needles, umbilical and central venous
720 catheters, infusion devices, and Intravenous solutions.

721
722 (7) Fracture management devices for pediatric patients including extremity and femur
723 splints and spinal stabilization motion restriction devices.

724
725 (8) Medications for the care of pediatric patients requiring resuscitation.

726
727 (9) Specialized pediatric trays or kits which shall include, but not be limited to:

728
729 (A) Lumbar puncture tray including a

730
731 (B) ~~d~~Difficult airway kit with laryngeal mask supraglottic airways and other devices to
732 provide assisted ventilation.

733
734 (B) ~~(C)~~ Tube thoracotomy thoracostomy tray including chest tubes in sizes for pediatric
735 patients of all ages.

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736
737 (C)~~(D)~~ Newborn delivery and resuscitation kit including supplies for immediate delivery
738 and resuscitation of the newborn. to include, but not limited to, the following:

739
740 (1) towel,

741
742 (2) scissors for cutting the umbilical cord,

743
744 (3) bulb suction,

745
746 (4) warming pad, and

747
748 (5) neonatal bag-mask ventilation device with appropriate sized masks.

749
750 (E) For Comprehensive, Advanced, or General PedRCs, neonatal resuscitation
751 equipment shall also include:

752
753 (1) pediatric laryngoscope with Miller 0 and 00 blades,

754
755 (2) size 2.5 and 3.0 endotracheal tubes, and

756
757 (3) umbilical vein catheters.

758
759 (D)~~(E)~~ Urinary catheter tray including urinary catheters for pediatric patients of all ages.

760
761 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
762 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1799.204, and 1799.205,
763 Health and Safety Code.

764
765 **§ 100450.218. All PedRC Requirements**

766
767 (a) All PedRCs shall meet the following facility requirements:

768
769 (1) All PedRCs shall have an interfacility transfer plan for pediatric patients in
770 accordance with Title 22, Division 9, Chapter 7.

771
772 (2) Establish a process for obtaining and providing consultation via phone, telehealth, or
773 onsite for emergency care and stabilization, transfer, and transport.

774
775 (b) All PedRCs shall meet the following personnel/staffing requirements:

776
777 (1) All physician PECCs shall be licensed in California and meet all the following
778 minimum requirements:

779
780 (A) Be a qualified emergency specialist, or

781

- 782 (B) Be a qualified specialist in Pediatrics or Family Medicine, and
783
- 784 (C) Shall have competency in resuscitation of pediatric patients of all ages from
785 neonates to adolescents.
786
- 787 (2) All nurse PECCs shall be licensed in California and meet all the following minimum
788 requirements:
789
- 790 (A) Have at least two (2) years of experience in pediatric or emergency nursing within
791 the previous five (5) years.
792
- 793 (B) Shall have competency in resuscitation of pediatric patients of all ages from
794 neonates to adolescents through American Heart Association Pediatric Advanced Life
795 Support or American College of Emergency Physicians sponsored Advanced Pediatric
796 Life Support.
797
- 798 (3) The designated PECC shall be responsible for all of the following:
799
- 800 (A) Provide oversight of the emergency department pediatric quality improvement
801 program.
802
- 803 (B) Liaison with appropriate hospital-based pediatric care committees.
804
- 805 (C) Liaison with other PedRCs, the local EMS agency, base hospitals, prehospital care
806 providers, and neighboring hospitals.
807
- 808 (D) Facilitate pediatric emergency department continuing education and competency
809 evaluations in pediatrics for emergency department staff.
810
- 811 (E) Coordinate pediatric disaster preparedness.
812
- 813 (F) Ensure ~~pediatric~~ family centered care practices are in place.
814
- 815 (4) All PedRCs shall have personnel ~~staff~~ available for consultation to the emergency
816 department through live interactive telehealth or other means determined by the local
817 EMS agency including, but not limited to:
818
- 819 (A) A qualified pediatric specialist
820
- 821 (B) A pediatric intensivist
822
- 823 (C) Support services including respiratory care, laboratory, radiology, and pharmacy
824 shall include staff and equipment to care for the pediatric patient.
825
- 826 (D) Respiratory care specialists who respond to the emergency department
827

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

831
832 A. Current completion of the American Heart Association Pediatric Advanced Life
833 Support Course, or

834
835 B. The American Academy of Pediatrics and American College of Emergency
836 Physicians sponsored Advanced Pediatric Life Support Course, or

837
838 C. Continuing education courses specific to resuscitation of pediatric patients.

839
840 (c) The pediatric equipment, supplies and medications in all PedRCs, for pediatric
841 patients from neonates to adolescents, shall include, but not be limited to:

842
843 (1) A size/length-based resuscitation tape, medical software, or other system available to
844 assure proper sizing of resuscitation equipment and proper dosing of medication.

845
846 (2) Portable resuscitation supplies, such as a crash cart or bag with a method of
847 verification of contents on a regular basis.

848
849 (3) Equipment for patient and fluid warming, patient restraint, weight scale (in kilograms)
850 and pain scale tools for all ages of pediatric patients.

851
852 (4) Monitoring equipment appropriate for pediatric patients including, but not limited to,
853 blood pressure cuffs, doppler device, electrocardiogram monitor/defibrillator,
854 hypothermia thermometer, pulse oximeter, and end tidal carbon dioxide monitor.

855
856 (5) Respiratory equipment and supplies appropriate for pediatric patients including, but
857 not limited to, clear oxygen masks, bag-mask devices, intubation equipment,
858 supraglottic airways, oral and nasal airways, nasogastric tubes, and suction equipment.

859
860 (6) Vascular access supplies and equipment for pediatric patients including, but not
861 limited to, intravenous catheters, intraosseous needles, infusion devices, and
862 Intravenous solutions.

863
864 (7) Fracture management devices for pediatric patients including extremity splints and
865 spinal motion restriction devices.

866
867 (8) Medications for the care of pediatric patients requiring resuscitation.

868
869 (9) Specialized pediatric trays or kits which shall include, but not be limited to:

870
871 (A) Lumbar puncture tray.

872

873 (B) Difficult airway kit with supraglottic airways and other devices to provide assisted
874 intubation and ventilation.

875
876 (C) Tube thoracostomy tray including chest tubes in sizes for pediatric patients of all
877 ages.

878
879 (10) Newborn delivery kit to include, but not limited to, the following:

880
881 (A) towel.

882
883 (B) clamps and scissors for cutting the umbilical cord.

884
885 (C) bulb suction.

886
887 (D) warming pad, and

888
889 (E) neonatal bag-mask ventilation device with appropriate sized masks.

890
891 (F) Urinary catheter tray including urinary catheters for pediatric patients of all ages.

892
893 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety
894 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,
895 1799.204, and 1799.205, Health and Safety Code.

896
897 **§ 100450.219. Basic PedRC Requirements**

898
899 (a) A hospital may be designated as a Basic PedRC by the local EMS agency upon
900 meeting all the following criteria:

901
902 (1) All designated Basic PedRCs shall be licensed as a general acute care hospital with
903 a basic or standby Emergency Department permit.

904
905 (2) Emergency Department services may include physician staffing 24 hours a day, 7
906 days a week or a physician available for consultation.

907
908 (3) At minimum, one licensed registered nurse or advanced care practitioner per shift in
909 the emergency department shall have current completion American Heart Association of
910 Pediatric Advanced Life Support, Advanced Pediatric Life Support, completion of an
911 Emergency Nursing Pediatric Course, or other equivalent pediatric emergency care
912 nursing course, as determined by the local EMS agency.

913
914 (4) The emergency department in the hospital shall be able to stabilize critically ill or
915 injured infant, children, and adolescents prior to admission to the PICU or transfer to a
916 Comprehensive PedRC facility.

917

918 ~~(4)~~(5) Establish agreements with at least one Comprehensive PedRC as approved by
919 the local EMS agency, for education, consultation and transfer of critical pediatric
920 patients.

921
922 ~~(5)~~(6) Establish agreements with an Advanced or General PedRC as approved by the
923 local EMS agency, for consultation and transfer of pediatric patients.

924
925 ~~(6)~~(7) Establish transfer agreements for pediatric patients needing specialized care, if
926 the specialized care is not available at a Comprehensive, Advanced or General PedRC,
927 such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

928
929 ~~(7)~~(8) All Basic PedRCs shall have a physician and/or nurse PECC which may be
930 shared with other PedRCs.

931
932 (b) Additional requirements may be stipulated by the local EMS agency medical
933 director.

934
935 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety
936 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,
937 1799.204, and 1799.205, Health and Safety Code.

938
939 **§ 100450.220. General PedRC Requirements**

940
941 (a) A hospital may be designated as a General PedRC by the local EMS agency upon
942 meeting all the following criteria:

943
944 (1) All designated General PedRCs shall be licensed as a general acute care hospital
945 with a basic or comprehensive Emergency Department permit.

946
947 (2) Participate with a Comprehensive and/or Advanced PedRC for pediatric emergency
948 education for hospital staff and emergency care providers consistent with the local EMS
949 agency plan for ongoing pediatric education.

950
951 (3) The emergency department in the hospital shall be able to stabilize critically ill or
952 injured infant, children, and adolescents prior to admission to the PICU or transfer to a
953 Comprehensive PedRC facility.

954
955 ~~(3)~~(4) Establish agreements with a Comprehensive and/or Advanced PedRCs as
956 approved by the local EMS agency, for education, consultation and transfer.

957
958 ~~(4)~~(5) Establish transfer agreements for pediatric patients needing specialized care, if
959 the specialized care is not available at a Comprehensive, Advanced or General PedRC,
960 such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

961
962 ~~(5)~~(6) All designated General PedRCs shall have a physician and/or nurse PECC which
963 may be shared with other PedRCs.

964
965 ~~(6)~~(7) All designated General PedRCs shall meet the following additional equipment
966 requirements:

967
968 (A) neonatal resuscitation equipment, including:

969
970 (i) pediatric laryngoscope with Miller 0 and 00 blades,

971
972 (ii) size 2.5 and 3.0 endotracheal tubes, and

973
974 (iii) umbilical vein catheters.

975
976 ~~(B) Urinary catheter tray including urinary catheters for pediatric patients of all ages.~~

977
978 (b) Additional requirements may be stipulated by the local EMS agency medical
979 director.

980
981 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety
982 Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172,
983 1799.204 and 1799.205, Health and Safety Code.

984
985 **§ 100450.221. Advanced PedRC Requirements**

986
987 (a) A hospital may be designated as an Advanced PedRC by the local EMS agency
988 upon meeting the following criteria:

989
990 (1) All designated Advanced PedRCs shall be licensed by the Department of Health
991 Services (DHS), Licensing and Certification Division, under California Code of
992 Regulations (CCR), Title 22, Division 5, Chapter 1, as follows:

993
994 (A) As an acute care hospital pursuant to Article 1, sections 70003 and 70005.

995
996 (B) For pediatric service pursuant to Article 6, section 70535 et seq.

997
998 (C) For basic or comprehensive emergency medical services pursuant to ~~a~~Article 6,
999 section 70411, et seq.

1000
1001 (D) For social services pursuant to Article 6, section 70535 et seq

1002
1003 (E) Community neonatal intensive care unit (NICU) or as an Intermediate NICU if it
1004 meets the following requirements, as per:

1005
1006 (i) Article 6, Section 70545 et seq., for the provision of perinatal services and licensed
1007 by DHS, Licensing and Certification Division as a perinatal service;

1008

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1009 (ii) Article 6, Section 70481 et seq., for the provision of neonatal intensive care services
1010 and licensed by DHS, Licensing and Certification Division as an Intensive Care
1011 Newborn Nursery (ICNN)

1012
1013 (F) If the hospital has a pediatric intensive care unit (PICU) then it shall be licensed by
1014 DHS, Licensing and Certification Division for intensive care services, and meet the
1015 requirements for the provision of intensive care services pursuant to CCR Title 22,
1016 Division 5, Chapter 1, Article 6, Section 70491 et seq.

1017
1018 (G) The emergency department in the hospital shall be able to stabilize critically ill or
1019 injured infant, children, and adolescents prior to admission to the PICU or transfer to a
1020 Comprehensive PedRC facility.

1021
1022 (2) Establish agreements with a minimum of one Comprehensive PedRC as approved
1023 by the local EMS agency, for consultation.

1024
1025 (3) Participate with a Comprehensive PedRC for pediatric emergency education for
1026 emergency care providers consistent with the local EMS agency plan for ongoing
1027 pediatric education.

1028
1029 (4) Establish transfer agreements with a Comprehensive PedRC to transfer pediatric
1030 patients for stabilization, ensuring the highest level of care.

1031
1032 (5) Establish transfer agreements for pediatric patients needing specialized care, if the
1033 specialized care is not available at a Comprehensive, Advanced or General PedRC,
1034 such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health.

1035
1036 (b) All Advanced PedRCs shall meet the following personnel requirements:

1037
1038 (1) Advanced PedRCs shall have a physician and nurse Pediatric Emergency Care
1039 Coordinator (PECC).

1040
1041 (2) Respiratory care service in the pediatric service/department and emergency
1042 department provided by respiratory care practitioners (RCPs) who are licensed in the
1043 state of California and who have completed formal training in pediatric respiratory care
1044 which includes clinical experience in the care of children.

1045
1046 (3) Social work services in the pediatric service/department provided by a medical social
1047 worker (MSW) holding a master's degree in social work who has expertise in the
1048 psychosocial issues affecting the families of seriously ill infants, children, and
1049 adolescents.

1050
1051 (4) Behavioral health specialists with pediatric experience to include but not limited to
1052 psychiatrist, psychologist, and nurse.

1053

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1054 (5) The following specialties shall be on-call, and available for consultation to the NICU
1055 or ED within 30 minutes by telephone and within one hour in-person:

1056
1057 ~~(A) Radiologist – with pediatric experience~~

1058
1059 ~~(B)(A) Neonatologist~~

1060
1061 ~~(C)(B) General Surgeon with pediatric experience~~

1062
1063 ~~(D) Otolaryngologist with pediatric experience~~

1064
1065 ~~(E) Obstetrics/Gynecologist with pediatric experience~~

1066
1067 ~~(F) Mental health professional with pediatric experience~~

1068
1069 (C) Anesthesiologist with pediatric experience

1070
1071 (D) Pediatric Cardiologist

1072
1073 ~~(6) A Pediatric Cardiologist. The following specialties shall be on the hospital staff, on-~~
1074 ~~call, and available to the NICU or ED either in-person, by phone, or by telehealth, in less~~
1075 ~~than one hour within 30 minutes:~~

1076
1077 (A) Radiologist – with pediatric experience

1078
1079 (B) Otolaryngologist with pediatric experience

1080
1081 (C) Mental health professional with pediatric experience

1082
1083 (D) Orthopedist with pediatric experience

1084
1085 (7) The following qualified specialists shall be available twenty-four (24) hours a day, 7
1086 days a week, for consultation which may be met through a transfer agreement or
1087 telehealth:

1088
1089 (A) Pediatric Gastroenterologist

1090
1091 (B) Pediatric Hematologist/Oncologist

1092
1093 (C) Pediatric Infectious Disease

1094
1095 (D) Pediatric Nephrologist

1096
1097 (E) Pediatric Neurologist

1098
1099 (F) Pediatric Surgeon

- 1100
- 1101 (G) Cardiac Surgeon with pediatric experience
- 1102
- 1103 (H) Neurosurgeon with pediatric experience
- 1104
- 1105 (I) Obstetrics/Gynecologist with pediatric experience
- 1106
- 1107 (J) Pulmonologist with pediatric experience
- 1108
- 1109 Pediatric Endocrinologist
- 1110
- 1111 (c) The pediatric equipment, supplies and medications in all Advanced PedRCs, for
1112 pediatric patients from neonates to adolescents, shall include all General PedRC
1113 equipment, but not be limited to and:
- 1114
- 1115 (1) Crash carts with pediatric resuscitation equipment that shall be standardized and
1116 available on all units including but not limited to the emergency department, radiology
1117 suite and inpatient pediatric service.
- 1118
- 1119 ~~(2) neonatal resuscitation equipment, including:~~
- 1120
- 1121 ~~(A) pediatric laryngoscope with Miller 0 and 00 blades,~~
- 1122
- 1123 ~~(B) size 2.5 and 3.0 endotracheal tubes, and~~
- 1124
- 1125 ~~(C) umbilical vein catheters.~~
- 1126
- 1127 ~~(3) Urinary catheter tray including urinary catheters for pediatric patients of all ages.~~
- 1128
- 1129 (d) Additional requirements may be stipulated by the local EMS agency medical
1130 director.
- 1131
- 1132 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
1133 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172, 1799.204, and
1134 1799.205, Health and Safety Code.
- 1135
- 1136 **§ 100450.222. Comprehensive PedRC Requirements**
- 1137
- 1138 (a) A hospital may be designated as a Comprehensive PedRC by the local EMS agency
1139 upon meeting all criteria of an Advanced PedRC, as well as the following facility
1140 requirements:
- 1141
- 1142 (1) All designated Comprehensive PedRCs shall be licensed as a general acute care
1143 hospital with a basic or comprehensive Emergency Department permit and have full,
1144 provisional, or conditional California Children's Services (CCS) approval by the

1145 Department of Health Care Services as a tertiary hospital, or meet CCS criteria as a
1146 tertiary hospital as approved by the local EMS agency.

1147
1148 (2) Can provide comprehensive specialized pediatric medical and surgical care to any
1149 acutely ill or injured child.

1150
1151 (3) Inpatient resources including a neonatal intensive care unit (NICU) and a pediatric
1152 intensive care unit (PICU).

1153
1154 (4) Provide ongoing outreach and pediatric education for Community, General and
1155 Basic PedRCs, and prehospital care providers, in collaboration with the local EMS
1156 agency.

1157
1158 (5) Establish transfer agreements or serve as a regional referral center for
1159 specialized care, such as trauma, burn, spinal cord injury, and rehabilitation and
1160 behavioral health, of pediatric patients.

1161
1162 (6) Emergency department services include a separate pediatric emergency department
1163 or a designated area for emergency care of pediatric patients within an emergency
1164 department, with physician staff who are qualified specialists in emergency medicine or
1165 pediatric emergency medicine.

1166
1167 (7) All designated Comprehensive PedRCs shall meet the following additional
1168 equipment requirements: of Advanced PedRCs.

1169
1170 (A) neonatal resuscitation equipment, including:

1171
1172 (i) pediatric laryngoscope with Miller 0 and 00 blades,

1173
1174 (ii) size 2.5 and 3.0 endotracheal tubes, and

1175
1176 (iii) umbilical vein catheters.

1177
1178 (b) Additional requirements may be stipulated by the local EMS agency medical
1179 director.

1180
1181 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
1182 Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.173, 1799.204, and
1183 1799.205, Health and Safety Code.

1184
1185 **Article 4: Data Management, Quality Improvement and Evaluations**

1186
1187 **§ 100450. ~~227~~ 222223. Data Management Requirements**

1188
1189 (a) The local EMS agency shall implement a standardized data collection and reporting
1190 process for EMSC program.

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- 1191
1192 (1) The EMSC program shall include the collection of both prehospital and hospital
1193 patient care data, as determined by the local EMS agency.
1194
1195 (2) The prehospital ~~and hospital~~ EMSC patient care elements selected by the local EMS
1196 agency shall be compliant with the most current version of the CEMIS and the
1197 NEMIS databases.
1198
1199 (b) All ~~hospitals that receive pediatric patients~~ PedRCs shall participate in the local EMS
1200 agency data collection process in accordance with local EMS agency policies and
1201 procedures.
1202
1203 (c) Following ~~submission~~ approval of the EMSC program, ~~the~~ PedRCs shall submit data
1204 to the local EMS agency which shall include, but not be limited to:
1205
1206 (1) Baseline data from pediatric ambulance transports, including, but not limited to:
1207
1208 (A) Arrival time/date to the emergency department.
1209
1210 (B) Date of birth.
1211
1212 (C) Mode of arrival.
1213
1214 (D) Gender.
1215
1216 (E) Primary impression.
1217
1218 (2) Basic outcomes for EMS quality improvement activities, including but not limited to:
1219
1220 (A) Admitting hospital name if applicable.
1221
1222 (B) Discharge or transfer diagnosis.
1223
1224 (C) Time and date of discharge or transfer from the ~~e~~Emergency ~~d~~Department.
1225
1226 (D) Disposition from the Emergency Department.
1227
1228 (E) External cause of injury.
1229
1230 (F) Injury location.
1231
1232 (G) Residence zip code.
1233
1234 (d) Pediatric data shall be integrated into the local EMS agency and the EMS Authority
1235 data management system through data submission on no less than a quarterly basis.
1236

1237 Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.
1238 Reference: Sections 1799.204 and 1799.205, Health and Safety Code.

1239

1240 **§ 100450.228223224. Quality Improvement and Evaluation Process**

1241

1242 (a) Each local EMS agency ~~EMSC program, in collaboration with designated and all~~
1243 ~~PedRCs,~~ shall have a quality improvement program to include structure, process, and
1244 ~~outcome evaluations which focus on improvement efforts to identify root causes of~~
1245 ~~problems, intervene to reduce or eliminate these causes, and take steps to correct the~~
1246 ~~process in collaboration with all PedRCs. This process shall include, at a minimum,~~

1247

1248 (b) All PedRCs shall have a quality improvement program. This process shall include, at
1249 a minimum:

1250

1251 (1) Compliance with the California Evidence Code, Section 1157.7 to ensure
1252 confidentiality, and a disclosure protected review of selected pediatric cases.

1253

1254 (2) A process that integrates emergency department quality improvement activities with
1255 the prehospital, trauma, inpatient pediatrics, pediatric critical care and hospital-wide
1256 quality improvement activities.

1257

1258 ~~(4)~~(3) A process to integrate findings from quality improvement audits and reviews into
1259 education and clinical competency evaluations of staff.

1260

1261 (4) Each PedRC will complete an online or paper assessment of the National Pediatric
1262 Readiness Project self-assessment and share the results with the local EMS agency
1263 every three years at minimum.

1264

1265 ~~(4)~~(5) A multidisciplinary pediatric quality improvement committee to review prehospital,
1266 emergency department, and inpatient ~~pediatric patient~~ care which shall include, but not
1267 be limited to:

1268

1269 (A) Cardiopulmonary or respiratory arrests.

1270

1271 (B) Child maltreatment cases.

1272

1273 (C) Deaths.

1274

1275 (D) Intensive care unit admissions.

1276

1277 (E) Operating room admissions.

1278

1279 (F) Transfers.

1280

1281 (G) Trauma admissions.

1282

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1283 ~~(b)(c)~~ The local EMS agency is responsible for:

1284

1285 (1) Ongoing performance evaluations of the local or regional EMSC programs.

1286

1287 ~~(2) The development of a quality improvement program pursuant to this section.~~

1288

1289 ~~(3)(2)~~ Ensuring the designated PedRCs, other hospitals that provide care to pediatric
1290 patients, and prehospital providers involved in the EMSC program, participate in the
1291 quality improvement program contained in this section.

1292

1293 Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204,
1294 1797.220, 1797.250, 1797.254, 1798.150, and 1798.172. Health and Safety Code.

1295 Reference: Section 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1798.170
1296 Health and Safety Code.