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The EMSC National Resource Center is one of two national centers whose purpose is to provide assistance to the public, professional groups, and state grantees on issues of importance in developing and sustaining an EMSC system. Both centers are jointly administered by the Department of Health and Human Services' Health Resources and Services Administration, Maternal and Child Health Bureau and the Department of Transportation's National Highway Traffic Safety Administration.

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POUNDING THE PAVEMENT: GETTING THE MEDIA TO WORK FOR YOU

Introduction

Children deserve the very best in emergency medical care. As a concerned child health care advocate, you want parents, school officials, community leaders, and all others to understand what they can do to help you save children's lives. However, to be truly effective in communicating with the public, you need a partner. You need the media.

This guide provides direction, ideas, and hints on working with the media to help promote the need for timely, appropriate pediatric emergency medical care.

Mastering Media Relations

Simply put, reporters and editors at your local television, radio, and print news outlets are the most powerful links to the general public. One well-placed story can reach more people than the hardest working volunteers. Remember, the "general public" consists of doctors, nurses, paramedics, bystanders, government officials, parents, and school officials—your target audience!

Step One: Identify the Media in Your State

Your first step to mastering media relations is to develop a media contact list, (see pages 11 and 12, Sample Media Fact Forms). This list should include at a minimum the name, title, address, telephone number, fax number, and e-mail address of every contact at a print (newspapers, magazines, etc.) and broadcast (radio and television stations, cable channels, and wire services) news outlet in your area.

There are several methods for obtaining a media list:

- ◆ Purchase a national media directory, such as the *Gebbie Press All-in-One Directory* published by Gebbie Press in New Paltz, NY, or *Leadership Directories' News Media Yellow Book*. Both books provide the information needed to compile a detailed media list, including circulation figures, deadlines, and geographic coverage areas.
- ◆ Turn to the newspaper or television sections of your local yellow pages, often a great source of information on the local media within your state.
- ◆ Contact your organization's public information or public relations department to see if they have compiled a media contact list.
- ◆ Ask your local Chamber of Commerce or the local chapters of the United Way for access to their media lists.

Hint: Don't purchase, borrow! Your local library may carry one or several media directories.

To gain additional insight on the media's day-to-day operations, ask each contact the following: (1) What types of content do you look for? (2) How do you prefer to find out about news events (fax, mail, telephone call, e-mail, web search)? (3) How far in advance do you want the information or when are your typical deadlines? (4) When is it most convenient to reach you during the day?

Bear in mind that turnover among the media is high, so it is important to keep your list up to date. Verify names, numbers, and addresses once every six months.

Step Two: Make Contact

Now that your media list is complete make contact. Do not wait until you're introducing a new initiative, completing a project, or initiating disaster procedures to contact local media.

Why be proactive? The answer is simple—it builds relationships and it establishes you and your organization as a reliable source of information that can be tapped into by reporters on tight deadlines.

Done correctly, not only will you know whom to pitch an important story to but reporters will know who to contact for EMS/EMSC statistics, interviews, photos, and background footage. You become their EMS/EMSC expert and they become your direct connection to the public.

Your first contact with the media should be through a basic media kit that introduces reporters to you and your organization. This type of kit generally consists of a fact sheet(s), including one on your organization's purpose, mission, and communities served (see page 13, Sample Fact Sheet); backgrounders offering historic information about your organization and/or EMSC (see page 14, Sample Backgrounder); a list of upcoming events your organization is sponsoring; statistics; and the name of your media contact. You may also want to include a media lead sheet.

A well-crafted lead sheet is designed to introduce and generate media interest in a selection of key EMS/EMSC issues, news angles, or feature ideas. It usually includes three to five capsulized story suggestions. In addition, the kit could include brochures, biographical summaries, news clippings, and black and white photographs with captions.

The components of your kit should be enclosed in a sturdy and attractive folder with a media pitch letter attached (see pages 16 and 17, Sample Media Pitch Letters). A pitch letter is your opportunity to introduce yourself and explain why a reporter should

contact your organization the next time he/she covers an EMS/EMSC issue.

Shortly after sending the kit, call the reporter to make sure he/she received the information and to answer any questions.

Step Three: Keep in Touch

Now that you have established contact, how do you keep in touch with local reporters? How do you let them know about that bike helmet distribution event, pre-hospital infant morbidity data study, or personnel training program? Several easy-to-use, universally recognized tools are available that provide a direct conduit to the news media—and ultimately the public. What follows is a brief outline of each tool and a few ideas on how and when they should be used:

Media Advisories

When planning an event, advisories often are a first tool used to alert the media. The media advisory addresses the five Ws—who, what, where, when, and the why of an event (see page 18, Sample Media Advisory). Their format is short, generally no longer than 75-100 words.

Type the advisory, single-spaced, on 8 ½" x 11" company letterhead. Type the name, work and home telephone numbers, and e-mail address of your media contact in the top right-hand corner. If the news is to be publicized right away, specify, "FOR IMMEDIATE RELEASE," followed by the date, in the top left-hand corner. If it is to be disclosed at another date and time, list it as, "EMBARGOED UNTIL (the date and time of release)." At the end of the release, type "-END," "-30-," or "# # #."

News Releases

A valuable tool for attracting media coverage, news releases cover the same information as an advisory, but in greater detail (see page 19, Sample News Release). News releases are most often used to announce an upcoming event, respond to a current issue or story, or promote a story idea.

When drafting a news release, follow the "inverted pyramid" style of writing by presenting your news in descending order of importance (so editors can cut from bottom to top). Using active voice, try to answer the five Ws in the release's lead, which is the first and/or second paragraph. Additional details should be presented in short, simple sentences throughout the body of the release. The last paragraph should provide a brief description of your organization.

Format the release as you would an advisory, except use double-spacing. The first paragraph should lead with a dateline to indicate where and when the release occurred. If your copy exceeds one page, indicate that it is continued on a second page by typing "-MORE-" at the bottom center of the first page. In the top right corner of the second page, type an identifying phrase with the page number, such as "Enhancing Emergency Medical Care for Children, page 2 of 2." At the end of the release, type "-END-," "-30-," or "# # #."

On any given day, a mid-to-large-sized newspaper, radio, or television station might receive hundreds of releases. Here are several tips to ensure that your release stands out from the crowd:

- ◆ **Keep it concise.** Sentences and paragraphs should be short. The entire release should be no longer than two double-spaced pages.
- ◆ **Use quotes.** In addition to yourself (or your spokesperson), you may want to include a quote from a local authority or community leader. Quotes of this sort are relatively easy to get, they legitimize the story, and they endear you to whomever you are quoting.
- ◆ **Check accuracy.** Triple-check every fact, figure, and name in the release, and have someone else read your release for accuracy. Your reputation as an authority on EMS/EMSC is at stake. Eliminate confusing and misleading acronyms, abbreviations, and industry jargon.
- ◆ **Use a stylebook.** Most bookstores carry stylebooks that are used by the Associated Press, Reuters, and UPI news services to assure consistent punctuation, capitalization, and other journalistic protocol.
- ◆ **Call the EMSC National Resource Center Media Specialist.** Extra help and another pair of eyes is available by contacting the EMSC National Resource Center at (202) 884-4927. It's prudent and it's free!

Pitch Letters

As stated previously, pitch letters introduce, explain, and encourage key reporters and editors to cover a particular issue (see pages 16 and 17, Sample Media Pitch Letters).

Present your pitch in the form of a standard, one-page professional letter. Begin your letter with several brief "hooks," such as startling statistics or an interesting anecdote. Clearly and concisely draw the reader into news of local interest. Ask the reporter to cover your story and offer an explanation as to why his or her coverage would provide a service to your local community. Suggest alternative "angles" or interesting approaches to the story to broaden your likelihood of receiving coverage. Close the letter by thanking the editor or reporter for considering your idea and telling him or her how you intend to follow up.

Pitch Calls

After sending your media kit, news advisory, news release, and/or pitch letter, follow-up with a telephone call to each reporter and/or editor. Before calling, take another look at the stories recently produced or published by the individual you are contacting. Try to identify how your EMSC story might relate to their coverage as well as to other recent stories from the station or publication. Practice your pitch with a colleague to develop a smooth delivery.

When you reach the reporter, immediately identify yourself, your project, and the reason for the call. Talk in headlines, providing the key information (the five Ws) quickly. Reiterate why you think the topic is newsworthy and how it affects the station's or publication's audience. Ask if the reporter has any questions or would like additional information. Keep the conversation brief; be specific and concise.

Hint: Do not hang up if your call is answered by a recorded message. Use this as an opportunity to present your 30-second pitch. Reporters often use their voice mail to screen calls.

Feature Stories

Feature stories are a great way to use a current or recent event to highlight your efforts. A recent near-drowning could serve as the impetus for a feature on the importance of life jackets and what EMSC is doing to support water safety. The national concern over school violence could be a great foundation for a story on an EMSC first responders education program in your area. Whenever children are mentioned in the media, always ask yourself, "What are we doing that could help parents or the community prepare for, prevent, and/or address this issue?"

Establish a Media Advisory Panel

Invite members of the media to serve on an EMSC media advisory panel. Seeking a reporter's counsel is a great way to forge new relationships and solicit their participation in an event.

The panel will also help you identify stories of importance to the media. In addition, it enhances the possibility of in-kind donations of technical time. (This donation may take the form of production time, editorial support, and/or duplication of tapes). Try to recruit individuals from television, print, and radio, and don't limit your search to one particular station or newspaper.

News Briefings, Media Events, and News Conferences

News briefings, media events, and news conferences create an interactive setting for communicating your message to the media and the public. When you have important news to announce, reporters and editors sometimes respond more readily to an event than to a release alone. By providing an interesting "portrayal," plenty of visuals, and an opportunity for interviews, you bring each element of a substantive story to the reporter.

Each of these events is similar in that they provide direct contact with the media and, in some cases, the public. Where they differ is in their application.

News briefings are utilized most often for official periodic (hourly, daily, weekly, etc.) updates during critical or emergency situations, such as airplane crashes or natural disasters.

Media events are designed to attract the attention of many reporters and the general public, and are best for issues benign in nature. They can range in scale from a life vest giveaway at the local elementary school to a mock crash event at a shopping center to the Academy Awards. The key is plenty of visuals.

News conferences give you the opportunity to address issues, respond to situations, argue a point, and/or promote a finding or initiative one-on-one with the media. However, experience has taught public relations professionals that this vehicle of communication can be grossly overused. Too often, reporters show up at news conferences and decide a few minutes later that there isn't any real news to cover. There is nothing worse than calling a news conference, getting all of your contacts to show up, and then telling them something they could have just as easily understood with a news release.

As a general rule—and to save yourself unwanted embarrassment and loss of credibility—only call a news conference for important issues that have a large impact on the community and/or need further explanation or visual support, such as announcing a county-wide drowning prevention drive to combat a rise in summer drownings. Do not call a news conference if the information can be disseminated just as easily in a news release.

The Devil's In the Details:

Setting Up Media Events and News Conferences

Details can make or break a media event or news conference, regardless of the validity or strength of your message. Create an event checklist to help you cover all bases, (see page 20, Sample Media Event or News Conference Checklist). Additional tips for planning a worthwhile event include:

- ◆ **Maximize media coverage.** Distribute a media advisory one week before the event. Remember to call the reporters/editors the day before or the morning of the event to remind them of its occurrence. Most newspapers have afternoon or early evening deadlines so schedule your news conference in the morning hours whenever possible. Keep in mind that Saturdays and holidays are good days to host an event because the media are often short staffed and looking for easy events to cover.
- ◆ **Choose an appropriate location.** The location of the event is as important as your message. Pick a site that fits your message; a place that visually adds credence and/or impact to what you are conveying. Local hospitals, school grounds, playgrounds, emergency service facilities, cemeteries, and City Hall may all be good sites, depending on your topic. Smaller sites are sometimes better than larger ones because they tend to make your event appear better attended.

For example, release the pre-hospital infant morbidity data at City Hall, in the hopes of drawing the attention of local politicians. Announce a new drowning prevention

initiative at a life vest manufacturer, a marina, or even a cemetery! The key is to get maximum impact in the shortest amount of time. Your location, if well chosen, can help provide that impact.

- ◆ **Select appropriate speakers.** Choosing a good speaker to convey your message is of the utmost importance. Medical professionals, survivors, parents, and politicians can be excellent choices if they are well prepared. Provide each speaker with background information and talking points at least a day in advance. This will give them time to become comfortable with the material and message.

Hint: Provide each spokesperson with a list of possible questions with their appropriate responses. Conduct a "mock" media event or news conference with the key spokesperson(s) before the event. Of course, this might not be necessary (or possible) for all of your speakers, but this small investment of time will pay off in a cohesive, well-communicated message.

- ◆ **Have the right equipment.** The site should offer adequate electrical, audio, and visual access for reporters. Electrical outlets should take both two- and three-pronged plugs and a podium should be set up and designed to hold several microphones. For a large event, a "mult-box" (a shared audio recording device where several reporters can plug in at once) will assure that all reporters get high quality access to your speaker's message.

In addition, set up a table where media can sign-in and pick up an event media kit. The sign-in sheet should record the reporter's name, station or publication, telephone and fax numbers, e-mail and mailing addresses, and deadlines. By obtaining this information, you will know where to look for coverage and who to target for your next event.

Make sure there are enough chairs for the news media. If possible, also secure an additional quiet room for one-on-one interviews.

Hint: If you do not have access to the right equipment, check under equipment rentals in your local yellow pages. Many companies will rent you everything from podiums, tables, and chairs to microphones, mult-boxes, and speakers.

- ◆ **Provide strong visuals.** Look at your site as if through a camera. Where can charts or posters be placed to

provide maximum impact without obstructing anyone's view? Are name cards needed to identify speakers? Where should the podium be placed? What about the walls, should anything be tacked up (signs, posters, etc.)?

Hint: Make sure all visuals are large, simple, and bold. This will increase your chances of television or photo coverage.

- ◆ **Offer written materials.** Distribute media kits that include: an event news release and itinerary, an EMSC fact sheet, statistics, reproductions of visuals used in the presentation (e.g. charts), and a speaker biography. Also include copies of any reports being released, statements being given, formal speeches, etc.
- ◆ **Plan a question and answer period.** Help assure that reporters get the information they need by scheduling time at the end of the event for a question and answer period. Arrange to have an expert on hand to answer any technical or medical questions. Limit questions to the subject at hand by announcing in advance that speakers will only discuss the subjects of the day. This is most effective in situations where your speaker—a politician or other community leader—may be involved in other hot issues that should not be discussed at your event.
- ◆ **Remember to provide follow-up.** Even if only a few reporters attended your event, it is important to call and send media kits to those who were invited but did not attend. While the interest might not be there now, future stories may result out of related events. In addition, send a thank you note to the reporters who did participate.

Publicizing Your Opinion

Letters to the editor, opinion-editorials (op-eds), radio and television editorials, and editorial board briefings are especially useful tactics public relation professionals employ. They offer unique opportunities to get messages circulated in their own words and at no cost.

Letters to the Editor

Letters to the editor usually respond to a recent story or op-ed that ran earlier (see page 21, Sample Letter to the Editor). The letter can support or oppose the article or offer additional commentary. If responding to a previously published piece, you must provide the name of the article you are referring to, the section in which it appeared, and the date that it ran.

If an article on EMS/EMSC has not run, consider responding to coverage on a national issue, such as changes to Healthy People 2010. The EMS/EMSC message can be easily incorporated into letters addressing this issue as well as any number of other health-

and consumer-oriented topics. Letters can also introduce an issue that has not been recently reported, but that its author feels should be discussed. If submitting a letter that falls into one of these two categories, clearly describe the issue you are addressing so that readers unfamiliar with it will understand your opinion.

Letters should be short and concise (no more than 350 words). Remember to provide your name, address, and telephone number at the end of the response.

Op-Eds

Op-eds are in-depth opinion pieces usually published opposite the editorial page in newspapers (see page 22, Sample Op-ed). Typically 600-800 words long, these columns provide public relations professionals an opportunity to increase public awareness of specific issues. Addressing the need for safer environments for children, explaining how children differ from adults, or why paramedics and EMTs need pediatric training are a few examples of possible op-ed topics.

When drafting an op-ed, concentrate on one idea, for example, EMT/paramedic training. The first one or two paragraphs should capture the reader's attention by stating the central idea or thesis, and should establish the author's credibility on EMS/EMSC. The rest of the column should support the thesis with pertinent facts and statistics. Be firm with your opinion, but avoid being fanatical—coming on too strong may undermine your credibility.

Radio and Television Editorials

Radio and television editorials are written statements similar to op-eds, yet more concise. Depending on the station, either an editorial director or you will deliver the message. Most broadcast editorials are taped as "talking-head" segments, meaning you or the editorial director stand or sit in front of the camera and read from a teleprompter.

Editorial Board Briefings

The editorial board briefing is an indirect, yet very tactful approach to publicizing your opinion. Instead of expressing your opinion directly to the community in the form of a letter or op-ed, you educate select reporters about key EMS/EMSC issues. In turn, reporters use the information collected for potential EMSC stories, columns, or programs.

An editorial board briefing is often the best way to communicate your side of the issue in-depth. It enables you to:

- ◆ make face-to-face contact with a group of editors, producers, and reporters from one news organization;
- ◆ establish your organization as a reliable and accessible source of local EMS/EMSC news and information;
- ◆ assess the media's knowledge and opinions of EMS/EMSC and identify topics attracting their interests;

- ◆ address their specific questions, clarify any misconceptions, and provide in-depth explanations and analyses of complex subjects; and
- ◆ determine how you should tailor your message to meet their news, special feature, and editorial needs.

Finagling Free Advertising

Publicizing an event or message takes a lot of time, energy, and money. However, if your agency is a tax-exempt 501(c)(3) charitable organization, you can call widespread attention to EMS/EMSC with minimal effort and at no cost by tapping into some frequently overlooked public resources. These resources include the community and public service or public affairs departments of your local broadcast and print news organizations, which run public service announcements or advertisements.

Public Service Announcements

A public service announcement (PSA) is another direct-to-the-public tool for communicating your EMS/EMSC message via television or radio. Unlike commercials (i.e., paid advertising), broadcast PSAs are run free of charge.

To qualify as a PSA, the message must provide helpful information to the public, solicit support or participation for a particular cause, and/or offer an organization's free services. PSAs always include a "call to action" statement, which asks the audience to do something such as call, write, or contribute.

There are three formats for broadcast PSAs—"live-read" (scripted) PSAs that are delivered by a station personality, preproduced audiotapes for radio, and preproduced videotapes for television. Several sample scripted PSAs are provided in the back of this book, (see page 23, Sample Scripted PSAs). The EMSC National Resource Center provides free consultation services for individuals interested in producing their own audiotaped or videotaped PSA. In addition, a series of videotaped PSAs is available for purchase through the EMSC Clearinghouse. For more information about the consultation services or purchasing preproduced PSAs, call (202) 884-4927.

Public Service Advertisements

Like broadcast PSAs, public service advertisements (also referred to as PSAs) are published free of charge in newspapers, magazines, and newsletters. Printed PSAs also aim to heighten community awareness of an event, cause, or organization, and must include a "call to action." This booklet includes one camera-ready display PSA that is sized to fit the standard newspaper format, (see page 24, Sample Printed PSA).

Tips for Placing PSAs:

Competition for free space/air time is fierce so start working with your local broadcast and print media as soon as possible. To increase your chances of placement success, identify which broadcast and print media in your area service the particular

listening or viewing group you are targeting. Once identified, contact the community development or public service departments at each targeted news organization to find out their submission procedures.

Each organization has different guidelines for running PSAs. For example, a television station may prefer to run a PSA that is preproduced rather than scripted, 15-seconds rather than 60-seconds, and concerning water safety rather than gun violence. In addition, the station may require you to use one of three standard broadcast formats—Beta, ¾", or 1".

Hint: Don't forget to contact all television stations, including independent, local, cable, and community access stations not affiliated with one of the networks (ABC, Fox, CBS, or NBC). Usually one cable company covers all local non-network channel outlets.

Send your PSA with a cover letter explaining the value of your message. If time permits, also send a media kit with complete information on EMS/EMSC, including a fact sheet describing your organization and its mission and goals.

An important yet often overlooked task is documenting the success of your PSA efforts. When your PSA campaign is complete, you should be able to answer several questions. How many TV and radio stations or newspapers were approached? Which organizations agreed to run the spots? If the station or newspaper received more than one PSA, which ran? How often did the PSAs run? (Most stations and newspapers keep PSA logs to which they may give you access).

Opportunity Knocking?

When the Media Contacts You

Once you have established yourself (and your organization) as a credible, convenient news source, expect to be contacted for information from time to time. Any interview with a television, radio, or print reporter should be treated as a special opportunity to communicate key EMS/EMSC messages and to offer valuable industry perspectives. Here are a few tips to follow when responding to a media interview request:

- ◆ **Return media calls immediately.** It is very important that you return every media call, even if it is to say that you don't know the answer to their question. It is much better to admit ignorance than to ignore the call. Remember, a major part of media relations is selling yourself as a reliable, knowledgeable, and "accessible" source for information. No matter how long it takes you to build this reputation, it can be destroyed by not returning one simple telephone call.
- ◆ **Get the Facts.** Before agreeing to the interview, do some background investigative work. What is the overall focus and tone of the story? Will it be informational, confrontational, or entertaining? What are some of the questions the reporter will ask? How much time will he/she need for the interview? Has the reporter interviewed or received background information from any other organizations or individuals? If so, whom? What types of visual elements will accompany the story? When is the deadline? When will the story run?
- ◆ **Prepare your spokesperson.** Make certain your spokesperson has all the necessary information—types of questions to be asked, key messages and talking points to convey, and a strategy for handling questions or issues your organization wants to avoid. Conduct a mock interview to practice the spokesperson's presentation and identify any statements that need revision.
- ◆ **Prepare your staff.** Inform members of your staff that an interview will take place. Make sure no one speaks to the reporter except your spokesperson. Nothing destroys credibility faster and causes more problems than misinformed personnel serving as spokespersons.

Get Set . . . Go!

In your quest to bring appropriate, timely emergency care to children, be sure to enlist the help of the media. They have the influence, contacts, energy, and wherewithal to help in your endeavors. Remember that they are people just like you— people with families and mortgages, hobbies and medical bills. Get to know them today!

Sample Media Fact Form (Print)

Date of Contact: _____

Name of Publication: _____

Address: _____

Web Address: _____ Circulation: _____

Description of newspaper: _____

Distribution: Daily Weekly Monthly Other

Deadlines: Weekdays _____
 Weekends _____
 Holidays _____

Geographic Coverage Area: _____

Demographics/Reader Profile: _____

	Name	Telephone	Fax	E-mail
Assignment/Managing Editor				
New Editor				
Community or Metro Editor				
Health Reporter				
Lifestyles Reporter				
Metro/Community Reporter				
Business Reporter				
Other				

Sample Media Fact Form (Broadcast)

Date of Contact: _____

Station Identification (Call Letters/Frequency/Channel): _____

Address: _____

Web Address: _____ Reach: _____

Network Affiliation: _____

	Program Name	Broadcast Hours	Deadlines
Morning News			
Afternoon News			
Early Evening News			
Late Evening News			
Late Night News			
Talk Show #1			
Talk Show #2			
Talk Show #3			

Broadcast Area: _____

Demographics/Audience Profile: _____

	Name	Telephone	Fax	E-mail
Station Manager				
News Director				
Assignment Editor				
Public Service Director				
Producer (Talk Show #1)				
Producer (Talk Show #2)				
News Hotline				
Other				

A Profile of the EMSC National Resource Center

Are ill and injured children receiving the best care possible in your community? Before answering this question, keep these facts in mind. Children respond differently to illness or injury than do adults. They have different physical, emotional, and psychological needs, and suffer from a different spectrum of diseases and injuries. Children also require specific equipment, supplies, and medications that aren't always available in an emergency system designed for adults.

The communities best prepared to handle childhood emergencies are those with properly trained emergency personnel, sufficiently equipped ambulances and emergency departments, and well-defined pediatric treatment protocols and procedures. Effective injury prevention programs are another key factor to ensuring a safe and healthy community.

What Is the EMSC National Resource Center?

Located in Washington, DC, the Emergency Medical Services for Children (EMSC) National Resource Center (NRC) was established in 1991 to help states reduce child and youth disability and death due to severe illness or injury. NRC supports the federal EMSC Program, which is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration and the U.S. Department of Transportation's National Highway Traffic Safety Administration.

Why Is NRC Needed?

NRC works with states to identify the resources needed to organize and implement EMSC activities throughout the nation. This includes providing guidance in securing funding, developing injury prevention plans, building coalitions, shaping public policy, training prehospital and hospital care providers, producing educational resource materials, and much more.

Through the EMSC Clearinghouse, NRC distributes a comprehensive assortment of innovative pediatric emergency care products, periodicals, and publications. Pediatric emergency care curricula, lifesaving clinical assistance videos, and skill-enhancing interactive computer disks are just a few of the resources available for free or a nominal fee. The Center also oversees a national database containing more than 600 EMSC-related products.

NRC also works with national and professional organizations—representing physicians, nurses, social workers, psychologists, and emergency medical technicians—to identify and address the issues surrounding the provision of optimal pediatric care. By drawing on the knowledge, skills, and resources of many different professionals, this collaboration ensures that EMSC initiatives will have a broad impact and long-term viability.

Through its national public information campaign, NRC keeps the media abreast of the latest pediatric health care findings and practices and helps to educate parents, caregivers, and volunteers about bystander care, cardiopulmonary resuscitation, injury

prevention, and local EMS systems. NRC also helps local businesses and community groups develop partnerships with state EMS agencies and Maternal Child Health offices.

NRC is taking a leadership role in addressing the key issues affecting EMSC, such as managed care, children with special health care needs, and cultural diversity. The center has developed national task forces and published comprehensive reports drawing significant attention to each of these critical issues.

What Resources Are Available Through NRC?

Technical Assistance and Referral: A highly-trained team of professionals is available to provide assistance to states, national organizations, and child health care advocates on issues ranging from preventing illness and injury to prehospital and acute care to rehabilitation and reintegration into the community.

Conferences and Educational Opportunities: The Annual EMSC Grantee Meeting and the biannual National Congress on Childhood Emergencies provide pediatric health care professionals and nonprofessionals the opportunity to network, exchange ideas, and learn more about EMSC.

Periodicals and Publications: The EMSC Clearinghouse distributes *EMSC News*, the official quarterly newsletter of the EMSC Program, and hundreds of publications and products designed to improve the care of children.

Web Site: Located at www.ems-c.org, the EMSC web site offers basic public information about the national effort. The site includes free downloadable copies of EMSC's most popular products and an interactive database that enables on-line key word searching.

Need More Information?

For more information about EMSC or NRC, call (202) 884-4927 or send an e-mail to info@emscnrc.com.

Sample Backgrounder

EMSC: A Historical Perspective

Emergency Medical Services for Children (EMSC) is a national initiative designed to reduce childhood death and disability due to severe illness or injury. Although the initiative began only 15 years ago, the larger emergency system of which it is a part dates back to the Korea and Vietnam Wars.

Medical experiences in both wars demonstrated that survival rates improved dramatically when patients were stabilized in the field and transported immediately to a well-equipped emergency facility. During the 1960s, civilian medical and surgical communities began to recognize the possibilities in applying these experiences within an organized emergency medical services (EMS) system.

1966: Congress passes the Highway Safety Act of 1966, establishing the National Highway Traffic Safety Administration (NHTSA). The agency's purpose is to help states start their own coordinated EMS programs.

1968: AT&T reserves digits 9-1-1 nationwide for emergency use.

1973: Congress passes the Emergency Medical Services Systems Act of 1973, a program managed by the Health Resources and Services Administration (HRSA), to provide additional resources to state and local governments for implementing comprehensive EMS systems.

1975-79: State EMS systems dramatically improve the outcomes for adults. However, pediatric surgeons, pediatricians, and other concerned groups begin to recognize that children's outcomes did not keep pace.

1979: Calvin Sia, MD, president of the Hawaii Medical Association, urges members of the American Academy of Pediatrics to develop multifaceted EMS programs designed to decrease disability and death in children.

1983: Senator Daniel Inouye (D-HI) joins Dr. Sia's crusade after learning about the care provided to the daughter of one of his senior staff members. Her treatment demonstrated the average emergency department's shortcomings in treating a child in crisis.

1984: Senators Orrin Hatch (R-UT) and Lowell Weicker (R-CT), backed by other staff members with similar disturbing experiences, join Sen. Inouye in sponsoring the first EMSC legislation.

1984: U.S. Congress enacts legislation (Public Law 98-555) authorizing the use of federal funds for EMSC. The EMSC Program provides states grant money to help develop and "institutionalize" emergency medical services for critically ill and injured children. The Program does not promote the development of a separate EMS system for children, but rather enhances the pediatric capability of existing EMS systems.

1986: Alabama, California, New York, and Oregon receive federal grant money specifically earmarked to improve pediatric emergency medical services.

1986: The first Annual EMSC Grantee Meeting is held in Washington, DC, to foster knowledge transfer and utilization.

1987: An additional eight EMSC grants are awarded to Arkansas, the District of Columbia, Florida, Hawaii, Maine, Maryland, Washington, and Wisconsin.

1987: The first Pediatric Advanced Life Support course is made available to all emergency care providers.

1989: EMSC grants are awarded to Alaska, Idaho, Louisiana, and Vermont. The National Pediatric Emergency Medical Course is available for the first time through a collaboration between the American College of Emergency Physicians and the American Academy of Pediatrics.

1990: The first EMSC public awareness campaign, *Year of the Child in EMS*, is initiated by health leaders representing more than 27 national organizations, federal agencies, and hospitals.

1990: The EMSC Resource Network is established with two branches: EMSC National Resource Center (NRC), located in Washington, DC, and the National EMSC Resource Alliance, located in Los Angeles, CA. Their purpose is to help grantees develop new programs, disseminate their products, promote public understanding of pediatric issues in the EMS system, and work with professional organizations to further training efforts in pediatric emergency care for all health care providers.

1990: HRSA's Maternal and Child Health Bureau (MCHB) funds the Institute of Medicine (IOM) to conduct a study of pediatric emergency medical services. New Mexico, North Carolina, Ohio, and Utah receive EMSC grant funding.

1991: Pediatric emergency medicine is approved as a subspecialty in Emergency Medicine and Pediatrics. Michigan, Missouri,

Sample Backgrounder

Nevada, New Hampshire, New Jersey, Oklahoma, and Texas receive EMSC grant funding.

1992: New Jersey becomes the first state to pass EMSC-related legislation. Arizona, Colorado, Massachusetts, West Virginia, and Kentucky receive EMSC grant funding.

1992: In collaboration with EMSC and other organizations, Kiwanis International launches a focus on improving pediatric trauma care. EMSC-related service projects are initiated through the Kiwanis national "Young Children Priority One" campaign.

1993: IOM releases the most comprehensive report on children's emergency medical care, detailing the nature, extent, and outcomes of pediatric illness and trauma emergencies. The report reveals continuing deficiencies in pediatric emergency care for many areas of the country.

1993: MCHB, NHTSA, and the U.S. Fire Administration implement the *Make the Right Call* campaign to increase public awareness of the 9-1-1 system and to provide community outreach tools to EMS and fire safety professionals.

1993: Texas becomes the second state to pass EMSC-related legislation. Georgia, Minnesota, Rhode Island, and South Dakota receive EMSC grant funding.

1994: Eleven states collaborate to publish the *Pediatric Emergency Nursing Manual*. Pennsylvania, South Carolina, Tennessee receive EMSC grant funding.

1995: To help address "the need for more and better data on the volume, nature, and outcomes of pediatric emergency care," a major shortcoming identified in the IOM report, MCHB funds the National EMSC Data Analysis Resource Center (NEDARC), located in Salt Lake City, UT. NEDARC's primary mission is to assist EMSC grantees in collecting and analyzing data.

1995: The National Center for Education in Maternal and Child Health produces a 10-year report on EMSC. Since implementation, 40 states, the District of Columbia, and Puerto Rico have received EMSC funding.

1995: An EMSC research partnership is initiated between MCHB and the Agency for Health Care Policy and Research.

1995: Oklahoma becomes the third state to pass EMSC-related legislation.

1996: The Partnership for Children (PFC) Consortium is established. Members include the Ambulatory Pediatric Association, the American Academy of Pediatrics, the American College of Emergency Physicians, the National Association of EMTs, the American Trauma Society, and several other national and professional organizations that receive federal funding to help implement EMSC Program goals and objectives.

1997: Every state, the District of Columbia, and four U.S. territories has received grant support at some time since the program's establishment. Many elements of a model EMSC system have been developed since the Program's implementation, including pre-hospital protocols for triage and treatment of children, curricula for prehospital and emergency department staff, and standards for hospital facilities accepting pediatric patients.

1997: NRC is awarded a five-year contract to serve as the primary national resource center for EMSC.

1998: The General Federation of Womens Clubs and EMSC form a partnership to recognize women's clubs engaged in community-based service projects to improve child safety and the quality of pediatric medical care.

1998: HRSA sponsors the first National Congress on Childhood Emergencies. This historic event marks the first nationwide gathering of all medical and non-medical individuals interested in improving health care for children. More than 750 individuals attend the meeting, two times the number expected.

1999: The EMSC web site, located at www.ems-c.org, undergoes a significant transformation to make it more functional and user-friendly, to allow users easier access to free downloadable copies of EMSC products, and to incorporate an interactive database that enables on-line key word searching.

1999: HRSA awards Equals Three Communications a three year contract to conduct a multi-faceted public information and education campaign. The goals of the campaign are to assist EMS decision-makers in understanding the health care system changes needed to provide emergency care for children and to provide EMS decision-makers, parents, and caregivers with resources needed to make informed decisions on pediatric emergency care preparedness.

2000: The Department of Health and Human Services releases *Healthy People 2010*, a national health promotion and disease prevention initiative that identifies 28 focus areas and 467 objectives to improve the health of all Americans. After countless hours of hard work, EMSC succeeds in ensuring that the plan's final version includes two EMSC-related objectives.

Sample Media Pitch Letter

[Date]

[Name of journalist]
[Title, Name of publication]
[Street address]
[City, State, Zip]

Dear [Mr./Mrs./Ms.] [Last name]:

Did you know that here in [state/city/locality]:

- ◆ timely, appropriate access to emergency medical services (EMS) may not always be available for an ill or injured child?
- ◆ many hospital emergency departments and emergency vehicles do not have the equipment and supplies needed to save a child's life? In some places, for example, ambulances lack such basic supplies as IV needles and oxygen masks in children's sizes.
- ◆ many EMT's, paramedics, emergency department physicians, and nurses have not been trained in basic lifesaving procedures for children?

[Organization's name] is working with federal, state, and local organizations to tackle these and other barriers to quality emergency care for children. This effort is called the **Emergency Medical Services for Children (EMSC)**, a national initiative designed to reduce child and youth disability and death due to severe illness or injury.

Enclosed is background information about EMSC and some of the critical issues currently facing our children. We would welcome any coverage you may provide to enhance public awareness and understanding of pediatric emergency medical care. Depending on the editorial angle you choose to pursue, we can help arrange interviews with a variety of EMS/EMSC experts and patients. Suggested story ideas include, but are not limited to:

[list three to four story ideas]

Please consider [organization's name] as an important resource for any upcoming articles you may be planning on emergency medical services, injury prevention, or issues concerning special needs children. We would be happy to assist you in your coverage. I will follow up with you next week to offer additional information or I can be reached at [phone number] or by e-mail at [e-mail address].

Thank you in advance for your consideration

Sincerely,

[Name]
[Title]

Sample Media Pitch Letter

[Date]

[Name of journalist]
[Title, Name of publication]
[Street address]
[City, State, Zip]

Dear [Mr./Mrs./Ms.] [Last name]:

Emergency Medical Services (EMS) Week is [dates] and I wanted to let you know about the exciting and informative human interest events we have planned. Saving kid's lives is our goal. During this week we kick-off many of our year-long child-centered programs. In the interest of brevity, I have provided several bulleted points of interest:

- ◆ A mock crash/extrication exercise, complete with live child/parent actors, actual emergency personnel and equipment, and the [state police] Helicopter Corps. The purpose is to educate both parents and kids on the importance of properly trained and equipped EMS personnel. The exercise will be held [time and date] at [location].
- ◆ A 10K ride/run/walk featuring [local or national celebrity]. More than 400 helmets will be given away to children and young people throughout the area during the 1st Annual Ride for Safety to be held [time and date] at [location]. [Celebrity] will lead as honorary "pace biker" and preside over the giveaway promoting community bike safety.
- ◆ The bon voyage celebration for our new mobile CPR and First Aid "teachmobile." This bystander-care facility on wheels—donated by [organization's name] will travel to each county within [your state], educating parents and teachers, children, and adults in the basics of CPR and First-Aid. The celebration will be held [time and date] at [location].

These are just a few of the many exciting things we have planned for National EMS Week and the rest of the year. I will be contacting you as the week draws nearer, but in the meantime please do not hesitate to contact me if I can provide you with any additional information or assistance. I can always be reached at [phone number] or [e-mail address].

Thank you for your time, interest, and consideration!

Sincerely,

[Name]
[Title]

Sample Media Advisory

FOR IMMEDIATE RELEASE

[date]

CONTACT: [Name]

[work and home telephone numbers]

[e-mail address]

Local Sports Celebrities Join Teachers, State Officials in Keeping Kids Safe

WHAT: Hall of Fame sluggers Willie Stargell and Willie McCovey and television personality Joe Cardillo will join [organization's name] in sponsoring a **Bike Helmet Giveaway** to increase the number of children and teens using bicycle helmets.

WHERE: [Location's address and phone number]

WHEN: [Time and date]

WHY: More than 27 million children aged 5 to 14 ride bikes. Unfortunately, bicycles are associated with more childhood injuries than any other consumer product except the automobile. In 1996, more than 350,000 children were treated in hospital emergency rooms for bicycle-related injuries.

ADDITIONAL INFORMATION: Approximately 350 helmets—donated by [organization's name]—will be available for children aged 12 to 14, and the cost is free. Your interest and coverage is most welcome!

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Sample News Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[work and home telephone numbers]
[e-mail address]

Children's Death Rates Fall Sharply in Intensive Care Units

Emergency Medical Services for Children Cited as Making a Difference

Washington, DC [date]—Children who receive intensive care for a serious respiratory illness or other life-threatening disease have a significantly better chance of surviving now than they did 15 years ago, according to a new study sponsored by the Agency for Health Care Policy and Research (AHCPR) and the Health Resources and Services Administration (HRSA).

The study, which was published in the October issue of *Critical Care Medicine*, indicates that the death rate of children admitted to hospital pediatric intensive care units for such life-threatening diseases as asthma, bronchitis, and pneumonia declined by 45% between the early 1980s and 1993.

"This study shows that national standards for training and care developed through the Emergency Medical Services for Children (EMSC) Program are working," said HRSA Administrator Claude Earl Fox, MD, MPH. "Specialized health care for children experiencing a medical emergency is the difference between life and death."

Led by John Tilford, PhD, of Arkansas Children's Hospital in Little Rock, the research findings suggest that improvements in technology also contributed to the lower death rates.

The study examined mortality risk by age, regardless of condition, and found that death rates declined the most for younger children. The death rate of infants less than one month of age treated in hospital pediatric intensive care units dropped by 39%, while that of babies one to 12 months of age fell by 28%. The death rate for children as a whole treated in hospital pediatric intensive care units during the period declined by 15%.

"More comprehensive information about the nature and outcome of emergency care for children is essential," said EMSC National Resource Center Director Jane Ball, RN, DrPH. "EMSC is working with states throughout the country to collect, analyze, and report data on a variety of pediatric emergency care issues, and we are happy that other federal programs are beginning to see this as a research priority."

For more information about EMSC, visit www.ems-c.org. The *Child and Adolescent Emergency Department Visit Databook*, a compilation of highlights and detailed findings from the 1992-1994 National Center for Health Statistics National Hospital Ambulatory Medical Care Survey, is also available through the EMSC National Resource Center.

Jointly administered by the Health Resources and Services Administration's Maternal and Child Health Bureau and the National Highway Traffic Safety Administration, the EMSC Program is a national initiative designed to reduce child and youth disability and death due to severe illness or injury.

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Sample Media Event and News Conference Checklist

Event logistics: _____

- Confirm location, time, and date
- Secure caterer, decorator, rental equipment company, etc.
- Invite appropriate guests (politicians, families, business leaders, etc.)

Speakers: _____

- Confirm speaker(s)
- Obtain speaker(s) biographies
- Write/outline speaker(s) comments
- Hold “mock” event (if appropriate)

Media: _____

- Develop and distribute initial media advisory/news release
- Conduct media follow-up
- Develop on-site media kit
- Develop media sign-in sheet
- Work with event organizers to maximize visual elements (i.e., video showing a unrestrained dummy involved in a mock car crash)
- Reserve space in front of the room for print reporters and photographers
- Reserve area in back of the room for television reporters and camera crews
- Reserve separate space for on-site, one-on-one interviews

- Mail or courier media kits to reporters who could not attend the event because of competing deadlines

- Monitor your coverage

Staffing: _____

- Complete staff assignments (staff needed to welcome guests, assist media, prepare speaker(s), run video, etc.)
- Hire photographer (if appropriate)

Facilities and Equipment: _____

- Check for sufficient lighting
- Identify and check electrical supply/outlets
- Test microphones
- Order telephone and mult box (if appropriate)
- Set up head table, podium, media sign-in table, and all visual aids in appropriate locations
- Locate emergency exits, restrooms, coat check, etc.
- Secure parking and parking passes

Other: _____

- Hire an interpreter and translator to assist the hearing impaired and non-English-speaking audiences
- Create name badges and speaker tent cards
- If organizing an outside event, develop an backup plan for inclement weather
- Ensure the event location is accessible to individuals with disabilities

Sample Letter to the Editor

[Date]

[Name], Editorial Page Editor
[Publication name]
[Street address]
[City, State, Zip]

Dear [Mr./Ms./Mrs.] [Name]:

On behalf of the Emergency Medical Services for Children (EMSC) Program and the millions of children and families who have experienced a medical emergency, we would like to commend you for the excellent article, "Save My Child," which ran October 8, 1998. In addition to the time spent at the Cincinnati Children's Hospital Medical Center, I know that you and your colleagues worked countless hours interviewing dozens of people around the country. The story received high praises from thousands of emergency medical care providers.

The statistics were accurate and the stories of each child compelling. As your story correctly reported, children are not simply small adults. They suffer from a different spectrum of diseases and injuries. They react differently—physically, psychologically, and emotionally—to traumatic illness and injury. They also require different equipment and supplies.

The communities best prepared to handle childhood emergencies are those with properly trained emergency personnel, sufficiently equipped ambulances and emergency departments, and well-defined pediatric treatment protocols and procedures. Effective injury prevention programs are another key factor to ensuring a safe and healthy community.

Again, thank you for the segment. We applaud everyone at [publication's name] for the excellent work in identifying the issues and challenges facing ill and injured children and their families. We look forward to assisting you again in the future.

Sincerely,

[Name]
[Title]

Helping Kids Survive!

On average, a child or adolescent visits the emergency department once every second. Each year, approximately \$4 billion is paid for injury-related child and adolescent emergency department visits and \$4.6 billion for medically-related visits. Clearly, pediatric emergencies are a growing concern within the medical system. To help kids survive a serious illness or injury, every town and city must improve the quality of emergency care for children available through existing emergency medical services (EMS) systems.

Identifying the Deficiencies in Pediatric Emergency Care

In 1990, the Department of Health and Human Services' Health Resources and Services Administration (HRSA) funded the Institute of Medicine (IOM) to conduct a study of pediatric emergency medical services. Released in July 1993, the IOM report details the nature, extent, and outcomes of pediatric illness and trauma emergencies and describes the current state of pediatric emergency care.

Did you know that:

- ◆ Many emergency medical technicians (EMTs) have not been trained in basic lifesaving procedures for children, and many emergency care providers lack training in effective communication with children and their families.
- ◆ Many hospital emergency departments and emergency medical services vehicles do not carry the equipment and supplies needed for pediatric emergency care.
- ◆ Timely and appropriate access to EMS is not always available for the ill or injured child. Some rural populations have no access to 9-1-1 service and those that do may lack air transport.
- ◆ Public understanding of the EMS system, including when and how to use it, is also deficient.
- ◆ Children are automatically transported to the nearest facility rather than the one best equipped to provide pediatric care. In many places, protocols for transporting children between facilities are inadequate or nonexistent, leading to further delays in definitive care.
- ◆ Pediatric rehabilitation services are not always available. Early involvement with the appropriate rehabilitation staff and facilities is required to ensure continuity of care for the child, support for the family, and effective transition back to the home and community.
- ◆ Programs and activities designed to reduce injury among children and adolescents are limited in scope and number. The best EMS system is one that is rarely needed. Since injury causes more death and disability among children and adolescents than all diseases combined, injury prevention is a critical issue for the EMS system.

While specific deficiencies in pediatric emergency care can be identified and strategies designed to cure them, ultimately the care provided is only as good as the other systems of which it is a part. For example, as long as poverty restricts children's access to primary care, the emergency care system will continue to serve as the provider of last resort—with higher attendant costs, lack of well-care preventive services for children, and poor follow-up. At the same time, poverty creates special barriers to emergency care. It makes no difference if enhanced 9-1-1 service exists for a family that has no telephone.

Language, culture, and often race can also become barriers to access in pediatric emergency care. Parents or caregivers who speak little or no English and are unfamiliar with the U.S. emergency care system will have difficulty accessing either primary care or emergency care on behalf of their children.

Responding to the Need

Health care providers, parents, caregivers, teachers, and even local and national organizations involved with or interested in child health care play a significant role in this nationwide issue.

Health care providers should be trained to respond to pediatric emergencies and ensure that their offices, departments, and emergency response vehicles are equipped to handle a childhood illness or injury. Parents should talk to their physicians about what constitutes a child health emergency, learn how to access emergency care in their community, and take CPR and first aid classes. Teachers should discuss injury prevention measures with their students and learn what to do in an emergency or disaster situation, such as a school fire. Local organizations can help educate and inform all target audiences by developing strategic partnerships with their local and state EMS and Maternal Child Health Offices.

At the national level, the Emergency Medical Services for Children (EMSC) initiative is tackling many of the deficiencies in emergency care for children. A federal grant program administered through HRSA's Maternal and Child Health Bureau supports state and local action.

To date, many elements of a model pediatric system have been developed, including prehospital protocols for treating and transferring children; curricula for prehospital and emergency department staff; and standards for hospital facilities accepting pediatric patients. However, the application of these products is far from universal. An integrated system—in which all children receive care equal to that of adults, with improved survival, recovery, and rehabilitation rates—still remains more an ideal than a reality.

Sample Scripted Public Service Announcements

START: [Date]
STOP: [Date]

CONTACT: [Name and telephone number]
LENGTH: 30 seconds

MELISSA NICHOLS NEVER HAD AN ASTHMA ATTACK THIS BAD. WHEN SHE COLLAPSED IN THE SCHOOL HALLWAY, THE GYM TEACHER AND SCHOOL NURSE QUICKLY PERFORMED LIFESAVING CPR. FOR THE NEXT TEN DAYS MELISSA BATTLED FOR HER LIFE, AND WON. BUT SHE WOULDN'T HAVE HAD THAT CHANCE WITHOUT THE QUICK RESPONSE OF BYSTANDERS – TRAINED IN CPR. LEARN CPR AND FIRST AID – A CHILD'S LIFE COULD DEPEND ON IT. FOR MORE INFORMATION ABOUT CPR AND FIRST AID CLASSES IN YOUR AREA, CALL [ORGANIZATION'S NAME] AT [TELEPHONE NUMBER].

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Like the example above, each script should be typed double-spaced and in capital letters on a separate sheet of paper. Additional sample 30- and 20-second scripts are provided below.

30-second Announcements

When four-year old Cody stopped breathing with a ball stuck in his throat, the paramedics repeatedly tried to dislodge the ball but it wouldn't budge. When they inserted special child-sized instruments, which they had been trained to use one week earlier, they removed the ball and saved Cody's life. Pediatric training and equipment are vital. Your child's life could depend on it. For more information about pediatric emergency care, call [organization's name] at [telephone number].

Children are different than adults – and this difference can be life-threatening in a medical emergency. When Anissa White was just eight months old, she was critically injured in a head-on collision. Anissa was rushed from the crash to a trauma center where hospital staff specially trained in emergency care saved her life. Hospitals with staff specially trained to treat children are vital. Your child's life could depend on it. For more information about pediatric emergency care, call [organization's name] at [telephone number].

Kacey McCollister lost his legs under a semitrailer, but a statewide system of emergency medical services saved his life. The flight paramedics' used their pediatric expertise to treat his shock.... and the hospital was chosen for its designated trauma unit with pediatric specialists. Months later, child-centered physical therapy put him back on his feet. Support Emergency Medical Services for Children. It could save your child's life. For more information, call [organization's name] at [telephone number].

20-second Announcement

When Melissa collapsed with a severe asthma attack at school, the gym teacher and the school nurse quickly performed lifesaving CPR. For the next 10 days, Melissa battled for her life . . . and won. Learn CPR and first aid. Your child's life could depend on it. For more information about CPR and first aid classes in your area, call [organization's name] at [telephone number].

Children are different than adults – and this difference can be life-threatening in a medical emergency. Ask your doctor where your child can receive the best care. Your child's life could depend on it. To learn more about preparing for a pediatric emergency, call [organization's name] at [telephone number].

Can Your Community Handle Pediatric Medical Emergencies?

How prepared is your community to handle pediatric medical emergencies? Answer "yes" or "no" to these ten questions. Your child's life could depend on it!



1. Do parents and caretakers know how to contact the EMS system?
YES NO
2. Have parents and caretakers been educated in bystander care, basic first aid, cardiopulmonary resuscitation, and other lifesaving techniques so that they know what to do until the ambulance arrives?
YES NO
3. Do ambulances in your community have infant- and child-sized equipment on board?
YES NO
4. Do paramedics have treatment protocols and procedures appropriate for children's unique physiological characteristics?
YES NO
5. Do paramedics know which hospital in their community is best prepared to treat children?
YES NO
6. Will paramedics take the child to that hospital when there is a choice?
YES NO
7. Are nurses and physicians in hospitals and urgent care centers trained in pediatric emergency care?
YES NO
8. Is the hospital emergency department adequately staffed to care for children?
YES NO
9. Is air transport available to an advanced care facility when a child is in need of critical care?
YES NO
10. Are interfacility agreements in place to ensure that a child can be transferred rapidly to another hospital if circumstances require it?
YES NO

.....
According to [organization's name] your community must be able to answer an unconditional "YES" to all of these questions before it can claim to provide optimal care to children. To learn how you can improve pediatric emergency care in you community, call [phone number].