

Facility Pediatric Surge Preparedness Checklist

Critically ill pediatric patients may present to ANY hospital, at any time. Transferring patients to specialized hospitals may not be feasible or an option, therefore **ALL** hospitals should plan for care of pediatric patients. Use this assessment tool to determine where your facility is in the planning process.

Check	Step	Notes
<input type="checkbox"/>	<p>Survey staff to identify in-house (and possibly community) pediatric expertise:</p> <ul style="list-style-type: none"> ▪ Hospitals and networks should survey staff and admitting physicians to develop a database of personnel with pediatric experience, training and willingness to participate in a disaster response ▪ Identify key pediatric positions that staff will occupy in a disaster (see below) ▪ Include notification procedures for key staff and response team members in the plan 	
<input type="checkbox"/>	<p>Create pediatric leadership positions for key personnel and qualified staff:</p> <ul style="list-style-type: none"> ▪ Pediatric Preparedness Coordinator: <ul style="list-style-type: none"> ▪ May be a nurse, physician, or emergency manager with pediatric experience ▪ Has a planning role distinct from any response roles they may hold ▪ Will likely be the critical ‘champion’ that leads preparedness/advocacy efforts at the institution ▪ It is critical that the person chosen has the time and motivation to provide substantive assistance to the Emergency Preparedness team ▪ Pediatric Technical Specialist – usually a physician: <ul style="list-style-type: none"> ▪ Serves as regular member of the Hospital Emergency Preparedness Committee ▪ Coordinates medical aspects of pediatric disaster planning ▪ During a response determines overall priorities for pediatric patients and supporting logistical and policy needs. Also determines necessary surge capacity, and locations for care if multiple pediatric casualties (including priority for transportation to other facilities) 	

FACILITY PREPAREDNESS CHECKLIST FOR PEDIATRIC SURGE

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	<ul style="list-style-type: none"> ▪ Pediatric Services Supervisor: <ul style="list-style-type: none"> ▪ Participates in ongoing Hospital Disaster Committee work ▪ Plans and equips pediatric care and pediatric safe areas ▪ Assures that pediatric treatment and holding areas are properly assigned, equipped and staffed during an incident ▪ Assigns Pediatric Safe Area Unit Leader and provides supervision and support during an incident ▪ Ensures the safety of children awaiting disposition after evaluation ▪ Logistics Section: <ul style="list-style-type: none"> ▪ Plans for pediatric-specific supply needs in conjunction with other members of the planning team ▪ During a response, ensures that children’s needs are addressed by Logistics, including transportation, materials, and nutrition 	
<input type="checkbox"/>	<p>Revise your facility’s Emergency Operations Plan to include a Pediatric Surge Annex:</p> <ul style="list-style-type: none"> ▪ Development of the plan will drive subsequent actions below ▪ Above experts should participate in plan development, along with the Emergency Preparedness committee and other stakeholders ▪ See template from MDH 	
<input type="checkbox"/>	<p>Incorporate pediatric exercises and drills into facility Training and Exercise Plan:</p> <ul style="list-style-type: none"> ▪ Determine (or review) medical and nursing staff training requirements to assure that appropriate basic and advanced emergency care and trauma life support can be offered to children (including credentialing or pre-requisite requirements to working in the ED, etc.) ▪ Assure access to courses such as Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), and the Emergency Nursing Pediatric Course (ENPC) for hospital staff on an ongoing basis (these courses are examples, not a definitive list) ▪ Arrange updates and re-certifications as needed ▪ Develop and implement training on the pediatric surge annex at the facility ▪ Arrange brief, scenario-driven trainings in clinical areas 	

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	<ul style="list-style-type: none"> ▪ Conduct drills and exercises and identify and correct deficiencies 	
<input type="checkbox"/>	<p>Include a pediatric equipment plan in the facility’s Pediatric Surge Annex:</p> <ul style="list-style-type: none"> ▪ Establish disaster pediatric equipment needs – obtain and maintain stocks ▪ Consider creating and stocking pediatric disaster carts in designated areas, including a cart specifically for Pediatric Critical Care in the emergency department (which should also be used for ‘routine’ critical cases, not just mass casualty events) and designated supplies for the Pediatric Safe Area 	
<input type="checkbox"/>	<p>Include a pediatric pharmaceutical plan in the facility’s Pediatric Surge Annex:</p> <ul style="list-style-type: none"> ▪ Establish procedures for pediatric dosing (resuscitation medications/kits/color-coded bags) ▪ Maintain and update an inventory of essential disaster drugs (consider 96-hour supply of key medications) 	
<input type="checkbox"/>	<p>Include a pediatric nutrition plan in the facility’s Pediatric Surge Annex:</p> <ul style="list-style-type: none"> ▪ Be sure your plan is compliance with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule¹ <ul style="list-style-type: none"> ▪ Facilities have flexibility in identifying their individual subsistence needs that would be required during an emergency. ▪ A standard emergency preparedness measurement is to have supplies to maintain self-reliance for 72 hours. ▪ Consider Memoranda of Understanding (MOU) with area stores or vendors for delivery of additional supplies 	
<input type="checkbox"/>	<p>Ensure special security needs of children is addressed in the Pediatric Surge Annex:</p> <ul style="list-style-type: none"> ▪ Plan a Pediatric Safe Area (PSA) to hold uninjured, displaced or released children who are awaiting arrival of adult caregivers ▪ Designate who will fill the role as Pediatric Safe Area Unit Leader as part of this planning and identify staffing ratios and supply issues 	

¹ Centers for Medicare and Medicaid Services. State Operations Manual. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

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	<ul style="list-style-type: none"> ▪ Develop a system to track both accompanied and unaccompanied children ▪ Develop a protocol to rapidly identify and protect displaced children, including recording key identifying information for use in later tracking and reunification with caregivers 	
<input type="checkbox"/>	<p>Consider Transfer and Transport issues:</p> <ul style="list-style-type: none"> ▪ Consider signed transfer agreements (See EMS-C templates: http://www.emscmn.org/resources) ▪ Understand regional transport resources for pediatric transfers ▪ In case transfer is delayed, plan provide extended care to children during a disaster, including provision of equipment for age-appropriate internal transport (rolling cribs, laundry baskets, etc.) and bedding (pack-n-plays, etc.) ▪ Hospitals without pediatric intensivists or trauma surgeons should develop a plan with referral hospitals to provide support for inpatient / continued care if transfer cannot be accomplished (including telephone consultation and potentially telemedicine or other resource linkages) 	
<input type="checkbox"/>	<p>Add pediatric considerations to the facility Decontamination Plan:</p> <ul style="list-style-type: none"> ▪ Develop a system to keep children with their caregiver, unless medical issues take priority (or teen-aged children decline to shower with parents) ▪ Assure specifics of supplies and training are addressed 	

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