

**ATTACHMENT A**

**PHASE I**  
Los Angeles County  
Department of Health Services  
Emergency Medical Services Agency  
Emergency Department Approved for Pediatrics  
**APPLICATION**

**GENERAL INFORMATION**

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

State Department of Health Service License (SDHS)  
exp. date: \_\_\_\_\_

Accreditation from Joint Commission on Accreditation of Healthcare Organizations  
(JCAHO)  
exp. date: \_\_\_\_\_

Permit for Basic or Comprehensive Emergency Medical Service pursuant to the  
provisions of Title 22, Division 5, California Code of Regulations  
exp. date: \_\_\_\_\_

**ADMINISTRATION/COORDINATION**

Chief Executive Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

EDAP Medical Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Designated Pediatric Consultant:\* \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatric Liaison Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

\*EDAP Medical Director may also be the Designated Pediatric Consultant

**EDAP APPLICATION**

**PERSONNEL-PHYSICIANS**

- C Twenty-four hour emergency department coverage shall be provided or directly supervised by physicians functioning as emergency physicians or pediatricians experienced in emergency care on a full time basis (96 hours or more per month in an emergency department). This includes senior residents practicing at their respective hospitals only.
  
- C At least 75% of the emergency department coverage shall be provided by physicians Board certified or eligible in emergency medicine or pediatrics.
  
- C Emergency department physicians (other than the EDAP Medical Director) who are not Board certified or eligible shall be a current PALS or APLS provider.

| NAME                   | DATE BOARD ELIGIBLE | BOARD CERT EXP. DATE | HOURS WORKED PER MONTH | PALS/APLS EXP. DATE |
|------------------------|---------------------|----------------------|------------------------|---------------------|
| EDAP Medical Director* |                     |                      |                        |                     |
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\*EDAP Medical Director shall be a qualified specialist in emergency medicine or pediatrics. If EDAP Medical Director is also the Designated Pediatric Consultant, he/she shall be board certified in pediatrics or having completed the written exam and actively pursuing Board certification in pediatrics.











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**ATTACHMENT B**

**PHASE I**

Los Angeles County  
Department of Health Services  
Emergency Medical Services Agency  
Emergency Department Approved for Pediatrics

**ADMINISTRATION**

Please submit curriculum vitae for the following personnel:

- C Pediatric Liaison Nurse
- C EDAP Medical Director
- C Designated Pediatric Consultant

**PERSONNEL**

Please submit the last three months of the following staffing schedules:

- C Emergency Department physician
- C Emergency Department nursing
- C Pediatric on-call panel schedule

**POLICIES, PROCEDURES AND PROTOCOLS**

Please submit the following:

- C Triage and initial evaluation of the pediatric patient
- C Pediatric patient safety
- C Suspected child abuse and neglect
- C Transfers
- C Consents
- C Conscious sedation of the pediatric patient
- C Do-not-resuscitate (DNR)/Advanced Health Care Directive
- C Death to include SIDS and the care of the grieving family
- C Aeromedical transport to include landing procedure
- C Daily verification of proper location and functioning of pediatric specific equipment and supplies
- C Immunizations
- C Child abandonment to include a recent (within 72 hours) postpartum woman without evidence of a newborn
- C Family presence



- C Interfacility consult and transfer agreement with a PMC
- C Interfacility consult and transfer agreement with a CCS approved Level II or III NICU

**QUALITY IMPROVEMENT (QI)**

Please submit the EDAP QI Program/Plan which includes the following:

- C Goal/Mission statement
- C Authority and responsibilities of the EDAP Medical Director, PdLN and Pediatric Consultant
- C Interface with prehospital care, emergency department, trauma\*, pediatric critical care\*, pediatric inpatient, and hospital wide QI activities
- C Identification of the indicators, methods to collect data, results and conclusions, recognition of improvement, action(s) taken, assessment of effectiveness of above actions and communication process for participants.
- C Description of the review process for the following pediatric patients seen in the emergency department:
  - 1. Deaths
  - 2. Cardiopulmonary and/or respiratory arrests, including all pediatric intubations
  - 3. Suspected child abuse or neglect
  - 4. Transfers to and/or from another facility
  - 5. Admissions from the ED to an adult ward or ICU
  - 6. Selected return visits to the ED
  - 7. Pediatric transports within the 9-1-1 system

\*if applicable to your hospital