EMS for Children
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EMS-C Disclosure
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The mission of Emergency Medical Services for Children (EMSC) is to reduce child and youth mortality and morbidity resulting from severe illness or trauma.

EMS-C?
- Emergency Medical Services for Children
- From birth through age 18
- 26% of Maine’s population – Approximately 335,000 age 18 and under

Early History
- 1984 – Congress enacted legislation to use federal funds for EMS-C
- 1985 – Preventive Health Amendments of 1984 (PL 98-553)
- 1986 – First grants awarded (AL, CA, NY, OR)
- 1987 – Maine receives EMS-C grant

Dr. Calvin C.J. Sia
What does EMS-C do?

Hospital Systems  
Integrate pediatric care across the Emergency Medical System  
State Resources  
EMS Systems

Overall Strategy

Improve Quality of Care & Outcomes for Children

Communicate Goals  
Meet & Assist Goal Implementation  
Review Performance  
Report Performance to EMS, Hospitals & Public

The EMS-C program performance measures are a set of standards that were developed to measure long-term progress at both state and national levels of the EMS-C program in key areas of pediatric emergency care.

Maine EMS-C Performance Goals

EMS Systems
- Submit NEMSIS data  
- Pediatric Emergency Care Coordinator  
- Pediatric Equipment Competency

Hospital Systems
- Recognize Pediatric Trauma Capabilities  
- Recognize Pediatric Medical Emergency Capabilities  
- Assist with Pediatric Transfer Guidelines & Agreements

Maine EMS-C Performance Goals

State Resources
- Develop EMS-C Advisory Committee  
- Advise on pediatric protocols and care  
- Help with education and best practices  
- Integrate into state statutes  
- Make sure EMS-C is important through the future  
- Assist EMS & Hospital systems  
- Transports and agreements, insight into EMS care

EMS Systems
- Submit NEMSIS data  
- From EMS PCR  
- Data helps guide future care  
- Pediatric Care Coordinator  
- Per service or can be shared between services  
- Liaison to EMS-C resources  
- A resource for education and purchases  
- Pediatric Equipment Competency  
- Personnel knowing how to use service specific pediatric equipment
Hospital Systems

- Recognize Pediatric Trauma Capabilities
- Recognize Pediatric Medical Emergency Capabilities
- What are individual hospital thresholds. We will not define them, but encourage hospitals to have a definition of them
- Assist with Pediatric Transfer Guidelines & Agreements
- Once a pediatric patient reaches (or better, approaches) this threshold:
  - Have a plan as to moving the patient
  - Have agreements for facilities to receive these patients

Maine EMS-C Performance Goals

Where are we now?

Maine Pediatric Data
Jan 1, 2018 – Dec 31, 2018

Data does not include:
- American Ambulance
- LifeFlight of Maine
- North East Mobile Health Services (prior to 3/1/18)
- Portland Fire Department/MEDCU (prior to 8/1/18)
- United Ambulance (prior to 8/1/18)

276 EMS Agencies in Maine evaluated 12,891 pediatric patients between January 1, 2018 and December 31, 2018

Pediatric Responses by Hour of Day

Pediatric Responses by Month

2018 Pediatric Responses By Month
**Where are we going?**

- Producing education from identified pediatric responses
- Meeting with regional and state groups to better communicate
- Legislation submitted for pediatric representation on State EMS Board
- Collaboration with national partners

**So What About Disaster Management/Response?**

- With Primary Family/Guardian
- Not With Primary Family/Guardian
  - Educational Setting
  - Healthcare Setting
  - Non-Primary Family Guardian
  - "Loose"
  - Resources

**Disasters**

**Educational Setting**

- School
  - Boarding School
  - After-school activities
  - School bus

**Issues**

- HIGH PEDIATRIC TO ADULT RATIO
- Notification/Reunification
- Swarming

**Healthcare Setting**

- Admitted patient in hospital
  - Skilled Nursing Facility

**Issues**

- HIGH PEDIATRIC TO ADULT RATIO
- Notification/Reunification
- Transport/Mobility Needs
- Maintaining/Resuming level of care
Disasters
Secondary Family/Guardian
- Daycare
- Relatives/Friends
- Correctional

Issues
- HIGH PEDIATRIC TO ADULT RATIO
- Notification/Reunification
- Transport/Security Needs

Disasters
“Loose Children”
- Age dependent

Issues
- No Pedi:Adult Ratio
- Notification/Reunification
- Following Directions

Disasters
Resources
- Transport
- Buses
- Ambulances
- Specialized Ambulances
- Destinations
- Secure
- With oversight
- Pedi “Stuff”
- Cribs
- Diapers
- Food

Additional Opportunities
- Dedicated Website
- School Emergency Guidelines
- Pediatric Emergency Care Coordinators
- Hospital Recognition Program

Summary / Reflection
Convince – “cause someone to believe firmly in the truth of something”
- Latin convincere meaning “to overcome decisively”

Educate – “to develop the faculties and powers of someone”
- Latin ducere, meaning “to lead”

These current Maine EMS protocols are nearly the same, other than Adult Coma references neonates, while Pediatric Coma does not. By combining similar protocols such as these into one, there is a decreased number of protocols and less potential confusion/discrepancy between them.
Thank you

Last thoughts
Maine EMS-C is here to help
educate, improve and NOT dictate

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