



Vermont Pediatric Safe Application for Enrollment

Instructions: Complete the fillable PDF form below and email the final application to EMSC@vermont.gov. This application should be completed by someone in a leadership position within your agency (ex: head of service, deputy / assistant chief, training officer, pediatric emergency care coordinator, etc.).

If you need assistance or have questions, please contact the EMS for Children Coordinator at EMSC@vermont.gov.

Agency Name: _____	Date of Application: _____
Person Completing Application: _____	Position: _____
Email: _____	
Mailing Address: _____	
Type of Service: <input type="checkbox"/> First Response <input type="checkbox"/> Ambulance <input type="checkbox"/> Air Ambulance	EMS District: _____
Agency License Level: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Critical Care Paramedic	
Number of Decals Needed (number of ambulances and/or department-owned first response vehicles): _____	

Program Requirements

Program Requirement #1: Equipment

I verify that my service is compliant with the Vermont Department of Health’s required or recommended equipment list for our current licensed level and maintains all equipment to be operational.

[EMR Equipment](#) [EMT Equipment](#) [AEMT Equipment](#) [Paramedic Equipment](#)

Program Requirement #2: Electronic submission of NEMSIS-compliant data to SIREN Elite.

I pledge that my service submits electronic patient care reports to the State’s SIREN system, either through direct-entry or through a 3rd party vendor.

Program Requirement #3: EMS for Children Surveys

I pledge that my service will participate in any EMSC surveys when requested to do so. This includes the annual EMSC (PPRP) survey.

Program Requirement #4: Pediatric Emergency Care Coordinator

I verify that my agency has a designed Pediatric Emergency Care Coordinator (PECC).



Vermont Pediatric Safe Application for Enrollment

Name of Pediatric Emergency Care Coordinator: _____

Email Address of Pediatric Emergency Care Coordinator: _____

Program Requirement #5: Pediatric Community Outreach

I pledge that my agency will participate in at least two (2) pediatric community outreach events annually.

NOTE: Please submit (either as an attachment to this application or in an email to EMSC@vermont.gov) a **written plan** for how your agency will provide at least two (2) community outreach events in the next year. Your agency may sponsor the event or participate in an event sponsored by another organization. **Please refer to the example on page 3 on what an appropriate community outreach plan should entail.**

Program Requirement #6: Pediatric Education and Skills Training

I pledge that my agency will offer opportunities for its members to participate in regular pediatric training opportunities, including:

- At least four **(4) hours of pediatric education** annually.
- **Training on pediatric equipment** at least once annually.

Suggested skills and equipment evaluations include pediatric safe transport devices (i.e., PediMate); airway management devices, intravenous and intraosseous line insertion and use, immobilization devices, medication administration, and use of an age/weight/length-based reference (i.e., Broselow tape, Handtevy System).

NOTE: Please submit (either as an attachment to this application or in an email to EMSC@vermont.gov) a written plan for how your agency will offer a minimum of four (4) hours of pediatric education annually and skills training. Your plan should include methods of skills verification (simulation, field, and/or skills stations). **Please refer to the example on page 4 on what an appropriate education plan should entail.**

Signatures

Head of Service Name: _____

Signature: _____

Training Officer Name: _____

Signature: _____



Vermont Pediatric Safe Application for Enrollment

Pediatric Community Outreach - **EXAMPLE** (requirement #5)

Please include the following information in your plan:

- Training name/title.
- Tentative dates (if known).
- Audience.
- Location / who is hosting the event.
- Benefits.

Event	Date	Audience	Location / Event Sponsor	Benefits
"Female Role Model" Night	January 2024	Girl Scouts	Georgia Elementary and Middle School	GFRD was asked to participate in a "female role models" night for the local girl scout troops. This was an opportunity for fire/rescue members to answer questions and talk about fire and EMS safety to elementary and middle school girls.
Car seat event	April 2024	Members of the public with children in car seats	Georgia Fire & Rescue	GFRD will host a free car seat event at the station for our community and surrounding communities to have their car seats installed and/or checked by certified passenger safety technicians.
Stop the Bleed / CPR	July 2024	General public	Georgia Fire & Rescue	GFRD will host a public "stop the bleed" and CPR course that incorporates education for both adult and pediatric CPR and stop the bleed.
EMS and fire safety education	October 2024	Elementary and middle school students	Georgia Elementary and Middle School	Provide an overview of EMS and fire safety to the local elementary and middle school, including discussions on when to call 911, what to do in an emergency, and the importance of emergency preparedness and planning.



Vermont Pediatric Safe Application for Enrollment

Pediatric Education and Skills Plan - **EXAMPLE** (requirement #6)

Please include the following information in your plan:

- Training topic.
- Tentative dates (if known).
- Estimated hours.
- Method of instruction and skills verification.

Training Topic	Date	Hours	Method of Instruction and Skills Verification
Pediatric ingestion and toxicology	March 2024	1 hour	Instruction: Case review Skills verification: medication administration utilizing age/weight/length-based reference (i.e., Broselow tape, Handtevy System)
Pediatric CPR refresher	May 2024	1.5 hours	Instruction: Lecture and videos Skills verification: HPCPR using manikins
Airway (adult and pediatric)	July 2024	1.5 hours	Instruction: Lecture Skills verification: skills station using pediatric-sized airway equipment
IV / IO access (adult and pediatric)	August 2024	1 hour	Instruction: Lecture Skills verification: skills station using manikins and IV/IO equipment
Pediatric transport devices	October 2024	1 hour	Instruction: Guest lecturer Skills verification: skills station using transport devices in an ambulance