

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