

PEDIATRIC ADVISORY COMMITTEE

- A. The Division shall be responsible to maintain policy compliance within the EMS system, and reserves the right to revise or modify this policy when necessary to protect public health and safety.
- B. Pediatric Advisory Committee (PAC) is an ad hoc subcommittee of the EMS System Collaborative.
- C. Pediatric Advisory Committee (PAC) shall be established to review certain potential problem cases and system trends identified through the submission of data (as described in the *Pediatric Receiving Center Designation Policy*).
 1. The Committee shall be composed of the following members:
 - a. Pediatric Emergency Care Coordinator
 - b. EMS Division Coordinator
 - c. Pediatric Program Director
 - d. Emergency Dept. MICN
 - e. EMS Dept. Medical Director
 - f. School Representative/ Consumer Representative
 - g. Community Based Pediatrician and Pediatric Intensivist
 - h. Metro Hospital Emergency Department Representative
 - i. Rural Hospital Emergency Department Representative
 - j. Rural Paramedic Representative
 - k. Metro Paramedic Representative
 - l. Air Ambulance/Critical Care Transport Representative
 - m. Communications Center Representative Ad Hoc
 - n. Law Enforcement Representative

- o. Child Protective Services Representative
 - p. Fire Department Representative
 - q. Non-supervisory, non-administrative field paramedic representative
 - r. Non-supervisory, non-administrative field EMT representative
 - s. California Children's Services Representative Ad Hoc
 - t. Social Services Representative
 - u. Respiratory Therapist Ad Hoc
2. This Committee shall respond to the Division Director, EMS Medical Director and EMCAB's inquiries and requests.
3. The Committee shall consider and monitor identified issues and advise the Director on policy level recommendations and systemic or process issues as follows:
- a. Create and monitor quality core measures
 - b. Conduct evidence based studies relevant to the unique needs and trends of pediatric care county wide.
 - i. The Committee will be responsible for establishing the criteria for cases to be brought to the committee.
 - ii. Each case reviewed by the committee will have a finding of appropriateness of care rendered and will, where appropriate, make recommendations for change.
 - c. Recommend revisions to policies and procedures based on study findings
 - d. Additional review of transfers or major complicated Pediatric patients as requested by a Pediatric receiving center.
 - e. Organize and administer pediatric specific programs as needed.
 - f. Review all cases of prehospital pediatric cardiac arrest.

4. Meetings will be conducted in accordance with §1040, §1157.5, and 1157.7 of the California Evidence Code, and the California Business and Professions Code 805, 809 and be compliant with HIPAA and HCFA requirements.
 5. All members and invitees of the Committee will be required to maintain confidentiality of patient specific information.
- D. All pediatric organizational providers will submit to the Division the required documentation, as specified by the Division, to verify ongoing compliance with pediatric triage, treatment, and transport protocols.
 - E. The Division, in conjunction with organizational providers, will collect data on a regular basis for system evaluation and continued quality improvement.
 - F. Any deviations, specific problems, or deficiencies from policies, procedures and protocols shall be documented.
1. This information will be subject to review by the Division and/or the Pediatric Advisory Committee (PAC).