

Video and Audio Podcasts

The Emergency Medical Services for Children Program has developed two podcast series to educate healthcare providers, families and consumers, and others about pediatric medication safety as well as the public policy process.

iPEMS Podcast Series

Developed in collaboration with the Alliance for Pediatric Emergency Medication Safety, the [iPEMS video podcasts](#) focus on three primary objectives: (1) to educate trainees about pediatric medication safety issues in the emergency setting; (2) to describe potential solutions to improve medication safety; and (3) to equip trainees with the tools to implement a quality improvement initiative in their training program.

iAdvocate Podcast Series

The [iAdvocate video podcasts](#) focus on the public policy process and will equip individuals with information and strategies to effect legislative change at the federal, state, and local levels. While many of the examples used in this series refer to the federal policymaking process, most of the tools and tips are also applicable at the state and local levels.

Disaster Preparedness Resources

Disaster Volunteer Opportunities

In partnership with the Mailman School of Public Health and the National Center for Disaster Preparedness, the Emergency Medical Services for Children Program has developed an [online interactive map](#) designed to provide health care professionals interested in volunteering a resource to identify disaster volunteer agencies in their state. As you click on the desired state, agencies recruiting volunteers will be listed in alphabetical order along with the type of health care volunteers needed and any required training and certifications. Volunteer applications for each agency are provided.

Disaster Information Clearinghouse: PEDPrepared

In its [2010 Report to the President and Congress](#), the National Commission on Children and Disasters drew attention to the limited availability and inaccessibility of resources for pediatric disaster preparedness. To help address this shortfall, the Emergency Medical Services for Children Program developed "[PEDPrepared](#)" as an information network of resources targeting health providers, emergency and community planners, and families. Its primary purpose is to help communities achieve an optimal level of emergency readiness for children who are involved in an environmental, health, or man-made disaster.

Legal Issues Related to Interfacility Transfer of Pediatric Patients

Over the past several years, the Emergency Medical Services for Children Program has partnered with The George Washington University School of Public Health and Health Services to develop issue briefs related to the interfacility transfer of pediatric patients.

The Application of the Emergency Medical Treatment and Labor Act (EMTALA) to Hospital Inpatients

This [issue brief](#) provides a brief overview of the Emergency Medical Treatment and Labor Act (EMTALA) and focuses on its application to hospital inpatients. EMTALA applies differently to patients than non-patients, and also applies differently to patients admitted through the emergency department than patients admitted as regular inpatients. In addition, courts and the Centers for Medicare and Medicaid Services (CMS) have differed in their interpretation of the statute. Depending on the specific facts of any particular case, EMTALA may or may not have implications for specialty-related transfers and discharges.

Following an overview of the statute and implementing regulations, the issue brief analyzes the law, as well as a series of relevant court decisions, for their application to hospital inpatients in emergency transfer situations.

Legal Issues in Interfacility Transfer: Issue Brief

This [issue brief](#) presents an overview of the law regarding the point at which liability can attach in the case of health care providers involved in interfacility transfers. Authors review issues of liability related to medical direction provided during interfacility transfer. They also look at the liability of a sending hospital for the actions of a receiving hospital's transport team personnel who initiate treatment in the sending hospital prior to the transport. The brief closes with a brief discussion of Emergency Medical Treatment and Active Labor Act (EMTALA) liability issues that can arise in the case of an interfacility transfer.

Organized Interfacility Transfer Processes Article

Emergency Medical Services for Children National Resource Center (NRC) and National EMSC Data Analysis Resource Center (NEDARC) staff has published an article on organized interfacility transfer processes. The October 2011 issue of *Pediatric Emergency Care* (Vol. 27, Issue 10, Pgs. 900-906) features the article "[Organized interfacility transfer processes: an opportunity to improve pediatric emergency care.](#)" Written by the NRC's Diana Fendya, MSN(R), RN, and Karen Belli and NEDARC's Andrea Genovesi, MA; Kent Page, MStat; and Donald Vernon, MD, the article examines EMSC state partnership grantee data to determine the proportion of hospitals with established guidelines and agreements for the interfacility transfer of children. To obtain a "fair use copy," please e-mail emsclibrarian@childrensnational.org.

National Aggregate Data on Pediatric Emergency Care

The Emergency Medical Services for Children Program has released [aggregate data](#) on pediatric medical direction, equipment, and inter-facility guidelines and agreements. EMSC Grantees from 49 States and 6 Territories were asked to identify any existing gaps in the emergency care for children (ages 0-18 years) by collecting data from EMS agencies and hospitals in their state or territory. The EMSC Program compiled all of the state and territory data to create the only national assessment of quality indicators for pediatric emergency care in the pre-hospital and hospital setting.

EMSC Family Advisory Network: Helping to Improve Pediatric Emergency Care

In 1999, the Emergency Medical Services for Children Program created the Family Advisory Network (FAN) to facilitate the inclusion of family representatives in state EMSC programs. Today, the FAN membership includes family representatives from 54 states and territories. As of July 2010, seven EMSC grantees had more than one state family representative on their team.

FAN members contribute to their state program activities in numerous ways, including, but not limited to: serving as members, chairs, and co-chairs of their state EMSC advisory committee; coordinating special community outreach projects; assisting with the development and implementation of EMSC policy objectives; and helping to plan, present, and promote educational offerings within their state.

A [new video](#) captures the compelling stories of nine Family Advisory Network (FAN) representatives and highlights the work they are doing to improve pediatric emergency care at the local and state levels.