

PLACE LOGO HERE

Pediatric Surge Plan Template

Use this template to create a Facility plan for a Pediatric Surge Incident.

Policy/Reference Number: Click or tap here to enter text.

Purpose

Click or tap here to enter text.

Scope

This plan is a supplement to, not a replacement for, the response actions and resources described in the facility Emergency Operations Plan and provides additional details relevant to an incident that involves significant numbers of pediatric victims.

This annex is limited to no-notice incidents. Pediatric issues during *evacuation* and *infectious disease* incidents involve different considerations and are not included here.

Planning Assumptions¹

1. Our facility will utilize the Hospital Incident Command System (HICS) to respond
2. Non-pediatric facilities will receive children from mass casualty events
3. Families should be kept together during all phases of care whenever possible
4. In large incidents, or when access to the facility is an issue, we may have to provide ongoing care pending arrival of sufficient transportation or treatment resources
5. If the event involves more than one facility regional coordination will be required with the health care coalition (HCC)
6. Priority is to transfer the most critical and then youngest patients (<8 years old) as early as possible to an appropriate referral center
7. Our facility has stabilization supplies for:²
 - a. Click or tap here to enter text. critical patients less than 8 years old and Click or tap here to enter text. critical infants

¹ This plan template is *NOT* intended to be used at pediatric hospitals, where the Emergency Operations Plan should reflect pediatric content.

² See Pediatric Primer for additional information:

- b. Yellow (serious) and Green (minor) patients under age 18 are also considered under this plan

Concept of Operations

1. Patients will be triaged and receive initial treatment in the Emergency Department
2. Designated pediatric disaster supplies should be brought to the ED resuscitation area from: [Click or tap here to enter text.](#)
3. Hospital Command Center should quantify transportation and referral needs early in the incident and communicate these to EMS, jurisdictional EOC, or HCC depending on the current state of activation and role of these entities.
 - a. **EMS Dispatch phone:** [Click or tap here to enter text.](#)
 - b. **Local EOC phone:** [Click or tap here to enter text.](#)
 - c. **HCC/RHPC phone:** [Click or tap here to enter text.](#)
4. Pediatric Technical Specialist should be appointed by Incident Commander (See Appendix A for Job Action Sheet)
5. If multiple patients require transportation and some will have to stay temporarily at the hospital, the **Pediatric Services Supervisor**³ and **Pediatric Technical Specialist**⁴ should work with the **Incident Commander, Operations, and Planning section chiefs** to determine the priority for transport and what additional staffing and resources will be required. An emphasis will be placed on transferring the most critical victims and those <8 years of age to pediatric referral centers (see pediatric triage card in [MDH Patient Care Strategies for Scarce Resources Situations](#)).
6. The Regional Health Care Preparedness Coordinator (RHPC) should be notified at [Click or tap here to enter text.](#) when:
 - More than one regional facility receives victims
 - Transportation or referral resources cannot rapidly meet the incident demands
 - [Click or tap here to enter text.](#)

Organization - Responsibilities/Roles

Activation

The Pediatric Emergency Team (PET)

- a. Is activated by: [Click or tap here to enter text.](#)
- b. And consists of:⁵ [Click or tap here to enter text.](#)

³ See Appendix B for Job Action Sheet

⁴ See Appendix A for job Action Sheet

⁵ Note at least one physician that can perform triage/transport prioritization as the Pediatric Technical Specialist

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Staffing

The following are sources of staff with pediatric-specific training⁶

	Pager, page group	Phone	Notes
Pediatric Technical Specialist (and alternate)			
Physicians			
Nurses			
Other			

Space

Pediatric patients should be placed in the following areas for inpatient care⁷

	Beds/room/unit	Additional supplies required
Intensive Care (conventional)		
Intensive care (contingency)		
Floor Care (conventional)		
Floor Care (contingency)		
Cot-based care (crisis)		
Minor/walking wounded care		

Supplies

The following are designated pediatric disaster supplies by type and location

⁶ This is intended for a smaller facility – larger facilities should list key individuals or group paging lists, etc.

⁷ Note that institutions that do not usually provide pediatric intensive or inpatient care will delete rows here to indicate only contingency beds – for a small hospital, the only contingency intensive care will likely be in the ED.

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	Type	Location	Notes
Resuscitation ⁸			
General patient care			
Nutrition			
Decontamination			
Social/Family Support			

Special

Pediatric Decontamination

See [Click or tap here to enter text.](#) for specific supplies and instructions

- Children should be kept with parents if possible (though teen-aged patients may be uncomfortable being decontaminated with family).
- If less than 2 years old, decontaminate with baby shampoo and carry in laundry basket
- Additional personnel will be needed to escort and assist children during decontamination
- Children will be fearful of personnel and process and may resist
- Children are much more sensitive to hypothermia than to adults

Pediatric Safe Area

- Pediatric Safe Area is located: [Click or tap here to enter text.](#)
- Incident commander or designee assigns Pediatric Safe Area Unit Leader – obtain Job Action Sheet (Appendix C) and assign additional personnel to the area as requested
- Assure ALL children are wearing bands as described:
 - **Purple** – Parents are patients (identifier number on band) – parent should have purple band with matching identifier. 2 parents = 2 bands.
 - **White** – Without apparent parent/caregiver (see below for Family Reunification)
 - **Blue** – Belong to staff (disaster daycare) – staff to wear number-matched bracelet while child is in Safe Area
 - Children who are/were patients should wear their hospital ID band in addition to above

⁸ Refer to Pediatric Primer for resuscitation supplies, this may refer to caches or be a more specific list depending on facility resources/needs – a full list may be included as an appendix

- Children are logged in and logged out of the Safe Area by band number and caregiver/personnel accompanying.

Family Reunification

- Parents with purple bands matching may retrieve child from the pediatric safe area when they are capable of doing so or work with the coordinator to arrange a safe place to stay if they require hospitalization and are unable to care for the child.
- Children with white bands should have an Unaccompanied Child Form filled out and a digital photo taken. This information should be collected and shared with the Hospital Command Center.
- Hospital Command Center will establish a Hospital Support Center located: [Click or tap here to enter text.](#)
- Family Support Center will determine ‘matches’ for children in the Safe Area. Parents should be able to produce a picture of the child with them or other concrete identifiers prior to any reunion/release if the child is not able to identify their parent and provide assent.
- Hospital support center should plan to demobilize the safe area and work with local Emergency Operations Center (EOC) to determine plans for children remaining unaccompanied after 12 hours.
- Any child without an apparent match at 12 hours should be reported to the clearinghouse of the National Center for Missing and Exploited Children as well as the Hospital Command Center, jurisdictional EOC, and Red Cross or other assisting community agencies. At this time, the child should undergo a physical and behavioral health screening per usual facility policy.

Triage

- Children may not evidence signs of shock until later than adults—careful evaluation is required
- There is a tendency to ‘over-triage’ children, especially when they have visible significant wounds and/or are extremely distressed
 - Be careful not to over-commit resources because of first impressions of distress/wound appearance
 - This may divert resources from patients that are more critical (less external wounds, lethargic, etc.)
- Pediatric providers should target care of those <8 years of age as they are most likely to benefit from specialty care

Treatment

- Provide usual triage and initial treatment, triage for transport/referral/ongoing treatment as appropriate. See MDH Patient Care Strategies for Scarce Resources Situations and Pediatric Quick Reference for basic information.

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- Off-site technical experts – if needed, consultation for ongoing care/referral questions should be made to:⁹

Facility Name	Phone	PICU Capacity/Surge Capacity	Floor Capacity/Surge Capacity	Specialty/Notes

- On-site technical experts - in select situations, it may be an advantage for specialty staff to come to the affected hospital with one of the transport units to stay until the evacuation of children has been completed. If desired, this should be arranged with a referral facility or via the health care coalition (HCC).

Transportation

- Neonatal and some specialty patients may require specialized transport teams.
- Patients that require referral that are able to sit may require car seats. Car seats for patients that do not have them can be obtained from:
 - Click or tap here to enter text.
 - Click or tap here to enter text.
 - Click or tap here to enter text.
- The Transport Officer or designee is responsible for assuring that:
 - Car seats are safely installed
 - Children are appropriately restrained in the seat prior to transport
- Hospital Command Center will work with EMS and/or the Regional Healthcare Resource Center/RHPC to coordinate appropriate transportation assets and staffing. Pediatric Technical Specialist should assist Command Center with patient lists and priorities
- Follow EOP for coordination of other transportation and staging, other needs and issues.
- See Minnesota Pediatric Referral Resources located in the Pediatric Surge Primer for referral facility capacities and contact information.

Patient Tracking

- Assure child and destination are tracked according to usual facility MCI lists. Attempt to keep families together when possible.
- Provide transfer information to Family Support Center as soon as possible if parents were not available at time of transfer.

⁹ Reference Pediatric Primer Appendix for all state pediatric facility contact information

Command, Control, Coordination, Communication

- When the facility disaster plan is activated for a pediatric event the Pediatric Emergency Team (PET) should be activated by [Click or tap here to enter text.](#). This team consists of providers with pediatric-specific training.
- The following HICS positions may be assigned (in addition to usual HICS positions – assure that Mental Health Branch Director, PIO, and Liaison Officer are appointed to manage family and information issues):
 - Pediatric Technical Specialist (See Appendix A for template Job Action Sheet)
 - Pediatric Services Supervisor (See Appendix B for template Job Action Sheet)
 - Pediatric Safe Area Unit Leader (See Appendix C for template Job Action Sheet)
- The following HICS positions have pediatric-specific considerations in their Job Action Sheet
 - Inpatient Unit Leader
 - Outpatient Unit Leader
 - Clinical Support Services Unit Leader
 - Nutrition/Food Services Unit Leader
 - Mental Health Branch Director
 - Victim Decontamination Unit Leader
 - Family Support Unit Leader
 - Access Control Unit Leader

Review, Authorities, References

Approval date:	
Modification date(s):	
Authorizing signature:	

Appendix A: Pediatric Technical Specialist Job Action Sheet

Table A.1: Brief Job Description

Position Description:	The Pediatric Technical Specialist will provide guidance and develop policy on pediatric triage, treatment, transportation (including priority for transportation), and referrals/consultation during an incident with significant number of pediatric patients.
Reports to:	To be determined by individual hospital HICS framework (e.g. Incident Commander or Planning Section Chief)
Minimum Required Qualifications:	<ul style="list-style-type: none"> ▪ Pediatric specialist ▪ Completion of internal HICS training as deemed appropriate by trauma center HICS team ▪ Knowledge of the MN Pediatric Surge Plan and internal hospital surge plan(s)

*****Read This Entire Position Checklist Before Taking Action*****

Command Center Location: [Click or tap here to enter text.](#)

Command Center Phone Number: [Click or tap here to enter text.](#)

Immediate (0-2 hours)

- Read this entire Job Action Sheet and review organizational chart.
- Follow facility ICS process.
- Maintain situational awareness of evolving incident. Obtain briefing from the Incident Commander or Operations Section Chief or other assigned individual.
- Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
 - [ICS 214 Form](#)
- Gather information from Casualty Care Supervisor/ED Charge Nurse regarding:
 - Number of expected pediatric patients and their conditions
 - Hazardous materials or decontamination issues
 - Equipment, staff, or medication shortages/issues
- Determine number of patients that may require transfer
- Determine patients that may be cared for at the facility and assure appropriate staffing and location with Inpatient Area Supervisor

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- Determine additional staff or materials needed based on expected patient volume and communicate with Logistics Section Chief as required
- Liaison with community EOC or Regional Healthcare Preparedness Coordinator if multiple hospitals affected to determine transportation resources and timeline
- Determine best use of pediatric-capable staff with Pediatric Services Supervisor
- Coordinate referral consultation with Casualty Care Supervisor and other pediatric inpatient locations and assist with arranging inpatient transfers and transportation
- Provide expert input into decisions about priority for transfer to referral facility when transportation/referral capacity is limited.

Intermediate (2-12 hours)

- Assess on-going staff and materials needs based on patient status reports
- Assist Logistics and Planning Section Chiefs in detailing/obtaining additional resources
 - Recommend substitutions and adaptations as required
 - Provide policy guidance when pediatric resources must be triaged due to patient volumes or resource shortfalls
- Provide talking points to Public Information Officer to share with media and parents relative to the incident, victim care, decontamination/infection control, or other relevant issues
- Provide guidance on any just-in-time training required
- Ensure pediatric identification and tracking systems are implemented with Pediatric Services Supervisor
- Coordinate with Logistics and Planning Section Chiefs to expand/create additional Pediatric Patient Care areas, if needed
- Facilitate referrals and consultations as required with other facilities
- Continue to prioritize and assist with transfer coordination including priority for transfer, safe means of transport, staffing requirements, and in-transit care requirements
- Determine, with pharmacy, if any pediatric-specific dosing or formulation issues require action and provide guidance to address these issues
- Provide guidance and support as needed to clinical areas caring for pediatric patients

Extended (>12 hours)

- Participate in planning meetings and briefings as required by the Incident Commander or Planning Section Chief
- Continue to support facility needs for clinical policies and guidance
- Monitor and anticipate staff and supply issues and work with Logistics and Planning Section Chiefs to remediate issues
- Monitor and provide support for any ongoing transportation/transfers
- Provide support for on-site pediatric care issues and consultations
- Work with Public Information Officer on messages for the public, families, staff, and

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- patients
- Assure rest, nutrition, and psychological support are available for staff, families, and patients
- Coordinate with Mental Health Branch Director for support and, if needed, evaluations of mental health of volunteers and children
- Track issues (successes and opportunities) for after-action analysis
- Upon shift change - brief your relief - including situation update, actions taken, issues and problems to be addressed, key contacts, and anticipated actions for the subsequent operational period

Demobilization/Recovery

- Return all assigned HICS equipment
- Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the Operations Section Chief or Incident Commander as appropriate
- Brief the Operations Section Chief or Incident Commander as appropriate on problems, outstanding issues, and follow-up requirements
- Submit comments to Operations Section Chief or Incident Commander, as appropriate for discussion and possible inclusion in the after action report. Topics include:
 - Review of pertinent positions descriptions
 - Operation checklist
 - Recommendation for procedure changes
 - Section accomplishments and issue

Appendix B: Pediatric Services Supervisor Job Action Sheet

Table B.1: Brief Job Description

Position Description:	The Pediatric Services Supervisor ensures the pediatric treatment and holding areas are properly assigned, equipped, and staffed during an emergency.
Reports to:	Operations Chief
Minimum Required Qualifications:	<ul style="list-style-type: none"> ▪ Pediatric specialist ▪ Completion of internal HICS training as deemed appropriate by trauma center HICS team ▪ Knowledge of the MN Pediatric Surge Plan and internal hospital surge plan(s)

*****Read This Entire Position Checklist Before Taking Action*****

Command Center Location: [Click or tap here to enter text.](#)

Command Center Phone Number: [Click or tap here to enter text.](#)

Immediate (0-2 hours)

- Read this entire Job Action Sheet and review organizational chart.
- Follow facility ICS process.
- Maintain situational awareness of evolving incident. Obtain briefing from the Incident Commander or Operations Section Chief or other assigned individual.
- Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
 - [ICS 214 Form](#)
- Gather information from Casualty Care Supervisor/ED Charge Nurse regarding:
 - Number of expected pediatric patients and their conditions
 - Hazardous materials or decontamination issues
 - Expected time of arrival for patients
 - Current total number of Emergency Department patients
- Determine number of available pediatric beds (in-patient) and report to Operations Chief for planning purposes
- Determine on-site pediatric qualified staff members (MD, RN, RT, others)
- Determine additional staff needed based on expected patient volume

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- Alert Discharge Unit Leader to institute early discharge/or internal/external transfer of patients to open appropriate beds for pediatric patients as needed
- Activate Pediatric Emergency Team as per plan:
 - Predetermined Physicians (Pediatric/Family Practice/Staff/Community)
 - Predetermined Nurses (with pediatric experience and/or PALS/ENPC certification)
 - Predetermined ancillary technicians/others with pediatric experience
- Determine if Pediatric Safe Area should be activated
 - Assign Pediatric Safe Area Coordinator and determine staffing if required
- Communicate with Operations Chief to assure coordination with non-pediatric ancillary/support personnel
- Assure preparation of required pediatric patient care areas:
 - Clear area and designate each specific area per plan and based on expected casualties
 - Assure support personnel are assigned to each area
 - Assure delivery of medical and non-medical pediatric equipment
 - Assure set-up of pediatric equipment by clinical staff
 - Coordinate with Casualty Care Supervisor and other pediatric inpatient placement and assist with inpatient transfers and transportation as needed

Intermediate (2-12 hours)

- Assess on-going staffing needs based on patient status report from:
 - Pediatric healthcare personnel (emergency department, in-patient, OR)
 - Non-pediatric ancillary /support personnel
 - Pediatric Safe Area Coordinator and supplemental staff
- Assess additional medical and non-medical pediatric equipment/supply needs
 - Communicate with Logistics in coordination with Medical Care Branch Director
- Assure delivery of needed pediatric supplies
- Obtain status of pediatric casualties (discharges, admissions, transfers, and Pediatric Safe Area) and report to Operations Chief
- Provide information to Liaison Officer and Hospital Support Center on all admits
- Assure information flow from Pediatric Safe Area to Hospital Support Center and via Liaison Officer to community Family Assistance Center
- Ensure pediatric identification and tracking systems are implemented, to include identified, unidentified and unaccompanied children/victims
- Obtain Pediatric Registration forms from all pediatric patient areas for unidentified and/or unaccompanied minors
- Report any unidentified or unaccompanied pediatric patients to Operations Section and Hospital Support Center
- Determine timing and process for demobilizing the Pediatric Safe Area and where remaining children will be sent until re-unified with caregiver

Extended (>12 hours)

- Assure rest, nutrition, and psychological support are available for staff
- Coordinate with Mental Health Branch Director for support and, if needed, evaluations of mental health of volunteers and children
- Track issues (successes and opportunities) for after-action analysis
- Upon shift change—brief your relief—including situation update, actions taken, issues and problems to be addressed, key contacts, and anticipated actions for the subsequent operational period

Demobilization/Recovery

- Ensure return/retrieval of equipment and supplies and return all assigned HICS equipment
- Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the Operations Section Chief or Incident Commander as appropriate
- Brief the Operations Section Chief on problems, outstanding issues, and follow-up requirements
- Submit comments to Operations Section Chief for discussion and possible inclusion in the after action report. Topics include:
 - Review of pertinent positions descriptions
 - Operation checklist
 - Recommendation for procedure changes
 - Section accomplishments and issue

Appendix C: Pediatric Safe Area Unit Leader Job Action Sheet

Table C.1: Brief Job Description

Position Description:	The Pediatric Safe Area Unit Leader will ensure the pediatric safe area (PSA) is properly staffed and stocked during an emergency and will ensure the safety of the children requiring the PSA until an appropriate disposition can be made.
Reports to:	To the Pediatric Services Supervisor (Operations)
Minimum Required Qualifications:	<ul style="list-style-type: none"> ▪ Pediatric specialist ▪ Completion of internal HICS training as deemed appropriate by trauma center HICS team ▪ Knowledge of the MN Pediatric Surge Plan and internal hospital surge plan(s)

*****Read This Entire Position Checklist Before Taking Action*****

Command Center Location: [Click or tap here to enter text.](#)

Command Center Phone Number: [Click or tap here to enter text.](#)

Immediate (0-2 hours)

- Read this entire Job Action Sheet and review organizational chart.
- Follow facility ICS process.
- Obtain briefing from the Incident Commander or Operations Section Chief or other assigned individual.
- Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
 - ICS 214 Form
- Determine if the pre-designated pediatric safe area is available
- If not immediately available, take appropriate measures to make the area available as soon as possible or determine if a back-up area will be used
- Gather information about how many children may present to the PSA and likely timeframe for family members to arrive to claim them
- Assure enough staff is available for PSA (minimum staff: patients - <5yrs 1:7, >5yrs 1:15)
- Assure adequate security staff is available for PSA
- Establish adequate communication between PSA and the Hospital Support Center
- Establish registry (sign in/out log) for PSA
- Make sure that all items in PSA checklist have been met; if there are any deficiencies, address them as soon as possible and report them to the Pediatric Services Supervisor

Intermediate (2-12 hours)

- Determine the need for ongoing staff or other support (food, bedding, entertainment, etc. for PSA)
- Maintain registry of children in PSA as they arrive or are released to appropriate adult, complete unidentified and/or unaccompanied children registration forms
- Determine expected duration of need for PSA and plans for demobilization – where will remaining children be sent?
- Communicate with Pediatric Services Supervisor for planning/resource needs
- Determine if there are any medical or non-medical needs of children in PSA
- Provide informational updates for the children in the PSA
- Sleeping space and supervision if needed
- Snack and meal support as needed
- Report frequently to Pediatric Services Supervisor concerning status of PSA

Extended (>12 hours)

- Make sure that PSA staff have breaks, water, and food during their working periods
- Coordinate with Mental Health Branch Director for support and, if needed, evaluations of mental health of volunteers and children
- Document all action/decisions
- Identify issues for after-action analysis

Demobilization/Recovery

- Ensure all children in PSA have been released to an appropriate adult
- Return equipment and supplies
- Return space to original condition
- Give PSA registry to Pediatric Services Supervisor
- Brief Pediatric Services Supervisor on current conditions, issues, and follow-up requirements
- Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the appropriate HICS position
- Submit comments to Pediatric Services Supervisor for discussion and possible inclusion in the after action report. Topics include:
 - Review of pertinent positions descriptions
 - Operation checklist
 - Recommendation for procedure changes
 - Section accomplishments and issue