

## Western Regional Emergency Medical Advisory Committee

<b>Title: Pediatric Assessment and Skills</b>	<b>Effective Date: April 1999</b> <b>Page: 1 of 1</b>
<b>Policy #1999-1</b>	<b>Reviewed: June 2009 without changes</b>

<b>Policy:</b>	<p>To clarify any confusion as to the WREMAC's position on the ability of units to offer Advanced Life Support services for pediatric services, the following points have been made:</p> <ol style="list-style-type: none"> <li>1. It is the WREMAC's determination that no service may advertise itself as providing ALS unless Pediatric Advanced Life Support is provided in addition to Advanced Life Support. Additionally, according to the New York Health Code, you may not advertise to the public a given level of services unless that service is available 24 hours a day, 7 days a week.</li> <li>2. A service should strive to provide the service even if not available on a continuous basis. It is the WREMAC's intention to avoid misinterpretation on the part of the lay public who may think that the service is always available. This will help to avoid having any agency being put in a high liability situation.</li> <li>3. The WREMAC's position is that all course sponsors that offer Advanced Life Support training whether it be Intermediate, Critical Care, or Paramedic must as of January, 2000, incorporate pediatric training for all new and refresher courses.</li> <li>4. For the Critical Care and Paramedics this is done through the PALS course, which is readily available to the course sponsors.</li> <li>5. For the Intermediate, PILS training, which is a locally developed version of the PALS course without using medication, is the preferred method of providing pediatric training.</li> <li>6. This training focuses on recognizing the sick child, and gives the provider a much higher level of comfort in dealing with pediatric patients.</li> </ol>
<b>Procedure:</b>	
<b>Reference:</b>	Memorandum sent out to all agencies from Dr. Gregory Young, dated April 28, 1999