

# Keeping Kids Alive: Team Training

Crystal Mountain  
2019

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## Emergency Medical Services



Presented by:  
Rick Dupont, EMT/EMT  
Chief, Denton Township Ambulance Service

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## EMS Responds to a 911 Call

1. Identify the optimal action in response to a child's death
2. Understand the role of EMS in responding to a child's death
3. Identify the roles different responding agencies can and should play, individually and collectively
4. Recognize the importance of the contribution that EMS personnel can have in the CDR process
5. Mandated CPS Reporting
6. Safe Delivery of Newborn Act 2007

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## Child Death Response

- 911/EMS Dispatch Role
  - Develop and implement a dispatch protocol that identifies and provides specific response criteria for all calls that may result in a child's death
  - These protocols must be developed, reviewed and approved by all of the agencies involved in the response

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## 911/EMS Dispatch

- Protocols may include the following:
  - Dispatch of Medical First Responders, EMS and Law Enforcement to the scene
  - Notification of the community's Social Service System (Community Mental Health) that services may be needed
  - DHS/CPS
  - If the caller identifies that death has occurred, the Medical Examiner/MEI should be notified
  - Victim Services Unit

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## 911/EMS Dispatch

- Dispatchers must periodically review their protocols, be prepared to deal with the stress of the situation and still be able to provide pre-arrival instructions to the caller
- Calls should be taped or digitally recorded
  - These recordings may be very useful to the CDR Team

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### Role of EMS

- PATIENT CARE
- Preserve Scene
- Support Family

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### Medical First Responders

- Provide initial patient evaluation and treatment if indicated
- Gather information for other arriving agencies
- Secure the scene
- Support the family

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### Patient Care

- Upon arrival, EMS will make an accurate and rapid assessment of the child and initiate the appropriate medical treatment
- Transporting EMS will make the decision to initiate treatment and transport the patient to the Emergency Room or secure the scene and wait for the Medical Examiner (varies by location)

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### Preserve the Scene

- EMS must make every effort to preserve the scene
- Only scene disturbances necessary to the evaluation and treatment of the patient should be made
- If alterations to the scene are necessary, documentation, both verbally and written, should be made for future reference

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### Family Support

- EMS must maintain a supportive, non-judgmental, interaction with the family
- EMS needs to recognize the needs of the family and request the appropriate responders (VSU, Clergy)
- Should we allow the parents to hold their child?
- What if they “demand” we transport?

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### Problems Faced by EMS

- EMS personnel are trained to render aid. It is very difficult to make the decision not to try to resuscitate a patient, especially a child
- Many EMS providers are not prepared to handle the personal impact of an infant death.
- The EMS responder’s ability to deal with the needs of the family vary greatly with each person, we are not trained for this (we should be)

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## Further Problems Faced by MFR's (EMR's)

- State Model Protocol only exempts CPR for an arrest of KNOWN traumatic origin
- CPR training through American Heart and Red Cross does not teach restriction to starting CPR

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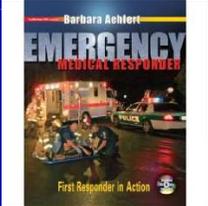
## !!!HOWEVER!!!



The National Curriculum for EMR's  
Shock and Resuscitation

I. Ethical Issues  
A. Withholding Resuscitation Attempts

1. Irreversible Death
2. Do Not Resuscitate



Emergency Medical Responder  
You Should Know: page 210

**Signs of Obvious Death**

Decapitation or obvious mortal injury  
Putrefaction (decomposition)  
Extreme dependent lividity  
Rigor mortis

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## Problems When the Scene is Vacated Unnecessarily

- Did the death occur at the scene or the ED?
- It may be hours before Law Enforcement is called (and then normally to the ED)
- A warrant may be needed to get back into the house
- As time goes on, peoples' story (or condition) often change

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## Roles of Other Responders

- Law Enforcement
- Medical Examiner
- Social Services

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## Law Enforcement

- Provide for responders' safety
- Secure the scene
- Gather information and evidence as appropriate
- Support the family
- Family support is priority for Victim Services Units (Separate from responding units)

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## Medical Examiner

- Examine the patient and make official pronouncement of death
- Secure the scene
- Gather information and evidence as appropriate
- Support the family

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### Social Services

- Support the family's physiological and physical needs.
- Assess the need for the involvement of other agencies (DHS, Red Cross, etc.)

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### EMS and CDR

- EMS is not one of the mandatory participants under Public Act 167 of 1997. In fact many of the deaths reviewed may not have an EMS component. However, the medical knowledge and perspective that EMS brings to the table may be of great value in any case.

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### Cases with EMS Response

- EMS is normally the starting point of a medical event
- EMS can bring to the table information from dispatch as well as MFR's
- EMS can often provide a description of the scene and the condition of the patient and his/her surroundings

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### Cases with EMS Response

- EMS may have a history with the patient, family or location
- EMS may be able to provide an overview of the services provided at the scene by other responders

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### EMS, CDR, HIPAA

- The Health Insurance Portability and Accountability Act of 1996 may be making it difficult for you to get participation from EMS
- Part of the HIPAA guidelines deal with the protection of patient information
- Severe penalties are associated with violations (\$50,000/1year in prison or both)

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### EMS, CDR, HIPAA

- The Michigan Public Health Institute's Tools for Public Health: Conducting Child Death Reviews under HIPAA Privacy Rule
  - Describes the changes to Section 7 of Public Act 167 of 1977
  - Describes the pertinent areas of the HIPAA Act of 1996
  - Compares the areas that allow for the sharing of protected information with the CDR as a Public Health Authority
  - [www.kccpmgkidsalive.org](http://www.kccpmgkidsalive.org) Tools for Teams, Legislation, CDR and HIPAA

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## Mandatory CPS Reporting

- Michigan Child Protection Law, 1975, PA238
  - “The list of mandated reporters is as follows: A physician, ... person licensed to provide emergency medical care ...”
  - “The Child Protection Law requires mandated reporters to make an immediate verbal report to DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours.”

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## Mandatory CPS Reporting

- The verbal report must be made by telephone (855)444-3911
- The written report must be made within 72 hours on a DHS-3200 form or online, under resources, [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter)
- “Reporting the suspected allegation ... to your agency administrator does not fulfill your mandated requirement to report ...”

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## Mandatory CPS Reporting

- **Nor does simply reporting it to the ER physician or staff!**
- The Mandated Reporter’s Resource Guide can be found at: [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter)

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## Mandatory CPS Reporting

On March 5, 2012, Michigan began a program of "Centralized Intake" for reporting suspected abuse and neglect.

Toll Free Reporting (855)444-3911  
FAX for 3200 Form (616)977-1154  
(616)977-1158

E-mail for 3200

[DHS-CPS-CIGroup@michigan.gov](mailto:DHS-CPS-CIGroup@michigan.gov)

Mandated Reporter Video Training

[http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_7119\\_50648\\_44443---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_44443---,00.html)

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## Safe Delivery of Newborns

- Public Act 232 of 2000
- January 1, 2001
- Definition: "Emergency services provider" means a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that individual is inside the premises and on duty.

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## Safe Delivery of Newborns

- Public Act 488 of 2006
  - January 1, 2007
  - Definition: "Emergency services provider" means a uniformed or otherwise identified employee...
- Emergency services provider also includes a paramedic or an emergency medical technician when either of those individuals is responding to a 9-1-1 emergency call.**

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**Safe Delivery of Newborns**

- **Intent: includes ambulance crews when they are responding to a 911 call to a parent's request to surrender a newborn**
- **What if the ambulance is flagged down while not responding to a 911 call from the parent?**

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**Safe Delivery of Newborns**

- **EMS should accept the newborn and help the parent place the required 911 call**
- **What if you are currently on a different 911 call?**

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**Safe Delivery of Newborns**

- **Definition: "Newborn" means a child who a physician reasonably believes to be not more than 72 hours old.**
- **To qualify under the act, the surrendered newborn must not have been subjected to abuse or neglect.**

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**Safe Delivery of Newborns**

- **Section 3 (1):...The emergency services provider shall make a reasonable effort to do all of the following:**
- **(a) Take action necessary to protect the physical health and safety of the newborn.**

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**Safe Delivery of Newborns**

- **Provide the surrendering parent with Safe Delivery approved written information. DHS-Pub 867 (Fact Sheet) and Pub 864 (What am I going to do?)**
- **Try to obtain Voluntary Medical Background (the surrendering parent does not have to provide information, but explain that the information will be useful for future healthcare decisions) DHS- Pub 4819**

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**Safe Delivery of Newborns**

- **Inform the parent that he or she may sign a release for the newborn that may be used at the parental rights termination hearing. DHS- Pub 4820**
- **Transport the newborn to a hospital.**

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### Safe Delivery of Newborns

- Is this a burdensome task?
  - Up to now over 200 newborns were surrendered
  - 196 have been in hospitals, 5 in fire departments and 1 in a police department, 0 to EMS.
  - Remember the intent of the law!
- Complete information can be found by going to: [www.michigan.gov/safedelivery](http://www.michigan.gov/safedelivery). The Safe Delivery Hotline is 1-866-733-7733.

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### Safe Delivery of Newborns

- New Bill in Michigan to allow for surrender to a “Newborn Safety Device” (boxes installed in hospitals and other surrender locations)
- Electronically monitored and temperature controlled
- Safe Haven Baby Boxes, INC, reports three cases of infants being surrendered to baby boxes in Indiana, boxes are installed in the states of Ohio and Arizona also, with no numbers reported for those states.

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### Safe Delivery of Newborns

- I do not believe it is appropriate to allow for parents to surrender a baby by simply depositing the baby into a device, rather than physically handing the baby to a uniformed police, fire, or hospital employee.” Gov. Synder 12-27-18

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