Region H Healthcare Coalition

**Pediatric Annex**

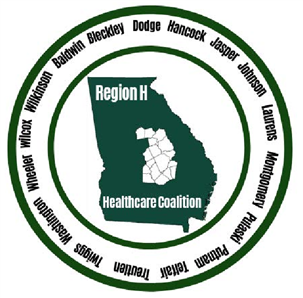
Baldwin, Bleckley, Dodge, Hancock, Jasper, Johnson, Laurens, Montgomery, Pulaski,

Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, Wilkinson.

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**Draft:**

**6/18/2020**



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**7/31/2020**

**Annex E: Region H Healthcare Coalition Pediatric Surge Annex**

1. **Introduction**
   1. **Purpose**

This annex applies to a surge event with a large number of pediatric patients. It supports the HCC Response Plan by addressing specific needs of children and supporting appropriate pediatric medical care during a disaster. This plan is intended to support, not replace, any existing facility or agency policy or plan by providing uniform response actions in the case of an emergency that involves (or could involve) significant numbers of children.

* 1. **Scope**

The Pediatric Surge Annex is designed to provide the command structure, communication protocols and the procedures for intra-regional and inter-regional transfer(s) as related to pediatric patients. The Pediatric Surge Annex is designed to:

1. Enable safe pediatric transfer decision making

2. Implement standardized care guidelines as needed

3. Ensure associated communications processes are in place

4. Support the tracking of pediatric patients throughout the incident

5. Assist with the coordination of transferring acutely ill/injured pediatric patients to pediatric tertiary care centers/specialty care centers

6. Assist with the decompression from pediatric tertiary care centers/specialty care centers in order to make additional critical care beds available for acutely ill/injured pediatric patients

* 1. **Overview/Background of HCC and Situation**

See ‘Coalition Overview’ in Region H Preparedness Plan.

a. Demographics

For reference purposes, the 2018 census reports the pediatric population for the counties within the HCC is as follows:

Table 1. Pediatric demographics within Region H HCC.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **Pediatric (0-5 years) population** | **%** | **Pediatric (0-18 years) population** | **%** | **Total County Population** |
| Baldwin | 2,106 | 4.7 | 8,426 | 18.8 | 44,823 |
| Bleckley | 680 | 5.3 | 2,618 | 20.4 | 12,838 |
| Dodge | 1,014 | 4.9 | 4,016 | 19.4 | 20,705 |
| Hancock | 317 | 3.8 | 1,293 | 15.5 | 8,348 |
| Jasper | 828 | 5.9 | 3,341 | 23.8 | 14,040 |
| Johnson | 495 | 5.1 | 1,825 | 18.8 | 9,708 |
| Laurens | 3,170 | 6.7 | 11,736 | 24.8 | 47,325 |
| Montgomery | 478 | 5.2 | 1,847 | 20.1 | 9,193 |
| Pulaski | 442 | 4.0 | 2,025 | 18.3 | 11,069 |
| Putnam | 1,090 | 5.0 | 4,339 | 19.9 | 21,809 |
| Telfair | 619 | 3.9 | 2,540 | 16.0 | 15,876 |
| Treutlen | 401 | 5.9 | 1,545 | 22.7 | 6,809 |
| Twiggs | 425 | 5.2 | 1,580 | 19.3 | 8,188 |
| Washington | 1,162 | 5.7 | 4,403 | 21.6 | 20,386 |
| Wheeler | 354 | 4.5 | 1,339 | 17.0 | 7,879 |
| Wilcox | 484 | 5.5 | 1,674 | 19.0 | 8,812 |
| Wilkinson | 506 | 5.6 | 2,051 | 22.7 | 9,036 |

\*Source: <https://www.census.gov/quickfacts/fact/map/GA/PST045218>

b. Adult Trauma Centers

There are no Level 1 or Level 2 Trauma Centers in Region H. There are currently two Level 3 trauma centers in Region H: Fairview Park Hospital and Taylor Regional Hospital. The Beverly Knight Olson Children’s Hospital (BKOCH) is located within the Region F HCC, which is right above Region H and is used to transport the majority of Pediatric patients.

c. Pediatric bed capacity

Table 2. Distribution of Hospital Beds by Type within Region H HCC:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Fairview Park** | **Taylor Regional** | **All Other Hospitals** | **Total** |
| ED | 22 | 6 | 55 | 83 |
| Medical/Surgical | 81 | 42 | 154 | 277 |
| ICU | 16 | 6 | 18 | 40 |
| Pediatric: | 14 | 0 | 0 | 14 |
| PICU | 0 | 0 | 0 | 0 |
| NNICU | 2 | 0 | 0 | 0 |

d. Local Risks

Regional risks are captured in the Region H Hazard Vulnerability Assessment. Local risks vary for each county, however incidents involving schools, sporting events, special events, weather, pandemic/epidemic, transportation, or infrastructure failures will be considered and handled as necessary.

e. Available External Resources

In addition to the BKOCH, The Children’s Hospital of Atlanta and Children’s Hospital of Georgia (in Augusta) are available resources with similar or expanded capabilities.

Children’s Hospital of Atlanta (CHOA) Transfer Center number = 404-785-7778

Children’s Hospital of Georgia (CHOG) Transfer Center number = 706-721-2286

f. Patient Transport Resources

Air Evac has ability to support the movement of pediatric patients and Region H is currently working to provide all EMS trucks with gear to transport pediatric patients.

* 1. **Access and Functional Needs**

Provision of access and functional needs support to pediatric patients, patient families and the staff is handled by individual facilities. Additional coordination of resources may be available through the Coalition.

1. **Concept of Operations**

In a disaster, all hospitals must be prepared to receive trauma victims, burn victims and children, regardless of service capabilities. This annex is built on the assumption that sending children to Fairview Park or Taylor Regional will *not* be the option in the most severe disasters/emergencies. Coordinating to send children to BKOCH, CHOA or CHOG will be the best options in these circumstances.

* 1. **Activation**

**This Plan will be activated when:**

* The normal day-to-day capabilities of the members of the healthcare coalition are being exceeded, or are expected to be exceeded (e.g., more hospital beds will be needed than are regionally available)
* Specialized capabilities are required
* Another region or state is evacuating their facilities due to disaster
* When the RCH activates the Surge Coordination Plan, subsequent Coalition notifications and communications will follow procedures as outlined in the Region H Healthcare Coalition Response Plan.
* Individual facilities activating their surge plans do not necessarily trigger the Surge Coordination Plan.
  1. **Notifications**

See ‘Notifications’ in Region H Response Plan. Additional notifications to CHOA and CHOG would enhance and expedite additional resources and/or guidance.

* 1. **Roles and Responsibilities**

* Leadership Committee members should refer to Region H Communications/Coordination Plan for detailed information.
* Coalition members should refer to the Region H Communications/Coordination Plan.
* Additional coordination will occur based on the incident. Regional coordination would be needs based as requested from the facility.
* Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults and the Georgia Poison Center are key stakeholders from which we could request resources.
  1. **Logistics**

See ‘Requesting Resources’ in Region H Response Plan.

* + 1. Space

Space conducive for pediatric care should be identified by the facility in advance of an incident.

a. ***Conventional spaces*** are areas where such care is normally provided. B. ***Contingency spaces*** are areas where care could be provided equivalent to the conventional spaces.

c. ***Crisis spaces*** are areas where sufficient care could be provided when usual resources are overwhelmed.

Requests for additional space support should be made to the Region as far in advance as possible. Strategies such as alternate sites of care, trailer requests or decompression will be facility led, coalition supported.

* + 1. Staff

Strategies for staffing management should be facilitated by the facility. Facilities should have the ability to on board additional staff in an expedited manner.

Additional or alternate types of services or providers will be coordinated as needed.

Staffing workloads should be considered and managed appropriately during incidents of longer duration.

* + 1. Supplies

See ‘Requesting Resources’ in Region H Response Plan. Resources not organic to facilities within the region or at the regional level will be requested on an as needed basis.

* 1. **Special Considerations**
     1. Behavioral Health

Behavioral health provisions will made by the facility and coordination by the coalition contact with DBHDD as needed. Coordination for longer term resources can be facilitated as needed with state, inter- or extra-regional providers.

* + 1. Decontamination

All facilities should have the ability to decontaminate children and adults. CHOA has the ability to decontaminate individuals and groups of people to include children.

Facilities should be prepared to decontaminate children with or without parents regardless of acuity. Processes should be age appropriate and exercised.

* + 1. Evacuation

Each facility should refer to their own Evacuation Plan to ensure the safest evacuation of patients, visitors and employees in the event that a total or partial evacuation of their facility becomes necessary.

* + 1. Infection Control

Facilities should be prepared to protect their staff, other patients, visitors and facility from exposure when housing an infectious disease patient.

* + 1. Security

Facilities should be prepared to protect their facilities and occupants during normal, steady state operations as well as unique incidents were increased protection is warranted. Facilities should liaise with local law enforcement for support. The HCC can coordinate augmentation based on need.

* 1. **Operations – Medical Care**
     1. Triage

Considerations from the scene are that the patients be evenly distributed based on acuity level. Fairview Park Hospital or Taylor Regional Hospital should be receiving the trauma victims, however, may not be the only option for higher acuity patients. Self-transported casualties will occur and should be expected. CHOA and CHOG coordination will have to occur if higher acuity occurs.

* + 1. Treatment

Treatment for pediatric patients will be handled by the receiving facility. Pediatric consultation, telemedicine or handling of complex patients beyond current capability is possible, therefore triage and stabilization should be priority. Escalation to a more appropriate level of care should be attempted by facility first before engaging coalition. The HCC should be aware of the situation and working with subject matter experts to support facilities.

* 1. **Transportation**

Transportation will be managed at the facility level unless the incident necessitates further support from our state-wide partners. Utilizing Region 5 EMS, GDPH or other partners will be on an as needed basis.

* 1. **Tracking**

The HCC utilizes the Patient Tracking and Patient Placement platform provided by the GDPH. Depending on the incident this could be utilized, or other internal downtime procedures should be utilized at the facility.

Unaccompanied or displaced children are expected to be reported to county child services, parents, or law enforcement, as applicable.

* 1. **Reunification**

The HCC will support facility-led family reunification or family assistance center efforts. Facilities should notify the proper county services or authorities in order to account for and help manage the appropriate care.

* 1. **Deactivation and Recovery**

Response efforts should be deactivated as soon as they are no longer needed. Recovery efforts will continue at the facility level and supported by the HCC as needed. Continued support from the HCC will be at the request of the facility.

1. **Appendices**
   1. **Training and Exercises**

Training and exercising for pediatric surge should be based upon the facility’s or HCC’s hazard vulnerability assessment. Departmental or large-scale exercises can be supported by the HCC upon request. Evaluation of each training or exercise should be conducted.

* 1. **Legal References**

HIPPA Privacy Toolkit - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html>

FERPA - <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

* 1. **Pediatric Referral Resources**

CHOA Resources: <https://www.choa.org/medical-professionals/physician-resources>

* 1. **Additional Resources/References**

<https://asprtracie.hhs.gov/technical-resources/31/pediatric-children/0>