30th ANNIVERSARY 1985 - 2015

AAP Committee on Pediatric Emergency Medicine

THANK YOU!
COPEM Celebrates 30 Years!
Leadership, Advocacy, Accomplishments, Policy & Program Recommendations
Collaboration and Friendship

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Robert A. Wiebe, MD, FAAP, 1996-2000
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American College of Surgeons – Barbara Barlow / Max Ramenofsky
Consultants – F. Carden Johnston / Robert Luten / George Foltin / Richard Flyer

Joseph A. Weinberg, Chair

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<td>Jerome A. Hirschfeld</td>
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AAP Section on Critical Care – Daniel Notterman / M. Michele Moss
AAP Section on Emergency Medicine – Jane Knapp / Steven Krug
AAP Section Anesthesiology – Patricia Davidson
AAP Section on Residents – David Markenson
AAP Section on Surgery – James O’Neill
American College of Emergency Physicians – Robert W. Schafermeyer / Richard Cantor
American College of Surgeons – Max Ramenofsky
Maternal and Child Health Bureau – Jean Athey
National Association of EMS Physicians – Deborah Mulligan-Smith
National EMSC Resource Alliance – James S. Seidel
Consultants – James S. Seidel, Deborah Henderson, Dennis Vane
## COPEM MEMBERS (1996-2000)

**Robert A. Wiebe, Chair**

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<tr>
<th>Barbara Barlow</th>
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<td>Timothy Yeh</td>
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- AAP Section on Critical Care – M. Michele Moss
- AAP Section on Emergency Medicine – Susan Fuchs / M. Douglas Baker
- AAP Section Anesthesiology – Patricia Davidson / Joseph Cravero
- AAP Section on Residents – David Markenson
- AAP Section on Surgery – Dennis Vane
- American College of Emergency Physicians – Richard Cantor
- American College of Surgeons – Max Ramenofsky
- Maternal & Child Health Bureau – Jean Athey
- National Association of EMS Physicians – Deborah Mulligan-Smith / David Markenson
- National EMSC Resource Alliance – James Seidel
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Karen S. Frush            Lee A. Pyles
Ronald A. Furnival        Robert A. Sapien
Barry W. Heath            Kathy N. Shaw
Steven E. Krug             Paul E. Sirbaugh

AAP Section on Critical Care – Thomas Bojko / Timothy Yeh
AAP Section on Emergency Medicine – Doug Baker/ Rich Ruddy /Dan Isaacman
AAP Section Anesthesiology – Joseph A. Cravero
AAP Section on Surgery – Dennis Vane
American College of Emergency Physicians – Marianne Gausche-Hill / Sharon Mace
American College of Surgeons – David Mooney / David Tuggle
EMSC National Resource Center – Jane Ball
Maternal and Child Health Bureau – Cindy Doyle / Dan Kavanaugh
National Association of EMS Physicians – David Markenson / Kathleen Brown
# COPEM MEMBERS (2004-2008)

**Steven E. Krug, Chair**

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<td>Louis C. Hampers</td>
<td>Paul E. Sirbaugh</td>
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- AAP Section on Critical Care – Tom Bojko
- AAP Section on Emergency Medicine – Joan Shook / Milt Tenenbein
- AAP Section on Surgery – David Tuggle
- American Academy of Family Physicians – Kim Bullock
- American College of Emergency Physicians – Sharon Mace / Jill Baren / Ghazala Sharieff
- American College of Surgeons – David Tuggle
- Emergency Nurses Association – Sally Snow
- EMSC National Resource Center – Jane Ball / Karen Belli / Susan Eads Role
- EMSC National Resource Center – Tasmeen Singh Weik / Joe Wright
- Maternal and Child Health Bureau – Dan Kavanaugh / Tina Turgel
- National Association of EMS Physicians – Kathleen Brown / Andrew Garrett
COPEM MEMBERS (2008-2012)

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Joel A. Fein    Patricia O’Malley    Joseph L. Wright
                  Loren Yamamoto

AAP Section on Critical Care – Alice Ackerman
AAP Section on Emergency Medicine – Milt Tenenbein/ Laura Fitzmaurice /Steve Selbst
AAP Section on Surgery/American College of Surgeons – David Tuggle
American Academy of Family Physicians – Kim Bullock
American College of Emergency Physicians – Mark Hostetler / Isabel Barata
Emergency Nurses Association – Sally Snow
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National Association of State EMS Officials – Cynthia Wright Johnson
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Thomas H. Chun     Toni K. Gross     Joseph L. Wright
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AAP Section on Critical Care – Alice Ackerman / Edward Conway
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AAP Section on Hospital Medicine – Doug Carlson/ Jennifer Daru /Elizabeth Robbins
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American Academy of Family Physicians – Kim Bullock
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National Association of EMTs – Lou Romig/ Paul Sirbaugh /Kate Remick
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AAP LIAISONS TO COPEM

Anesthesiology
   Patricia Davidson, Joe Cravero

Critical Care
   Dan Notterman, Michele Moss, Tom Bojko, Tim Yeh,
   Alice Ackerman, Ed Conway

Disaster Preparedness
   Steve Krug

Emergency Medicine
   Steve Ludwig, Jane Knapp, Steve Krug, Susan Fuchs,
   Doug Baker, Rich Ruddy, Dan Isaacman, Joan Shook,
   Milton Tenenbein, Laura Fitzmaurice, Steve Selbst,
   Marc Gorelick, Charles Macias
AAP LIAISONS CONTINUED

Hospital Medicine
  Douglas Carlson, Jennifer Daru, Elizabeth Robbins

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Residents
  David Markenson

Surgery
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  Dennis Vane, David Tuggle
LIAISON ORGANIZATIONS

American Academy of Family Physicians (AAFP)
American College of Emergency Physicians (ACEP)
American College of Surgeons (ACS)
Emergency Nurses Association (ENA)
Emergency Medical Services for Children Program (EMSC)
EMSC National Resource Center (NRC)
National Association of EMS Physicians (NAEMSP)
National Association of Emergency Medical Technicians (NAEMT)
National Association of State EMS Officials (NASEMSO)
National EMSC Data Analysis Resource Center (NEDARC)
National EMSC Resource Alliance (NERA)
National Highway Traffic Safety Administration (NHTSA)
LIAISON ORGANIZATION MEMBERS

American Academy of Family Physicians (AAFP)
   Kim Bullock

American College of Emergency Physicians (ACEP)
   C. Randolf Turner, Gary Fleisher, Robert Schafermeyer, Richard Cantor,
   Marianne Gausche-Hill, Sharon Mace, Jill Baren, Ghazala Sharieff,
   Mark Hostetler, Isabel Barata, Lee Benjamin

American College of Surgeons (ACS)
   Max Ramenofsky, Barbara Barlow, Dave Tuggle

Emergency Nurses Association (ENA)
   Sally Snow

Emergency Medical Services for Children Program (EMSC)

U.S. Department of Health & Humans Services (DHHS)

Maternal & Child Health Bureau (MCHB)
   Jean Athey, David Heppel, Cindy Doyle, Dan Kavanaugh, Tinal Turgel,
   Elizabeth Edgerton
LIAISON ORGANIZATION MEMBERS

EMSC National Resource Center (NRC)
   Jane Ball, Susan Eads Role, Joe Wright, Tasmeen Singh Weik,
   Karen Belli, Jaclynn Haymon, Angela Mickalide

National Association of EMS Physicians (NAEMSP)
   Deborah Mulligan-Smith, David Markenson, Kathleen Brown,
   Andrew Garrett, Toni Gross, Brian Moore

National Association of Emergency Medical Technicians (NAEMT)
   Tommy Loyacano, Lou Romig

National Association of State EMS Officials (NASEMSO)
   Cynthia Wright-Johnson

National EMSC Data Analysis Resource Center (NEDARC)
   J. Michael Dean, Mike Ely, Lenora Olson

National EMSC Resource Alliance (NERA)
   James Seidel
Dr. Sia and Senator Daniel Inouye collaborated to author legislation that created the federal EMSC program in 1984.
Martha (Bushore) Fallis, MD
with Mrs Nancy Reagan at East Tennessee Children’s Hospital
1984

Dr Bushore was instrumental in advocating for the federal Emergency Medical Services for Children (EMSC) Program.

AAP Committee on Pediatric Emergency Medicine
1985-2015
COPEM LEADERS IN ADVOCACY

1st Sub-board for Pediatric Emergency Medicine
American Board of Pediatrics 1991

AAP Committee on Pediatric Emergency Medicine 1985-2015
COPEM LEADERS IN ADVOCACY

Carden Johnston, MD, FAAP
AAP Past President
2003-2004

AAP Committee on Pediatric Emergency Medicine
1985-2015
FEDERAL ADVOCACY HIGHLIGHTS

• 2015 – Introduction of *H.R. 3379, the Airplane Kits in Transit Safety (KiTS) Act* – bipartisan legislation to require the Federal Aviation Administration to update the contents of emergency medical kits (EMKs) on commercial airplanes to include appropriate medications and equipment for children.

• 2014 – Enactment of *P.L. 113-180, the Emergency Medical Services for Children Reauthorization Act of 2014* – bipartisan legislation to extend the EMSC program through fiscal year 2019.

• 2010 and 1998 – Successful reauthorizations of the EMSC Program

• Grew funding for the EMSC program from $2 million in 1985 to $20 million in 2015.

• Successfully fought off annual attempts by President George W. Bush to eliminate the EMSC Program.
EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM

Mr. INOUYE. Mr. President, I rise today to speak about the importance of the Emergency Medical Service for Children, or EMSC, program. In June, we celebrated National EMSC Day, an annual event raising awareness about the need to improve and expand specialized care for children in the prehospital and acute care settings.

The EMSC Program holds great personal importance to me. More than 30 years ago, Senator HATCH and I, on a bipartisan basis, took note of the systemic problems and deficiencies surrounding emergency care for children. With these deficiencies in mind, we authored legislation to address the gaps in emergency care for children. Through the support of the American Academy of Pediatrics and the Surgeon General, the bill became law in 1994, authorizing Federal funding for EMSC.

For over 25 years now, EMSC, which is administered by the Health Resources and Services Administration’s HRSA, Maternal and Child Health Bureau, has been doing truly amazing work. With just over $30 million a year, EMSC works with all 50 States, the District of Columbia, and the U.S. Territories to educate emergency medical personnel. In addition to educating and training health care professionals, EMSC supports research at leading governmental and academic institutions so that our children are treated with cutting-edge technology and services.

The EMSC Program addresses the entire continuum of pediatric emergency services, from injury prevention and EMS access through out-of-hospital and emergency department care, intensive care, rehabilitation, and reintegration into the community, while ensuring the ongoing involvement of the child’s primary care physician. It serves the unique needs of children in a way no other program can. Over the years, we have also funded various projects for emergency care. I thank my colleagues for supporting the inclusion of a 5-year reauthorization of the EMSC Program in the Patient Protection and Affordable Care Act.

In recognition of all that EMSC has done and will continue to do for this Nation’s children, several experts gathered on Capitol Hill last month to hold an educational briefing in conjunction with EMSC Day. Sponsored by the American Academy of Pediatrics, staff heard from Dr. Elizabeth Edgerton, the new branch chief for EMSC and injury prevention at the Maternal and Child Health Bureau at HRSA, who described the EMSC Program and what it has accomplished. Katherine Dixon Hert, EMSC program manager, Office of EMS and Trauma at the Alabama Department of Public Health, recounted the devastation of the recent tornadoes that swept through the State of Alabama; the challenges in caring for children often separated from their parents; and the pediatric deaths that occurred. Lastly, Joseph Wright, M.D., M.P.H., F.A.A.P., principal investigator and medical director of the EMSC National Resource Center, shared his experience of “growing up” with the EMSC Program as part of the original cohort of board-certified pediatric emergency physicians in the United States.

I do not know a parent or grandparent who would advocate for anything but the best care of our children during an emergency. The EMSC Program has filled a void that existed within the EMS system prior to its inception. Many experts have identified the need for a lead agency for EMS in the U.S. While such a lead agency could improve optimal emergency care and response, any reorganization of Federal EMS Programs must maintain the EMSC Program as a freestanding program. Without the EMSC Program, children’s medical and treatment needs will not be met. I would like to honor and thank the many hard-working Americans that work daily to serve and save our children.
EXCELLENCE IN PUBLIC SERVICE
EMSC PROGRAM’S 30-YEAR ANNIVERSARY
July 2014
Shared Vision for the Care of Children in Emergency Departments

Joint Policy Statement
American Academy of Pediatrics
American College of Emergency Physicians
Emergency Nurses Association

All hospital EDs should be fully prepared to care for critically ill and injured children.

Endorsed by 22 national organizations including the AMA and Joint Commission.
EMSC Partnership for Children

With support from the EMSC Program...

Convened EMSC Coordinating Committee meetings joint with ACEP in late 90s and beyond and took turns hosting them to identify opportunities for collaboration, resulting in:

- Joint policy statement, “Guidelines for Care of Children in the Emergency Department,” later revised with ENA as coauthor; subsequent implementation kit and national assessment
- Joint policy statement, “Death of a Child in the ED” – also joint with ENA

And much more...
EMSC
Coordinating Committee
Leadership
GUIDELINES GRANT STEERING COMMITTEE
Dr Marianne Gausche-Hill was principal investigator of this grant project and led efforts to develop policy, assess ED readiness in California and nationally in 2003 and 2013, and foster collaboration between AAP, ACEP, and ENA with support from the EMSC Program for the National Pediatric Readiness Project.
Accomplishment: *The National Pediatric Readiness Project*


- **1999** – AAP-EMSC Partnership for Children (PFC) cooperative agreement.


- **2009** - Guidelines for the Care of Children in the ED. *Pediatr* 2009;124:1233
  (joint AAP-ACEP-ENA)

Joint Policy Statement—Guidelines for Care of Children in the Emergency Department

Pedicatric Preparedness of US Emergency Departments: A 2003 Survey

The “Peds Ready” Policy Platform

Guidelines for Pediatric Emergency Care Facilities

American Academy of Pediatrics

Committee on Pediatric Emergency Medicine

American Academy of Pediatrics

Committee on Pediatric Emergency Medicine

American Academy of Pediatrics

Committee on Pediatric Emergency Medicine
A National Assessment of Pediatric Readiness of Emergency Departments

Marianne Gausche-Hill, MD; Michael Ely, MHRM; Patricia Schmuhl, BA; Russell Telford, MA; Katherine E. Remick, MD; Elizabeth A. Edgerton, MD, MPH; Lenora M. Olson, PhD, MA

IMPORTANCE Previous assessments of readiness of emergency departments (EDs) have not been comprehensive and have shown relatively poor pediatric readiness, with a reported weighted pediatric readiness score (WPRS) of 55.

OBJECTIVES To assess US EDs for pediatric readiness based on compliance with the 2009 guidelines for care of children in EDs; to evaluate the effect of physician/nurse pediatric emergency care coordinators (PECCs) on pediatric readiness; and to identify gaps for future quality initiatives by a national coalition.

The Continuing Evolution of Pediatric Emergency Care

Evaline A. Alessandrini, MD, MSCE; Joseph L. Wright, MD, MPH

Every day, approximately 80,000 children seek emergency care in US emergency departments (EDs), and 20% of all children in the United States will have at least 1 ED visit each year.1,2 Yet the needs of children historically have received little attention in the emergency medical services system.3 Emergency medical services are a relatively new component of our national health care system, and, recently, increased attention has been given to the unique needs of children during emergencies, as well as to the documentation of significant variation in the quality of care.4-6 As a result, need for an accountable, coordinated, and regionalized approach to overcome obstacles and ensure the delivery of high-quality care.2 Children are particularly subject to problems in the emergency care system. Specific conclusions drawn from the pediatric component of the IOM report (“Emergency Care for Children: Growing Pains”)3 include the following: (1) although children make up 27% of all ED visits, only 6% of EDs have all of the necessary supplies for pediatric emergencies, and (2) most children receive emergency care in general (not children’s) hospitals, which are less likely to have specific pediatric expertise, equipment, and policies in place for the care of children. Professional organizations such as the American

“Peds Ready”

EMSC + COPEM = 2015 AAP Outstanding Collaboration Award!!
COPEM WINS AAP AWARD!

The American Academy of Pediatrics

The Committee Forum Management Committee recognizes the

Committee on Pediatric Emergency Medicine
Joan E. Shook, MD, MBA, FAAP – Chairperson
Sue Tellez – Staff

For outstanding service in Communication and Collaboration on the
NATIONAL PEDIATRIC READINESS PROJECT
2015 Annual Leadership Forum

AAP Committee on Pediatric Emergency Medicine
1985-2015
# Guidelines for Care of Children in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2009 joint policy statement “Guidelines for Care of Children in the Emergency Department,” which can be found online at http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1233.pdf. Use the checklist to determine if your emergency department (ED) is prepared to care for children.

## Administration and Coordination of the ED for the Care of Children

- **Physician Coordinator for Pediatric Emergency Care.** The pediatric physician coordinator is a specialist in emergency medicine or pediatric emergency medicine; or if these specialties are not available then pediatrics or family medicine, appointed by the ED medical director, who through training, clinical experience, or focused continuing medical education demonstrates competence in the care of children in emergency settings, including resuscitation.
- **Nursing Coordinator for Pediatric Emergency Care.** The pediatric nurse coordinator is a registered nurse (RN), appointed by the ED nursing director, who possesses special interest, knowledge, and skill in the emergency care of children.

## Physicians, Nurses and Other Healthcare Providers Who Staff the ED

- Physicians who staff the ED have the necessary skill, knowledge, and training in the emergency evaluation and treatment of children of all ages who may be brought to the ED, consistent with the services provided by the hospital.
- Nurses and other ED health care providers have the necessary skill, knowledge, and training in providing emergency care to children of all ages who may be brought to the ED, consistent with the services offered by the hospital.
- Baseline and periodic competency evaluations completed for all ED clinical staff, including physicians, are age specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special health care needs. (Competencies are determined by each institution’s medical and nursing staff privileges policy.)

## Guidelines for QI/PI in the ED

- The QI/PI plan shall include pediatric specific indicators.
- The pediatric patient care-review process is integrated into the ED QI/PI plan. Components of the process interface with out-of-hospital, ED, trauma, inpatient pediatric, pediatric critical care, and hospital-wide QI or PI activities.

## Guidelines for Improving Pediatric Patient Safety

The delivery of pediatric care should reflect an awareness of unique pediatric patient safety concerns and are included in the following policies or practices:

- Children are weighed in kilograms.
- Weights are recorded in a prominent place on the medical record.
- For children who are not weighed, a standard method for estimating weight in kilograms is used (e.g., a length-based system).
- Infants and children have a full set of vital signs recorded (temperature, heart rate, respiratory rate) in medical record.
- Blood pressure and pulse oximetry monitoring are available for children of all ages on the basis of illness and injury severity.
- A process for identifying age-specific abnormal vital signs and notifying the physician of these is present.
- Processes in place for safe medication storage, prescribing, and delivery that includes precalculated dosing guidelines for children of all ages.
- Infection-control practices, including hand hygiene and use of personal protective equipment, are implemented and monitored.
- Pediatric emergency services are culturally and linguistically appropriate.
- ED environment is safe for children and supports patient- and family-centered care.
- Patient identification policies meet Joint Commission standards.
- Policies for the timely reporting and evaluation of patient safety events, medical errors, and unanticipated outcomes are implemented and monitored.

## Guidelines for ED Policies, Procedures, and Protocols

Policies, procedures, and protocols for the emergency care of children should be developed and implemented in the areas listed below. These policies may be integrated into overall ED policies as long as pediatric specific issues are addressed.

- Illness and injury triage.
- Pediatric patient assessment and reassessment.
Current COPEM Policy Statements (A-E)

Access to Optimal Emergency Care for Children
Pediatrics Vol. 119 No. 1 January 2007, pp. 161 -164 (under revision)

Best Practices for Improving Flow & Care of Pediatric Patients in the Emergency Department
Pediatrics Vol. 135 No. 1 January 2015, pp. e273 -e283

Joint with ACEP and ENA

Consent for Emergency Medical Services for Children and Adolescents
Pediatrics Vol. 128 No. 2 August 2011, pp. 427-433

Death of a Child in the Emergency Department
Pediatrics Vol. 134 No. 1 July 2014, pp. 198 – 201 – Policy Statement

Joint with ACEP and ENA

Dispensing Medications upon Hospital Discharge to Home from an Emergency Department
Pediatrics Vol. 129 No. 2 February 2012, pp. e562-e566

Emergency Information Forms & Emergency Preparedness for Children with Special Health Care Needs
Pediatrics Vol. 125 No. 4 April 2010, pp. 829-837 (under revision)

Joint with ACEP and ENA
Current COPEM Policy Statements (E-P)

Ensuring the Health of Children in Disasters
Pediatrics Vol. 136 No. 5 November 2015, pp. e1407-1417

Equipment for Ground Ambulances
Prehospital Emergency Care Vol. 18 No. 1 January/March 2014, pp. 92-97
Joint with ACEP, ACS, EMSC, ENA, NAEMSP, NASEMSO

Guidelines for Care of Children in the Emergency Department
Pediatrics Vol. 124 No. 4 October 2009, pp.1233-1243 (under revision)
Joint with ACEP and ENA

Management of Pediatric Trauma
Pediatrics Vol. 121 No. 4 April 2008, pp. 849-854 (under revision)
Joint with SOCC, SOOr, SOSu, SOTM, POSNA

Overcrowding Crisis in Our Nation's Emergency Departments: Is Our Safety Net Unraveling?
Pediatrics Vol. 114 No. 3 September 2004, pp. 878 -888 (under revision)

Patient- and Family-Centered Care and the Role of the Emergency Physician Providing Care to a Child in the Emergency Department
Joint with ACEP
Joint with ACEP and ENA
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<td>Pediatric Mental Health Emergencies in the Emergency Medical Services System</td>
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<td>130</td>
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<td>Point-of-Care Ultrasonography by Pediatric Emergency Physicians</td>
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<td>Preparation for Emergencies in the Offices of Pediatricians-Pediatric Primary Care Providers</td>
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<td>Relief of Pain and Anxiety in Pediatric Patients in Emergency Medical Systems</td>
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Current COPEM Policy Statements (R-Z)

Role of Pediatricians in Advocating Life Support Training Courses for Parents and the Public

Role of the Pediatrician in Rural Emergency Medical Services for Children
Pediatrics Vol. 130, No. 5, November 2012, pp. 978-982

Ventricular Fibrillation and the Use of Automated External Defibrillators on Children
(Policy Statement)
Pediatrics Vol. 120 No. 5 November 2007, pp. 1159-1161

Withholding or Termination of Resuscitation in Pediatric Out-of-Hospital Traumatic Cardiopulmonary Arrest
Pediatrics Vol. 133 No. 4 April 2014, pp. e1104-1116
Joint with ACS, ACEP, NAEMSP

http://pediatrics.aappublications.org/site/aappolicy/index.xhtml
APLS: The Pediatric Emergency Medicine Resource
Now in its 5th Edition
History of APLS

Late 70s, armed with a concept but no endorsement, funding, or accepted clinical guidelines for many critical conditions, Dr Martha Bushore-Fallis and several colleagues began working on a manual based on the courses they had been teaching for several years.

When all chapters were finished, with a bit of grant money, the books were printed and eventually the course was approved by AAP and the American College of Emergency Physicians (ACEP).

In 1983, pediatric life support education evolved into two groups. One became the forerunner of the American Heart Association (AHA) Subcommittee on Pediatric Resuscitation, focusing on pediatric resuscitation and development of the *Pediatric Advanced Life Support Course* (PALS). The other was established as the critical condition recognition/stabilization group, the forerunner of the *Advanced Pediatric Life Support* (APLS) Joint Task Force, now the APLS Steering Committee.

The first APLS course was implemented in 1984. Five years and thousands of development hours later, the 1st edition of the APLS course student manual was published by AAP and ACEP in 1989.


Guided by the APLS Joint Task Force and built on the foundation laid by Dr Brushore-Fallis and colleagues, APLS is still going strong today!
THE DYNAMIC DUO

Jane Knapp, MD, FAAP
James Seidel, MD, PhD, FAAP

AAP Committee on Pediatric Emergency Medicine
1985-2015
COPEM’S MANUAL – THE “BLUE BOOK”

Editors
James S. Seidel, MD, PhD & Jane F. Knapp, MD

1st Edition, 1992
(Retired 2007)

FIRST AID
Call 911 or your local emergency number immediately if a child is injured, sick, or if you have a poisoning emergency.

GENERAL
- A child is more likely to need emergency care than an adult.
- Children need different types of care from adults.
- Always contact a healthcare provider about any illness or injury.

STINGS, BITES, AND ALLERGIES
- For stings, bites, and allergies, follow these steps:
  1. Stay calm.
  2. Wash the area with soap and water.
  3. Apply ice to reduce swelling.
  4. Watch the child for symptoms of an allergic reaction.

FRACKING AND SPRAINS
- If a child has a sprain, do the following:
  1. Rest the area.
  2. Ice the area.
  3. Compress the area.
  4. Elevate the area.

FEVER
- If a child has a fever, do the following:
  1. Keep the child cool by dressing them in light clothing.
  2. Give them a cool bath or sponge bath.
  3. Do not give them aspirin.

NOSEBLEEDS
- If a child has a nosebleed, do the following:
  1. Have them sit up straight.
  2. Pinch the soft part of the nose.
  3. Place a cold pack on the bridge of the nose.

TEETH
- If a child has a toothache, do the following:
  1. Rinse the mouth with warm salt water.
  2. Apply ice to the cheek.
  3. Do not put aspirin on a tooth.

American Academy of Pediatrics
Devoted to the health of all children.
COPEM MENTORSHIP

AAP Committee on Pediatric Emergency Medicine
1985-2015
COPEM COLLABORATION & FUN

AAP Committee on Pediatric Emergency Medicine
1985-2015
COPEM MEMBERS & FRIENDS

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COPEM MEMBERS & FRIENDS

AAP Committee on Pediatric Emergency Medicine
1985-2015
COPEM RUNNERS
COPEM TEACHERS IN SAUDI ARABIA
COPEM TEACHERS IN SAUDI ARABIA
April 12, 2005

Dear Dr. Krug:

Your recent article in Pediatrics, entitled: “Twenty Years of Emergency Medical Services for Children: A Cause for Celebration and Call for Action,” is most impressive. As one of the original authors of this legislation, I have been pleased with the extent to which over the past two decades, this program has made a real difference in the lives our nation’s children and their families. As you have indicated, it is most unfortunate that the Administration and a number of my colleagues on the House of Representatives’ committee of jurisdiction, have taken the position that the program should be eliminated. I sincerely hope that your colleagues within the pediatric community will heed your call and retain this program. Our nation’s children depend on their vigilance.

Aloha,

DANIEL K. INOUYE
United States Senator

Steven Krug, M.D.
Department of Pediatrics
Feinberg School of Medicine
Northwestern University
Chicago, Illinois 60611-3008

TESTIMONY OF STEVEN KRUG, MD, FAAP
ON BEHALF OF THE AMERICAN ACADEMY OF PEDIATRICS

HOMELAND SECURITY SUBCOMMITTEE ON
EMERGENCY PREPAREDNESS, SCIENCE AND TECHNOLOGY
“Emergency Care Crisis:
A Nation Unprepared for Public Health Disasters”

July 26, 2006
Landmark Institute of Medicine Report (1993)
Institute of Medicine Report (2006)  
Future of Emergency Care
### Emergency Information Form for Children With Special Needs

**Emergency Preparedness**

**Name:**
- **Birth date:**
- **Nickname:**

**Home Address:**
- **Home/Work Phone:**

**Parent/Guardian:**
- **Emergency Contact Names & Relationship:**

**Primary Language:**
- **Phone Number(s):**

**Physicians:**
- **Primary care physician:**
  - **Emergency Phone:**
  - **Fax:**
- **Current Specialty physician:**
  - **Emergency Phone:**
  - **Fax:**
- **Anticipated Primary ED:**
  - **Pharmacy:**
- **Anticipated Tertiary Care Center:**

**Diagnoses/Past Procedures/Physical Exam:**
- **1:**
  - **Baseline physical findings:**
- **2:**
- **3:**
  - **Baseline vital signs:**
- **4:**
- **5:**
- **6:**

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*Caution for release of this form to health care providers.*
Pediatric Patient Safety in the Emergency Department

Joint Commission Resources
American Academy of Pediatrics
Dedicated to the health of all children

Edited by
STEVEN E. KRUG, M.D.

Forewords by
KAREN S. FRESH, M.D., and
EDWARD S. OGATA, M.D.
People to Meet In Heaven – “Gone Too Soon”

Dr. Steve Miller
1958 - 2004

Dr. Michael Shannon
1953 - 2009

Dr. Michael Altieri
1951 - 2004

“Like A Comet Blazing 'Cross The Evening Sky, Gone Too Soon...”
– M. Jackson, recorded in memory of Ryan White, 1971-1990
COPEM –AAP Members Who Received EMSC Awards

**Lifetime Achievement**
- 1998 – Cal Sia
- 2000 – Jim Seidel
- 2005 – Bob Wiebe
- 2007 – Marianne Gausche-Hill
- 2008 – George Foltin
- 2009 – Michael Shannon
- 2010 – Art Cooper

**EMS Provider Leadership**
- 2004 – Lou Romig

**EMSC Project Coordinator**
- 2004 – Cyndy Wright-Johnson

**EMSC Advisory Board**
- 2007 – Susan Fuchs
- 2010 – Sally Snow

**Outstanding EMSC Research Project**
- 2004 – Elizabeth Edgerton
- 2008 – EMSC Guidelines Project Steering Committee
- 2010 – Nate Kuppermann
COPEM – AAP Members Who Received EMSC Awards

EMSC Policy Leader of Distinction
Mary Fallat

Community Partnership of Excellence
1999 – RISK WATCH – Karen Frush

Innovation in EMSC Product Development
1999 – TRIPP – George Foltin, David Markenson and others
Teaching Resource for Instructors in Prehospital Pediatrics
2001 – AAP Pediatric Education for Prehospital Professionals (PEPP)
COPEM TOP 10

1. Successfully advocated for passage of legislation to create the Emergency Medical Services for Children (EMSC) program and its continued reauthorization with funding from $2 million in ‘85 to $20 million in 2015.

2. Established the importance of regionalization in pediatric emergency and critical care using a continuum of care “wheel” that positions EMSC in a medical home model -- injury prevention, emergency response, prehospital care, hospital care, transport, and rehab.

3. Created the Advanced Pediatric Life Support Course (APLS).

4. Participated in vision and creation of the subspecialty, the ABP Sub-board in Pediatric Emergency Medicine.
5. Published the AAP “Blue Book” manual, 1st and 2nd editions, on organizing systems of pediatric emergency care in the office, community, and hospital.

6. Participated on committees resulting in landmark publications such as the IOM reports on Emergency Medical Services for Children and the Future of Emergency Care.

7. Served as a forum for collaboration with public and private sectors toward the shared goal of optimal emergency care for children including an EMSC Coordinating Committee of EMSC-AAP-ACEP leaders to identify opportunities for collaboration.

8. Authored 35+ AAP policy statements including national guidelines for care of children in the ED – joint with ACEP and ENA and endorsed by 22 national organizations including The Joint Commission – and provided PEM review of 100s’ other statements.
COPEM TOP 10

9. Facilitated the 1st national pediatric ED preparedness national assessment and continued partnership with the EMSC Program, ACEP, and ENA on the National Pediatric Readiness Project, to include benchmarking of readiness scores, gaps analyses, and resources.

10. Provided oversight of disaster preparedness and response issues until their proposal for AAP establishment of a dedicated Task Force on Terrorism, now the Disaster Preparedness Advisory Council, was approved.
AAP NATIONAL OFFICE STAFF TO COPEM

Lisa Honigfeld (1985-1987)
Jane Tufts (1984)

AAP WASHINGTON OFFICE STAFF TO COPEM

Tamar Margarik Haro (2011-2015)
Cynthia Pellegrini (2004-2011)
Molly Hicks (2002-2004)
Randy Moore (1985-1993)
The American Academy of Pediatrics thanks you for 30 years of vision, inspiration, improvements in emergency care of children, friendship and volunteerism!

None of this would have been possible without you.