



**COMPREHENSIVE CHILDREN'S EMERGENCY RECEIVING CENTER (CCERC)
CONTACT AND TRANSPORT CRITERIA (PILOT PROJECT 2019)**

I. AUTHORITY:

California Health and Safety Code, Division 2,5, Sections 1797.220, 1797.222, 1797.250, 1797.257, 1798.0, and 1798.2.
OCEMS Policy # 680.00

II. APPLICATION:

This policy defines when 9-1-1 dispatched advanced life support units (ALS), including ALS air rescue units make on-line (base) contact with an Orange County Emergency Medical Services (OCEMS) designated Pediatric Base Hospital (Comprehensive Children's Emergency Receiving Center (CCERC)) or designated Orange County EMS Base Hospital when responding to a patient under 15-years of age.

III. DEFINITIONS:

Child or Children: Defined for OCEMS operations as a boy or girl who is under age 15 years-old.

Comprehensive Children's' Emergency Receiving Center (CCERC): Emergency and referral center for children as defined by OCEMS Policy # 680.00 and designated as such by OCEMS.

Pediatric Base Hospital: Same as Pediatric Resource Center. CCERC designated by OCEMS for on-line medical control of emergency calls from EMS providers and hospitals.

Pediatric Resource Center: CCERC that is designated by OCEMS as a specialized pediatric radio contact medical control (pediatric base hospital) resource for EMS advanced life support providers. A Pediatric Resource Center is also available for advisory radio communication contact by EMS field units and telephone consultation calls from OCEMS designated Emergency Receiving Center (ERC) emergency departments.

IV. TRANSPORT CRITERIA: Transport any child meeting the following criteria directly to a CCERC:

1. A CCERC is the most appropriate, nearest emergency receiving center (ERC)
2. Child's parent or caretaker requests transport to a CCERC and transport can reasonably be accomplished
3. Child appears to be having an acute stroke or neurologic emergency
4. Child is an interfacility transport from a health care facility or provider to a CCERC

V. CCERC RADIO CONTACT CRITERIA:

1. CCERC contact is encouraged and appropriate at any time a paramedic determines there is a benefit or need to do so.
2. Respiratory distress or labored breathing manifested by:
 - Intercostal retractions,
 - Nasal flaring with inspiration,
 - Respirations less than approximately 12/min or more than approximately 50/min,
 - Cyanosis (particularly of lips and central face area),
 - Complaint of difficulty breathing by child who can communicate
 - Paramedic judgement
3. Circulatory compromise manifested by:
 - Poor skin color (pallor, cyanosis)
 - Decreased capillary refill of hypothernar area (3 seconds or greater)
 - Altered mental status or confusion



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- Mottling of skin (darkened or lighter patches)
 - Pale lips or fingernail beds
 - Weak / thready pulse or heart rate less than 60/min or over 200/min
 - Paramedic judgement
4. Children identified in Standing Orders (SO) as requiring field contact of an OCEMS base hospital/pediatric resource center
 5. Children with an acute symptoms below, either observed by EMS personnel or reported by parent or caretaker, even when signs or symptoms are apparently resolved:
 - A. Apnea episode
 - B. Color change (cyanosis, pallor, erythema) episode
 - C. Marked change in muscle tone (limpness, flaccidity) episode
 - D. Choking or gagging spontaneous, unrelated to food or fluid intake
 6. Children who meet Trauma or Replant Criteria (see SO-T-15).
 7. Child victims of suspected physical or sexual assault.

VI. RADIO CONTACT PROCESS:

1. EMS field units, air rescue units should initiate Pediatric Base Hospital (CCERC) contact through Orange County Communications (OCC) using standard radio contact and Base assignment procedures.
2. OCEMS Base hospitals or EMS Dispatch Centers should use standard communication procedures (radio or telephone) for direct contact to a CCERC.
3. OCEMS Emergency Receiving Centers (ERCs) and other community hospitals should telephone directly to a CCERC as a means of communication.

Approved:

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