DEPARTMENT OF HEALTH

Pediatric Surge Exercise Workshop

FACILITATOR'S GUIDE

Introduction

This course is intended to start a conversation about pediatric surge preparedness at your agency/facility or in your region.

Intended Audience: Providers, Nurses, Emergency Staff, Emergency Response Staff, Administration

Length: 30-60 minutes preliminary work/60-minute workshop and discussion.

Preliminary Work (Pre-Workshop)

This is a slide series that is intended to provide you with some tabletop type exercises that allow you and your team to practice pediatric surge scenarios. The purpose of performing exercises with your team is to 1) educate and inform your team about Incident Command, 2) allow your team to practice Incident Command Roles and Responsibilities, 3) give your team an opportunity to "play" different roles in a pediatric surge scenario, and 4) to learn about your team and how best to improve your facility's response to a pediatric surge (or any surge) event.

Basic supplies you will need to assemble to conduct an exercise include:

- ICS forms and Job Action Sheets
- Plans/Emergency Operations Procedures
- Communications equipment
- Vests
- Decontamination equipment
- Patient Tracking/Identification
- Identified areas in your facility for: Family reunification, Pets, Staff, Crime evidence
- Written List of Community Resources with Contacts

Many find it best to use the equipment as a tour and educational opportunity for your team so everyone knows where you keep your Incident Command and Response equipment. You may also choose to assemble all of this equipment into the room you have chosen for this education and review each item with your staff BEFORE beginning any exercise. As a suggestion: start ICS training with your house/nursing supervisors to prepare your hospital for success. This is typically the team in house when an event occurs. Demonstrate the support you have for this team. Evaluate local experts who may be able to come at a time of surge or disaster than can help you.

Assemble your pediatric patient injuries for each scenario. It is okay to drill with only cards that state RED patient, YELLOW patient or GREEN patient on them. However, providers may find it a better learning experience to have injuries and/or symptoms for your "paper" patients. You can

find patient victim cards (along with other materials) in the **Pediatric Surge Toolkit** on the MDH website: **http://www.health.state.mn.us/communities/ep/surge/pediatric/index.html.** Some facilities/organizations may have manikins they use for simulated patients. Visuals are helpful to learners that learn by seeing.

Take the time to review the last 5 incidents that have occurred at your facility. These will vary from patient incidents, phone or electrical outages, loss of telemetry/biomedical, Rapid Response/Code Blue events, and Contaminated Patients. Can you use a real event as an example with your team?

> ***Note:*** *If you have not completed "after action" review sheets for these incidents, this workshop is a good time to practice completing these forms together and having a log of these for your next The Joint Commission or Minnesota Department of Health visit. Remember, these incidents typically qualify for drills/incidents under the life safety banner.*

Finally, before bringing your team together, ensure your Job Action Sheets are up to date, you've set objectives for the workshop/exercise, and you have included the right people in the workshop. Suggested partners to include are listed below. Please note, partners should be included based on the scenarios open for discussion. Take the time to consider non-traditional health care workers (maintenance, security, volunteers) and roles they can play in your success with these or other scenarios.

- House/Nursing Supervisors
- Emergency Department Staff (MDs and RNs)
- Emergency Management (facility, local, county levels)
- County coroner or medical examiner
- Facility security
- Chaplain services
- Coalition leaders

You can choose to have the discussion as one group or broken into smaller groups with a group report depending on the size of your team. You may find it useful for each group to take notes so any strengths or weaknesses discussed are adequately captured.

As you discuss the following scenarios, remember you can connect with colleagues at other facilities, health care coalitions or regions to discuss your solutions and learn from each other. We are grateful for your involvement in the care of children in the State of Minnesota, and your willingness to prepare for scenarios that perhaps have not occurred in your community before.

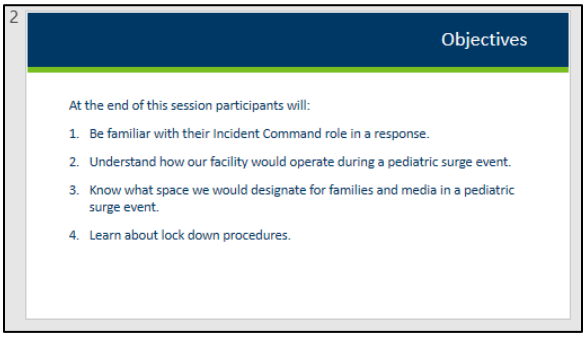
Presentation Notes

Slide 1

Title Slide. Enter your Name, Job title and any appropriate facility logos.

Welcome to our Pediatric Surge Exercise Workshop. I am *(insert name)* and I will be facilitating today. We will review two different scenarios related to a pediatric surge incident and discuss our operations if these scenarios were to happen to us.

Slide 2

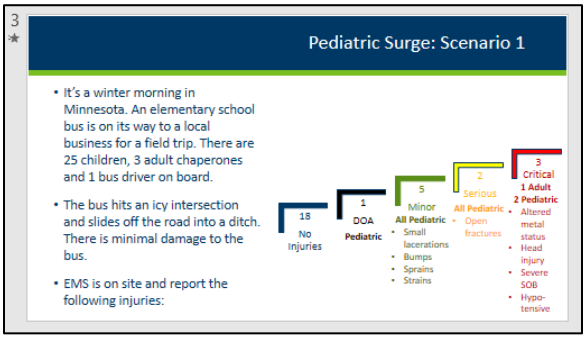


Modify as necessary or create more as needed.

At the end of this session participants will:

1. Be familiar with their Incident Command roles in a response.
2. Understand how our facility would operate during a pediatric surge event.
3. Know what space we would designate for families and media in a pediatric surge event.
4. Learn about lock down procedures.

Slide 3



Our first scenario starts on a winter morning here in Minnesota. An elementary school bus is on its way to a local business for a field trip. There are 25 children, 3 adult chaperones and 1 bus driver on board. The bus hits an icy intersection and slides off the road into a ditch. There is minimal damage to the bus.
EMS arrives on site and reports the following injuries:

- 18 with no injuries,
- 1 dead pediatric passenger,
- 5 green pediatric injuries,
- 2 yellow pediatric injuries,
- And 3 red injuries. 1 adult and 2 pediatric victims.

Slide 4

All 29 bus passengers will arrive in the next 30 minutes!

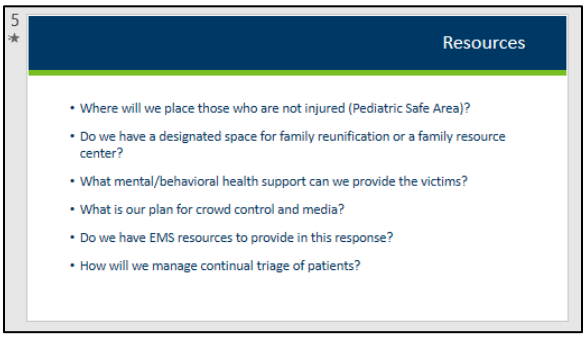
Let's take time to discuss how we would respond as a team. When our Emergency Department receives the notification from EMS, what happens next? Let's take the next 15-20 minutes to discuss our plan, activation, notifications, incident command and resources.

This is where your team should discuss activation of your pediatric surge plan or annex or at minimum your facility Emergency Operations Plan (EOP). Do not make assumptions, have a thoughtful conversation. You can give them leading questions to probe better discussion like the following:

- *How is our plan activated? Or do we have a plan?*
- *Who is notified internally of this surge to the Emergency Department? (ED, C-Suite, ORs, ICU, House Supervisor?)*
- *What, if any, external notifications are made? (Coalition, other hospitals, on-call staff?)*
- *Do we stand up Incident Command?*
  - *If yes, who fulfills what roles?*

Slide 5

Make assurances that you can carry out the plan you have made and have the resources to make this happen.



Now that we've discussed activation internally and external partners, let's discuss resources. Do we have the resources to carry out the plan we've made?

Where will we place those who are not injured? Do we have a designated space we would use? Is this the same space we would use as a family resource center?

- *This space should be located away from where patients arrive.*

What mental/behavioral health support can we provide the victims? Remember, a classmate died.

What is our plan for crowd control and media?

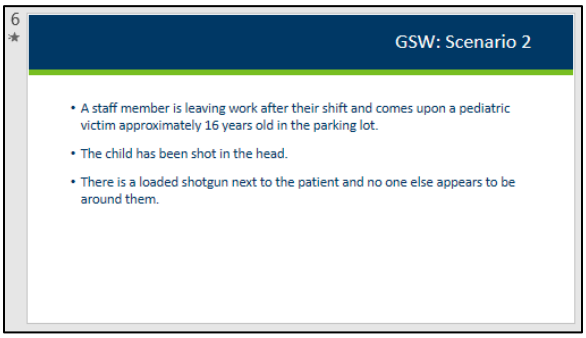
- *Assume your local law enforcement is busy with the incident and will only be able to send resources as they become available. If you are located in a rural area, keep in mind staff, law enforcement, EMS all may have children who were on the bus. How does this limit your response?*

Do we have EMS resources to provide in this response? Or are they easily overwhelmed?

- *Does your community have mutual aid agreements or do you rely on your local/volunteer ambulance service to provide all emergency and non-emergency transports for your hospital?*

How will we manage continual triage of patients?

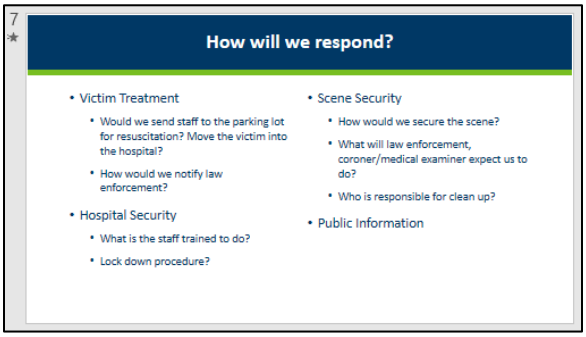
Slide 6



Let's discuss the next scenario. Unfortunately, this is a real scenario I am presenting to you for your consideration.

A staff member is leaving work after their shift and comes upon a pediatric victim approximately 16 years old in the parking lot. The child has been shot in the head. There is a loaded shotgun next to the patient and no one else appears to be around them.

Slide 7



This is a very different scenario than what we just discussed. So how would we respond? How do we handle a violent death in our parking lot?

Let's start by talking about victim treatment.

- Would we respond to the parking lot?
- Would we move the victim into the ED? Or would we call 9-1-1 and wait for EMS to respond?
- Do we have a ring down to our local law enforcement for immediate response, and what is their response time?

In this situation, what is our staff trained to do?

- Would we consider locking the hospital down?
- If so, how many staff do we need for lock down procedures?

Next topic is scene security.

- How would we secure the scene?
- Is it our responsibility? What will law enforcement and the coroner/medical examiner expect from us?
- Who is responsible for clean up?

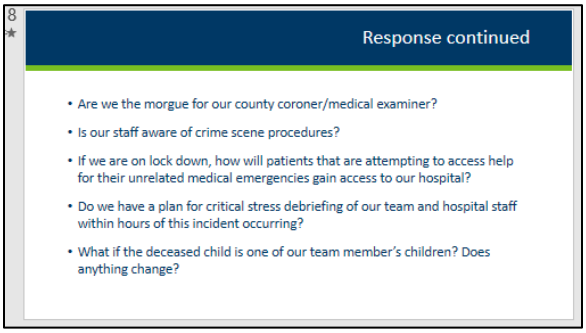
Finally, public information.

Do we have a public information officer and what is their role in this scenario?

Slide 8

Let's continue to discuss a few more questions about this scenario.

- Are we the morgue for our county coroner/medical examiner?
- Is our staff aware of crime scene procedures?
- If we are on lock down, how will patients that are attempting to access help for their unrelated medical emergencies gain access to our hospital?
- Do we have a plan for critical stress debriefing of our team and hospital staff within hours of this incident occurring?
- What if the deceased child is one of our team member's children? Does anything in our response change?



Slide 9

Let's take the next 10 minutes to share what we've learned today. Does anyone have anything they'd like to share?

Some probing questions are listed below.

- *What Action plans have you developed to respond to gaps you have discovered?*
- *How have you included other community responders in your planning?*
- *Who is responsible for improvements you have identified?*
- *Who do you have as a pediatric expert to provide advice on next steps in developing/exercising your plan?*

Have you coordinated with your bus company, your financial institution, your construction partners, your local service clubs on how they can help you in a disaster?

Slide 10

Insert your contact information.

Thank you for taking the time to join me today.

Sign in Sheet

Name	Job Title	Email