

North Dakota EMS for Children  
Pediatric Prepared  
Voluntary Ambulance Recognition Program



December 28, 2020

Dear EMS Agency Administrator:

It is my pleasure to introduce a new voluntary statewide initiative sponsored by the North Dakota EMS for Children (EMSC) program: a recognition program for North Dakota EMS agencies who wish to demonstrate the work they do to go above and beyond for pediatric patients. Again, this program is **completely voluntary**.

Participating in this program provides an excellent opportunity for your agency to receive community and media recognition for your commitment to improving the delivery of emergency medical care to children.

**Please note that your decision to participate in this program will in no way impact your licensure by the North Dakota Department of Health Division of EMS & Trauma.**

If you and your organization are interested in participating in the Pediatric Prepared voluntary ambulance recognition program, please review this guide and send the attached application. Organizations that successfully complete the process will receive a certificate and decal to affix to their ambulances to recognize their accomplishments and commitments to North Dakota's children.

Should questions arise, please contact the EMS for Children program manager at (701) 328-2953 or [sharrison@nd.gov](mailto:sharrison@nd.gov).

Sincerely,

Samantha K. Harrison  
North Dakota EMS for Children Program Manager

**Program Standards**

The Pediatric Prepared voluntary ambulance recognition program features three required areas of participation in order to achieve recognition:

1. **Equipment.** Organizations must carry 100 percent of the recommended pediatric equipment according to the 2014 Joint Policy Statement *Equipment for Ground Ambulances*. Note that this list is more extensive than the equipment required by North Dakota regulations. A list of this equipment is included in the application (attached).
2. **Training.** Each member on the roster of the applying service must have two documented hours of pediatric-related training every year.
3. **Community.** Each applying service must perform at least one act or event of community outreach or education each year. Examples might include a bike rodeo, teddy bear/doll clinic, child car seat checks, or visits to schools or day cares. This outreach or education may target a variety of audiences (children, parents, teachers and more). If you would like to verify that your organization's event qualifies, please contact the North Dakota EMS for Children program manager. Any events submitted will be subject to the approval of the North Dakota EMS for Children program staff or the EMS for Children Advisory Committee. If an event is an annual or regular occurrence, or has been planned for the future, the EMS for Children program would appreciate notice of the event so a data bank of pediatric outreach and education being conducted across the state can be developed.

### **Frequently Asked Questions**

**Q: Is participation in this program mandatory?**

A: No. This program is entirely voluntary.

**Q: Does the Division of EMS & Trauma plan to mandate future participation?**

A: No. This program is entirely voluntary.

**Q: What are the benefits of participating?**

A: Participation in this program will help you and your organization's EMS professionals to improve the capability of your organization to treat pediatric emergencies. Additionally, participation will allow your service to present your achievement to local media outlets, elected officials, and the members of your community.

**Q: Will I be penalized for not participating in this program?**

A: Absolutely not. This program is not intended to be punitive in any way. The goal of the program is to help facilitate education around the use of proper pediatric equipment and enhance pediatric treatment skills, NOT to be punitive in any way.

**Q: Is there a fee to participate in this program?**

A: No. There is no cost to an EMS organization to participate in the program beyond any costs incurred to meet the requirements of the program.

**Q: Where can I learn more about the program?**

A: Up-to-date information can be found by calling the North Dakota EMS for Children program manager at (701) 328-2953, emailing the program manager at [sharrison@nd.gov](mailto:sharrison@nd.gov), or by visiting the North Dakota EMSC program's web page at <http://www.tinyurl.com/ndemsc>.

**Q: My pulse-ox doesn't have pediatric probes but it seems to work on children. Does this count?**

A: Yes, the terminology used on the equipment list is based on the 2014 Joint Policy Statement *Equipment for Ground Ambulances*. EMS agencies will comply with the North Dakota Pediatric Prepared voluntary ambulance recognition program so long as their pulse-oximeter is pediatric capable, even if it does not have a specific pediatric probe. Managers are encouraged to obtain documentation from their pulse-ox manufacturer validating the device's ability to obtain accurate readings on pediatric patients.

**Q: Is there any way to avoid the expense associated with obtaining the required equipment?**

A: The North Dakota EMSC program understands the concern and barrier of costs involved in obtaining equipment. The North Dakota EMSC program manager is always willing to help organizations find grant funding or other financial assistance to obtain recommended equipment.

### **Application Process**

#### **To Obtain an Application:**

1. Application forms can be downloaded from the EMSC web page at <http://www.tinyurl.com/ndemsc>.
2. If you would prefer to have a copy mailed to you, or you do not have internet access, applications can be requested by contacting:

North Dakota EMS for Children Program  
North Dakota Department of Health  
Division of EMS & Trauma  
1720 Burlington Dr.  
Bismarck, ND 58504

#### **Submitting a Completed Application:**

Completed applications may be submitted via U.S. mail to the address above, or by email ([sharrison@nd.gov](mailto:sharrison@nd.gov)).

#### **Application Review Process:**

At this time, no inspection is planned as part of the application process; however, the Division of EMS & Trauma reserves the right to perform ad hoc inspections as determined by the department. When a signed and completed application is received by the North Dakota EMS for Children program, the program manager will check for completeness and will then contact the applicant to:

1. Ask for further clarification or documentation, or
2. Send the service an award of recognition.

#### **Appeal Process:**

In the event that an application is denied or returned, EMS agencies may appeal the decision to deny recognition by submitting a written request to have their application re-evaluated. Appeal letters should be submitted to the North Dakota EMS for Children program for review by the North Dakota EMS for Children Advisory Committee. A written response to the appeal will be returned to the EMS agency within six months of its receipt.

**Suspension or Revocation:**

Recognition through this program may be suspended or revoked if the service is proven to have provided falsified information in order to gain recognition or failed to maintain the standards of the program as identified in this guidance.

Additionally, agencies must maintain good standing with the Division of EMS & Trauma license procedures. If an agency's recognition is suspended or revoked, recognition decals must be removed from all vehicles within five days of the revocation.

If an agency sells a vehicle or places the vehicle out of service for an extended period of time, recognition decals must be removed within five days.

**Renewal of Recognition:**

If an agency would like to seek renewal of the recognition program status, that agency must resubmit an application three years after initial recognition. The North Dakota EMS for Children program will send a reminder letter within three months of the renewal deadline.

**Award of Recognition**

Upon successful submission of the completed application and verification documentation, the North Dakota EMS for Children program will send a recognition certificate and ambulance decal(s) to the applicant. While the placement of the vehicle recognition decal is strongly encouraged, it is not required. At this time, the North Dakota EMS for Children program will also send sample language for a press release should the service wish to submit that to local media outlets. The state EMS for Children program will, through the Department of Health, submit statewide quarterly press releases with the names of services who have achieved recognition.

Successful applicants, by virtue of applying for recognition, authorize their organization name and general information to be posted in program documents and on the North Dakota EMS for Children website.

**APPLICATION FOR ENROLLMENT**

**North Dakota EMS for Children Pediatric Prepared Voluntary Ambulance Recognition Program**

The North Dakota EMS for Children program has implemented a voluntary recognition program to improve care provided to pediatric patients.

Please complete the following questions and forward this application to the state EMS for Children program via mail, fax or email.

**EMS Agency Information**

<b>Service Name</b>	
<b>License Number</b>	
<b>Address</b>	
<b>Primary Contact Name</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

**EMS Agency Medical Director Information**

<b>Medical Director Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

*Return this application and other forms and documentation to:*

*North Dakota EMS for Children Program  
Division of EMS & Trauma  
1720 Burlington Dr.  
Bismarck, ND 58504*

*Email: [sharrison@nd.gov](mailto:sharrison@nd.gov)*

**Compliance Reporting Form  
Pediatric Ambulance Equipment**

*To be completed by an EMS agency administrator.*

By signing this form, I attest to the fact that my EMS agency maintains, on all North Dakota Division of EMS & Trauma licensed vehicles, all pediatric equipment recommended by the North Dakota EMS for Children Pediatric Prepared Voluntary Ambulance Recognition Program.

I acknowledge that our equipment, specific to this form, will not be inspected specifically by the voluntary recognition program; however, it may be inspected by the North Dakota Division of EMS & Trauma at any site visits or agency inspections.

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I, \_\_\_\_\_, employed with the  
\_\_\_\_\_ (service or EMS agency), as an administrator. I  
affirm that \_\_\_\_\_ out of \_\_\_\_\_ ambulance(s) carry 100 percent of the required equipment as listed in  
the 2014 Joint Policy Statement *Equipment for Ground Ambulances*.

\_\_\_\_\_, service administrator

Date: \_\_\_\_\_



**Compliance Reporting Form  
Pediatric Continuing Education**

By signing this verification form, I attest to the fact that my EMS agency requires that all certified EMS providers obtain a minimum of two (2) hours of continuing education on pediatric-specific subject matter per year. This continuing education has been approved by the North Dakota Department of Health Division of EMS & Trauma for EMS continuing education credit.

I attest that we maintain, on record, proof of this accomplishment, such as course completion certificates or other program reports or records for each agency provider.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Compliance Reporting Form  
Community Outreach and Education**

*Please include documentation of event – attendance records, newspaper articles, thank you notes, et cetera.*

By signing this verification form, I attest to the fact that my EMS agency offers at least one educational or outreach event for community members per year.

**Event Title (e.g. Community Safety Day, Pediatric First Aid and CPR Class, Bike Rodeo, Injury Prevention Presentation at School):** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_

**Objective of Event:** \_\_\_\_\_

**Event Frequency (e.g. annual event, occurs as requested, one-time event):**  
\_\_\_\_\_

I acknowledge that approval of this event is subject to the discretion of the North Dakota EMS for Children program and its advisory committee. I understand I may be asked to provide further clarification or documentation of this event prior to achieving recognition status.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Compliance Reporting Form

### Equipment Checklists

Please use EITHER the BLS or ALS equipment checklist to verify the presence of the following equipment on EACH of your agency's ambulances. Space is included for up to three ambulances; if your service has more than three trucks, please duplicate these forms.

Optional equipment and medication lists are included at the end for reference and may be filled out or not.

This list and terminology come directly from the 2014 Joint Policy Statement – Equipment for Ground Ambulances, which was reaffirmed in January of 2020 and can be found in its entirety here:

<https://pediatrics.aappublications.org/content/134/3/e919>

### REQUIRED EQUIPMENT FOR BLS EMERGENCY GROUND AMBULANCES

Equipment	Truck 1	Truck 2	Truck 3
<b>A. Ventilation and Airway Equipment</b>			
1. Portable and fixed suction apparatus with a regulator, per federal specifications - Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6F-16F, are commercially available (have one between 6F and 10F and one between 12F and 16F)			
2. Portable oxygen apparatus, capable of metered flow with adequate tubing			
3. Portable and fixed oxygen supply equipment - Variable flowmeter			
4. Oxygen administration equipment - Adequate-length tubing; transparent mask (adult and child sizes), both non-rebreathing and valveless; nasal cannulas (adult, child)			
5. Bag-valve mask (manual resuscitator) - Hand-operated, self-expanding bag; adult (>1000 mL) and child (450-750 mL) sizes, with oxygen reservoir/accumulator, valve (clear, operable in cold weather), and mask (adult, child, infant, and neonate sizes)			
6. Airways - Nasopharyngeal (16F-34F; adult and child sizes) - Oropharyngeal (sizes 0-5; adult, child, and infant sizes)			
7. Pulse oximeter with pediatric and adult probes			
8. Saline drops and bulb suction for infants			
<b>B. Monitoring and Defibrillation</b> - BLS ground ambulances should be equipped with an automated external defibrillator (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator. The AED should have pediatric capabilities, including child-sized pads and cables OR dose attenuator with adult pads.			
<b>C. Immobilization Devices</b>			
1. Cervical collars - Rigid for children ages 2 years or older; child and adult sizes (small, medium, large, and other available sizes) OR pediatric and adult adjustable cervical collars			
2. Head immobilization device (not sandbags) - Firm padding or commercial device			

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3. Upper and lower extremity immobilization devices - <i>Joint-above and joint-below fracture (sizes appropriate for adults and children) rigid support, constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood, or plastic)</i>			
4. Impervious backboards (long, short; radiolucent preferred) and extrication device - <i>Short extrication/immobilization device (e.g., KED)</i> - <i>Long transport (head-to-foot length) with at least 3 appropriate restraint straps (chin strap alone should not be used for head immobilization) and with padding for children and handholds for moving patients</i>			
<b>D. Bandages/Hemorrhage Control</b>			
1. Commercially packaged or sterile burn sheets			
2. Bandages - <i>Triangular bandages</i>			
3. Dressings - <i>Sterile dressings, including gauze sponges of suitable size</i> - <i>Abdominal dressing</i>			
4. Gauze rolls - <i>Various sizes</i>			
5. Occlusive dressing or equivalent			
6. Adhesive tape - <i>Various sizes (including 1" and 2") hypoallergenic</i> - <i>Various sizes (including 1" and 2") adhesive</i>			
7. Arterial tourniquet (commercial preferred)			
<b>E. Communication</b> - <i>Two-way communication device between ground ambulance, dispatch, medical control, and receiving facility</i>			
<b>F. Obstetrical Kit (commercially packaged are available)</b>			
1. Kit (separate sterile kit) - <i>Towels, 4" x 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, blanket</i>			
2. Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn infant)			
<b>G. Miscellaneous</b>			
1. Access to pediatric and adult patient care protocols			
2. A length-based resuscitation tape OR a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on length OR age			
3. Sphygmomanometer (pediatric and adult regular size and large cuffs)			
4. Adult stethoscope			
5. Thermometer with low-temperature capability			
6. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots			
7. Cold packs			

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8. Sterile saline solution for irrigation			
9. Two functional flashlights			
10. Blankets			
11. Sheets (at least one change per cot)			
12. Pillows			
13. Towels			
14. Triage tags			
15. Emesis bags or basins			
16. Urinal			
17. Wheeled cot			
18. Stair chair or carry chair			
19. Patient care charts/forms or electronic capability			
20. Lubricating jelly (water soluble)			
<b>H. Infection Control *(Latex-free equipment should be available)</b>			
1. Eye protection (full peripheral glasses or goggles, face shield)			
2. Face protection (e.g., surgical masks per applicable local or state guidance)			
3. Gloves, nonsterile			
4. Fluid-resistant overalls or gowns			
5. Waterless hand cleanser, commercial antimicrobial (towelette, spray, or liquid)			
6. Disinfectant solution for cleaning equipment			
7. Standard sharps containers, fixed and portable			
8. Biohazard trash bags (color coded or with biohazard emblem to distinguish from other trash)			
9. Respiratory protection (e.g., N95 or N100 mask—per applicable local or state guidance)			
<b>I. Injury-prevention Equipment</b>			
1. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances. <i>For children, this should be according to the National Highway Traffic Safety Administration's document: Safe Transport of Children in Emergency Ground Ambulances (<a href="http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf">www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf</a>)</i>			

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2. Fire extinguisher			
3. Department of Transportation Emergency Response Guide			
4. Reflective safety wear for each crewmember <i>(must meet American National Standard for High Visibility Public Safety Vests if working within the right of way of any federal-aid highway. Visit <a href="http://www.reflectivevest.com/federalhighwayruling.html">www.reflectivevest.com/federalhighwayruling.html</a> for more information)</i>			

**REQUIRED EQUIPMENT: ALS EMERGENCY GROUND AMBULANCES**

- For paramedic services, include all of the required equipment listed above, plus the following additional equipment and supplies. For advanced EMT services (and other non-paramedic advanced levels), include all of the equipment from the above list and selected equipment and supplies from the following list, based on scope of practice, local need, and consideration of out-of-hospital characteristics and budget.

Equipment	Truck 1	Truck 2	Truck 3
<b>A. Ventilation and Airway Equipment</b>			
1. Laryngoscope handle with extra batteries and bulbs			
2. Laryngoscope blades, sizes: a. 0-4, straight (Miller), and b. 2-4, curved			
3. Endotracheal tubes (if ALS service scope of practice includes tracheal intubation), sizes: a. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, and 5.5 mm cuffed and / or uncuffed, and b. 6.0, 6.5, 7.0, 7.5, and 8.0 mm cuffed (1 each), other sizes optional			
4. 10-mL non-Luer Lock syringes			
5. Stylettes for endotracheal tubes, adult and pediatric			
6. Magill forceps, adult and pediatric			
7. End-tidal CO2 detection capability (adult and pediatric)			
8. Rescue airway device, such as the ETDLA (esophageal-tracheal double-lumen airway), laryngeal tube, disposable supraglottic airway, or laryngeal mask airway (as approved by local medical direction)			
<b>B. Vascular Access</b>			
1. Isotonic crystalloid solutions			
2. Antiseptic solution (alcohol wipes and povidone-iodine wipes preferred)			
3. Intravenous fluid bag pole or roof hook			
4. Intravenous catheters, 14G-24G			
5. Intraosseous needles or devices appropriate for children and adults			
6. Latex-free tourniquet			
7. Syringes of various sizes			
8. Needles, various sizes (including suitable sizes for intramuscular injections)			
9. Intravenous administration sets (microdrip and macrodrip)			
10. Intravenous arm boards, adult and pediatric			
<b>C. Cardiac</b>			

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1. Portable, battery-operated monitor/defibrillator - <i>With tape write-out/recorder, defibrillator pads, quick-look paddles or electrode, or hands-free patches, electrocardiogram leads, adult and pediatric chest attachment electrodes, adult and pediatric paddles</i>			
2. Transcutaneous cardiac pacemaker, including pediatric pads and cables - <i>Either stand-alone unit or integrated into monitor/defibrillator</i>			
<b>D. Other Advanced Equipment</b>			
1. Nebulizer			
2. Glucometer or blood glucose measuring device with reagent strips			
3. Long large-bore needles or angiocatheters (should be at least 3.25" in length for needle chest decompression in large adults)			
<b>E. Medications</b> - <i>Drug dosing in children should use processes minimizing the need for calculations, preferably a length-based system. In general, medications may include:</i>			
1. Cardiovascular medication, such as 1:10,000 epinephrine, atropine, antidysrhythmics (e.g., adenosine and amiodarone), calcium channel blockers, beta-blockers, nitroglycerin tablets, aspirin, vasopressor for infusion			
2. Cardiopulmonary/respiratory medications, such as albuterol (or other inhaled beta agonist) and ipratropium bromide, 1:1000 epinephrine, furosemide			
3. 50% dextrose solution (and sterile diluent or 25% dextrose solution for pediatrics)			
4. Analgesics, narcotic and nonnarcotic			
5. Anti-epileptic medications, such as diazepam or midazolam			
6. Sodium bicarbonate, magnesium sulfate, glucagon, naloxone hydrochloride, calcium chloride			
7. Bacteriostatic water and sodium chloride for injection			
8. Additional medication, as per local medical director			



# North Dakota EMS for Children Pediatric Prepared Voluntary Ambulance Recognition Program

## OPTIONAL EQUIPMENT

- The equipment in this section is not mandated or required. Use should be based on local needs and resources.

Equipment	Truck 1	Truck 2	Truck 3
<b>A. Optional Equipment for BLS Ground Ambulances</b>			
1. Glucometer or blood glucose test strips (per state protocol and/or local medical control approval)			
2. Infant oxygen mask			
3. Infant self-inflating resuscitation bag			
4. Airways a. Nasopharyngeal (12F, 14F) b. Oropharyngeal (size 00)			
5. CPAP / BiPAP capability			
6. Neonatal blood pressure cuff			
7. Infant blood pressure cuff			
8. Pediatric stethoscope			
9. Infant cervical immobilization device			
10. Pediatric backboard and extremity splints			
11. Femur traction device (adult and child sizes)			
12. Pelvic immobilization device			
13. Elastic wraps			
14. Ocular irrigation device			
15. Hot packs			
16. Warming blanket			
17. Cooling device			
18. Soft patient restraints			
19. Folding stretcher			
20. Bedpan			
21. Topical hemostatic agent/bandage			

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22. Appropriate CBRNE PPE (chemical, biological, radiological, nuclear, explosive personal protective equipment), including respiratory and body protection; protective helmet/jackets or coats/pants/boots			
23. Applicable chemical antidote auto-injectors (at a minimum for crew members' protection; additional for victim treatment based on local or regional protocol; appropriate for adults and children)			
<b>B. Optional Equipment for ALS Emergency Ground Ambulances</b>			
1. Respirator, volume-cycled, on/off operation, 100% oxygen, 40-50 psi pressure (child/infant capabilities)			
2. Blood sample tubes, adult and pediatric			
3. Automatic sample tubes, adult and pediatric			
4. Nasogastric tubes, pediatric feeding tube sizes 5F and 8F, sump tube sizes 8F-16F			
5. Size 1 curved laryngoscope blade			
6. Gum elastic bougies			
7. Needle cricothyrotomy capability and/or cricothyrotomy capability (surgical cricothyrotomy can be performed in older children in whom the cricothyroid membrane is easily palpable, usually by puberty)			
8. Rescue airway devices for children			
9. Atomizers for administration of intranasal medications			

## OPTIONAL MEDICATIONS

Equipment	Truck 1	Truck 2	Truck 3
<b>A. Optional Medications for BLS Ground Ambulances</b>			
1. Albuterol			
2. Epi-pen			
3. Oral glucose			
4. Nitroglycerin (sublingual tablet or paste)			
5. Aspirin			
<b>B. Optional Medications for ALS Emergency Ground Ambulances</b>			
1. Intubation adjuncts, including neuromuscular blockers			