

Department of Public Health and Social Services
Emergency Medical Services for Children (EMSC)
Special Needs Identification Project

SNIP



GUAM
EMSC State Partnership Program

EMSC SNIP PACKET

(INCLUDES MEDICAL INFORMATION FORM)

Dear Parents & Guardians,

If you have a child with special health care needs, we would like to give your family the opportunity to enroll him or her onto the pre-hospital notification program called “SNIP”.

What is SNIP?

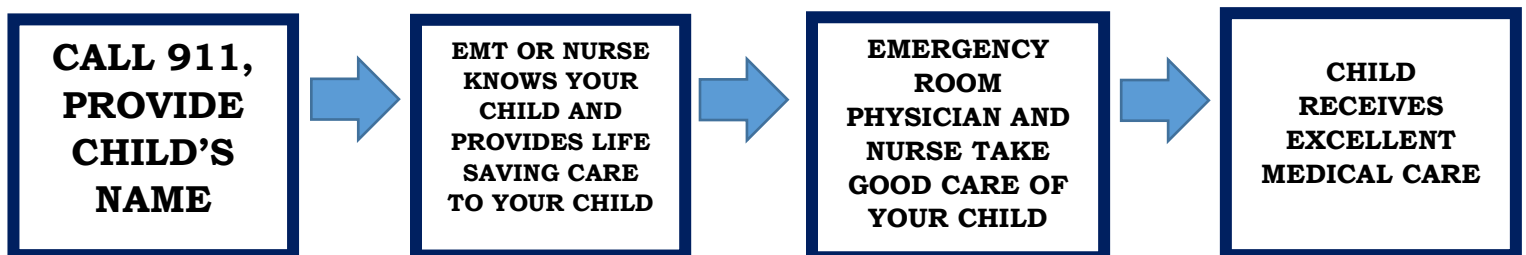
A pre-hospital notification system for EMT’s, Paramedics, Nurses, and Physicians designed to improve pre-hospital emergency, medical care for children with special health care needs and other pre-existing conditions.

Examples of Pre-Existing Conditions: Epilepsy, Asthma, Allergic Reactions, Respiratory and Cardiac conditions, Hemophilia, Autism Spectrum Disorder, Children with disabilities, and other special health conditions warranting specialized care.

PURPOSE:

To ensure the Emergency Medical Technicians, Paramedics, School Nurses, The Public Health Nurses and Physicians, and the Emergency Room Nurses and Physicians, are aware of your child’s special health care needs in order to provide special medical care and attention to your child during life-saving emergencies.

WHAT HAPPENS TO MY CHILD DURING AN EMERGENCY AS A SNIP PATIENT



Frequently asked Questions

Why should I enroll my child in this program?

Children with special health care needs are at higher risk for medical emergencies. Alerting your local fire and EMS department before an emergency occurs will help to ease the transition from your home to the hospital. This will give local EMS providers the opportunity to learn more about your child's chronic illness and/or special technologies and needs **BEFORE** an emergency occurs.

How do I enroll my child into this program?

Complete the one-page Medical History Form in this Packet to the best of your knowledge. Seek the assistance of your child's nurse or physician for information that you cannot complete AND for verification of the medical information. Bring the COMPLETED form to the Department of Public Health and Social Services, Office of Emergency Medical Services. The Medical Information provided will be transferred to a SNIP Medical History Card which will be delivered to the fire station closest to your residence and the 911 dispatch center.

How long does the fire and EMS department keep my child's information on file?

The average is One Year, unless you state otherwise on the form. Usually, your child's information will be automatically dropped from their system after a year UNLESS you call the fire and EMS Department requesting that the information remain within their system. You may call your local fire and EMS department, or the EMSC Program Personnel, at any time to remove your child from this program.

Are there any extra benefits for participating in this Program?

YES. EMS personnel will take the completed EMSC information form and create a SNIP Medical History Card with all your child's medical information. This SNIP Medical History Card may be picked up at the Guam EMS Office. You are encouraged to keep this card with your child at all times (especially when away from home) and present it to any emergency medical personnel caring your child.

PICK UP APPLICATION FROM
EMERGENCY MEDICAL SERVICES (EMS) OFFICE
194 HERNAN CORTEZ AVENUE SUITE 213,
TERLAJE PROFESSIONAL BUILDING HAGATNA GUAM 96910

Parent's Signature

Physician Signature

SUBMIT APPLICATION FORM TO EMS OFFICE
194 HERNAN CORTEZ, AVENUE, SUITE 213
HAGATNA GUAM 96910

SNIP REGISTRY-INFORMATION
SHARED WITH E911, NEAREST
FIRESTATION, CHILD'S SCHOOL,
GMHA-ER

ELECTRONIC HEALTH RECORD-
CONFIDENTIAL, HIPPA
COMPLIANT, ENCRYPTED
INFORMATION

SNIP REGISTRY PARTNERS: EMS OFFICE, DEPARTMENT
OF EDUCATION NURSES, PUBLIC HEALTH NURSES
AND PHYSICIANS, HEALTH CARE PROVIDER

911 GFD

GMHA-ER

ESTABLISH A RELATIONSHIP WITH YOUR EMS PROVIDER BEFORE AN EMERGENCY OCCURS.

- ★ Utilize EMS as you would your local police or fire department. They are there to help you in your time of need.
- ★ They are trained medical professionals that can start treatment as soon as they get to your child and can potentially improve his or her outcome for survival.
- ★ Help EMS providers by working with them to make the best decision for you child in case of an emergency.
- ★ EMTs are considered an extension of the physicians in the emergency room to provide adequate patient assessment, give feedback to the emergency room physicians, and treat each patient's illness or injury accordingly.

EMS Fact Sheet

Emergency Medical Services (EMS) is a vital public service. It is important to your community as the police and fire department. It is a system that provides emergency medical care to victims of sudden and serious illness or injury by trained pre-hospital care providers.

Calling for help in many communities begins with a call to a central access number, 9-1-1. This puts you in touch with a dispatcher who will ask you the nature of your emergency. The dispatcher alerts the proper department; police, fire or EMS. This whole process only takes a few moments. Upon receiving the dispatch "call," EMS personnel will respond to the emergency.

Levels of Training: An Emergency Medical Technician (EMT):

BASIC has received the training to provide basic life support. The provider's training and level of certification allows him or her to completely assess a patient, recognize life threatening problems, give oxygen, splint injured extremities, immobilize trauma victims, control bleeding, perform CPR, use an Automated External Defibrillator (AED), and in general provide first aid. In addition, they may assist patients with their inhaled asthma medications, Epinephrine pens or Nitroglycerin tablet, provided they have been authorized by on-line medical control.

An AEMT-Intermediate (Advance Life Support Provider)

Completes EMT-Basic training in addition to hundreds of more hours in order to become certified to provide advanced life support. In addition to the EMT-B skills, an intermediate can perform advanced airway management techniques, start an IV, give nebulizer treatment, use cardiac monitoring, perform advanced lifesaving procedures, administer life-saving medications, etc. State and Local protocols determine the extent of the intermediate skills as well as the medications they are allowed to carry.

What care can EMS personnel give my child?

The skills a pre-hospital care provider can perform depends in their level of certification. Ultimately, state and written protocols, or predetermined “standards of care”, govern what all levels of pre-hospital care providers can and cannot do in various medical and trauma emergencies. Close contact with medical control (usually the Emergency Department physician receiving the child) is maintained through-out transport. The medical control physician advises EMS providers according to Guam’s standard protocols.

EMS units are classified as Basic Life Support (BLS) and Advanced Life Support (ALS). BLS units are generally staffed with EMTs and ALS are staffed with EMT-intermediates. The 911-dispatcher will determine the level of emergency based on patient’s complaints and send the appropriate unit.

Advantages to calling 9-1-1

Many times, it may be difficult to manage your child’s emergency because of an equipment failure. You may be exhausted and unable to think clearly, you may need an extra set of hands to handle the emergency, or you may find it challenging to transport your ill child with his or her medical equipment. EMS not only has oxygen, monitors, and suction machines, they also have additional equipment and medications and medical training that may save your child’s life.

Why choose EMS versus driving to the hospital yourself?

Time is critical in the survival of any medical or traumatic emergency. The sooner that your child receives care, the better his or her outcome will be. The goal of EMS is to begin care in the child’s home to lessen that gap of time. In addition, these medical professionals can continue to manage your child’s emergency during transport to the hospital. EMS also alerts hospital personnel with information about your child while they are enroute to the hospital. This gives the receiving hospital, time to be better prepared to continue care for your child.

Who decides what hospital your child will go to?

EMS will assess your child to determine the best transportation destination. If the child is stable and not in any immediate life threatening danger; EMS will go to the child’s primary care physician, provide the level of care at the clinic or facility meets public health’s requirements. In case that the child has an immediate life-threatening emergency, the EMT’s will go to the nearest appropriate hospital.

Can I ride with my child in the Ambulance?

Often, one (1) parent will be allowed to come in the ambulance with the child at the discretion of EMS. The space in the back of the ambulance is small and if an extra person impedes the level of care that your child requires, then the parent may:

1. Be ask to ride in the front of the vehicle.
2. Be inform of the destination hospital and asked to safely proceed to that destination.

Will EMS know what to do with my special needs child?

EMT's are trained medical professional. They know how to handle medical emergencies. However, as with any new doctor or nurse that takes care of your child, you have to tell them about your child's special needs. You can help your child by participating in the EMS Outreach, or similar pre-hospital notification program. Complete the emergency medical information enclosed in this packet so that your local EMS providers can become comfortable with your child before an emergency occurs.

GUIDELINES FOR COMPLETING THE FORM

Name and Address: your child's name and Physical Address he or she spends most of the time.

Primary Caregiver: This should be the person who spends the most amount of time with your child and knows him or her the best. If this is you, write your name and contact number where you can be reached if you are away from your child. If your child spends equal time at another location, you may complete a second form with the secondary physical address, phone number, etc.

Primary Physician and Hospital: Name your child's primary physician and contact number. The primary physician is the doctor who knows your child the best and not necessarily his/her pediatrician. List the hospital where your child receives regular care. Include the number for the hospital.

Diagnosis: List your child's diagnosis (es)

Special Technologies: List any special technologies that your child requires, examples include: a tracheostomy tube (size and type), feeding tube, central line (Broviac, port-a cath, PICC, etc.) Internal defibrillator/pacemaker, VP shunt, colostomy, Baclofen pump, etc.

Home Health Care Equipment: List any equipment that you have in your home for the child. Examples include: oxygen tanks, ventilators, apnea and pulse ox monitors, nebulizer machine, feeding pump, wheelchair, glucometer, aero chamber, IV pump, peak flow meters, etc.

Medications: List current medications, including prescription, over the counter drugs, and "as needed" medications (example: Diastat, pain medications, medications to stop an asthma attack, etc.) It is important for EMS to know in general what kind of medications your child may be on. Ask your doctor or nurse to help you if you are unsure of this information.

Allergies: List not only the medications that your child is allergic to, but also products such as latex, or foods such as peanuts, etc.

Baseline Vital Signs:

You are welcome to complete this section, however your child’s nurse or physician is expected to complete this information. Please ask that the vital signs taken closer to the time of your child’s discharge be entered into this section.



Baseline Neurological Status:

Include your child’s normal activity level. Can he/she talk, walk, open his/her eyes? What is their development level? Again, your child’s nurse or physician can help tp complete this section.

Special Consideration:

This is where you should write any special instructions that you may have for EMS, Examples include: “Do not take a blood pressure in the arm that the PICC line is in.” “Child is required recent ICU admission for an asthma attack.” “Child is at high risk for infections due to chemotherapy treatments.

EMS Special Needs Identification Project Medical History

Guam Department of Public Health and Social Services

Office of Emergency Medical Services for Children

Physical/Mailing Address: 194 Hernan Cortez Avenue Terlaje Professional Building, Suite 213, Hagatna Guam 96913

Contact No: (671)735-7411/7412

Fax: (671)735-7413

Website: <https://guamhplo.org/emsc>

DO NOT FAX COMPLETED APPLICATION

Submitted By: _____

Resubmitted By: _____

Received By: _____

Received By: _____

Returned By: _____

Finalization: _____

APPLICATION: NEW RENEWAL REVISE UPDATE RE-ISSUE

Child’s Name _____ Birth Date: _____ Age: _____

Gender: Male Female Language: _____ Ethnic: _____ S.S No: _____

Home Address: _____

Mailing Address: _____

Mother’s Name: _____ Phone No: _____

Father’s Name: _____ Phone No: _____

Other Caregiver Name: _____ Phone No: _____

SCHOOL/DAY-CARE CENTERS

Name of School/Day-Care Center: _____ Village: _____

Child’s Grade: _____ Teacher Name: _____

MEDICAL CARE PROVIDERS

Primary Clinic: _____ Phone No: _____

Primary Physician: _____ Phone No: _____

Primary Hospital: _____ Phone No: _____

MEDICAL HISTORY

SNIP: SPECIAL NEEDS IDENTIFICATION PROJECT – (671) 735-7411/7412

Diagnosis: _____

MEDICATIONS

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

PLEASE CONTINUE TO THE NEXT PAGE

Special Technologies/Home Health Care Equipment: _____

BASELINE FINDINGS

Baseline Vital Signs:

HR: _____
RR: _____
Weight: _____
Lbs. _____

Peak Flow Reading:

BP: _____
Oz. _____
EKG: _____
Date Weight was
Taken: _____

Pulse Ox:

_____ % on
_____ % L

O2/RA

Baseline Neurological Status and Level of Activity

DISABILITY: PERMANENT TEMPORARY IF TEMPORARY, ESTIMATE NUMBER OF DAYS:

Special Considerations: _____

I have read the Parent Packet and hereby authorized the Guam Office of Emergency Medical Services Personnel and the Maternal & Child Health Program Personnel.... To RELEASE this document to appropriate medical personnel (Guam Fire Department, 911 Dispatch, Guam Memorial Hospital, etc.) to notify them of my child's medical condition and verify as needed.

Parent/Caregiver: _____

Print Full Name

Signature

Date

Name of Clinic/Hospital



EMSC SNIP CARD



EMSC Special Needs Identification Project
Emergency Medical Services for Children
(671)735-7411/7412
Department of Public Health and Social Services, Agana Guam

Name: _____ Birthdate: _____
Home Address: _____
Mailing Address: _____
Name of Primary Caregiver: _____ Contact No: _____
Other Emergency Contact Numbers: _____

MEDICAL CARE PROVIDERS

Primary Physician: _____
Primary Clinic: _____
Primary Hospital: _____

MEDICAL HISOTRY

Diagnosis: _____

Special Technologies: _____
Home Health Care Equipment: _____

Allergies: _____

BASELINE FINDINGS

Baseline Vital Signs:
Peak Flow Reading: _____ Pulse Ox: _____ % on _____ %L O_x/RA
HR: _____ RR: _____ BP: _____ EKG: _____

Special Considerations: _____

DRAW MAP TO PATIENT'S RESIDENCE ON NEXT SHEET

SNIP: SPECIAL NEEDS IDENTIFICATION PROJECT – (671) 735-7411/7412

Child's Name _____ Birth Date: _____ Age: _____

Gender: Male Female Language: _____ Ethnic: _____ S.S No: _____

Last Name

First

M.I