**COPPER CURRICULUM GUIDE**

Not sure where to start? The COPPER Curriculum Guides were created to help Pediatric Emergency Care Coordinators (PECCs) get started, make progress with the COPPER Checklist, and help address competencies for their teams. Please feel free to reach out to Anne Adema, MD (anne.adema@childrenscolorado.org) or Kathleen Adelgais, MD, MPH (kathleen.adelgais@childrenscolorado.org) with questions or suggestions for how to tailor a curriculum that best addresses your site’s needs in meeting COPPER Recognition. We’re ready to help!

| Curriculum Guide 1: Pediatric Basics & Knowing Your Pediatric Equipment |
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| **January** | **Commit to Kilograms (Part I of II, see May for Part II)**GOAL: all infant and children are weighed in kg with weight documented in kg in the medical record * Identify how children are currently weighed in your ED
* Consider kg only scale, conversion charts, or standard method for estimating weight in kilograms
* Document any changes in process to obtain weight in kg
* **Use COPPER QI Tool to track performance on this task; this can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Quality and/or Performance Improvement in the ED**
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| **February**  | **Pediatric Equipment Scavenger Hunt**GOAL: Improve knowledge of pediatric equipment locations and use by getting 50% of providers, nurses, and respiratory therapists to participate in a scavenger hunt* **Sample Scavenger Hunt can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Equipment and Supplies**
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| **March** | **Pediatric Triage & Vital Sign Documentation**GOAL: Ensure the implementation of pediatric appropriate triage and assessment procedures* Review process for pediatric triage **(see COPPER pediatric assessment poster in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under “Clinical Pathways, Reference Tools, and Guides”)**
* Review process for documenting a FULL set of vital signs, where documented, and protocol if abnormal vital signs are identified
* Implement or update policy if needed
* **Sample Policy can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Policies, Procedures, and Protocols, specifically, see “Documentation of vital signs and identification of abnormal vital signs”)**
* Distribute free staff resources (contact COPPER program representative to receive vital sign badge cards, reference cards, etc.)
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| **April** | **Child Abuse Prevention Month**GOAL: 50% of ED providers, nurses, and respiratory therapists complete online identify child abuse module ([**https://www.identifychildabuse.org/**](https://www.identifychildabuse.org/)) and mandated reporter training* Review current procedures for recognizing, assessing and reporting suspected child abuse
* **Sample Policy & Screening Tip Sheet can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Policies, Procedures, and Protocols, specifically, see “Child Maltreatment”**
* **[Mandated Reporter Training link](https://co4kids.org/mandatoryreporting)**
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| **May** | **Commit to Kilograms (Part II of II; see January for Part I)**GOAL:all infant and children are weighed in kg with weight documented in kg in the medical record* Review any implemented changes in process or protocols to obtain and document weight in kilograms. Are changes having the intended impact of increasing the percentage of children being weighed in kilograms and having their weight documented in kilograms in their medical record?
* Objective Review: Pediatric chart review - sample 10-20 charts (unless your total pediatric patient volume for the period is < 10, then review all pediatric charts) to see if weight is documented in kg
* Update process to meet GOAL that all infants and children weighed in kg & documented in kg in medical record
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| **June**  | **Weight-Based Medication Administration**GOAL: Processes are in place for safe, weight-based medication administration, such as pre-calculated drug dosing and formulation guides; consider identifying a pediatric pharmacist resource and ensure that a pediatric dosing reference is available at all times* Review current process for weight based medication administration (pre-calculated drug dosing or formulation guides such as[**Handtevy**](https://www.handtevy.com/)**,** [**SafeDose**](https://www.ebroselow.com/safedose/)**,** and[**Lexicomp**](https://www.wolterskluwer.com/en/solutions/lexicomp))
* Distribute free resources to staff (contact COPPER program representative to receive vital sign badge cards, reference cards, etc.)
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| **July** | **Pediatric Equipment Scavenger Hunt**GOAL: Improve knowledge of pediatric equipment locations and use by getting 50% of providers, nurses, and respiratory therapists to participate in a scavenger hunt- **Sample Scavenger Hunt can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Equipment and Supplies** |
| **August**  | **Family-Centered Care**GOAL: There are policies, procedures, and/or protocols that ensure family-centered care in the ED* Review current policy(ies) on family-centered care
* Consider completing **ENA’s self-assessment** on patient and family centered care
* Update your hospital’s policy(ies) as necessary
* **Sample policies can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Policies, Procedures, and Protocols, specifically, see “Family-Centered Care”**
* Create a pediatric box/backpack **(link)**
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| **September**  | **Sepsis Awareness Month**GOAL: Run two in-situ sepsis simulations (via tele-sims with pediatric experts or with the help of a pediatric institution’s outreach program) * Pay special attention to:
	+ Weight based medication administration - what medication resources did your team use? How did you obtain patient weight? How did you calculate pediatric medication doses?
	+ Equipment for rapid fluid resuscitation **(here is a great** [**video**](https://vimeo.com/508869047/c9cad778c4) **for reference)**
* **View Children’s Hospital Colorado’s** [**Clinical Pathway on Sepsis**](https://www.childrenscolorado.org/49e72a/globalassets/healthcare-professionals/clinical-pathways/sepsis.pdf) **for guidance**
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| **October** | **Pediatric Equipment Scavenger Hunt**GOAL: Improve knowledge of pediatric equipment locations and use by getting 50% of providers, nurses, and respiratory therapists to participate in a scavenger hunt* **Sample Scavenger Hunt can be found in** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Equipment and Supplies**
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| **November**  | **Pediatric Interfacility Transfer Procedures** GOAL: The emergency department has written pediatric interfacility transfer procedures and/or agreements that include pediatric components* Review current policy / procedure for pediatric transfer
* **Find helpful resources in the** [**COPPER Resource Library**](https://www.emsccolorado.com/copper-resources) **under Policies, Procedures, and Protocols, specifically, see “Interfacility Transfers”**
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| **December** | **Review & Next Steps**GOAL: Identify persistent gaps/needs with respect to your ED’s pediatric readiness and develop a plan for achieving maximum pediatric readiness* Review any process or protocol changes (ex: obtaining weight in kg, pediatric triage, vital signs documentation)
* Document progress with QI tool
* Identify gaps and needs to obtain COPPER Recognition
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**Useful Links**

COPPER Requirements

<https://www.emsccolorado.com/copper-requirements>

COPPER Resource Library

<https://www.emsccolorado.com/copper-resources>

COPPER Application

<https://www.emsccolorado.com/copper-application>

National EMS for Children Pediatric Readiness Toolkit <https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/>