



PEDIATRIC SURGE TEMPLATE

This Pediatric Surge Plan may be activated in response to an event that impacts a disproportionate number of pediatric patients. The goal of this plan is to expand [INSERT HOSPITAL NAME] capability to treat ill or injured children. This plan will be activated through the Los Angeles County ReddiNet and Medical Alert Center transfers.

[INSERT NAME], [INSERT TITLE] [INSERT APPROVAL DATE]

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Background and How to Use this Template to Create Your Pediatric Surge Plan

Background

This *Pediatric (Peds) Ready Template* is designed to walk you through the development of a Pediatric Disaster Plan for your hospital. We will begin with a brief overview of the Pediatric Surge Plan, followed by a definition and discussion of the expectations of Tier 6 hospitals, the activation and coordination of the plan, as well as recommended training, drills and exercises for your facility. Finally, we will conclude with recommended lists of equipment and supplies, as well as an appendix section with reference material, LINKS and additional resources. If at any point, while using this document, you have any questions or concerns, please contact Millicent Wilson, MD at the EMS agency at (562) 378-1648 or milwilson@dhs.lacounty.gov.

Instructions

This document includes information to help guide you in the development of your hospital's pediatric surge plan. You will see these instructions and tips in the following way. You may delete this once you have completed filling in your information.

Instructions will be included in a box like this. You can delete these when you complete your document. You should also delete this first section titled "Background and How to Use this Template"

Highlighted Text – How to

Text that is **highlighted in yellow** is intended to be updated by your hospital. If the information is not relevant, you should delete it.

Text that is **highlighted in gray**, is to emphasize a goal of the section.

Overview

All hospitals within Los Angeles County are required to plan for a disaster, either natural or man-made, and to have a surge plan that addresses how a hospital will respond in a situation that disproportionately impacts pediatric patients. Within Los Angeles County, all hospitals participating in the Hospital Preparedness Program who have agreed to participate in the County-wide pediatric surge plan are expected to support a system-wide approach for handling these situations. The [Los Angeles County \(LAC\) county-wide Pediatric Surge Plan](#), is based on a tiered system which intends to triage the most critically ill or injured children to the hospitals most accustomed to treating critically ill children. Hospitals *unaccustomed* to caring for very young children, or critically ill children, are asked to participate by accepting older, less critically ill, children and adolescents. The goal is to expand all hospitals' existing capabilities and capacity across the entire Los Angeles County healthcare delivery system.

In preparation for all surge events, each hospital is expected do the following:

1. **Expedite discharges;**
2. **Cancel all non-urgent, elective and outpatient surgeries;**
3. **Downgrade patients – as clinically appropriate;**
4. **Identify areas where pediatric patients can receive medical care within the hospital.**

The goal of this “Peds Ready Template” is to assist your hospital in developing your Pediatric Surge Plan and to further guide your hospital in the identification of resources, and to prioritize and organize your pediatric preparedness efforts. This template will concentrate on the three S’s of **Space, Staff** and **Stuff** (Supplies and Equipment) and will include links to appendices for pediatric disaster planning such as, pediatric patient tracking, family reunification, creating pediatric safe areas, pediatric medication, equipment and supplies, and finally, the care and supervision of the unaccompanied minor pediatric patient.

The tier criteria for all of Los Angeles County’s eighty-eight hospitals has been defined (Appendix B). This Peds Ready Template document is primarily, but not exclusively, designed for those Tier 6 hospitals that are “911 receiving facilities that do not have an Emergency Department Approved for Pediatrics (EDAP) and, by definition, do not have licensed, inpatient pediatric beds.” These facilities may be requested to surge for the accommodation of stable patients, over eight years of age. Some of these Tier 6 hospitals also have neonatal intensive care (NICU) capability and may be able to surge to accommodate patients two years of age and under. Does your hospital fit this description?

Let’s define your hospital:

Name of Hospital: _____

Tier of Hospital: _____

NICU Capability: _____ (yes / no)

If “Yes” : **This hospital (NAME)** has NICU capability and may be able to use surge strategies to accommodate patients two years of age and under.

OR

If “No” : **This hospital (NAME)** does not have NICU capability and cannot reasonably accommodate patients two years of age and under.

Tier 6 Hospital Expectations

Tier 6 Hospitals are expected to prepare for the following:

1. Trauma Surge Events involving
 - Delayed Patients > 8 years old
 - Minor Patients - of all ages
 2. Medical Surge Event
 - Medical Patients > 8 years old
- Patient Tracking - all ages
 - Family Reunification - all ages
 - Pediatric Safe Areas - all ages
 - Supervision and care of unaccompanied minors - all ages
 - Pediatric medication & supplies - primarily, but not exclusively, over 8 years old

Hospital Name - Pediatric Surge Template

www.lapedstry.org

The number of Pediatric Surge Patients that all Tier 6 hospitals are requested to prepare for is 120. This is approximately five (5) patients per hospital.

Activation

This plan would be activated in an event that disproportionately impacts children. This plan could be activated by the Los Angeles County Emergency Medical Services (EMS) Agency and made operational using systems used on a daily basis (i.e., Reddi-Net and transfers through the Medical Alert Center (MAC)). Given that the number of beds can fluctuate and hospitals can increase their scope of services, current lists of hospital capabilities are available; please contact the MAC staff. Activation will be by pre-identified Tiers.

Coordination

Both the Medical Alert Center and the LAC Department of Health Services' Department Operations Center (DOC) will monitor hospital bed availability and coordinate the distribution of pediatric patients within the county's healthcare system. To facilitate the appropriate distribution of pediatric patients, the DOC will:

- Coordinate transportation and destination of pre-hospital patients;
- Facilitate inter-facility transfers as needed;
- Waive Reference No. 510, Pediatric Destination requirements as applicable.

Patients should primarily be distributed to an appropriate level of care, given the specific circumstances of the situation and capabilities of the receiving facility. A pediatric medical expert should be consulted in the triage and distribution of patients when operationalizing the plan.

If an inter-facility transfer needs to occur because of a need for a higher or lower level of care, the hospital should contact the MAC at (866) 940-4401 ext. # 1 to coordinate the transfer.

Additional reasons to contact the MAC include, but are not limited to, the following circumstances: secondary trauma transfers, helicopter transfers, additional resources needed, a Mass Casualty Incident (MCI) involving five (5) or more patients, a sudden surge of patients, and/or events necessitating the support of your Disaster Resource Center (DRC) hospital.

Recommended Training

The following is a list of recommended pediatric training goals for your staff. Please contact your pediatric champion, or the EMS Agency, to receive an updated list of training schedules:

1. Triage – including JumpSTART, START, and the Pediatric Assessment Triangle
2. Age specific care
3. Mock Codes – at least two (2) per year
4. Online Educational Support & Modules – www.lapedstry.org
5. Continuing Education which may include but are not limited to regional Emergency Department Approved for Pediatrics (EDAP) conferences, state or national conferences by the American College of Emergency Physicians or the American Academy of Pediatrics. Advanced Pediatric Life Support (APLS) courses or Pediatric Advanced Life Support (PALS) courses.

Drills and Exercises

In addition to training, education and the creation and maintenance of supplies-- **Drills and Exercises** are an integral part of disaster preparedness. Drills and exercises allow facilities to quickly identify areas of weakness and target those areas for systemic improvement. We strongly recommend that each Tier 6 facility take full advantage and opportunity to participate in local, regional, drills and exercises with their area hospitals, law enforcement, fire departments and schools, and especially with their DRC hospital. It is also strongly recommended that each Tier 6 hospital participate in the annual, November, Statewide Medical and Health Exercise (SWMHE) with the LAC Department of Health Services and the EMS Agency.

Guiding Principles – Pediatric Surge Plan

The following are guiding principles of the Pediatric Surge Plan.

1. Plan would be activated in response to an event that has a disproportionate number of pediatric patients;
2. Expand hospital's existing capability and determine what specific strategies to implement to meet its surge capacity target;
3. Support the emergency department with training and supplies that will allow them to stabilize and admit pediatric patients;
4. Support inpatient units with training and supplies that will allow them to manage pediatric patients;
5. Support surge capacity intended for adult med/surge and/or ICU beds carved out in specific areas.

*This is the template for you to develop your plan. Please use the following 'fill-in' document as a starting point. However, by all means, customize this plan to fit your needs. **This is your plan, for your hospital.** Fill-in the contact information for your staff and take this opportunity to review and augment your disaster supply cache.*

HOSPITAL NAME Pediatric Surge Plan

This plan addresses how **HOSPITAL NAME** will support pediatric needs in the event that the LA County Pediatric Surge Plan is activated.

Initial Actions

Activation

HOSPITAL NAME will activate this pediatric surge plan in the event that we are notified by the LA County Medical Alert Center that a surge event is occurring. **HOSPITAL NAME** can also activate this plan should a sudden surge of children arrive at the discretion of **INSERT ROLE e.g., House Supervisor**.

Communication:

If this plan is activated, the Hospital Command Center will be activated, and the activation of this plan will be communicated in the following ways:

INSERT HOW YOU NOTIFY STAFF

De-Activation

Once the situation is resolved, this plan will be de-activated by notifying staff via the Hospital Command Center.

After Action Review – Pediatric Surge Activation

Similar to other plan and command center activations, this plan will be reviewed and updated by following our after-action review processes.

Resources for Activation

HOSPITAL NAME has the following resources to activate the Pediatric Surge Plan. This includes:

- Contact Information for an Internal Team
- Contact Information for coordination and community resources
- Pre-identified **Space, Staff** and **Stuff** (equipment and supplies)

Internal Contact Information Sheet

Hospital Name:			
Tier Level:			
NAME	EMAIL	WORK PH#	CELL PH#
DISASTER PLANNER / EMERGENCY MANAGEMENT OFFICER			
PEDIATRIC EMERGENCY CARE COORDINATOR (PECC - MD OR RN)			
NAME	EMAIL	WORK PH#	CELL PH#
ANY ADDITIONAL PEDIATRIC SUPPORT PERSONNEL IN YOUR HOSPITAL			
CATEGORY/ NAME	EMAIL	WORK PH#	CELL PH#
A. ADMIN =			
B. FACILITIES =			
C. SECURITY =			
D. PHYSICIAN =			
E. NURSE =			
DO YOU PLAN TO HAVE A PEDIATRIC RESPONSE TEAM WITHIN YOUR HOSPITAL? IF SO, LIST THEM HERE:			
CONTACT PERSON	EMAIL	WORK PH#	CELL PH#
PHYSICIAN:			
1.			
2.			
3.			
NURSE:			
1.			

Hospital Name:			
Tier Level:			
NAME	EMAIL	WORK PH#	CELL PH#
2.			
SUPPORT SERVICES: Respiratory Therapist, Pharmacist, etc.			
1.			
2.			
3.			

Coordination with Other Hospitals

NAME OF YOUR DRC HOSPITAL:			
ADDRESS OF YOUR DRC HOSPITAL:			
MAIN PHONE #:			
COMMAND CENTER PHONE #			
CONTACT PERSON	EMAIL	WORK PH#	CELL PH#
NAME OF THE NEAREST PEDIATRIC MEDICAL CENTER (PMC) TO YOUR HOSPITAL:			
ADDRESS OF YOUR NEAREST PMC :			
MAIN PHONE #			
CONTACT PERSON	EMAIL	WORK PH#	CELL PH#

Hospital Name:			
Tier Level:			
NAME	EMAIL	WORK PH#	CELL PH#
NAME OF THE NEAREST EDAP TO YOUR HOSPITAL:			
ADDRESS OF YOUR EDAP :			
MAIN PHONE #			
CONTACT PERSON	EMAIL	WORK PH#	CELL PH#
NAME OF THE NEAREST TRAUMA CENTER TO YOUR HOSPITAL:			
ADDRESS OF YOUR TRAUMA CENTER :			
MAIN PHONE #			
CONTACT PERSON	EMAIL	WORK PH#	CELL PH#
NAME OF THE NEAREST PEDIATRIC TRAUMA CENTER (PTC) TO YOUR HOSPITAL:			
ADDRESS OF YOUR PTC :			
MAIN PHONE #			
CONTACT PERSON	EMAIL	WORK PH#	CELL PH#

Regional and County Coordination

<p><u>Medical Alert Center</u> (866) 940-4401 - SELECT OPTION #1</p>
<p><u>Contact the Medical Alert Center (MAC) immediately in the event of the following:</u></p> <ul style="list-style-type: none"> • Any sudden SURGE of patients • Any MCI involving more than 5 patients • Any events in which the sudden demands of patient care, exceed the resources available at your facility • To request inter-facility transfer - to a higher level of care i.e., to a Pediatric Medical Center (PMC) • Secondary Trauma transfer i.e., to a Pediatric Trauma Center (PTC) • In anticipation of the need to transfer patients out-of-the-county or out-of-the-state • In anticipation of a Helicopter transport • Use of Resource Request Forms to request additional resources: Ambulance Strike Teams, DHV volunteers, medication, or supplies • Any event necessitating the support of your Disaster Resource Center, or DRC hospital • In anticipation of the need to activate any of the following: Pediatric Surge Plan, Burn Surge Plan, Trauma Surge Plan, Mass Med Care Plan, Mass Fatality Plan • Explosive events • Any events with suspected contamination: Chemical, Biological and/or Radiological contamination • Any events requiring the Decontamination of one, or more patients at your facility • Any suspicious events of Terrorism or affecting our national security • Any events that require the notification of the FBI, HAZMAT, Homeland Security, etc.
<p>In the event of an Infectious Disease outbreak, IMMEDIATELY Call the Los Angeles County, Acute Communicable Disease Control Program Monday – Friday 8am – 5 pm (213) 240-7941 After Hours (213) 974-1234 Ask to speak with the Public Health Physician on call</p>
<p>To REPORT a case or any disease outbreak, please contact the Disease Reporting Hotline: (888) 397- 3993 Fax: (888) 397 – 3778</p>
<p>Poison Control Center: (800) 222 - 1222</p>

Support Services and Community Coordination

NAME OF YOUR LOCAL FIRE DEPARTMENT **(FD)**:

ADDRESS OF YOUR LOCAL **FD**:

MAIN PHONE #

CONTACT PERSON	EMAIL	WORK PH#	CELL PH#

NAME OF YOUR LOCAL POLICE DEPARTMENT **(PD)**:

ADDRESS OF YOUR LOCAL **PD**:

MAIN PHONE #

CONTACT PERSON	EMAIL	WORK PH#	CELL PH#

NAME OF **LOCAL PRESCHOOL / ELEMENTARY SCHOOL**

ADDRESS

MAIN PHONE #

CONTACT PERSON	EMAIL	WORK PH#	CELL PH#

*The main goal of this **Peds Ready Template** is to guide your hospital in the identification of your specific hospital resources. Specifically, identify your hospital's three S's:*

- **Hospital Space**
- **Hospital Staff**
- **Hospital Stuff** – Equipment & Supplies

Complete the following tables after you have identified your resources.

Hospital Resources

Space

*Goal – increase available hospital **Space** to provide direct patient care, in the event of a disaster or a pediatric surge event. Determine which area(s) will be utilized to care for pediatric patients.*

Remember - Prior to implementing the Pediatric Surge Plan, all of the following should have been met:

- Expedite Discharges
- Cancel non-urgent, elective and outpatient surgeries and procedures
- Downgrade patients – appropriately
- Identify areas where pediatric patients can receive medical care within the hospital

The following considerations should be made when identifying space appropriate for children:

- Proximity to other units and potential safety hazards
- Access to stairwells, elevators
- Age of patients on units

For minors that require more basic care, review the tips regarding pediatric safe areas in [Appendix C](#).

HOSPITAL NAME – Surge Strategies – Space¹	
STRATEGY/IMPLEMENTATION STEPS	LOCATIONS & CONSIDERATIONS
Utilize licensed space for the care of pediatric patients	Licensed space/areas to consider:
	1.
	2.
	3.
Utilize outpatient beds for inpatient pediatric care	Location of outpatient beds to consider:
	1.
	2.
	3.

Utilize step-down units and ICU beds as acute patient care areas for pediatric patients	Location of step-down units and ICU beds to consider:
	1.
	2.
	3.
Increase capacity in patient rooms or hallways in patient care areas	Location of Rooms / Hallways to Expand Capacity:
2 patients in a single room	1.
	2.
	3.
3 patients in a double room	Locations, Floors, Room Numbers to consider:
	1.
	2.
	3.
Open hospital floors that are vacant	Hospital wings, floors, buildings to consider:
	1.
	2.

	3.
Identify alternate care areas of the hospital to use for pediatric patients	Location of alternate care areas:
<ul style="list-style-type: none"> • GI Lab 	
<ul style="list-style-type: none"> • Recovery Room 	
<ul style="list-style-type: none"> • Outpatient Surgery 	
<ul style="list-style-type: none"> • Physical Therapy 	
<ul style="list-style-type: none"> • Other 	
Use non-traditional areas of the hospital for stable pediatric inpatients (Reference Safe Area Checklist)	Location of non-traditional alternate care areas of your hospital:
<ul style="list-style-type: none"> • Cafeterias 	
<ul style="list-style-type: none"> • Conference Rooms 	
<ul style="list-style-type: none"> • Parking Structures 	
<ul style="list-style-type: none"> • Other 	
Shut off floor ventilation system to make a cohort of infected patients	REGULATIONS: 22 CCR 70823: A private room shall be available for any patient in need of physical separation as defined by the infection control committee

	<p>22 CCR 70855: Heating, air conditioning and ventilation systems shall be maintained in operating condition to provide a comfortable temperature</p>
<p>Use Outdoor Tents to create additional patient care areas</p>	<p>Where to locate the Outdoor Tents, as an additional care area option:</p>
	<p>1.</p>
	<p>2.</p>
	<p>3.</p>

Staff

Goal – increase available hospital staff to provide direct patient care, in the event of a disaster or a pediatric surge event.

The following individuals have been identified as having previous pediatric experience or certifications, such as PALS or APLS.

Pediatric Emergency Response Team

	Name	Previous Pediatric Experience	Phone (Cell)	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Additionally, some children may not need clinical care, but supervision and engagement. The following staff have been pre-identified as having ability to work with children.

	Name	Phone (Cell)	Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

HOSPITAL NAME – Surge Strategies –Staff	
STRATEGY/IMPLEMENTATION STEPS	CONSIDERATIONS
Cross train clinical staff	Age limits to MD Malpractice Coverage
Contact Nurse staffing agencies (registry) to assist with supplemental staffing needs Registry Names & Phone Number(s):	
1.	
2.	
Use non-conventional staff or expand scope of practice	
<ul style="list-style-type: none"> • Medical Students 	
<ul style="list-style-type: none"> • Nursing Students 	
<ul style="list-style-type: none"> • Dentists 	
<ul style="list-style-type: none"> • Retired health professionals with an active license 	
<ul style="list-style-type: none"> • Military licensed staff 	
Use of other, non-conventional, staff	Contact Phone Numbers
Volunteers	Phone Number:
	DHV-EMS-DOC Resource Request: Laemsadutyofficer@dhs.lacounty.gov
Local Fire Stations with an EMS Captain and Paramedics	Phone Number:
Dentists, Podiatrists, etc.	Phone Number:
Retired health professionals with an active license	Phone Number(s):

Utilize pediatric skilled RNs to supervise adult skilled RNs to treat a surge of pediatric patients and vice versa	<ul style="list-style-type: none"> • CNO to determine staffing assignments 		
Utilize families to render care under direction of a healthcare provider	<ul style="list-style-type: none"> • Policy considerations 		
Implement and/or develop just-in-time training for clinical staff normally assigned to non-direct patient care positions	<ul style="list-style-type: none"> • Develop the training materials ahead of time 		
Plan for dependent care for staff:			
Children	Nursery – Child Care Area		
	o Food, Snacks & Formula		
	o Toys		
	o Diapers & Pull Ups		
Dependent Parents	Senior Day Care		
Pets	Pet Friendly Area – Food / Water / Cages		
Provide vaccination and prophylaxis to healthcare staff and their immediate family members, as appropriate	Number of Staff Members:		
	Total Number of Staff-Spouses:		
	Total Number of Children:		
Total Number of Dependents:			
Policy Considerations	Yes	No	In Progress
Return to work policies for employees that have recovered from a communicable illness and have immunity			
Develop procedure to accept and assign volunteers			
Procedure to request additional staffing resources through the Standardized Emergency Management System (SEMS) structure			
Procedure to request relaxation of nurse/patient ratios to allow occupancy of all licensed beds			

Stuff – Supplies and Equipment

Goal – increase available hospital Stuff—i.e., the supplies and equipment needed to provide direct patient care, in the event of a disaster or a pediatric surge event.

HOSPITAL NAME – Surge Strategies –Stuff – Supplies and Equipment	
STRATEGY/IMPLEMENTATION STEPS	NOTES
<ul style="list-style-type: none"> Conserve resources 	<p>Examples:</p> <ul style="list-style-type: none"> Identify streamlined processes for use of PPE, including guidelines for reuse and fit testing Prioritize care functions to maximize the use of resources (e.g., limit/reduce frequency of patient baths, etc.)
<ul style="list-style-type: none"> Familiarize Hospital Command Staff with LA County’s Resource Request Procedure <i>Resource Request Training available, ahead of time, upon request from the EMS Agency</i> 	<p>E-mail completed Resource Request Forms to: laemsadutyofficer@dhs.lacounty.gov</p>
<ul style="list-style-type: none"> Notify vendors regarding anticipated needs and determine availability <i>Notify the MAC if you anticipate you will not be able to replenish your supplies from other vendors</i> 	
<ul style="list-style-type: none"> Work with alternate vendors to develop agreements and MOUs, ahead of time, regarding acquiring additional supplies 	
<p>Vendor(s) under consideration:</p>	<p>Names, address, phone numbers and/or contact person of sporting goods stores under consideration:</p>
<ul style="list-style-type: none"> Sporting goods stores 	<p>1</p>
	<p>2</p>
	<p>3</p>

	Names, address, phone numbers and/or contact person of grocery store(s) under consideration:
<ul style="list-style-type: none"> Grocery stores 	1
	2
	3
	Names, address, phone numbers and/or contact person of large retail store(s) under consideration:
<ul style="list-style-type: none"> Large Retail Stores i.e., Walmart, Costco, Target, etc. 	1
	2
	3
	Names, address, phone numbers and/or contact person of disaster vendor(s) under consideration:
<ul style="list-style-type: none"> Disaster vendors 	1
	2
	3
	Names, address, phone numbers and/or contact person of additional vendors under consideration:
<ul style="list-style-type: none"> Other 	1
	2
	3
Request resources from LA County EMS Agency to be deployed to DRCs as a distribution point for umbrella facilities as appropriate. <i>This should be after exhausting other contracts.</i>	E-mail completed Resource Request Forms to: laemsadutyofficer@dhs.lacounty.gov

De-activation Process

Step	Notes
1. Identify if all response activities have been completed	
2. Incident Commander to de-activate command center	
3. Emergency Manager to collect all documentation	
4. Emergency Manager to write up After Action Review <i>Remember to submit to LAC EMS Agency within 60 days</i>	
5. Emergency Manager and Emergency Preparedness Committee to determine if any updates to hospital Pediatric Surge Plan is required	
6. Emergency Manager to share findings with LAC EMS Agency Disaster Section re: modifications to share with other hospitals	

References

1. [Los Angeles County Medical and Health Operational Area Coordination Program. Healthcare Surge Planning Guide. September 26, 2017.](#)

Appendix Listing

Appendix A: -List of Equipment, Supplies and Medications, Adapted from LAC EMS Agency EDAP Standards

Appendix B: Drills and Exercise Checklist

Appendix C: Pediatric Safe Area Checklist

Appendix D: LA County Pediatric Surge Tier Categories and Capability Overview

Appendix E: Los Angeles County, Adult and Pediatric Trauma Centers

Appendix F: Useful Resources

**Appendix A: -List of Equipment, Supplies and Medications, Adapted from LAC EMS Agency
EDAP Standards**

Appendix A: EQUIPMENT, SUPPLIES, AND MEDICATIONS

We recommend that the pediatric equipment, supplies, and medication be easily accessible, labeled, and logically organized. Educate hospital staff as to the location of all items. Each hospital should establish a process for verification, on a regular basis, the proper location and function of equipment and supplies. In addition, it's highly recommended that each hospital has a mobile pediatric crash cart.

The following is a recommended list of pediatric equipment, supplies, and medication. This list has been adapted from the EMS Agency's *Emergency Department Approved for Pediatrics (EDAP) Standards - Reference No. 316*

General Equipment	Yes	No	Pending
Foley Catheters (8-22fr)			
IV blood/fluid warmers			
Length and weight tape for determining Pediatric resuscitation drug dosages			
OB Kit			
Poster or readily available pediatric drug dosage reference material calculated on a dose per kilogram basis			
Restraint device			
Weight scale in kilograms			
Warming device			

Monitoring Equipment	Yes	No	Pending
Blood Pressure cuffs (infant, child, adult, and thigh)			
Doppler			
ECG monitor/defibrillator (0-400 Joules) with pediatric and adult paddles			
End tidal CO2 monitor or detector, (adult and pediatric sizes)			
Hypothermia thermometer			
Pulse oximeter			

Respiratory Equipment	Yes	No	Pending
Bag-valve-mask device, self-inflating			
1. Pediatric Size: 450 – 900 ml			
2. Adult size: 1000 – 2000ml			
Bag-valve, with clear masks (neonate, infant, child and adult sizes)			
Endotracheal tubes:			
1. Uncuffed: 2.5 – 5.5			
2. Cuffed: 6.0 – 9.0			
Laryngoscopes:			
1. Curved 0 - 3			
2. Straight 0 - 3			
Magill forceps: pediatric and adult			
Nasal cannulae (infant, child, and adult)			
Nasopharyngeal airways (infant, child, and adult)			
Nasogastric tubes (including 5 and 8fr feeding tubes)			
Oral airways (sizes 0 – 5)			
Clear oxygen masks (standard and non-rebreathing) for infant, child, and adult			
Stylets for endotracheal tubes			
Suction catheters (sizes 6 – 12fr)			
Yankauer suction tips			

Vascular Access Equipment	Yes	No	Pending
Arm boards (infants, child, and adult)			
Infusion devices to regulate rate and volume			
IV administration sets with calibrated chambers			
IV catheters (14 -26ga)			
D5NS - IV solution			
D10W - IV solution			
NS - IV solution			
Stopcocks (3 way)			

Fracture Management Devices	Yes	No	Pending
Pediatric cervical spine immobilization devices			
Pediatric femur splint			
Spine board - long			
Spine board - short			

Pediatric Specific Resuscitation Medications	Yes	No	Pending
Albuterol			
Amiodarone			
Atropine			
Adenosine			
Calcium chloride			
Dexamethasone			
Dextrose (10%)			
Epinephrine - 1:1000			
Epinephrine – 1:10,000			
Lidocaine – local injection			
Lidocaine – topical anesthesia			
Naloxone			
Racemic epinephrine for inhalation			
Note: It is recommended that these drugs be immediately available in the resuscitation room and not locked in a computerized system			

Antibiotics – Pills and Powder forms	Yes	No	Pending
Amoxicillin			
Cephalexin			
Amoxicillin Clavulanate			
Azithromycin			
Note: It is suggested that these drugs be immediately available in the resuscitation room and not locked in a computerized system.			

We recognize that, as a **Tier 6 Hospital**, you are primarily responsible for caring for medically stable children over 8 years of age. However, families usually present to healthcare facilities in family groups.

In a disaster, your facility may need to provide and care for pediatric individuals in a way that normally is not necessary during every day, non-disaster, operations. Towards this end, **Table 1 Supplies for Infants and Toddlers** lists, as recommended by the [National Commission on Children and Disasters \(NCCD\)](#), additional supplies to have on hand, for children and infants under 8 years old.

TABLE 1: SUPPLIES FOR INFANTS AND TODDLERS¹

QUANTITY	DESCRIPTION	COMMENT
40 Jars	Baby food - Stage 2 (jar size is 3.5 - 4 oz.)	Combination of vegetables, fruits, cereals, and meats
1 box (16 oz.)	Cereal - single grain cereal preferred (rice, barley, oatmeal)	Rice, barley, oatmeal, or a combination of these grains
200	Diaper wipes -- fragrance free (hypoallergenic)	Minimum of 200 wipes
40	Diapers - Size 1 (up to 14 lbs.)	Initial supply should include one package of each size diaper, with no less than 40 count of each size.
40	Diapers - Size 2 (12 - 18 lbs.)	Initial supply should include one package of each size diaper, with no less than 40 count of each size.
40	Diapers - Size 3 (16 - 28 lbs.)	Initial supply should include one package of each size diaper, with no less than 40 count of each size.
40	Diapers - Size 4 (22 - 37 lbs.)	Initial supply should include one package of each size diaper, with no less than 40 count of each size.
40	Diapers - Size 5 (27 lbs. +)	Initial supply should include one package of each size diaper, with no less than 40 count of each size.
40	Pull Ups 4T - 5T (38 lbs. +)	Initial supply should include one package of each size diaper, with no less than 40 count of each size.

¹ Adapted from the National Commission on Children and Disasters

TABLE 1: SUPPLIES FOR INFANTS AND TODDLERS¹

QUANTITY	DESCRIPTION	COMMENT
320 oz.	Formula, milk-based, ready to feed Dry	Breastfeeding is the best nutritional option for children and should be strongly encouraged.
64 oz.	Formula, hypoallergenic-hydrolyzed protein, ready to feed - Dry	
64 oz.	Formula, soy-based, ready to feed Dry	
1 quart	Oral electrolyte solution for children, ready-to-use, unflavored - Pedialyte	Do not use sports drinks. The exact amount to be given, and for how long, should be determined by an appropriate medical authority (doctor or nurse) and based on the degree of dehydration. To be used if an infant or child experiences vomiting or diarrhea.
See note	Nutritional supplement drinks for kids/children, ready-to-drink	** Not for infants under 12 months of age ** Requirement is a total of 40-120 fl. oz. per day; in no larger than 8 oz. bottles.
25	Infant feeding bottles (plastic only)	4 - 6 oz. size preferred (to address lack of refrigeration)
30	Infant feeding spoons	Specifically designed for feeding infants with a soft tip and small width. Can be used for younger children as well.
50	Nipples for baby bottles (non-latex standard)	2 per bottle
25	Diaper rash ointment (petroleum jelly, or zinc-oxide based)	Small bottles or tubes
50 pads	Disposable changing pads	At least 13 x 18 in size. Quantity is based on 8-10 diaper changes per infant per day
5	infant bathing basin	Thick plastic non-foldable basin. Basin should be at least 12" x 10" x 4".

TABLE 1: SUPPLIES FOR INFANTS AND TODDLERS¹

QUANTITY	DESCRIPTION	COMMENT
See note	infant wash, hypoallergenic	Either bottle(s) of baby wash (minimum 100 oz.), which can be "dosed out" in a disposable cup (1/8 cup per day per child) or 1 travel size (2 oz.) bottle to last ~48 hrs. per child.
10	Wash clothes	Terry cloth/cotton - at least one per child to last the 72-hr. period
10	Towels	Terry cloth/cotton - at least one per child to last the 72-hr. period
2 sets	Infant hat and booties	Issued by medical/health authority in shelter
10	Lightweight blankets	Should be hypoallergenic, (e.g., cotton, cotton flannel, or polyester fleece)
5	Folding, portable cribs or playpens	To provide safe sleeping environments for infants up to 12 months of age
2	Toddler pottyseat	That can be placed on the seat of an adult toilet, with handles for support. One each should be in both a Men's and Women's restroom
1 pack	Electrical receptacle covers	Minimum 30 (Note: Prioritize covering outlets in areas where children and families congregate (family sleeping area, children's areas, etc.)
40	Baby food – stage 1 (jar size ~ 2.5 oz.)	Combination of vegetables, fruits, cereals, and meats
40	Baby food - stage 3 (jar size ~ 6 oz.)	Combination of vegetables, fruits, cereals, and meats
40	Diapers - preemie size (up to 6 lbs.)	As needed
10	Sip cups (support for toddlers)	

TABLE 1: SUPPLIES FOR INFANTS AND TODDLERS¹

QUANTITY	DESCRIPTION	COMMENT
	Healthy snacks that are safe to eat and do not pose a choking hazard (intended for children 2 years and older)	Should be low sugar, low sodium: yogurt, applesauce, fruit dices (soft) (e.g., peaches, pears, bananas), veggie dices (soft) (e.g., carrots), 100% real fruit bite-sized snacks, real fruit bars (soft), low sugar/whole grain breakfast cereals and/or cereal bars, crackers (e.g., whole grain, "oyster"/mini)

Appendix B: Drills and Exercise Checklist

Appendix B: Drills and Exercises

In addition to training, education and the creation and maintenance of supplies, drills and exercises are an integral part of disaster preparedness. The following table lists pediatric disaster goals to assist you in your exercise planning.

Table 2: Drills and Exercises Checklist

PEDIATRIC DISASTER GOAL	YES	NO	IN PROGRESS
1. Hospital personnel have had training in triaging pediatric patients during a disaster			
2. Children have been included in disaster drills and exercises at least once a year			
3. Planning of disaster drills and exercises includes pediatric expertise such as your Pediatric Emergency Care Coordinator , pediatricians, pediatric nurse practitioners, pediatric intensivists, etc.			
4. Drills and exercises have included the need to access resources for pediatric patients if the local area is overwhelmed			
5. Drills and exercises include children with special health care concerns—Access and Functional Needs, or AFN patient care.			
6. Drills and exercises include a variety of scenarios such as trauma surge, medical surge as well as a variety of natural and man-made disasters.			

ADAPTED FROM THE EMSC PEDIATRIC DISASTER PREPAREDNESS GUIDELINES FOR HOSPITALS
[HTTPS://EMSA.CA.GOV/WP-CONTENT/UPLOADS/SITES/47/2017/07/EMSA_198.PDF](https://emsa.ca.gov/wp-content/uploads/sites/47/2017/07/emsa_198.pdf)

The purpose of **Table 3: General Disaster Preparedness Checklist**, is to assist you and your team in identifying specific steps that your facility can take, to strengthen your pediatric preparedness over time. Some of the items in the checklist are short term goals that can be achieved quickly, while other items are long-term educational goals that may take considerable planning and coordination with your hospital and emergency department staff. However, implementing these steps will, over time, greatly enhance the pediatric preparedness of your Tier 6 hospital.

Table 3: General Disaster Preparedness Checklist² (https://emsa.ca.gov/wp-content/uploads/sites/47/2017/07/EMSA_198.pdf)

PEDIATRIC DISASTER GOAL	YES	NO	IN PROGRESS
1. Agreements have been made with pediatric tertiary care centers and other facilities that can provide higher levels of pediatric care or specialized pediatric care			
2. Plans for disasters include means of obtaining additional pediatric equipment, supplies and medication.			
3. Disaster planning includes attention to children with special health care needs and pediatric mental health issues.			
4. Method for triage of pediatric patients such as incorporating the Pediatric Assessment Triangle (PAT) into the JumpSTART framework, or other means of determining severity of injury or illness of pediatric patients exists.			
5. Triage and treatment plans to include methods of identifying pediatric patients and their family members to aid in reuniting them.			
6. Rapid method of determining the proper medication dosages for children e.g., length-based tape, computerized decision support tool, the ability to determine the weight of pediatric patients in kilograms, etc., exists in your facility.			
7. Ensure decontamination of children, including medically stable or unstable children and children with special needs are included in disaster plans.			
8. Hospital regularly provides support or recommends special education in pediatrics for personnel, such as PALS, APLS, local EDAP conferences, or pediatric education consistent with pediatric national standards for emergency care.			
9. Interventions for biological, chemical, and radiologic disasters, with instructions specific to pediatric			

² Adapted from the EMSC Pediatric Disaster Preparedness Guidelines: Hospitals

PEDIATRIC DISASTER GOAL	YES	NO	IN PROGRESS
patients are included in training of hospital providers.			
10. Children are routinely included in disaster drills and exercises.			
11. Pediatric expertise—your Pediatric Emergency Care Coordinator, pediatricians, pediatric intensivists, etc. are included in planning drills, exercises, and other disaster-related activities.			
12. Other local hospitals, as well as local and statewide agencies; organizations interested in pediatric care, such as public health agencies, schools, daycare facilities, health clinics, and the American Red Cross are included in planning for disasters, and in disaster exercises.			
13. Pediatric expertise is routinely included in debriefings and evaluations of disasters and disaster exercises.			
14. Evacuation plan should include supplies, equipment and strategies to safely evacuate children.			

Appendix C: Pediatric Safe Area Checklist

Appendix C: Pediatric Safe Area Checklist

The following table was adapted from the Chicago Department of Health and has also been adapted by other hospitals.

Source accessed 2/22/2018

Insert Weblink: <https://www.rchsd.org/documents/2016/04/pediatric-safe-area-processchecklist.pdf>

Pediatric Safe Area Checklist	Yes	No	Pending
Are needle boxes at least 48 inches of the floor?			
Do the windows open?			
Are the windows locked?			
Are there window guards?			
Do the windows have blinds or drapes that might pose a strangulation threat?			
Are there any water basins, buckets, or sinks, which might post a drowning risk?			
Can children be safely contained in this area? Consider stairwells, elevators and doors.			
Do you have age and gender-appropriate activities for the children? Books, games, videos, toys?			
Is the area hazard & poison proof? Check for cleaning supplies, laundry pods. Hem-occult developer, choking hazards or cords that should be removed or locked away.			
Are the electric outlets child-safe and covered?			
Does the area have smoke and fire alarms?			
Are the med carts and the supply carts locked?			
Should separate areas for different age groups be created?			
Have drills for managing this area been conducted for all relevant departments?			
Is there a security plan for the unit?			
Is there a plan to identify the children?			
Is there a plan for assessing the mental health needs of children?			
Are there any fans or heaters in use? Are they safe?			
Is there an outside, or nearby daycare center? Could they be of assistance?			

Appendix D: LA County Pediatric Surge Tier Categories and Capability Overview

Tier Lists of Hospitals

Note: In a pediatric trauma surge event, pediatric patients would go to a Tier 3 facility before a Tier 2 PMC facility

HOSPITAL TIER	TIER DESCRIPTION
Tier 1	Pediatric Centers (PTC/PMC)
Tier 2*	Pediatric Medical Centers (PMC)
Tier 3	Adult Trauma Centers
Tier 4	Pediatric Acute Beds
Tier 5	Emergency Departments Approved for Pediatrics (EDAP)
Tier 6	No Pediatric Services
Tier 7	No Emergency Services / Specialty Centers

Tier Capability Overview

Tier	Tier Criteria	Types of Patients Recommended For the Tier	Proposed Surge Capacity
1.	Pediatric Trauma Centers/ Pediatric Medical Centers – PICU, Peds Acute and NICU	Most Critically ill and injured children	Expand PICU and Peds Acute capacity for medical and trauma scenarios
2.	Full Pediatric Complement or Pediatric Medical Centers – PICU, Peds Acute and NICU	Used primarily for medical surge	Expand PICU and Peds Acute capacity for medical scenarios
3.	Adult Trauma Centers	Used primarily for critical trauma surge	Use for a trauma surge event And overflow for intensive care
4.	Pediatric Emergency Services with Pediatric Acute Beds	All patients and services, but would be used following Tiers 1 and Tiers 2	Expand Peds Acute care
5.	EDAP with no Pediatric Acute or PICU Care	Ideally for children over 8 Respiratory, simple fractures, surgical cases. Possibly use NICU for children ages 2 and under	Adult Med/Surge and/or ICU beds carved out in a specific area
6.	Not EDAP and no Pediatric Inpatient Care	Stable patients older than age 8	Adult Med/Surge and/or ICU beds carved out in a specific area
7.	No Emergency Services and/or Specialty Type Hospitals	Use a specialty resource	Transfer patients based on specialty

Appendix E: Los Angeles County, Adult and Pediatric Trauma Centers

Appendix E: Trauma Centers – LA County

Trauma Centers – LA County			
Trauma Centers	Pediatric Trauma Centers	Facility Address	Program Manager
Antelope Valley Hospital		Antelope Valley Hospital 1600 West Avenue J Lancaster, CA 93534	Michelle Schaefer (661) 949-5633 Michelle.Schaefer@avhospital.org
California Hospital Medical Center		California Hospital 1401 S. Grand Avenue Los Angeles, CA 90015	Laura Schneider (213) 742-5602 Laura.Schneider@dignityhealth.org
Cedars Sinai Medical Center	X	Cedars-Sinai Medical Center 8700 Beverly Blvd. Los Angeles, CA 90048	Heidi Hotz (310) 423-8732 Heidi.Hotz@cshs.org
Children’s Hospital, Los Angeles	X	Children’s Hospital, Los Angeles 4650 W. Sunset Blvd. Los Angeles, CA 90027	Melissa Anderson (323) 361-4526 meanderson@chla.usc.edu
Henry Mayo Newhall Hospital		Henry Mayo Newhall Memorial Hospital 23845 McBean Pkwy Valencia, CA 91355	Gilda Cruz-Manglapus (661) 253-8173 CruzGS@henrymayo.com
Huntington Memorial Hospital		Huntington Memorial Hospital 100 W. California Blvd. Pasadena, CA 91105	Michelle Baker (626) 397-5900 Michelle.Baker@huntingtonhospital.com
LAC Harbor / UCLA Medical Center	X	LAC Harbor/UCLA Medical Center 1000 W. Carson St Torrance, CA 90502	Robin Tyler (310) 222-1912 RTyler@dhs.lacounty.gov
LAC + USC Medical Center	X	LAC+USC Medical Center 1200 N. State St Los Angeles, CA 90033	Sixta Navarrete (323) 226-7880 SNavarrete@dhs.lacounty.gov
Long Beach Memorial Medical Center	X	Long Beach Memorial Medical Center 2801 Atlantic Ave Long Beach, CA 90806	Desiree Thomas (562) 933-1319 DThomas1@memorialcare.org
Northridge Hospital Medical Center	X	Northridge Hospital Medical Center 18300 Roscoe Blvd. Northridge, CA 91328	Abigail Cerpa (818) 885-8500 x 2758 Abigail.Cerpa@dignityhealth.org

Pomona Valley Hospital Medical Center		Pomona Valley Hospital Medical Center 1798 N. Garey Ave Pomona, CA 91767	Stephanie Raby (909) 630-7346 Stephanie.Raby@pvhmc.org
Providence Holy Cross Medical Center		Providence Holy Cross Medical Center 15031 Rinaldi St Mission Hills, CA 91345	Melanie Crowley (818) 496-4312 Melanie.Crowley@providence.org
Saint Francis Medical Center		Saint Francis Medical Center 3630 E. Imperial Hwy Lynwood, CA 90262	Renee Smith (310) 900-8676 ReneeSmith@verity.org
Saint Mary Medical Center		Saint Mary Medical Center 1050 Linden Ave Long Beach, CA 90813	Edna Transon (562) 491-4832 Edna.Transon@dignityhealth.org
Ronald Reagan UCLA Medical Center	X	Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095	Marilyn Cohen (310) 267-7853 MCohen@mednet.ucla.edu

Appendix F: Useful Resources

Appendix F: Useful Resources

The following websites are useful for pediatric disaster planning and surge planning.

1. LA County Emergency Medical Services Agency
 - a. [Resource Request Form](#)
 - i. This form is used to request additional staff, equipment, supplies and/or medication in the event of a disaster when the Medical Alert Center is activated. Please be specific in the request.
 - b. LAC EMS Agency Trauma
[LAC EMS Agency Trauma website](#)
 - c. LAC EMS Agency Emergency Department Approved for Pediatrics (EDAP)
[EDAP Link](#)

2. EMSA – Emergency Medical Services Authority – State of California
 - a. EMSA document # 182, Revised 2014: Administration, Personnel and Policy for the Care of Pediatric Patients in the Emergency Department
https://emsa.ca.gov/wp-content/uploads/sites/47/2017/07/emsa182_2014.pdf

3. Triage Resources
 - a. JumpSTART
This is the pediatric-specific disaster triage model developed by Lou Romig, MD. It is adapted from the Simple Triage and Rapid Treatment (START) triage system.
<http://www.jumpstarttriage.com/>

 - b. SurgeWorld – Disaster Triage Training Tool
This is a simulation tutorial and practice for individuals (clinical and non-clinical) to learn and practice disaster triage. It can be used as a stand-alone training or in conjunction with a triage training.
<http://surgeworld.lachildrenshospital.net/>

4. Family Reunification
It is important to plan for events where you may have unaccompanied minors and or individuals who are unable to provide information on their identity. Developing a family reunification plan to help identify, track and reunify individuals with their loved ones can support your organization in this effort.
<http://dhs.lacounty.gov/wps/portal/dhs/ems/disastermedicalservices/fic>

5. NYC Health - Hospital Guidelines for Pediatric Preparedness
This is a comprehensive document on hospital disaster planning for pediatrics. This is a link to the 3rd edition from 2008, however the concepts remain current.
<https://www1.nyc.gov/assets/doh/downloads/pdf/bhpp/hepp-peds-childrenindisasters-010709.pdf>

6. EMSC IIC – Pediatric Disaster Preparedness Toolbox
The website of the National Pediatric Readiness Project has an extensive research catalog, as well as a comprehensive toolkit available for reference.
<https://emscimprovement.center>

7. Illinois Emergency Medical Services for Children – Hospital Pediatric Preparedness Toolkit. October 2015
<http://ssom.luc.edu/media/stritchschoolofmedicine/emergencymedicine/emsforchildren/documents/disasterpreparedness/organizationalresources/hospital/Hospital%20Pediatric%20Preparedness%20Checklist.docx>