



Welcome to the new Connecticut EMS-C Web page!

EMS-C was established in 1991 to improve and ensure pediatric emergency care administered by the United States Department of Health and Human Services' Health Resources and Services Administration's Maternal and Child Health Bureau. This program is a national initiative designed to reduce death and disability in children ages 0-18, due to severe illness or injury. Medical personnel, parents, volunteers, community groups, businesses, national organizations and foundations all contribute to this nationwide effort. A federal grant program supports state and local action.

“What’s New”

For the past three years, EMS (Emergency Medical Services) services and hospitals have been given surveys to evaluate the status of pediatric care through equipment surveys, medical control and transfer agreements/guidelines.

We are in the process of planning our 5th annual pediatric conference with not only lectures, but also hands-on training

Handed out 178 pediatric jump kits to ambulance services. (See us published in the [Journal of Emergency Medical Services](#) [JEMS] and [ConnecticutPlus](#))

Helped fund pediatric training at the state EMS conference, state trauma conference, PEPP (Pediatric Education for the Prehospital provider) classes throughout the state as well as ENPC (Emergency Nurse Pediatric Course) classes. Also, several EMS-C advisory board members have lectured in various locations statewide.

Under the Connecticut EMS-C program works under a federal grant from the Health Resources and Services Administration, which requires following the performance measures listed below. This is what we have been working on:

- **EMSC State Partnership Performance Measures**

Performance Measure 71 (formerly PM 66a (i))	The percent of pre-hospital provider agencies in the state/territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.
Performance Measure 72 (formerly PM 66a (ii))	The percent of pre-hospital provider agencies in the state/territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.
Performance Measure 73 (formerly PM 66b)	The percent of patient care units in the state/territory that have essential pediatric equipment and supplies as outlined in national guidelines.
Performance	The percent of hospitals recognized through a statewide,

Measure 74 (formerly PM 66c medical)	territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.
Performance Measure 75 (formerly PM 66c trauma)	The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.
Performance Measure 76 (formerly PM 66d)	The percentage of hospitals in the state/territory that have written interfacility transfer guidelines that cover pediatric patients and that include pre-defined components of transfer.
Performance Measure 77 (formerly PM 66e)	The percent of hospitals in the state/territory that have written interfacility transfer agreements that cover pediatric patients.
Performance Measure 78 (formerly PM 67)	The adoption of requirements by the state/territory for pediatric emergency education for license/certification renewal of BLS/ALS providers.
Performance Measure 79 (formerly PM 68a,b,c)	The degree to which state/territories have established permanence of EMSC in the state/territory EMS system by establishing of an EMSC Advisory Committee, incorporating pediatric representation on the EMS Board, and hiring a full-time EMSC manager.
Performance Measure 80 (formerly PM 68d)	The degree to which state/territories have established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations.

Our Advisory Board:

- Wendy Wheeler RN, EMT-I, EMS-C Coordinator
Department of Public Health, 860/509-7850 wendy.wheeler@ct.gov
- James Parker, MD, Connecticut Children's Medical Center, Chairman of the EMSC Advisory Board jfparke@ccmckids.org
- Alan Henschke, EMS Coordinator Norwalk Hospital
- Marian Storch, Injury Prevention Program, Department of Public Health
- Sandra Macpherson, EMT-B
- Lynn Piacentini, RN, EMT-P Hartford Hospital, Commander of the Connecticut Disaster Medical Assistance Team
- Richard Kamin, MD, OEMS Medical Director at the Department of Public Health.
- Paul Rabeuf, EMT-P, Respiratory Therapist, EMS Coordinator, Charlotte Hungerford Hospital.

- Karen Santucci, MD, Yale New Haven Hospital, Pediatric Emergency Department
- Patricia Seigel, RN, University of Connecticut Health Center
- Sean Anderson, Health Program Associate, Department of Public Health
- Brian Cournoyer, Connecticut Hospital Association
- Holly Galliher, RN, EMT-B, University of Connecticut Health Center
- Tom Russell, EMS Coordinator Mid State Medical Center
- Tim George, EMT-P, Respiratory Therapist, East Hartford Fire Department
- Laura Knapp, Children with Special Health Care Needs Coordinator, Connecticut Children's Medical Center
- Mark Cicero, MD, Yale New Haven Hospital Pediatric Emergency Department Mark.Cicero@yale.edu
- Trish Vayda, RN, Association of School Nurses of CT
- Lara Bailey, RN, Middlesex Hospital, CT Emergency Nurses Association
- Molly Cole, Family Representative
mcole@uchc.edu

MEETINGS

Advisory Board meetings are held the first Wednesday of every even month at 9:00 am, at Connecticut Hospital Association (CHA) in Wallingford.

Please contact Wendy Wheeler to confirm your arrival in case date/time/location changes

Here are some helpful links to some questions parents may have from time to time, also including a brief description:

[Connecticut Safe Kids](#)

This is a statewide organization dedicated to reducing unintentional injuries and deaths among Connecticut children under the age of 15

[EMS-C National Resource Center](#)

Makes sure children nation-wide receives the proper care in an emergency, despite their geographic location within the U.S., D.C. and the five U.S. territories. This resource center also serves as a

conduit to other federal programs established for promoting the health of children.

[Connecticut Children's Medical Center Injury Prevention Center](#)

Researches the prevalence of injuries in children, and how they can be prevented.

[Poison Control](#)

Provides statewide 24-hour emergency service for poison exposures, epidemiology of poisoning, and education for poison prevention. This center also provides workshops and materials through health fairs to the public. Printed sources are available upon request.

[Family Voices](#)

Coordinates families and promotes proper health care of children with special health care needs. This group works at shaping legislature, advocating on the behalf of children and their families, as well as build partnerships between families and policy-makers.

(Here is a [link](#) to the EMS-C National Resource Center [EMS-C NRC] regarding children with special health care needs, choose option #60)

[American College of Emergency Physicians \(ACEP\)](#)

A website designed for pediatric care in emergency departments. This link contains a medication calculator, sample policies (pediatric preparedness, child abuse, DNR [Do Not Resuscitate] orders, family issues, etc).

[American Academy of Pediatrics \(AAP\)](#)

This collective group of 60,000 pediatricians is dedicated to optimizing the physical, mental and social health/well-being for all infants, children, adolescents, and young adults. General and specific

information is available. Professional education, research projects, community pediatrics, quality improvement and public policy/advocacy and are all ways in which these medical professionals are stepping closer to better care for our nation's youth.

Education:

- Free Training for Physicians, Nurses and EMT's through New Mexico's EMS-C website:
<http://hsc.unm.edu/emersed/PED/emsc/training/course.shtml>
- Kentucky's EMS-C online training network for [injury prevention and prehospital care providers](#), as well as [pediatric terrorism awareness](#).
- Illinois Emergency Medical Services for Children
http://www.luhs.org/depts/emsc/pmthi_narrated_web.htm.

Legislative Updates:

-Child restraint systems for ambulances, Sec. 14-137-81.

Any ambulance which transports a child under the age of four years on the highways of this state shall provide and require the child to use a child restraint system meeting the standards of Section 14-100a-1 of the Regulations of Connecticut State Agencies, or if the child is between the ages of one year and four years a seat safety belt as required by Conn. Gen. Stat. § 14-100a (d). This section shall not apply where it is medically inadvisable to use any such restraint system or seat belt, or where the child is being transported as a patient in the patient compartment of the ambulance. (Effective February 3, 1993)

-Child Passenger Restraint Systems, Sec. 14-100a-1. Requirements for child passenger restraint systems

Each child restraint system required pursuant to Section 14-100a of the Connecticut General Statutes to be used in a motor vehicle transporting a child shall meet the requirements of the Code of Federal Regulations, Title 49, Part 571.213, as amended, child restraint systems, and shall have a permanent label indicating all information required by such regulations,

including but not limited to the following: “This child restraint system conforms to all applicable Federal Motor Vehicle Safety Standards.”
(Effective November 12, 1982; amended October 31, 2007)

[The Do’s and Don’t of Transporting Children in an Ambulance](#)

(Emergency Medical Services for Children National Resource Center)

Something of Interest...

W.H.A.L.E. Program
(We Have A Little Emergency)

Was initiated here in the state by the University of Connecticut Auxiliary to help in the prehospital emergent care process of children if they are in a motor vehicle accident and an adult is not able to speak on their behalf.

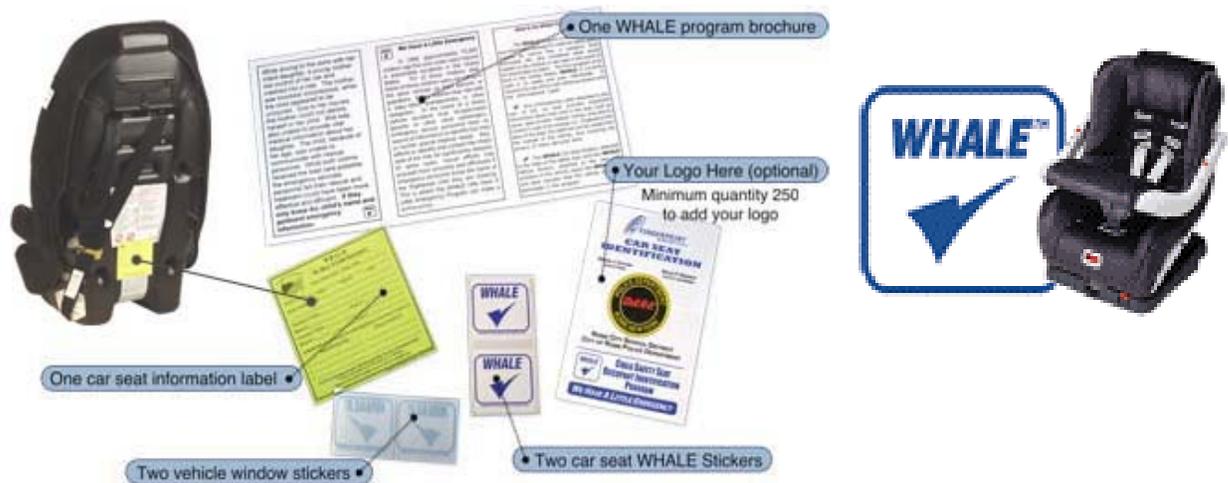
for more information of how parents can be better prepared in case they are incapacitated and their child needs medical attention.

W.H.A.L.E.™ PROGRAM QUICK TRAINING

“Most laws require that all youngsters under 4 years of age or up to 40 pounds must be seated and harnessed in an approved child safety seat when riding in a car. That same child safety seat can provide vital information about its young occupant in the unfortunate event that the driver of the car is incapacitated in a car accident.”¹

“The program consists of three parts:

1. An Information Label is attached to the back of the car seat, which provides important information about the child, such as name, date of birth, medical history and who to contact in case of emergency. The label is placed on the back of the car seat where it is not visible from outside the vehicle. This ensures the privacy of this personal information.
2. Two W.H.A.L.E™ Car Seat Stickers are attached to the sides of the seat.
3. Two W.H.A.L.E™ Vehicle Stickers are attached to the rear/side windows of the vehicle. Each of these stickers depicts the W.H.A.L.E™ logo and will alert emergency personnel that the occupants participate in the program.”¹



42 towns in Connecticut have residents who have received W.H.A.L.E. kits. For more information on the W.H.A.L.E. program in Connecticut, contact Irene Engel (UConn Auxiliary) at ieengel@att.net or Captain Greg Priest (UConn Health Center Fire Department) at priest@uchc.edu or 860-679-4291.

¹ <http://www.whaleprogram.org>

DPH
Information for Parents

Click the following [link](#) to view the Department of Public Health's home page tab "Parents & Children" for information relating to childhood immunizations and illnesses.