Iowa
Emergency Medical Services for Children

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Objective

- Discuss the history of the EMSC program and understand the legislation that established the program and the performance measure that continues to monitor the program.

- Develop an understanding of EMS Iowa by reviewing the levels of EMS services in Iowa.

- Introduce The Healthy Habit All-Stars and identify how the All-Stars can be leveraged in local prevention and outreach activities.
Kids are NOT small adults!

- Airway differences
- Vital signs are not proportionate
- Communication barriers
- Medication differences
- Approach and Assessment is different
EMS - Chances of Treating a CHILD

- 8% of patients are children (NEMSIS, 2012)
The Federal EMS for Children Program

- 1984 Initial legislation passed
- Federal-State Partnership
- Grant Funds distributed through Health Resource Service Administration (HRSA) and the Maternal and Child Health Bureau (MCHB)
Variations in pediatric emergency care capabilities

6% of EDs in the US have all the supplies deemed essential for managing pediatric emergencies
2006 IOM Report

- Lack of pediatric care coordination
- Many providers undertreat children
- Many fail to recognize signs of child abuse
Performance Measures Implementation (Institute of Medicine Report, 2006)

- Program Focused
- EMSC Priorities Integrated into Statutes/Regulations
- Other Areas of Focus:
  - Injury Prevention
  - Child Passenger Safety
  - Eliminating Child Abuse
  - Children With Special Health Care Needs
  - Disaster Preparedness
Why is any of this important to Schools?
EMS In Schools

- Injuries are the leading cause of death and disability in the United States, especially among children, with 70% of injury deaths occurring in school-aged youth (5–19 years of age).

- It is estimated that 10% to 25% of injuries to children occur while they are in school.
EMS In Schools

- Emergency medical services are provided to communities through paid career and volunteer agencies

- Career EMS - Some level of full time staff

- Varied levels of EMS skills
Volunteer EMS service

- Made up of Volunteers from the community
- Typically have Careers outside of EMS field
- Varied levels of EMS skills
- Varied response times
EMS Levels in Iowa

EMR

- The primary focus of the EMR is to initiate immediate lifesaving care to critical patients who access the emergency medical system.

- This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport.

- EMRs function as part of a comprehensive EMS response, under medical oversight. EMRs perform basic interventions with minimal equipment.
EMS Levels in Iowa

EMT

▪ The primary focus of the EMT is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system.

▪ This individual possesses the basic knowledge and skills necessary to provide patient care and transportation.

▪ EMTs function as part of a comprehensive EMS response, under medical oversight.

▪ EMTs perform interventions with the basic equipment typically found on an ambulance.
EMS Levels In Iowa

Paramedic

▪ The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system.

▪ This individual possesses the complex knowledge and skills necessary to provide patient care and transportation.

▪ Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance.
Key Points:

- EMS providers are overseen by a medical director.
- The medical director is a licensed physician.
- All levels of EMS care in Iowa have protocols in Iowa Code.
- Medical directors can decrease but not exceed EMS care provider protocols.
- EMS care provider certification is renewed every two years and requires a combination of formal/informal education.
What to Expect

When EMS shows up they will assume command of the scene

▪ This is when the transfer of patient care takes place

▪ Provide patient information to EMS officials

▪ They will not function as a nurse and provide student specific health services.

▪ They will provide life saving measures based on their level of certification and protocols.
Considerations

- EMS personnel might not be familiar with child's medical condition
- Is this look/behavior typical for the child?
- Current medications/last dose administered
- EMS may not be familiar with durable medical equipment
- You are a familiar face and can provide comfort during this stressful time
Considerations

▪ What happens in your school when school personnel are not available to provide emergency health services?

▪ Does the school have specific plans in place for notification of EMS?

▪ Many services are volunteer and response times could be delayed
Considerations

- Does the child have a health plan or an emergency plan?
- Have you reached out to your local Emergency Medical Services?
- What is the average response time?

Are you prepared?
Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care.

Website: www.ipfcc.org
Iowa Physician Orders for Scope of Treatment (IPOST)

- Applies to patients of ANY age, not just adults
- Iowa Code Section 144D
- Enacted in 2012 to help remove confusion about end-of-life care issues
- Administrative Rules Section 641-145
- Based on national Physician Orders for Life Sustaining Treatment (POLST) guidelines
### Iowa Physician Orders for Scope of Treatment (IPOST)

**First** follow these orders, **THEN** contact the physician, nurse practitioner or physician’s assistant. This is a medical order sheet based on the person’s current medical condition and treatment preferences. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

#### Check one

**A** CARDIOPULMONARY RESUSCITATION (CPR):
- [ ] CPR/Attempt Resuscitation
- [ ] DNR/Do Not Attempt Resuscitation

**B** MEDICAL INTERVENTIONS: Person has a pulse **AND/OR** is breathing.
- [ ] COMFORT MEASURES ONLY
  - Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-saving treatment. Transfer if comfort needs cannot be met in current location.**
- [ ] LIMITED ADDITIONAL INTERVENTIONS
  - Includes care described above. Use medical treatment, cardiac monitor, oral/IV fluids and medications as indicated. **Do not use intubation, or mechanical ventilation. May consider less invasive airway support (BiPAP, CPAP). May use vasoressors. Transfer to hospital if indicated, may include critical care.**
- [ ] FULL TREATMENT
  - Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. **Transfer to hospital if indicated. Includes critical care.**

**C** ARTIFICIALLY ADMINISTERED NUTRITION
- [ ] No artificial nutrition by tube.
- [ ] Defined trial period of artificial nutrition by tube.
- [ ] Long-term artificial nutrition by tube.

**D** MEDICAL DECISION MAKING

**Directed by:** (listed in order of Iowa Code/Statute for Priority of Surrogates; check only one)
- [ ] Patient
- [ ] Durable Power of Attorney for Health Care
- [ ] Spouse
- [ ] Majority of Adult Children
- [ ] Parents
- [ ] Majority rule for nearest relative
- [ ] Other: [ ]

**Rationale for these orders:** (check all that apply)
- [ ] Advance Directives
- [ ] Patient’s known preference
- [ ] Limited treatment options
- [ ] Poor prognosis
- [ ] Other: [ ]

**Physician ARNP/PA signature** (mandatory)  
**Print Physician ARNP/PA Name**  
**Date**  
**Phone Number**

**Patient Resident or Legal Surrogate for Health Care Signature as identified above** (mandatory)  
**Date**

**SEND IPOST WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

**DOCUMENT THAT IPOST FORM WAS TRANSFERRED WITH PERSON**
This form records your preferences for life-sustaining treatment in your current state of health. It can be reviewed and updated by your health care professional at any time if your preferences change. If you are unable to make your own health care decisions, the orders should reflect your treatment preferences as best understood by your surrogate.

Directions For Health Care Professionals

Completing IPOST
- Must be completed by a health care professional based on patient treatment preferences and medical indications.
- IPOST must be signed by a physician, nurse practitioner or physician’s assistant to be valid. Verbal orders are acceptable with follow-up signature by physician, nurse practitioner or physician’s assistant in accordance with facility/community policy.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed IPOST forms are legal and valid.

Using IPOST
- Any section of the IPOST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen “Do Not Attempt Resuscitation” unless otherwise specified.
- Deactivation of internal defibrillators if comfort measures only are in effect.
- Medications by alternative routes of administration to enhance comfort may be appropriate for a person who has chosen “Comfort Measures Only.”

Voiding IPOST
- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- To void this form, draw line through sections A through C and write “VOID” in large letters across the form and sign and date that line if IPOST is replaced or becomes invalid.
- Any changes require a new IPOST.

Transferring/Discharging with IPOST
- The IPOST form MUST accompany the person upon all transfers between care settings.
- Document that the IPOST was sent with the person.
- Recommended use at home: Advise patient they must keep IPOST in easily accessible location that the ambulance service could find if no family or friends present (example may be in an envelope or baggie on the refrigerator).

Reviewing IPOST
- This IPOST should be reviewed periodically whenever:
  1. The person is transferred from one care setting or care level to another, or
  2. There is a substantial change in the person’s health status, or
  3. The person’s treatment preferences change.

Reviewed by: Date: Reviewed by: Date: Reviewed by: Date:

Prepared by:
- Health Care Professional Preparing Form
- Prepared Title
- Phone Number
- Date Prepared

ORIGINAL TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED
DOCUMENT THAT IPOST FORM WAS TRANSFERRED WITH PERSON

REVISED 11/21/12, EMERGENCY: 11/21/12

DECLARATION: I certify that the information contained herein is true, complete, and accurate to the best of my knowledge and belief.

Date: Signature:

Use of original form is strongly encouraged. Photocopies and FAXes of signed IPOST forms are legal and valid.
Ways to integrate EMS

- Communication
- Partnerships
- Outreach Projects
Introducing The Healthy Habit All-Stars
Together, this group of Healthy Habit All-Stars help deliver healthy living messages.

- Immunizations
- Cover cough
- Hand washing
- Stay home when sick
Project Origination

- Emergency Preparedness requirement to coordinate with EMSC
- Special needs grant requirements
- Best Practices
- Kansas-Fred the Preparedness Dog
- Engaged EMSC Advisory Council
- Immunization
- Reduce the spread of disease to reduce burden on medical system
- Partnership with Bureau of Immunization
Approached ZLR with concept to develop animated segments for 5-10 year old children.

Requested a group of characters that kids could relate to while delivering a public health message.

Requested versatility to deliver different messages.

IDPH was provided seven proposals.

Miss Roberta and Lucy’s Workshop was selected
Henry's Shots

- Importance of getting immunizations
- Explains antibodies
- Herd immunity
Charlotte’s Sick Day

- Stay home when you're sick
- Cover your cough
- Wash your hands
Support Materials

- Videos
- Course outline
- Posters
- Coloring books
- Temporary tattoos
- Activity sheet
The Healthy Habits All-Stars

The Program

The Healthy Habit All-Star program has been designed to assist in educating children about public health topics. Animated videos are used to communicate complex health information to children in an age appropriate manner. "Henry's Shots" was the first video developed. In this video, the Healthy Habits All-Stars help Henry understand how getting vaccinated helps protect his health as well as others in his community. In the second video, "Charlotte's Sick Day" the team helps Charlotte understand why it is important to stay home when sick, how to cover a cough, and the importance of handwashing.

In addition to the videos, instructors have access to games and support materials like coloring books, activity pages, and posters to help reinforce the messaging. An outline has been developed to assist instructors in presenting the materials. The outline includes descriptions of the characters, key terms, introductions to the videos, an interactive game to support the concept of herd immunity, and support materials for educating on handwashing. All the identified resources and materials can be accessed through the Healthy Habit All-Stars resources page.

IDPH needs each educator's assistance to measure the effectiveness and reach of the program. Five survey questions have been developed to measure students understanding of the material before the program is provided and their understanding after the education. Data can be entered through this Program Evaluation link. Educators will also be asked how many students were educated, grade of the educated students, location of the education, and feedback on the training. The data collected through this process will help identify areas for improvement and will be used to make adjustments to the program as needed.
Thank you for your time!

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