SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

EMS FOR CHILDREN SYSTEM CARE STANDARDS

PUBLIC COMMENT NOVEMBER 2026

EFFECTIVE DATE: x/x/xx ***POLICY REFERENCE NO: 5012*** ***SUPERSEDES: 8/1/07***

1. DEFINITIONS

1.1. Pediatric Emergency Care Coordinator (PECC): A person who is either assigned to the emergency department (ED) or has emergency care responsibilities that is designated by the general acute care hospital (GACH) and acts as a pediatric care liaison to the EMS system.

1.2. Pediatric Receiving Center (PedRC): General term of this policy that refers to a GACH designated by EMS Agency (EMSA) as being capable of receiving pediatric patients (younger than 15 years old) from the EMS system.

1.3. Site Visit: On-site evaluation of pediatric care capabilities by the EMSA Medical Director, EMSA Director, and EMSA Pediatric Specialist.

2. PURPOSE

2.1. Establish the minimum standards and designation process for PedRCs within the San Francisco EMS System.

3. POLICY

3.1. EMSA Requirements and Responsibilities

3.1.1. For a state EMS Authority approved EMS for Children (EMSC) Care System, EMSA shall annually submit an EMSC Care Plan update.

3.1.2. EMSA may establish additional requirements in addition to those mandated by statute and state minimum standards.

3.1.3. Collecting and reporting pediatric patient care data, establishing and maintaining a QI process, and performing EMSC Care System evaluation

3.1.4. EMSA will develop and implement a EMSC care system and shall establish an EMSC Advisory Subcommittee (See **Policy #1010 Advisory Committees**), which shall meet at least twice per year and include participation from all EMS provider agencies, 9-1-1-receiving GACH, PedRC's within the local EMS system, any regional Pediatric Trauma Centers that receives local pediatric trauma IFTs, and other relevant stakeholders.

3.2. Hospital Requirements for PedRC Designation

3.2.1. All GACHs shall have at least basic capabilities of treating pediatric patients and shall be designated to at a minimum Basic PedRC standard.

3.2.2. Written MOU with EMSA designating the hospital as:

3.2.2.1. An approved GACH for patients transported by an EMS provider agency

3.2.2.2. PedRC

3.2.3. Pay all associated fees within thirty (30) days of invoice

3.2.4. Regular participation in the EMSC Subcommittee meetings (see **Policy #1010 (Advisory Committees).**

3.2.5. All GACHs shall establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at that GACH. This includes but is not limited to trauma, burn, spinal cord injury, rehabilitation, and behavioral health.

3.3. Data Collection and Reporting Requirements

3.3.1. PediRC's shall submit pediatric data to EMSA every month for the purposes of continuous quality improvement (CQI), training to enhance the level of care, and for required state data reporting. This includes all of the following EMS pediatric data:

3.3.1.1. Patient Age

3.3.1.2. Mode of Arrival

3.3.1.3. Time/Date of Arrival

3.3.1.4. Admitting Hospital

3.3.1.5. Discharge/Transfer Status

3.3.1.6. Discharge/Transfer Time and Date

3.3.1.7. Disposition from the Emergency Department

3.3.1.8. Cause of Injury

3.3.1.9. Injury Location

3.3.1.10. And any data metrics the EMSA Medical Director deems necessary for QI efforts.

3.3.2. In collaboration with EMS provider agencies and EMSA, PedRC's shall develop a process for sharing patient outcome information of all EMS pediatric patients.

4. INITIAL AND MAINTENANCE OF PEDRC DESIGNATION SITE VISITS

4.1. The EMSA Medical Director shall designate all PedRc's after reviewing each GACH's capabilities for pediatric care. The criteria will be based on the standards established by Title 22, Chapter 6, Subchapter 4, Article 5 and this policy.

4.2. All GACHs shall perform an internal assessment of their pediatric capabilities and notify EMSA whether it meets the criteria of a Basic, General, Advance, or Comprehensive PedRC.

4.3. PedRC's shall be classified in the following manner:

4.3.1. If a GACH is identified as having either Basic or General pediatric capabilities, the GACH will be designated as a Medical Pediatric Receiving Center under **Policy #5000 (Destination Policy).**

4.3.2. If a GACH is identified as having either Advance or Comprehensive pediatric capabilities, the GACH will be designated as a Critical Medical Pediatric Receiving Center under **Policy #5000 (Destination Policy).**

4.3.3. EMSA may deny, suspend, or revoke the approval of a PedRC for failure to comply with any applicable policies, procedures, or regulations.

4.4. The EMSA EMSC Specialist shall provide the site evaluation tool kit at the time of scheduling with the PECC or facility designee.

4.5. Site visits shall be conducted by EMSA prior to initial designation and redesignation, which shall occur at least once every three (3) years, or by the direction of the EMSA Medical Director.

4.6. PedRC's shall be in compliance with § 3.2 of this policy prior to initial or redesignation.

4.7. After a site visit EMSA will either provide written approval or a notification noting the criteria that the hospital needs to address prior to any authorization, within 30 calendar days of the site evaluation.

5. AUTHORITY

5.1. California Health and Safety Code, Sections 1797.220, 1797.222, 1798, 1798.150, 1798.163, 1799.202 et seq.

5.2. California Code of Regulations, Title 22, Division 9, Chapter 6, Subchapter 4

~~**SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY**~~

~~**Policy Reference No.: 5012**~~
~~**Effective Date: August 1, 2007**~~
~~**Review Date: January 1, 2011**~~
~~**Supersedes: February 1, 2004**~~

~~PEDIATRIC CRITICAL CARE STANDARDS~~

~~I. PURPOSE~~

~~A. Establish the minimum standards for receiving hospitals who wish to accept emergent pediatric patients from approved ALS and BLS providers within the San Francisco EMS System.~~

~~II. AUTHORITY~~

~~A. California Health and Safety Code, Sections 1255, 1255.5, 1256, 1797.220, 1797.222, 1798, 1798.150, 1798.163, 1799.202 et seq.~~
~~B. California Code of Regulations, Title 22, Sections 10727, 10728, 42400 et seq., 100147, 100172, 100175~~
~~C. California Children's Services Procedure Manual, Chapter 3, Standards for Pediatric Intensive Care Units (PICUs)~~

~~III.POLICY~~

~~A. Pediatric Critical Care Centers shall be receiving hospitals as defined by EMS Agency Policy and will comply with all Federal, State, and local laws, as well as all EMS Agency Policies.~~

- ~~A. A freestanding, DHS accredited Children's Hospital may, with the approval of the EMS Medical Director, limit acceptance of patients from the EMS System to pediatric patients only if:~~
  - ~~a) that facility normally restricts their capabilities to pediatrics, and~~
  - ~~b) does not possess the equipment or personnel necessary to care for adult patients.~~

~~B. DHS accredited Children's Hospitals, whether freestanding or incorporated as part of a larger medical center compliant with the Receiving Hospital Standards, are considered to have met the specialty equipment and personnel requirements of this policy, provided those personnel and services are immediately available to the Emergency Department.~~

- ~~A. Hospitals approved under this provision shall have transfer agreements with the following facilities:~~
  - ~~a) An EMS-designated Pediatric Trauma Center~~

~~b) An EMS-designated Burn Center that accepts pediatric patients~~

~~C. Application Process:~~

~~1. A Receiving Hospital that wishes to become a Pediatric Critical Care Center must submit a request in writing no later than 60 days prior to desired date of designation as A PCCC by the EMS Agency~~

~~2. The request must include the name and contact information for the Medical Director of the Pediatric Intensive Care Unit (PICU) and the date of certification of the PICU~~

~~3. The request must be signed by both the PICU Medical Director and the hospital Chief Executive Officer or Chief Operations Officer~~

~~4. Current designated PCCC's must submit this information within 60 days of the effective date of this policy revision (August 1. 2007)~~

~~D. Approval:~~

~~1. Approved Receiving Hospitals that have a Pediatric Intensive Care Unit (PICU) certified by California Children's Services (CCS) are considered to have met the specialty equipment and personnel requirements of this policy, provided those personnel and services are immediately available to the Emergency Department.~~

~~A. Hospitals approved under this provision will have transfer agreements with the following facilities:~~

~~a) A DHS accredited Children's Hospital~~

~~b) An EMS-designated Pediatric Trauma Center~~

~~c) An EMS-designated Burn Center that accepts pediatric patients~~

~~2. The PCCC will be approved after satisfactory review of application documentation and a site survey, when deemed necessary, by the EMS Agency Medical Director or his/her designee~~

~~3. The PCCC will be re-approved after a satisfactory San Francisco EMS Agency review every (2) two years.~~

~~4 The PICU Medical Director shall notify the EMS Agency of subsequent changes in their status~~