

HOSPITAL PEDIATRIC PREPAREDNESS TOOLKIT

October 2015



Illinois Emergency Medical Services for Children is a collaborative program between the Illinois Department of Public Health and Loyola University Chicago



How to Use This Toolkit

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 and other disaster related plans/policies, Illinois EMSC recommends the inclusion of pediatric components in several key areas. The Hospital Pediatric Preparedness Checklist included in this toolkit was designed to help hospitals identify their current level of pediatric preparedness and recognize additional opportunities for improvement.

The Hospital Pediatric Preparedness Checklist included in this toolkit is also used during EMSC Pediatric Facility Recognition Site Surveys to evaluate the inclusion of pediatric preparedness components within hospitals' 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 request an improvement plan to address any opportunities for improvement identified during the survey. This 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.

This toolkit was developed under the direction and guidance of Illinois Emergency Medical Services for Children, the Pediatric Preparedness Workgroup, the Facility Recognition Committee and the EMSC Advisory Board.

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HOSPITAL PEDIATRIC PREPAREDNESS CHECKLIST

Hospital: _____ **City:** _____ **EMS Region:** _____
Date: _____ **Pediatric Recognition Level:** _____ **NONE** _____ **SEDP** _____ **EDAP** _____ **PCCC** _____
Person Completing Checklist _____ **Title** _____

OVERALL EMERGENCY OPERATIONS PLANNING	Yes	No	In Progress	Comments
Are pediatric components integrated into the hospital EOP (either directly or referenced to an Annex)?				
If yes, are pediatric components separate considerations or included under "at risk" population categories? <i>(This is only a recommendation and not a required consideration).</i>				
Were staff with pediatric focus consulted in writing and updating the hospital EOP?				
Has the hospital conducted a recent HVA or THIRA?				
If yes, did the process of completing your hospital's HVA/THIRA include conducting a population assessment of children in your surrounding community (e.g. schools, museums, child care centers, recreational parks)?				
Was the information obtained in the population assessment incorporated into the hospital's HVA/THIRA?				
Does staff with pediatric focus regularly attend emergency preparedness committee meetings and contribute to overall hospital preparedness?				
Are staff with pediatric focus encouraged to take courses such as FEMA IS 100, 200, & 700 to become more familiar with the incident command system? <i>(This is only a recommendation and not a required consideration).</i>				
Are staff with pediatric focus integrated into the hospital's incident command system as indicated by the type of event?				
Does the disaster preparedness coordinator regularly attend and/or participate in the regional healthcare coalition meetings?				
Describe planning challenges for OVERALL EOP.				

SURGE CAPACITY		Yes	No	In Progress	Comments
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 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 (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 children with special health care needs/children with functional access needs?					
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?					

SURGE CAPACITY		Yes	No	In Progress	Comments
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)					
Is there a specific plan or process to assist staff with their dependents in the event of a mass casualty or surge event?					
If yes, does the plan include:	Child care				
	Elder dependent care				
	Pet care				
Has the hospital tested pediatric surge capacity within the last 24 months?					
Describe planning challenges for SURGE CAPACITY.					

DECONTAMINATION		Yes	No	In Progress	Comments
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 during decontamination?					
Does the plan include a method(s) to safely mobilize infants/ children and children with special health care needs/children with functional access 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)					

DECONTAMINATION	Yes	No	In Progress	Comments
<i>Describe planning challenges for DECONTAMINATION.</i>				
REUNIFICATION/PATIENT TRACKING	Yes	No	In Progress	Comments
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 children with special health care needs/children with functional access needs with legal caregivers?				
If yes, describe methods(s)				
Does the hospital EOP or other disaster related plans/policies, identify processes for verifying guardianship before releasing an unaccompanied or displaced infant, child or child with special health care needs/child with functional access needs?				
If yes, describe method(s).				
Does the hospital incorporate community partners such as the American Red Cross in assisting unaccompanied or displaced children?				
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 and 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 children with special health care needs/ child with functional access needs?				
Has the hospital conducted an exercise/drill/training within the last 12 months that has tested the reunification process described above?				
<i>Describe planning challenges for REUNIFICATION/ PATIENT TRACKING.</i>				

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SECURITY	Yes	No	In Progress	Comments
Does the hospital EOP or other disaster related plans/policies, incorporate lock down 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?				
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
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/JUMPSTART		Yes	No	In Progress	Comments
Has the following staff received training in mass casualty triage using JumpSTART?	Emergency Department Staff				
	Pediatric Inpatient Staff				
	Other				
If yes, how often are these procedures reviewed?					
Did the hospital purchase the IL customized SMART bags? (includes START/JumpSTART algorithm cards and no pediatric tape)					
Has the JumpSTART algorithm been used in a exercise/drill/training within the last 12 months?					
Describe planning challenges for MASS CASUALTY TRIAGE/JUMPSTART.					

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)/CHILDREN WITH FUNCTIONAL ACCESS NEEDS (CFAN)		Yes	No	In Progress	Comments
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)?					
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.				

PHARMACEUTICAL PREPAREDNESS	Yes	No	In Progress	Comments
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, Ciprofloxacin, Doxycycline, and Tamiflu?				
If yes, does hospital staff have ready access to instructions specific to children for Amoxicillin, Ciprofloxacin, Doxycycline, and Tamiflu?				
Describe planning challenges for PHARMACEUTICAL PREPAREDNESS.				

RECOVERY	Yes	No	In Progress	Comments
Does the hospital EOP or other related plans/policies, outline the process to work with primary providers, social services, community partners, public health or other health services to provide services including screening, primary prevention and treatment for behavioral health needs of children and children with special health care needs?				
If yes, describe the plan.				
Does the hospital EOP or other related plans/policies address providing parent information resources (e.g. CDC's <i>Helping Parents Cope</i> 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
Has the hospital included the following groups in exercises/drills/trainings within the past 12 months?						
Infants						
Toddlers						
School age children						
Adolescents						
Children with Special Health Care Needs/Children with Functional Access Needs						
Did the hospital prepare a hospital specific After Action Report 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 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				
<i>Describe planning challenges for EXERCISES / DRILLS.</i>						

IMPROVEMENT PLAN TEMPLATE

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 above checklist and/or undergoing the 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)