KID STUFF

From the KY EMS for Children Project

MAY 2016

Changes to the Representative Thomas J Burch Safe Infants Act

HB148 (draft bill attached) passed in the 2016 legislative session and was signed by the Governor on April 13, 2016, This bill amends the collective statutes that comprise the Safe Infants Act.

The most significant change is an increase in the length of time a parent has to surrender an infant. The previous time allowance was 72 hours and now parents have 30 days from the birth to safely and anonymously surrender the infant.

In addition to placing the newborn infant with an EMS provider, or at a staffed police station, fire station, or hospital; there is now another potential option. Recognized place of religious worship have been added to the list of acceptable surrender sites provided they meet certain criteria, such as proper signage which includes the operating hours during which staff will be present and immediately calling EMS to turn over the baby.

Note: HB148 also established guidelines for licensed child-care centers to obtain a prescription for and store epinephrine auto-injectors for emergency use.

New Clinical Practice Guideline from AAP

The American Academy of Pediatrics (AAP), Subcommittee on Apparent Life Threatening Events, has released a new Clinical Practice Guideline (CPG). Please read the Executive Summary for more information.

This guideline recommends a change in terminology, to replace the term “apparent life threatening event: (ALTE) with a new term “brief resolved unexplained event” (BRUE), and provides guidelines for physicians to classify patients as low-risk versus high-risk, which will guide further evaluation and/or management.

Pertinent points for EMS:

* BRUE remains an indication for transport.
* Continuous reassessment, non-invasive monitoring, and ABC interventions as needed, are still the backbone of transport care.
* Patients should receive a thorough physical exam by a physician along with a review of events and past medical history.
* The possibility of child abuse should remain a consideration in the differential diagnosis until ruled out.

EMS Compass Seeks Public Comment on Next Set of PMs

The EMS Compass Initiative has released performance measures in the areas of out-of-hospital sudden cardiac arrest and STEMI. All members for the EMS community are invited to provide comments and feedback.

The measures are available at emscompass.org/ems-compass-measures. The public comment period for these measures is open through June 3, 2016.

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Save the date: 2016 KY Statewide Trauma & Emergency Medicine Symposium

The 2016 Kentucky Statewide Trauma & Emergency Medicine Symposium will be held at the Campbell House in Lexington, KY, on October 26-28.

Target audience includes physicians, nurses, EMS providers, and others.

Excellent opportunity to earn continuing education.

New Children and Disasters Website

FEMA

The Federal Emergency Management Agency (FEMA) has launched a Children and Disasters webpage. Here you can find numerous resources that will help state and local agencies integrate children's disaster related needs into preparedness, planning, response, and recovery efforts.

FEMA Children and Disasters webpage

AAP/CDC Partner on Hospital Preparedness Webinar Addressing Family Reunification

CDC

The American Academy of Pediatrics (AAP) is partnering with the Centers for Disease Control and Prevention (CDC), Children's Preparedness Unit to support childrens' hospitals in preparedness planning. At 2:00 pm (Eastern) on May 25, AAP will host the next Children's Hospitals and Preparedness webinar on "Family Reunification and Hospital Planning." The webinar will provide an overview of the processes necessary to reunify children separated from their parents or legal guardians in the event of a disaster.

Pre-registration is required to participate. Once registered, an automatic email message with an option to add details to your calendar will be sent. Note that each registrant will be given a unique webinar link.

Looking for Continuing Education?

Medic CE™

The KYEMSC Project has sponsored a FREE 3-hour online course on Pediatric Assessment for current Kentucky EMS providers.

The course is CECBEMS approved and is offered through Medic-CE, an asynchronous, computer-based, distance learning program. Continuing education credit can be used to meet requirements for Kentucky certification, as well as National Registry, within the limits allowed for this type of training.

The number of "seats" for this course is limited and will be provided on a first-come basis. In order to receive complete instructions on how to take advantage of this opportunity, individual providers will need to log into their KEMSIS account and submit a brief application for the course. Once the request is submitted, the participant will have 90 days to complete the program.

Instructions: Sign into your KEMSIS account and select →Applications, →View My Applications, and →Apply Now to complete the KYEMSC Pediatric Assessment Medic-CE application. You will receive additional instructions via email on how to set up an account with Medic-CE and access the course.

If you have questions regarding this program, utilize the contact information below.

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Ideas or submissions for future editions are welcome!

AN ACT relating to children.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF KRS 199.892 TO 199.896 IS CREATED TO READ AS FOLLOWS:

(1) A child-care center licensed under KRS 199.896 and a family child-care home certified under KRS 199.8982 may comply with KRS 311.646 and obtain a prescription for epinephrine auto-injectors. These epinephrine auto-injectors shall be stored in a secure, accessible, readily available location not accessible to children, for quick administration.

(2) The cabinet shall promulgate administrative regulations governing epinephrine auto-injectors in licensed child-care centers and certified family child-care homes, including:

(a) Any center-or home- specific requirements that the cabinet deems necessary for the safe and proper storage, administration, and disposal of epinephrine auto-injectors;

(b) A written plan of action in case of an emergency necessitating the administration of an epinephrine auto-injector in a center or home; and

(c) A written notice that is provided to a child's parents, custodians, or guardians stating that the center or home has epinephrine auto-injectors at the center or home and that the center or home will notify a child's parents, custodians, or guardians when a epinephrine auto-injector is used on their child.

➔Section 2. KRS 311.645 is amended to read as follows:

As used in KRS 311.645 to 311.647:

(1) "Anaphylaxis" means an allergic reaction resulting from sensitization following prior contact with an antigen which can be a life-threatening emergency, including reactions triggered by, among other agents, foods, drugs, injections, insect stings,

and physical activity;

(2) "Administer" means to directly apply an epinephrine auto-injector to the body of an individual;

(3) "Authorized entity" means an entity that may at any time have allergens present that are capable of causing a severe allergic reaction and has an individual who holds a certificate issued under KRS 311.646 on the premises or officially associated with the entity. The term includes but is not limited to ***licensed child-care centers and certified family child-care homes,*** restaurants, recreation camps, youth sports leagues, theme parks and resorts, and sports arenas;

(4) "Certified individual" means an individual who successfully completes an approved educational training program and obtain a certificate, as described in KRS 311.646;

(5) "Epinephrine auto-injector" means a single-use device used to administer a premeasured dose of epinephrine;

(6) "Health-care practitioner" means a physician or other health-care provider who has prescriptive authority; and

(7) "Self-administration" means an individual's administration of an epinephrine auto-injector on herself or himself.

➔Section 3. KRS 405.075 is amended to read as follows:

(1) As used in this section***:*** ~~[,]~~

(a) "Newborn infant" means an infant who is medically determined to be less than ***thirty (30) days*** ~~[seventy-two (72) hours]~~ old***; and***

(b) "Participating place of worship" means a recognized place of religious worship that has voluntarily agreed to perform the duty granted in this section and display signage prominently on its premises regarding its participation in this section and its operating hours during which staff will be present.

(2) A parent who places a newborn infant with an emergency medical services

provider~~[,]~~ ***or at a staffed*** police station, fire station, ~~[or]~~hospital***, or participating place of worship*** and expresses no intent to return for the infant shall have the right to remain anonymous and not be pursued and shall not be considered to have abandoned or endangered the newborn infant under KRS Chapters 508 and 530.

(3) ***(a)*** Any emergency medical services provider, police officer, or firefighter who accepts physical custody of a newborn infant in accordance with this section shall immediately arrange for the infant to be taken to the nearest hospital emergency room and shall have implied consent to any and all appropriate medical treatment.

(b) Any staff member at a participating place of worship who accepts physical custody of a newborn infant in accordance with this section shall immediately contact the 911 emergency telephone service as set forth in KRS 65.750 to 65.760, wireless enhanced 911 system as set forth in KRS 65.7621 to 65.7643, or emergency medical services as set forth in KRS Chapter 311A for transportation to the nearest hospital emergency room.

(4) By placing a newborn infant in the manner described in this section, the parent:

(a) Waives the right to notification required by subsequent court proceedings conducted under KRS Chapter 620 until such time as a claim of parental rights is made; and

(b) Waives legal standing to make a claim of action against any person who accepts physical custody of the newborn infant.

(5) ***Actions taken by an emergency medical services provider, police officer, firefighter, or staff member at a participating place of worship in conformity with the duty granted in this section shall be immune from criminal or civil liability. Nothing in this subsection shall limit liability for negligence.***

(6) The provisions of subsection (2) of this section shall not apply when indicators of child physical abuse or child neglect are present.

(7)~~[(6)]~~ KRS 211.951, 216B.190,~~[311.6526,]~~ 405.075, 620.350, and 620.355 shall be known as "The Representative Thomas J. Burch Safe Infants Act."

➔Section 4. KRS 216B.190 is amended to read as follows:

(1) As used in this section***:***~~[,]~~

(a) "Newborn infant" means an infant who is medically determined to be less than ***thirty (30) days***~~[seventy-two (72) hours]~~ old.***; and***

(b) "Participating place of worship" has the same meaning as in Section 3 of this Act.

(2) Every hospital of this state that offers emergency services shall admit and provide all necessary medical care, diagnostic tests, and medical treatment to any newborn infant brought to the hospital when the identity of the parents is unknown. Any person performing medical care, diagnostic testing, or medical treatment shall be immune from criminal or civil liability for having performed the act. Nothing in this subsection shall limit liability for negligence.

(3) Any person or parent, other than an emergency medical services provider, a police officer, ~~[or]~~a firefighter***, or a staff member at a participating place of worship*** acting in the course of his or her official duties, who leaves a newborn infant at an emergency room, or brings a newborn infant to an emergency room and expresses an intent to leave the infant and not return, shall have the right to remain anonymous and to leave at any time, and shall not be pursued or followed. The physician shall consider these actions as implied consent for treatment.

(4) Upon admittance, the physician or hospital administrator shall immediately contact the local office of the Department for Community Based Services. The Department for Community Based Services shall immediately seek an emergency custody order in accordance with KRS 620.350.

(5) Every emergency room shall make available materials to gather health and medical information concerning the infant and the parents. The materials shall be offered to

the person leaving the newborn infant and it shall be clearly stated that acceptance is completely voluntary and completion of the materials may be done anonymously.

(6) The provisions of subsection (3) of this section shall not apply when indicators of child physical abuse or child neglect are present.

➔Section 5. KRS 211.951 is amended to read as follows:

(1) As used in this section, "newborn infant" means an infant who is medically determined to be less than ***thirty (30) days*** ~~[seventy-two (72) hours]~~ old.

(2) Any emergency medical services provider accepting physical custody of a newborn infant in accordance with KRS 405.075 shall have implied consent to any and all appropriate medical treatment.

(3) Notwithstanding any provision of law to the contrary, the identity of a person placing a newborn infant with an emergency medical services provider shall be confidential.

(4) The provisions of subsection (3) of this section shall not apply when indicators of child physical abuse or child neglect are present.

➔Section 6. KRS 620.350 is amended to read as follows:

(1) As used in this section, "newborn infant" means an infant who is medically determined to be less than ***thirty (30) days*** ~~[seventy-two (72) hours]~~ old.

(2) Upon notice from any emergency medical services provider or hospital staff that a newborn infant has been abandoned at a hospital, the cabinet shall immediately seek an order for emergency custody of the infant.

(a) No child protective services investigation or assessment shall be initiated regarding the abandonment of an infant in accordance with KRS 405.075. The provisions of this subsection shall not apply when indicators of child physical abuse or child neglect are present.

(b) Upon the infant's release from the hospital, the cabinet shall place the child in a foster home approved by the cabinet to provide concurrent planning

placement services. As used in this paragraph, "concurrent planning placement services" means the foster family shall work with the cabinet on reunification with the birth family, if known, and shall seek to adopt the infant if reunification cannot be accomplished.

(3) At the temporary removal hearing required by KRS 620.080, if the court places temporary custody with the cabinet, the custody order shall remain in effect for a minimum of thirty (30) days.

(4) During the initial thirty (30) days of placement, the cabinet shall request assistance from law enforcement officials to investigate through the Missing Child Information Center established by KRS 17.450 and other national resources to ensure that the infant is not a missing child.

(5) As soon as practicable following the thirty (30) day placement period, the cabinet shall file a petition in Circuit Court seeking the involuntary termination of parental rights of the unknown parents and authority to place the child for adoption in accordance with KRS Chapter 625.

(6) If a claim of parental rights is made at any time prior to the court order issued under KRS 625.100, the Circuit Court may hold the action for involuntary termination of parental rights in abeyance for a period of time not to exceed ninety (90) days and immediately remand the case to the District Court.

(a) If a case is remanded to District Court under this subsection, an adjudicatory hearing shall be conducted as required by KRS 620.100 within ten (10) days of the assertion of parental rights;

(b) The District Court may order genetic testing to establish maternity or paternity at the expense of the claimant;

(c) The cabinet shall conduct a child protective services investigation or assessment and home evaluation to develop recommendations for the District Court; and

(d) Further proceedings shall be conducted in accordance with KRS Chapter 620; however, a newborn infant who has been placed in accordance with KRS 405.075 shall not be found to be a neglected child based on that act alone.

➔Section 7. KRS 620.355 is amended to read as follows:

(1) The cabinet shall make available standardized health, medical, and background information forms for use in gathering voluntary, nonidentifying information from a person who leaves an infant in accordance with KRS 405.075 and as required by KRS 216B.190~~[and 311.6526]~~. The materials shall clearly state on each page that the information requested is designed to facilitate medical care for the infant. The material shall include information on family services, termination of parental rights, and adoption. The material shall also include:

(a) Information on the importance of medical and health information regarding the infant; and

(b) Written notification that failure to contact the Department for Community Based Services and assert a claim of parental rights within thirty (30) days of the receipt of the material shall result in the commencement of proceedings for involuntary termination of parental rights and placement of the child for adoption.

(2) Subject to available funding, the cabinet shall produce and distribute a media campaign to promote safe placement alternatives for newborn infants, the confidentiality offered to birth parents, and information regarding adoption procedures.