MONTANA HOSPITAL PEDIATRIC PREPAREDNESS CHECKLIST



v2



**How to Use This Checklist**

All hospitals need to assure that they are prepared to handle the unique needs of children in a disaster event. As hospitals develop and test their emergency operations plans (EOP) and other disaster related plans/policies, Montana EMSC recommends the inclusion of pediatric components in several key areas. The Montana Hospital Pediatric Preparedness Checklist was designed to help hospitals identify their current level of pediatric preparedness and recognize additional opportunities for improvement.

The Montana Hospital Pediatric Preparedness Checklist is also used during EMSC Pediatric Facility Recognition Site Surveys to evaluate the inclusion of pediatric preparedness components within hospital disaster plans/policies and identify the types of technical assistance and resources that may be needed. After the conclusion of these site surveys, hospitals receive a follow-up letter that may outline areas that need to be immediately addressed. The letter may also request an improvement plan to address opportunities for improvement identified during the survey. The improvement plan may need to be a multi-year plan.

To assist all hospitals with addressing opportunities for improvement identified after completing this checklist and/or undergoing a Pediatric Facility Recognition Site Survey, a template improvement plan is also included in this document. In addition, resources are provided at the end of this document to aid hospitals in further developing their emergency operations plans to incorporate each of the components outlined in this checklist.

This checklist was adapted from a document developed under the direction and guidance of the Illinois Emergency Medical Services for Children Advisory Board, Pediatric Preparedness Workgroup, and Facility Recognition & QI Committee.

Table of Contents

[HOSPITAL PEDIATRIC PREPAREDNESS CHECKLIST 3](#_Toc426722883)

[EMERGENCY OPERATIONS PLANNING 3](#_Toc426722884)

[SURGE CAPACITY 4](#_Toc426722885)

[DECONTAMINATION 5](#_Toc426722886)

[REUNIFICATION/PATIENT TRACKING 6](#_Toc426722887)

[SECURITY 7](#_Toc426722888)

[EVACUATION 7](#_Toc426722889)

[MASS CASUALTY TRIAGE: START/JUMPSTART 8](#_Toc426722890)

[CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)/CHILDREN WITH FUNCTIONAL AND ACCESS NEEDS (CFAN) 9](#_Toc426722891)

[PHARMACEUTICAL PREPAREDNESS 9](#PHARMACEUTICAL)

[RECOVERY 10](#RECOVERY)

[EXERCISES/DRILLS/TRAININGS 10](#_Toc426722894)

[Appendix A: IMPROVEMENT PLAN TEMPLATE 12](#_Toc426722895)

[Appendix B: RESOURCES](#RESOURCES)……………...……………………………………...13

[Appendix C:](#RESOURCES) PEDIATRIC POPULATION ASSESSMENT….………………...17

# MONTANA HOSPITAL PEDIATRIC PREPAREDNESS CHECKLIST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hospital**: |  | | | **City**: | |  | | | | | | | |  | |
| **Date**: |  | **Pediatric Recognition Level**: | | |  | |  | | **NONE** | |  | **PREPARED** |  | | **CAPABLE** | |  |  | |
| **Person Completing Checklist** | | |  | | | | | **Title** | |  | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMERGENCY OPERATIONS PLANNING | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| Are pediatric components integrated into the hospital EOP, facility disaster plan, or equivalent? |  |  |  |  | |
| If yes, are pediatric components separate considerations or included under “at risk” population categories? ***(This is only a recommendation and not a requirement.)*** |  |  |  |  | |
| Were staff with pediatric focus consulted in writing and updating the hospital EOP? |  |  |  |  | |
| Does the hospital have an HVA or THIRA that was conducted within the past 12 months? |  |  |  |  | |
| Has the hospital completed a pediatric population assessment of the surrounding community within the past 12 months (see appendix C)? |  |  |  |  | |
| Does staff with pediatric focus regularly attend emergency preparedness committee meetings and contribute to overall hospital preparedness? |  |  |  |  | |
| Does the disaster preparedness coordinator regularly attend and/or participate in the regional healthcare coalition meetings? |  |  |  |  | |
| Are staff with pediatric focus integrated into the hospital’s incident command system for any disasters involving children? |  |  |  |  | |
| Are staff with pediatric focus encouraged to take courses such as [FEMA IS 100, 200, & 700](https://training.fema.gov/is/crslist.aspx?lang=en) to become more familiar with the incident command system? ***(This is only a recommendation and not a requirement.)*** |  |  |  |  | |
| ***Describe planning challenges for EOP.*** |  | | | | |

| SURGE CAPACITY | | | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are cribs/beds/isolettes/space identified for use in the event of a pediatric surge? | | |  |  |  |  | |
| If yes, identify how many of the following types are  on-site. | | Isolettes |  |  |  |  | |
|  | | Cribs |  |  |  |  | |
|  | | Beds |  |  |  |  | |
| Does the hospital EOP or other disaster related plans/policies identify specific inpatient units or areas to care for pediatric patients during a mass casualty or surge event? | | |  |  |  |  | |
| If yes, list the identified areas. | | |  | | | | |
| Does the hospital have access to pediatric equipment and supplies (including pediatric isolation equipment, pediatric face masks, additional cribs, isolettes, and beds) either through their own stockpile or an up-to-date memorandum of understanding (MOU) with an outside facility/vendor? | | |  |  |  |  | |
| Does the hospital EOP or other disaster related plans/policies, have processes in place to address the needs of pregnant women and newborns in disasters, especially those hospitals without OB services (e.g., equipment, surge areas, care guidelines)? | | |  |  |  |  | |
| Does the hospital EOP or other disaster related plans/policies, include a process to provide age-appropriate food (including formula) and potable water to an influx of infants/children and children with special health care needs (CSHCN)/children with functional and access needs (CFAN) (e.g., stockpile, MOU with external facility/vendor)? | | |  |  |  |  | |
| If yes, how many hours of stockpile are onsite? | | |  | | | | |
| Does the hospital EOP or other disaster related plans/policies, include a process for managing the personal hygiene and sanitation needs of children and CSHCN/CFAN? | | |  |  |  |  | |
| Within the hospital’s alternate treatment site, is a specific location/area designated for children? | | |  |  |  |  | |
| Is there a specific plan or process for accessing extra staff in the event of a mass casualty or surge event? | | |  |  |  |  | |
| If yes, does the staffing plan include accessing mental health professionals specializing in the needs of children?  (e.g., child life specialists, psychologists, social workers) | | |  |  |  |  | |
| Does the hospital have a plan, process, or resource to assist staff with their dependents in the event of a mass casualty or surge event? | | |  |  |  |  | |
| If yes, does the plan include: | Childcare | |  |  |  |  | |
|  | Elder dependent care | |  |  |  |  | |
|  | Pet care | |  |  |  |  | |
| Has the hospital tested pediatric surge capacity within the last 12 months? | | |  |  |  |  | |
| ***Describe planning challenges for SURGE CAPACITY.*** | | |  | | | | |

| DECONTAMINATION | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| --- | --- | --- | --- | --- | --- |
| Are pediatric components included in your hospital decontamination plan? |  |  |  |  | |
| Does the decontamination water system provide low pressure/high volume water? |  |  |  |  | |
| Is the water source for decontamination warmed (between 98°F – 110°F or 36.6° C – 43.3° C)? |  |  |  |  | |
| If yes, describe how the temperature will be monitored before & during decontamination and who is responsible. |  | | | | |
| Does the plan include a method(s) to safely mobilize infants/ children and CSHCN/CFAN needs through the showers? |  |  |  |  | |
| If yes, describe method(s). |  | | | | |
| Has the hospital conducted a decontamination exercise/drill/ training within the last 12 months that has included pediatrics and the method described above? |  |  |  |  | |
| Does the plan include stockpiling appropriate supplies for warming infants/children? (e.g., warming devices, towels, blankets, pediatric gowns, etc.) |  |  |  |  | |
| ***Describe planning challenges for DECONTAMINATION.*** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| REUNIFICATION/PATIENT TRACKING | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| Does the hospital EOP or other disaster related plans/policies, identify methods for patient identification and tracking? (e.g., triage tags, surgical marking pens or waterproof markers, transparent derma tape, wrist/ankle bands) |  |  |  |  | |
| If yes, describe method(s). |  | | | | |
| Does the hospital EOP or other disaster related plans/policies, identify processes for reuniting unaccompanied or displaced infants/children and CSHCN/CFAN with legal caregivers? |  |  |  |  | |
| If yes, describe methods(s). |  | | | | |
| Does the hospital EOP or other disaster related plans/policies, identify processes for verifying relationship or legal custody before releasing an unaccompanied or displaced infant, child, or CSHCN/CFAN? |  |  |  |  | |
| If yes, describe method(s). |  | | | | |
| Does the hospital incorporate partners in assisting unaccompanied or displaced children, such as the [American Red Cross (ARC)](https://www.redcross.org/), the [National Center for Missing and Exploited Children (NCMEC)](https://www.missingkids.org/), or the [Child and Family Services Division (CFSD)](https://dphhs.mt.gov/cfsd/)? |  |  |  |  | |
| Does the hospital EOP or other disaster related plans/policies, identify a plan/process to photograph unaccompanied children? |  |  |  |  | |
| If yes, does the hospital have a readily available camera? |  |  |  |  | |
| If yes, does the hospital have a system to embed the photograph in the health record and/or the ability to print the photograph? |  |  |  |  | |
| Is there a plan/process to work with social services or law enforcement regarding disposition of unaccompanied or displaced children and CSHCN/CFAN? |  |  |  |  | |
| Has the hospital conducted an exercise/drill/training within the last 12 months that has tested the reunification process described above? |  |  |  |  | |
| ***Describe planning challenges for REUNIFICATION/ PATIENT TRACKING.*** |  | | | | |

| SECURITY | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| --- | --- | --- | --- | --- | --- |
| Does the hospital EOP or other disaster related plans/policies, incorporate lockdown or secure access procedures when an infant/child is missing? |  |  |  |  | |
| Does the hospital EOP or other disaster related plans/policies, incorporate child abduction procedures? (e.g., Code Pink) |  |  |  |  | |
| Has the hospital tested their infant/child abduction procedures within the last 12 months? How often are they tested? |  |  |  |  | |
| Does the hospital EOP or other disaster related plans/policies, designate a pediatric safe area? |  |  |  |  | |
| If yes, what security measures are in place? |  | | | | |
| ***Describe planning challenges for SECURITY.*** |  | | | | |

| EVACUATION | | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| --- | --- | --- | --- | --- | --- | --- |
| Are Emergency Department, pediatric and nursery staff familiar with evacuation procedures and designated/ alternate routes? | |  |  |  |  | |
| If yes, how often are these procedures reviewed? | |  | | | | |
| Do the Emergency Department, nursery and pediatric units have adequate supplies and equipment for evacuation? | |  |  |  |  | |
| If yes, what type of equipment is available? | |  | | | | |
| Does the hospital EOP or other disaster related plans/policies, address planned vs. immediate evacuations? | |  |  |  |  | |
| Have evacuation staging areas with secured access been pre-designated in the hospital plan? | |  |  |  |  | |
| If yes, are staging areas stockpiled or have ready access to appropriate resuscitation supplies? | |  |  |  |  | |
| Have unit specific evacuation plans been prepared for the following units (as applicable)? | Pediatric Unit |  |  |  |  | |
| PICU |  |  |  |
| Newborn Nursery |  |  |  |
| NICU |  |  |  |
| Have unit specific evacuation exercises/drills/training been conducted within the last 12 months? | |  |  |  |  | |
| ***Describe planning challenges for EVACUATION.*** | |  | | | | |

| MASS CASUALTY TRIAGE: START/JUMPSTART | | **Yes** | **No** | **In Progress** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| Has the following staff received training in mass casualty triage using JumpSTART? | Emergency Department Staff |  |  |  |  |
| Pediatric Inpatient Staff (if applicable)\*\* |  |  |  |
| Back – Up Staff |  |  |  |
| If yes, how often are these procedures reviewed? | |  | | | |
| Does the hospital stock START/JumpSTART algorithm cards and MCI triage tags? | |  |  |  |  |
| Are MCI triage tags stocked in triage as well as other areas? | |  |  |  |  |
| Has the JumpSTART algorithm been used in an exercise/drill/training within the last 12 months? | |  |  |  |  |
| ***Describe planning challenges for MASS CASUALTY TRIAGE: START/JUMPSTART.*** | |  | | | |

\*\* For hospitals with multiple pediatric inpatient units, the hospital can determine the number of JumpSTART trained inpatient staff that will be sufficient to support Emergency Department staff.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)/CHILDREN WITH FUNCTIONAL AND ACCESS NEEDS (CFAN) | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| Does the hospital routinely provide treatment to any CSHCN/CFAN and their families? |  |  |  |  | |
| If yes, does the hospital provide and encourage families to use and regularly update an [Emergency Information Form (EIF)](https://www.annemergmed.com/cms/10.1016/j.annemergmed.2022.12.005/attachment/cd7b8b6b-0de6-45aa-9a6b-975c1efabaa8/mmc1.docx) or similar document? ***(This is only a recommendation and not a requirement.)*** |  |  |  |  | |
| Are there systems in place to handle CSHCN/CFAN during a disaster, especially for hospitals that typically transfer these children to pediatric specialty centers (e.g., MOUs to obtain extra medication, ventilators; care guidelines, etc.), |  |  |  |  | |
| ***Describe planning challenges for CSHCN/CFAN.*** |  | | | | |

| PHARMACEUTICAL PREPAREDNESS | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| --- | --- | --- | --- | --- | --- |
| Does the hospital EOP include a medication distribution plan or process? |  |  |  |  | |
| If yes, is there a process outlined within the plan for converting pills to liquid formula for children for Amoxicillin, Doxycycline, and Oseltamivir? |  |  |  |  | |
| Are there ready access to child specific instructions for Amoxicillin, Doxycycline, and Oseltamivir? |  |  |  |  | |
| Is there a process outlined within the plan for converting pills to liquid formula for children as well as ready access to child specific instructions for Ciprofloxacin? ***(This is only a recommendation and not a requirement.)*** |  |  |  |  | |
| ***Describe planning challenges for PHARMACEUTICAL PREPAREDNESS.*** |  | | | | |

| RECOVERY | **Yes** | **No** | **In Progress** | **Comments** | **List page #’s where documented in your policy/plan** |
| --- | --- | --- | --- | --- | --- |
| Does the hospital EOP or other related plans/policies outline the process to work with internal and/or external partners to provide mental health services (screening, primary prevention, and treatment)? |  |  |  |  | |
| If yes, identify the partners that are outlined in the plan (i.e., primary care providers, social services, community partners, public health, or other health services). |  | | | | |
| Do these partners address the mental health needs of children and CSHCN/CFAN? |  |  |  |  | |
| Describe the plan. |  | | | | |
| Does the hospital EOP or other related plans/policies address providing parent information resources (e.g., [*CDC’s Helping Youth Cope with Disaster*](https://www.cdc.gov/violenceprevention/pdf/HelpingYouthCopewithDisaster.pdf) document) on addressing the health needs of children after a disaster? |  |  |  |  | |
| Does the hospital EOP or other related plans/policies address the process to assist staff with their self-care/mental health needs following a disaster? |  |  |  |  | |
| If yes, describe the plan. |  | | | | |
| ***Describe planning challenges for RECOVERY.*** |  | | | | |

| EXERCISES/DRILLS/TRAININGS | **Yes** | **Live or Simulated** | **No** | **In Progress** | **Type of Exercise (Surge, Evacuation, Decon, Infant/Child Abduction, Other)** | **Comments** | **Provide AARs for review during the Site Survey** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has the hospital included the following groups in exercises/drills/trainings within the past 24 months? |  |  |  |  |  | | |
| Infants (≤ 1 year old) |  |  |  |  |  |  | |
| Toddlers (1-3 years old) |  |  |  |  |  |  | |
| School age children (4-12 years old) |  |  |  |  |  |  | |
| Adolescents (≥ 13 years old) |  |  |  |  |  |  | |
| Children with Special Health Care Needs/Children with Functional and Access Needs (CSHCN/CFAN) |  |  |  |  |  |  | |
| Did the hospital prepare a hospital specific After-Action Report (AAR) that is Homeland Security Exercise and Evaluation Program (HSEEP) compliant for drills or exercises conducted in the past 12 months? |  | N/A |  |  |  | | |
| If yes, were lessons learned/opportunities incorporated into the overall EOP? |  | N/A |  |  |  | | |
| Did the hospital prepare a hospital specific After-Action Report that is HSEEP compliant for any real event that has occurred in the past 12 months? |  | N/A |  |  |  | | |
| If yes, were lessons learned/opportunities incorporated into the overall EOP? |  | N/A |  |  |  | | |
| Does the hospital have a multi-year training and exercise plan (MYTEP) or equivalent to ensure that children of all age groups and CSHCN/CFAN are included in all aspects of exercises, drills, and trainings? |  | N/A |  |  |  | | |
| ***Describe planning challenges for Exercises/ Drills/TRAININGS.*** |  | | | | | | |

# Appendix A:

# IMPROVEMENT PLAN TEMPLATE

The template improvement plan below can be utilized by hospitals to outline a plan that will address opportunities for improvement in pediatric disaster preparedness components identified when utilizing the Hospital Pediatric Preparedness Checklist and/or undergoing a Pediatric Facility Recognition Site Survey. The table below contains an example.

| **Planning Section** | **Identified Gap** | **Improvement Plan Description** | **Primary Responsible Person and/or Department** | **Anticipated Start Date** | **Anticipated Completion Date** |
| --- | --- | --- | --- | --- | --- |
| Surge (example) | Incorporate pediatric components into alternate care site (ACS) plans (example) | EP Committee will meet to work on developing ACS plans. Pediatricians will be consulted to identify areas within the ACS that can be utilized to care for children(example) | Emergency Preparedness Coordinator(example) | 1/1/2016  (example) | 6/1/2016 (example) |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |

**Appendix B:**

**Hospital Preparedness Checklist**

**References and Resources**

**Emergency Operations Planning**

*Assistant Secretary for Preparedness and Response (ASPR)*

[Technical Resources, Assistance Center, and Information Exchange (TRACIE)—Topic Collection: Pediatric/Children](https://asprtracie.hhs.gov/technical-resources/31/pediatric-children/0)

Children under the age of 18 represent close to a quarter of the total U.S. population and are particularly vulnerable during a disaster. Their unique physical and behavioral needs and characteristics make it important to identify and incorporate special considerations for this population in preparedness, response, recovery, and mitigation. The resources in this Topic Collection can help healthcare facilities, healthcare coalitions, and other health and medical providers consider the specialized care and resources needed for children prior to, during, and after an incident.

[Pediatric Disaster Preparedness Guidelines for Hospitals](https://asprtracie.hhs.gov/technical-resources/resource/6693/pediatric-disaster-preparedness-guidelines-for-hospitals-third-edition)

These comprehensive guidelines (now in their 3rd edition) were developed as a resource to assist hospitals and healthcare entities address the needs of children in disaster planning. This document outlines the specific needs of children during and after a disaster event and lists strategies and logistical requirements for addressing those needs across a wide variety of topic areas.

*California Hospital Association*

[Pediatric Disaster Preparedness Guidelines for Hospitals](https://www.calhospitalprepare.org/sites/main/files/file-attachments/emsapeds_2.doc)

The Joint Commission requires all hospitals to have a disaster plan in place; however, the formulation of hospital guidelines specific to pediatrics is often omitted. This document provides an outline of the necessary components of hospital preparedness for disasters involving children including the roles of hospital personnel in disasters.

*EMSC Innovation and Improvement Center (EIIC)*

[Pediatric Disaster Preparedness Toolkit](https://emscimprovement.center/education-and-resources/toolkits/pediatric-disaster-preparedness-toolbox/)

The Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies is an update to the original 2014 document and seeks to expand its utility. It is intended as a tool to help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster policies.

*Federal Emergency Management Agency (FEMA)*

[Comprehensive Preparedness Guide 201: Threat and Hazard Identification and Risk Assessment Guide Supplement 1: Toolkit](https://www.fema.gov/media-library/assets/documents/26338)

This toolkit provides resources and information, data sources, and templates to support the conduction of a THIRA as described in the Comprehensive Preparedness Guide 201: Threat and Hazard Identification and Risk Assessment Guide.

[Comprehensive Preparedness Guide (CPG) 201: Threat and Hazard Identification and Risk Assessment Guide](https://www.fema.gov/media-library/assets/documents/165308)

This guide provides communities with a five-step process for conducting a Threat and Hazard Identification and Risk Assessment (THIRA). The first edition (April 2012) described a standard process for identifying community-specific threats and hazards and setting capability targets for each core capability identified in the National Preparedness Goal as required in the Presidential Policy Directive (PPD) 8: National Preparedness. This edition expands the THIRA process to include estimation of resources needed to meet the capability targets.

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric Disaster Preparedness Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf)

These guidelines were developed as a resource to assist hospitals and healthcare entities in addressing the needs of children during disaster planning. Hospitals should strive to incorporate pediatric components into their organization’s emergency operation’s plan. This document outlines the specific needs of children during and after a disaster event, as well as strategies for addressing those needs.

**Surge Capacity**

*Agency for Healthcare Research and Quality (AHRQ)*

[Pediatric Hospital Surge Capacity in Public Health Emergencies](http://archive.ahrq.gov/prep/pedhospital/)

This document consists of guidelines to assist pediatric hospitals in converting from standard operating capacity to surge capacity and help community hospital emergency departments provide care for large numbers of critically ill children.  The tool addresses needs such as communications, staff responsibilities, triaging, stress management, and security concerns when handling large numbers of children with either communicable respiratory diseases or communicable foodborne or waterborne illnesses.

[Surge Capacity: Facilities and Equipment](http://archive.ahrq.gov/news/ulp/btbriefs/btbrief8.htm)

This document examines the need for facilities and equipment as a critical component in planning for surge capacity.

*Assistant Secretary for Preparedness and Response (ASPR)*

[Technical Resources, Assistance Center, and Information Exchange (TRACIE)—Surge Planning](https://asprtracie.hhs.gov/MasterSearch?qt=surge+planning&limit=20&page=1&CurTab=0)

*Federal Emergency Management Agency (FEMA)*

[Coping with Disaster](https://www.fema.gov/coping-disaster)

This page offers disaster survivors information regarding dealing with the emotional effects of the event. Guidance is provided on recognizing the signs of and minimizing the impact of disaster caused stress. In additional, there is information for helping kids cope with disaster.

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric and Neonatal Disaster/Surge Pocket Guide](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/planning-and-care-guidelines/pedsneonatalsurgeguide_jan2022_finalweb.pdf)

This guide is a resource to assist health care providers with addressing the medical needs of children during a disaster. The medical information provided in this guide should not be considered an exclusive course for treatment and is meant to be utilized during times of disasters and mass casualty incidents that result in a surge of pediatric and neonatal patients.  Care considerations incorporated into this document include: normal values, triage and assessment tools, treatments and medications, equipment, decontamination, mental health, and security.

**Decontamination**

*Biomedical Advanced Research and Development Authority (BARDA)*

[Primary Response Incident Scene Management (PRISM)](https://medicalcountermeasures.gov/barda/cbrn/prism/)

The Primary Response Incident Scene Management (PRISM) series was written to provide authoritative, evidence-based guidance on mass patient disrobe and decontamination during a chemical incident. The PRISM documentation comprises three volumes: Strategic Guidance, Tactical Guidance, and Operational Guidance.

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric Disaster Preparedness Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf)—Decontamination

[Pediatric Decontamination Checklist](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/pediatricdecontaminationchecklistjune2017.pdf)

This checklist is designed to assist with decontamination planning and response to ensure the needs of children are met prior to, during, and after undergoing decontamination.

**Reunification/Patient Tracking**

*American Red Cross*

[Safe and Well Program](https://safeandwell.communityos.org/cms/index.php)

After a disaster, letting family and friends know that you are safe and well can bring your loved ones great peace of mind. This website is designed to help make that communication easier.

*Federal Emergency Management Agency (FEMA)*

[Post Disaster Reunification of Children—A Nationwide Approach](https://www.fema.gov/media-library/assets/documents/85559)

This document outlines a baseline for reunifying children separated as a result of a disaster and aims to assist local, state, tribal, territorial, and area governments and those responsible for the temporary care of children with incorporating reunification elements into existing emergency preparedness plans.

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric Disaster Preparedness Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf)—Reunification

[Unaccompanied Minor Reunification Checklist](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/unaccompaniedminorreunificationchecklistjune2017.pdf)

[Patient Identification Tracking Form](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/attachment12patientidentificationtrackingformmarch2017.pdf)

**Security**

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric Disaster Preparedness Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf)—Security

**Evacuation**

*Federal Emergency Management Agency (FEMA)*

[Evacuating Yourself and Your Family](http://www.ready.gov/evacuating-yourself-and-your-family)

*Florida Department of Health*

[Hospital Emergency Evacuation Toolkit](http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/healthcare-system-preparedness/discharge-planning/_documents/%20evac-toolkit.pdf)

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric Disaster Preparedness Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf)—Evacuation

[Neonatal Intensive Care Unit (NICU) Evacuation Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/nicuevacuationguidelines20093.pdf)

Evacuation of an NICU is a high-risk activity and requires a carefully planned approach due to the fragile medical condition of these infants, the various medical technology/devices they depend upon for survival, and the overall surge capacity/transfer pattern in managing an increase in NICU patients.  These guidelines were developed through the Illinois EMSC program to assist in ensuring a statewide consistent approach to this process.

**Mass Casualty Triage: START/JumpSTART**

[The JumpSTART Pediatric MCI Triage Tool](https://chemm.nlm.nih.gov/startpediatric.htm)

JumpSTART is an objective tool for the triage of children in the multi-casualty/disaster incidents. JumpSTART Triage parallels the structure of the START system, which is the adult MCI triage tool most commonly used in the United States and in many countries around the world. It was developed by Lou Romig, MD, former medical director for the South Florida Regional Disaster Medical Assistance Team.

*Illinois Emergency Medical Services for Children (EMSC)*

[EMSC JumpSTART Training Program and Materials](https://www.luriechildrens.org/en/emergency-medical-services-for-children/disaster/disaster-training-and-exercises/illinois-jumpstart-training/)

[EMSC Pediatric Disaster Triage: Utilizing the JumpSTART Method Online Education Module](https://www.luriechildrens.org/en/emergency-medical-services-for-children/education/all-healthcare-professionals/pediatric-disaster-triage-utilizing-the-jumpstart-method/)

**Children with Special Healthcare Needs (CSHCN)/Children with Functional and Access Needs (CFAN)**

*American Academy of Pediatrics/American College of Emergency Physicians*

[Emergency Information Form for Children with Special Needs](https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/pediatrics/medical-forms/blank-interactive-emergency-information-form.doc)

*Illinois Emergency Medical Services for Children (EMSC)*

[Pediatric Disaster Preparedness Guidelines](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf)—CSHCN/CFAN

[Children with Special Healthcare Needs Reference Guide](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/childrenwithspecialhealthcareneedsreferenceguide.pdf)

In a disaster event, typical interfacility transfer patterns to pediatric tertiary care centers may be disrupted. Children with chronic conditions may need to be cared for at community hospitals. This one page resource provides healthcare providers with quick reference information on troubleshooting assistive devices that may be seen in children with chronic conditions (e.g. tracheostomy, PICC line, CSF shunt, gastrostomy, colostomy, ureterostomy).

**Recovery**

*Centers for Disease Control and Prevention*

[Helping Youth Cope with Disaster](https://www.cdc.gov/violenceprevention/pdf/HelpingYouthCopewithDisaster.pdf)

This document provides information to assist parents in recognizing the signs that can help them respond to and support their children. In addition, healthy activities that parents can do to help their children feel safe and supported while coping with their distress are provided.

*Illinois Emergency Medical Services for Children (EMSC)*

[Disaster Mental Health Response for Children (3rd edition)](https://www.luriechildrens.org/en/emergency-medical-services-for-children/education/all-healthcare-professionals/disaster-mental-health-response-for-children-2nd-edition/)

The purpose of this educational module is to provide education and resources that can be used as just-in-time training to prepare providers to identify the needs of pediatric survivors so that they may provide support in a way that helps these children return to pre-disaster levels of functioning.

[*National Emergency Medical Services for Children (EMSC)*](http://www.diversitypreparedness.org/browse-resources/resources/EMSC%20PTSD%20in%20Children/)

After the Emergency Is Over: Post-Traumatic Stress Disorder in Children and Youth

This fact sheet is available to download from this site and is a valuable resource in identifying children at risk for PTSD and the need for further mental health assistance and referral.

**Exercises/Drills/Trainings**

*Children’s Hospital of Los Angeles*

[Pediatric Disaster Resource and Training Center](http://www.chla.org/pediatric-disaster-resource-and-training-center)

*Illinois Medical Services for Children (EMSC)*

[Addressing the Needs of Children in Disaster Preparedness Exercises](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/addressingneedschildrenindisaterprepexercisessept-2016l5.pdf)

This resource is for all agencies/organizations as they plan and conduct disaster drills and exercises. Inclusion of infants and children in disaster drills and exercises is an essential component in preparedness efforts and can assist in preparing agencies/organizations to meet the needs of children during an actual disaster or mass casualty incident. This second edition has expanded the target audience to all response agencies, which prompted retitling of this edition from Disaster Preparedness Exercises Addressing the Pediatric Population (2006), to reflect the broader scope of the document.

[NICU/Nursery Evacuation Tabletop Exercise Toolkit](https://www.luriechildrens.org/globalassets/documents/emsc/disaster/other/nicunurseryevacuationttxtoolkit3.pdf)

This toolkit utilizes information from the Montana EMSC NICU Evacuation Guidelines as well as several NICU/Nursery Evacuation Tabletop exercises conducted by Montana EMSC. These exercises focused on resource allocation and other key coordination components as medically fragile and technologically dependent infants needed to be mobilized and evacuated during various disaster scenarios. The toolkit provides hospitals with guidance on planning, conducting and evaluating tabletop exercises that address the NICU/Nursery population, and includes excerpts from key exercise documents such as the Situation Manual (SitMan), Master Scenario Exercise List (MSEL), Exercise Evaluation Guide (EEG) and After-Action Report (AAR). Note that the concepts outlined in this toolkit are applicable in exercises that address other pediatric patient populations.

**Appendix C:**

**Pediatric Population Assessment**

The purpose of the pediatric population assessment is to quantify the pediatric population in your community as well as identify sources of pediatric patients that may surge into your hospital in the event of a disaster or catastrophic event. The goal of this assessment is to provide awareness of the potential pediatric population surge and the increased care and resource demands that may impact your hospital.

A population assessment must be completed within the past 12 months for the hospital service area or the zip code in which the hospital resides as well as the adjacent zip codes.

This assessment must include the following three components:

1. Number and percentage of population under 18 (0-17) years of age.
2. Location of schools in proximity to the hospital (including grades/age ranges and enrollment numbers). Below are web-based resources that may be helpful in gathering this information:
   1. [www.schoolmap.org](http://www.schoolmap.org)
   2. [https://Montana.hometownlocator.com/schools/](https://montana.hometownlocator.com/)
   3. <http://www.usa.com/find-schools/>
3. Location of licensed child-care centers in proximity to the hospital (including age ranges and capacity). Below are web-based resources that may be helpful in gathering this information:
   1. <https://dphhs.mt.gov/ecfsd/childcare/childcarelicensing/providersearch>

Depending on your geographic location and community, the following additional information may be considered (in relation to the hospital location within their service area):

* List of events where children may congregate including but not limited to:
  + Circuses
  + Concerts
  + Fairs
  + Festivals
  + Parades
* List of locations where children may congregate including but not limited to:
  + Field trip destinations
  + Juvenile detention centers
  + Lakes or bodies of water
  + Libraries
  + Museums
  + Places of worship
  + Public parks
  + Recreational/sports facilities
  + Summer camps
  + Theme parks