



## South Carolina EMS for Children Pediatric Ready EMS Recognition Application

Number of Decals Needed:

### AGENCY INFORMATION:

Name:

Mailing Address (Street Number and Name)

(City)

(Zip Code)

License Number:

Region:

Recognition Level:

### EMS AGENCY DIRECTOR

Name:

Phone Number:

Email Address:

### AGENCY MEDICAL DIRECTOR

Name:

Phone Number:

Email Address:

### DESIGNATED PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

Name:

SC Certification Number:

Phone Number:

Email Address:



## Attestation and Compliance Reporting Form Pediatric Ready EMS Recognition Program

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

**By signing this form, I attest that my EMS agency:**

- Is compliant with all applicable South Carolina Division of EMS & Trauma statues and regulations.
- Shall participate in SC EMS for Children (SCEMSC) assessments.
- Has a policy in place that outlines safe transport of all patients and includes a commercially appropriate pediatric transport device. (Transporting agencies only.)
- Has a designated individual to serve as the Pediatric Emergency Care Coordinator and meets the job roles outlined in the Pediatric Ready EMS Guidebook, and has listed this job in the individual's Image Trend profile.
- Maintains, on all EMS vehicles, all pediatric equipment mandated by the Division of EMS & Trauma and the additional equipment noted in the Pediatric Ready EMS Guidebook.
- Requires 80% off all providers to obtain a certification for a nationally accepted pediatric course.
- Will require ALS providers to complete an additional 6 hours of pediatric training annually and BLS providers to complete an additional 2 hours of pediatric training on an annual basis. That this training includes skills verification and that we maintain documentation of the training.
- Must review 100% of pediatric arrest, pediatric stroke, advanced airway interventions, IO insertion or attempts and trauma alert patients.
- Regularly participates in at least one community outreach event annually and will maintain records of participation.

**Print Name and Title:**

**Signature:**

**Date:**



## Pediatric Emergency Care Coordinator (PECC) Designation Form

By signing this form, I agree that I am the designated Pediatric Emergency Care Coordinator and responsible for all facets of pediatric care at my agency. I will work in collaboration with the South Carolina Bureau of EMS and the South Carolina EMS for Children Program on pediatric education, operations, protocols, and preventions.

**I agree to:**

- Ensure that the pediatric perspective is included in the development of EMS protocols.
- Ensure that fellow EMS providers follow pediatric clinical practice guidelines.
- Promote pediatric continuing education opportunities.
- Oversee pediatric process improvement.
- Ensure the availability of pediatric medications, equipment, and supplies.
- Promote agency participation in pediatric prevention programs.
- Promote agency participation in pediatric research efforts.
- Liaises with the emergency department pediatric emergency care coordinator.
- Promote family-centered care at the agency EMS.
- Hold a current Paramedic certification.
- Hold an instructor certification in one of the following:
  - PEPP, PALS, Handtevy.

**Name:**

**Agency:**

**Job Title:**

**SC Certification Number:**

**Email:**

**Phone Number:**

**Signature:**

**Date:**