

KENTUCKY EMS FOR CHILDREN VOLUNTARY EMS PEDIATRIC RECOGNITION PROGRAM HANDBOOK



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September 1, 2020

Dear EMS Agency Administrator:

We are pleased to release the updated handbook for the KYEMSC Voluntary EMS Pediatric Recognition Program. This program honors EMS agencies who meet established criteria, beyond regulatory requirements, and which are designed to improve the agency's capabilities to deliver care to pediatric patients. Again, participation in this program is voluntary.

This is an excellent opportunity for your agency to receive recognition within your community and from local media outlets for going "above and beyond." **It is important to note that your decision to participate in this recognition program will not affect your licensure by the Kentucky Board of EMS (KBEMS).**

If your organization is interested in participating in this program, please review this manual. An application is available in KEMSIS under your organization profile. Organizations who successfully complete the application process will receive a certificate for display and decals, which may be affixed to EMS vehicles, to recognize its accomplishment and commitment to Kentucky's youth. The KYEMSC Advisory Committee will review this program annually. Any changes to the program criteria will be shared with participating organizations in advance so that they will have an opportunity to work on the developments and maintain their program status.

Should you have any questions, please do not hesitate to contact me at 859-256-3583 or morgan.scaggs@kctcs.edu

Regards,

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Introduction

This document has been prepared by the Kentucky Emergency Medical Services for Children (KYEMSC) Program, to assist the leadership of licensed EMS agencies within the Commonwealth that desire to apply for recognition through the KYEMSC Voluntary EMS Pediatric Recognition Program. EMS agencies currently licensed within the Commonwealth of Kentucky are eligible to participate. Currently, this program only applies to **ground transport services**. This handbook will describe the steps necessary to apply for, and maintain, recognition status.

This document is subject to annual review and revision; therefore, the applicant is encouraged to review a current copy and confer with KYEMSC to secure additional assistance. The most recent version of this overview document is posted on the [KYEMSC website](#).

Frequently Asked Questions

Q. Is participation in this program mandatory? Does the Kentucky Board of EMS plan to mandate future participation?

A. No, participation in this program is voluntary.

Q. What are the benefits to participating?

A. Not only will participation improve the capability of your organization to treat pediatric emergencies, but it will also allow you to present your achievement to your local media outlets, elected officials, and the members of your community. Agencies with a PECC will receive notification of EMSC programs and benefits prior to general announcements to all agencies which may confer some advantage when resources are limited. There will be meetings, educational events, and collaborative opportunities that will only be open to the agency PEC Coordinator.

Q. Is there a fee to participate in this recognition program?

A. No. There is no cost to an organization to participate in the program beyond the cost to meet the requirements of the program, which we hope are minimal.

Q. My pulse-ox does not have pediatric probes, but it seems to work on children, does this count?

A. Yes, the terminology used on the required equipment list is based on nationally developed lists. EMS agencies will comply with the KYEMSC Voluntary EMS Pediatric Recognition Program as long as its pulse-oximeter is pediatric CAPABLE, even if it does not have a specific pediatric probe. Managers should obtain documentation from their pulse-ox manufacturer validating the unit's ability to obtain accurate readings on pediatric patients.

Q. What is meant by “small, medium, and large” extremity splints?

A. The terminology used on the required equipment list is based on federally developed lists. EMS agencies will comply with the KYEMSC Voluntary EMS Pediatric Recognition Program as long as it carries, on all units, a variety of splint sizes that would be appropriate for use on pediatric patients. Typically, SAM splints (or equivalent) and a variety pack of padded board splints will serve this purpose.

Program Criteria

The KYEMSC Voluntary EMS Pediatric Recognition Program is a single-level system to recognize agencies who have demonstrated a commitment to improving pediatric emergency care. Agencies must meet all requirements stated below for the calendar year prior to the application to be eligible for participation in the program.

Compliance with KY EMS Statutes and Regulations

All interested agencies must be compliant with all applicable KBEMS statutes and regulations.

Access to quality data and effective data management play an important role in improving the performance of a health care organization. Collecting, analyzing, and interpreting data allows health care professionals to identify where systems are falling short, to make corrective adjustments, and to track outcomes. Uniform data collection is a first step toward quality improvement (QI) in pediatric emergency medical and trauma care.

Compliance with the 202 KAR 7:540 data collection regulation is of particular importance and agencies must be submitting data in the latest version of NEMESIS. An agency with a deficiency or disciplinary action related to data submission is still eligible to apply provided they are under a plan of correction and not delinquent on any elements of the plan. Compliance will be verified through consultation with the KBEMS Data Administrator.

Deficiencies or disciplinary action related to other regulatory requirements or complaints may preclude or delay program participation depending on the circumstances and will be evaluated on a case-by-case basis.

KYEMSC EMS Agency Assessments

KYEMSC is required by the terms of our grant to complete data collection on our performance measures. This process typically includes surveying EMS agencies in the state approximately on an annual basis to determine progress with the performance measures. Agencies participating in this program are required to complete performance measure assessments as requested by KYEMSC. A review of previous assessment data and a signed statement from the agency director will be utilized for verification of this requirement.

Pediatric Emergency Care Coordinator

Participating agencies are required to have a designated Pediatric Emergency Care Coordinator (PECC) and list the name and contact information of the individual fulfilling this role on the application. The PECC must also be designated within the agency's KEMESIS account. Notification to KYEMSC is required for any PECC personnel changes and contact information must be kept up to date. The agency PECC may be designated as part of the application package provided all other criteria were met for the prior year.

The Institute of Medicine (IOM) report "Emergency Care for Children: Growing Pains"¹ recommends that EMS agencies and emergency departments (EDs) appoint a pediatric emergency care coordinator to provide pediatric leadership for the organization. This individual need not be dedicated solely to this role and could be personnel already in place with a special interest in children who assumes this role as part of their existing duties.

¹ Institute of Medicine Committee on the Future of Emergency Care in the U. S. Health System (2007). Emergency care for children: growing pains.

Gausche-Hill et al.² in a national study of EDs found that the presence of a physician or nurse pediatric emergency care coordinator was associated with an ED being more prepared to care for children. EDs with a coordinator were more likely to report having important policies in place and a quality improvement plan that addressed the needs of children than EDs that reported not having a coordinator.

The IOM report further states that pediatric coordinators are necessary to advocate for improved competencies and the availability of resources for pediatric patients. The presence of an individual who coordinates pediatric emergency care at EMS agencies may result in ensuring that the agency and its providers are more prepared to care for ill and injured children.

The Pediatric Emergency Care Coordinator (PECC) should be a member of the EMS agency and be familiar with the day-to-day operations and needs at the agency. However, some states or territories may use a variety of models to coordinate pediatric emergency care at the county or regional levels. If there is a designated individual who coordinates pediatric activities for a county or region, that individual could serve as the PECC for one or more individual EMS agencies within the county or region.

Some of the roles that the individual who coordinates pediatric emergency care might oversee at an EMS agency include:

- Ensuring that the pediatric perspective is included in the development of EMS protocols.
- Ensuring that fellow providers follow pediatric clinical-practice guidelines.
- Promoting pediatric continuing-education opportunities.
- Overseeing pediatric-process improvement.
- Ensuring the availability of pediatric medications, equipment, and supplies.
- Promoting agency participation in pediatric-prevention programs.
- Promoting agency participation in pediatric-research efforts.
- Liaises with the emergency department pediatric emergency care coordinator.
- Promoting family-centered care at the agency.

Pediatric Education and Skill Competency

The Institute of Medicine (IOM) report “Emergency Care for Children: Growing Pains”³, states that because EMS providers rarely treat seriously ill or injured pediatric patients, providers may be unable to maintain the necessary skill level to care for these patients. For example, Lammers et al.⁴ reported that paramedics manage an adult respiratory patient once every 20 days compared to once every 625 days for teens, once every 958 days for children, and once every 1,087 days for infants. As a result, skills needed to care for pediatric patients may deteriorate. Another study by Su et al.⁵ found that EMS provider knowledge rose sharply after a pediatric resuscitation course, but when providers were retested six months later their knowledge was back to baseline. Continuing education helps ensure that pre-hospital providers are ready to take care of pediatric patients and improves both the quality and effectiveness of pediatric emergency care. Pediatric specific courses, such as Pediatric Advanced Life Support (PALS) and Pediatric Education

² Gausche-Hill, M., Ely, M., Schmuhl, P., Telford, R., Remick, K. E., Edgerton, E. A., & Olson, L. M. (2015). A national assessment of pediatric readiness of emergency departments. *JAMA Pediatrics*, 169(6), 527–534.

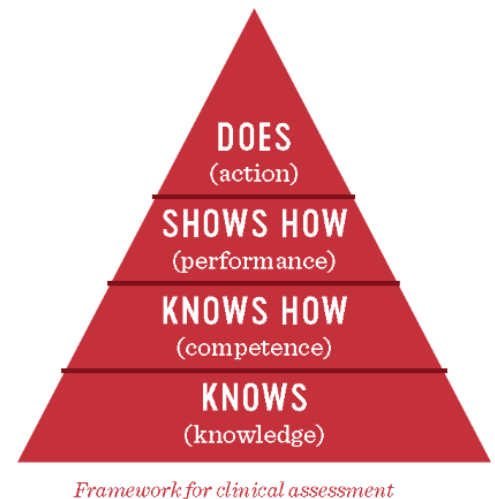
³ Institute of Medicine Committee on the Future of Emergency Care in the U. S. Health System (2006). *Emergency care for children: growing pains*.

⁴ Lammers, R. L., Byrwa, M. J., Fales, W. D., & Hale, R. A. (2009). Simulation-based assessment of paramedic pediatric resuscitation skills. *Prehospital Emergency Care*, 13(3), 345–356.

⁵ Su, E., Schmidt, T. A., Mann, N. C., & Zechnich, A. D. (2000). A randomized controlled trial to assess decay in acquired knowledge among paramedics completing a pediatric resuscitation course. *Academic Emergency Medicine*, 7(7), 779–786.

for Prehospital Professionals (PEPP), are vitally important for maintaining skills and are considered an effective remedy for skill atrophy. These courses are typically required only every two years. More frequent practice of skills using different methods of skill ascertainment are necessary for EMS providers to ensure their readiness to care for pediatric patients when faced with these infrequent encounters.

Demonstrating skills using EMS equipment is best done in the field on actual patients, but in the case of pediatric patients, this can be difficult given how infrequently EMS providers see seriously ill or injured children. Other methods for assessing skills include simulation, case scenarios and skill stations. In the absence of pediatric patient encounters in the field, there is no definitive evidence that shows that one method is more effective than another is for demonstrating clinical skills. However, Miller's Model of Clinical Competence⁶ posits via the skills complexity triangle that performance assessment can be demonstrated by a combination of task training, integrated skills training, and integrated team performance. In the EMS environment, this can be translated to task training at skill stations, integrated skills training during case scenarios, and integrated team performance while treating patients in the field.



Pediatric Continuing Education

To achieve recognition, an EMS agency shall require ALS providers to receive a minimum of four (4) hours of continuing education on pediatric-specific subject matter on an annual basis, and BLS providers to receive a minimum of two (2) hours of continuing education on pediatric-specific subject matter on an annual basis. Any hours that meet KBEMS standards for continuing education credit and are pediatric focused will be accepted.

Verification of the prior year will be completed in the form of a statement signed by the EMS agency's administrator and maintenance of training records demonstrating 90% compliance. Written policies and/or implementation plans for the following year will also be submitted. You will find instructions for submitting documentation for verification in *Appendix A*.

Pediatric Skills Competency Evaluation Plan

To achieve recognition, an EMS agency shall evaluate pediatric skill competencies for all staff a minimum of once per year. It is **highly recommended** that skill competency evaluations be completed twice annually using a variety of methods.

Verification of the prior year will be completed in the form of a statement signed by the EMS agency's administrator and maintenance of training records demonstrating 90% compliance. Written policies and/or implementation plans for the following year will also be submitted. You will find instructions for submitting documentation for verification in *Appendix A*.

Community Outreach Programs

Beyond simply providing high quality and safe clinical care to children, EMS agencies demonstrating excellence in pediatric care also share a responsibility to provide education, injury prevention initiatives,

⁶ Miller, G. E. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine*, 65(9), S63-7.

and outreach within their community. There are many potential audiences (children, parents, schoolteachers, etc.) for this outreach and it can be accomplished in multiple ways.

To achieve recognition, an EMS agency shall regularly participate in community outreach initiatives. There must be at least one (1) outreach offered annually, but there is no specific way that this must be accomplished if a benefit to children can be demonstrated. You will find instructions for submitting documentation for verification in *Appendix A*.

Some examples include:

1. Hosting a community safety day at the EMS station;
2. Hosting a community CPR class, including child/infant curriculum components;
3. Providing a presentation to local elementary school students on EMS;
4. Conducting injury prevention presentations or campaigns such as:
 - bicycle, ATV, or hunting safety
 - water safety awareness, drowning prevention
 - child passenger safety check point events
5. Collaborating with your local schools to educate and improve awareness of EMS topics including, but not limited to, compression-only CPR, the Thomas J. Burch Safe Infant Act, and 9-1-1 usage.
6. A *comprehensive* social media campaign focusing on pediatric injury prevention or health.
7. A children's art/photography contest with an injury prevention or health focus.

Pediatric Equipment Standards

Pre-hospital providers must have the appropriate pediatric equipment and supplies to care for ill and injured children in order to achieve optimal pediatric outcomes. The Joint Policy Statement "Equipment for Ground Ambulances"⁷ is the metric used to determine a state's compliance with the Federal EMSC performance objectives. Changes in the KBEMS ground ambulance regulations in 2018 have brought KY equipment requirements in line with these national recommendations.

Appendix B includes a link to the national recommendations for equipment on ground ambulances and any other recommendations and/or notes about anticipated future requirements. To obtain recognition through this program, agencies must demonstrate compliance state/national recommendations. Verification may occur either through an in-person or virtual site visit by KYEMSC representatives.

Safe Transport of Pediatric Patients

The safe transport of pediatric patients remains an area of significant challenge for EMS providers. The following documents are the best available guidance currently available:

- *Safe Transport of Children by EMS: Interim Guidance* (2017 NASEMSO)
- *Working Group Best-Practice Recommendations for the Safe Transport of Children in Ground Ambulances* (2012 NHTSA).

Agencies applying for recognition must have policies for the transport of pediatric patients that include prohibiting the transport of unrestrained pediatric patients and provisions for securing all equipment during transport. A copy of the department policy must be included with the submission along with documentation of the safe transport devices carried by each ambulance. Examples of policies and a template device report can be found on our website.

Summary of Recognition Requirements

- Compliance with KBEMS Statutes and Regulations
 - including data submission requirements
- Participation in KYEMSC assessments
- Designated Pediatric Emergency Care Coordinator
- Annual Pediatric Education (4 hrs. for ALS, 2 hrs. for BLS)
- Pediatric Skill Competency Evaluations
- Community Outreach
- Pediatric Equipment per national recommendations
- Safe Transport of Pediatric Patients Policies and Equipment

Application and Review Process

The application for enrollment in the recognition program is submitted directly to the EMSC Program Manager by mailing paper copies or emailing electronic copies of all required documents. The submission window for both initial and renewal applications is **January 1 to March 15** of the award year.

Agencies applying for recognition must meet the program criteria for the previous calendar year (2020) and submit documentation of completion along with written implementation plans for the current year (2021).

1. Director Review

Applications will be checked for completeness and accuracy. The EMS agency's licensure status and status of "good standing" will be verified through KBEMS. The applying agency will be contacted by the EMS for Children Project Director via e-mail or phone to arrange an in-person or virtual site visit as needed to verify program compliance. The agency will also be contacted if the application is incomplete or needs correction or clarification.

2. EMSC Advisory Committee

Submissions will be presented to the EMSC Advisory Committee at the April meeting. KYEMSC will release an updated list of recognized agencies to the press/public each year in May on EMSC for Children Day during EMS Week.

3. Award of Recognition

Upon successful submission of completed verification documentation, the EMS for Children Program will send a recognition certificate and decal(s) to the applicant. While placement of the vehicle recognition decal is strongly encouraged, it is not required. Successful applicants, by virtue of applying for recognition, authorize their organization name and general information to be posted in program documents and on the EMS for Children website. EMS agencies are also encouraged to promote their recognition through a public relations event, press release, etc. The EMS for Children Program has a generic press release available for use. EMS agencies seeking assistance with public relations events should contact the EMS for Children Project Director.

4. Annual Renew is Required

Agencies must re-apply on an annual basis, between *January 1 and March 15*.

5. Appeal Process for Denied Applications

EMS Agencies may appeal a decision to deny recognition by submitting a written request to have their application or status re-evaluated. Appeal letters should be submitted to the Project Director for further review by the EMS for Children Advisory Committee. A written response to the appeal will be returned to the EMS agency within 90 days of its receipt.

6. Suspension or Revocation

Recognition through this program may be suspended or revoked if the EMS agency:

- a. Willfully or repeatedly violated any provision of these guidelines;
- b. Willfully or repeatedly acted in a manner inconsistent with preserving the health and safety of patients, the public, or providers;
- c. Provided falsified information in order to gain recognition;
- d. Failed to maintain the standards of this Voluntary EMS Pediatric Recognition Program as identified in the guidance; or
- e. In the event that an organization no longer maintains recognition status, decals must be removed from all EMS vehicles and disposed of or returned to the KY EMS for Children Program.

Application for Enrollment

KYEMSC Voluntary EMS Pediatric Recognition Program

Please submit this application and the other required documents to the KYEMSC Program Director.

EMS Agency Information

Name:	
Address:	
Agency License #:	

EMS Agency Director

Name:	
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EMS Agency Medical Director

Name:	
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Designated Pediatric Emergency Care Coordinator

Name:	
KEMSIS #:	
Phone Number:	
Email Address:	

Indicate the number of decals needed: _____

Indicate preferred color of vehicle decals:

- Pink
 
 Silver
 

Attestation and Compliance Reporting Form

KYEMSC Voluntary EMS Pediatric Recognition Program

To be completed by an EMS Agency Administrator (e.g., chief operating officer, administrator, director, president, etc.).

By signing this verification form, I attest that my EMS Agency:

Is currently compliant with all applicable KBEMS statutes and regulations.

Shall participate in national EMS assessments, administered by KYEMSC and the National EMS for Children Data Analysis Research Center (NEDARC) to maintain program participation and recognition.

Has designated an individual to serve as the Pediatric Emergency Care Coordinator (PECC) as noted in the program guidelines, included their name and contact information on the application, and shall notify KYEMSC of any personnel changes related to this position.

Maintains, on all EMS vehicles, all pediatric equipment mandated by Kentucky licensure standards and the KYEMSC Voluntary EMS Pediatric Recognition Program and agree that our equipment, specific to this form, is subject to audit and inspection by KYEMSC and KBEMS representatives, including during a KBEMS licensing inspection.

Requires ALS providers to obtain a minimum of four (4) hours of continuing education on pediatric-specific subject matters on an annual basis, and BLS providers to obtain a minimum of two (2) hours of continuing education on pediatric-specific subject matters on an annual basis. (All courses must meet KBEMS standards for continuing education credit.) That we maintain documentation of completion of the required education hours such as course completion certificates or continuing education reports for providers at our EMS agency and will make these records available for review upon request.

Has a written plan to evaluate pediatric skill competency for all staff a minimum of once per year, using a variety of methods and maintains documentation of these evaluations that will be made available for review upon request.

Regularly participates in at least one community outreach event annually which focuses on pediatric education, injury prevention initiatives, and/or outreach within our community. We will maintain records of our participation in these events and provide notice, whenever possible, to the KYEMSC Program of upcoming community outreach events.

Print Name: _____

Title: _____

Signature: _____ **Date:** _____

Safe Transport Device Reporting Form

KYEMSC Voluntary EMS Pediatric Recognition Program

Please include this form with your application.

EMS Agency Information

Name/Abbreviation	
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Indicate the number of the following:

Total number of licensed ambulances	
Number of ambulances routinely staffed	

Indicate the number of devices owned/in use:

<i>Device name/type</i>	<i>Quantity</i>
Ferno Pedi Mate Original (10-40 lbs.)	
Ferno Pedi Mate Plus (10-100 lbs.)	
Ferno Neo Mate (5-14 lbs.)	
Quantum ACR4 (4-99 lbs.)	
Use the lines below to specify other safe transport devices and their respective weight ranges	

Appendix A

Instructions for Documentation Submission

To demonstrate compliance with program criteria, you will need to submit the following documentation with your application and attestation form. This program will track education, skills competency evaluations, and outreach events by the calendar year. Agencies applying for recognition must meet the program criteria for the previous calendar year (2020) and submit documentation of completion along with written implementation plans for the current year (2021).

Specific guidance for each section:

Pediatric Education, Plan, Summary, and/or Records

For the previous year's activities:

Submit a written summary of how your agency complied with the education requirements for the previous calendar year and any plans for the coming/current calendar year. This summary should include:

- the number of certified/licensed personnel on your roster
- the title, date, and length of pediatric topics or courses provided to personnel
- the percentage of those personnel who met the minimum requirement
- copies of rosters and/or other training records do not need to be included but must be available for review upon request

For the current year's activities:

Submit a written plan for how your agency will sponsor, provide, or require pediatric specific education for your personnel in the coming/current year. (Minimum of 4 hours of for ALS providers and 2 hours for BLS providers) The plan should detail how you will ensure completion of the minimum requirements by 90% of certified or licensed staff each year.

Pediatric Skill Competency Evaluation Plan and Records

Methods used can include task training in skill stations, integrated skills training during case scenarios, and integrated team performance while treating patients in the field. At least 90% of certified/licensed personnel must be evaluated annually. Biannual or more frequent evaluations are recommended. It is not required that all personnel or skills be evaluated in a single session. Each individual should be evaluated on each skill at least once per calendar year to count in the 90% completion.

Suggested Skills/Equipment Evaluations (based on equipment carried by agency):

- pediatric safe transport devices
- airway management: OPA, NPA, BVM, laryngoscopy, ET tubes, LMA, King airway, i-gel, etc.
- intravenous and intraosseous line insertion and use
- immobilization devices
- medication administration (i.e. transferring epinephrine to a 1 ml syringe for an infant in cardiac arrest)
- use of an age/weight/length-based reference (i.e. Broselow tape, Handtevy System)

For the previous year's activities:

Submit a written summary of how your agency complied with the skills competency evaluation requirements for the previous calendar year and any plans for the coming/current calendar year. This summary should include:

- the number of certified/licensed personnel on your roster
- dates, skills evaluated, and methods used
- the percentage of those personnel who met the minimum requirement
- copies of rosters and/or other training records do not need to be included but must be available for review upon request

For the current year's activities:

Submit a written plan for how your agency will evaluate pediatric skill competency of your providers in the coming/current year. This process must require the physical demonstration of correct use of pediatric-specific equipment.

Community Outreach Events

For the previous year's activities:

Submit a written summary of how your agency complied with the pediatric outreach requirement for the previous calendar year. The summary for completed events can include copies or links to media coverage, flyers, pictures, or other available documentation.

For the current year's activities:

Submit a written plan for how your agency will meet the requirement for at least one community outreach event that is pediatric focused in the coming/current year. Your agency may be the event sponsor, or you may participate in an event sponsored by another community partner.

For planned events, list the following as applicable:

- the date (exact or approximate)
- sponsor
- location
- name or type of event
- specific program or activities that are pediatric related
- recognized or anticipated benefits to children in your community

Safe Transport Policies and Devices

Policies – Include a copy of department policies that relate to the transport of pediatric patients. At a minimum, the policies should address the following:

- Safely securing children to the stretcher with a safe transport device
- Securing equipment during transport
- Provider and other occupant restraint use during transport

Complete and submit the Safe Transport Device Reporting Form with your application.

Appendix B

Compliance with Pediatric Equipment Recommendations

Changes to the ground ambulance regulations that went into effect in 2017 led to a 1:1 match between the national recommendations and the KY requirements for equipment on ground ambulances. This section will be reviewed for potential deletion or replacement in the next edition.

The national recommendation for pediatric restraint systems is written broadly to cover all patients while the KY requirement is more specific and limited.

National Recommendation	Current KY Regulation	Program Compliance
<p>Availability of necessary age/size appropriate restraint systems for all passengers and patients transported in ground ambulances.</p>	<p>A pediatric transport device with a minimum weight range of ten (10) to forty (40) pounds.</p>	<p>Required in 2021: Written policies as recommended in the 2017 NASEMSO Interim Guidance on safe transport.</p> <p>Recommended by 2021: Pediatric transport devices (a single device or a combination of devices) designed to transport children between 5 and 99 lbs. on every ambulance in service.</p> <p>See the following documents for additional information: <i>Safe Transport of Children by EMS: Interim Guidance</i> (2017 NASEMSO) and <i>Working Group Best-Practice Recommendations for the Safe Transport of Children in Ground Ambulances</i> (2012 NHTSA).</p>

The full equipment guideline follows or you can access it at the following link:
<http://pediatrics.aappublications.org/content/134/3/e919>

Appendix C

Safe Transport Documents

The complete documents follow this page or you can access them at the links provided.

Safe Transport of Children by EMS: Interim Guidance (2017 NASEMSO)

<https://nasemsso.org/wp-content/uploads/Safe-Transport-of-Children-by-EMS-InterimGuidance-08Mar2017-FINAL.pdf>

Working Group Best-Practice Recommendations for the Safe Transport of Children in Ground Ambulances (2012 NHTSA) <https://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf>