



# SOUTHWEST UTAH HEALTH CARE COALITION PEDIATRIC SURGE PLAN

*Final*

## Mission:

To develop and maintain collaborative planning, communication, and sharing of resources as hospitals, healthcare organizations, communities, and as a region to prepare to deliver effective patient care during a medical surge event.

# Table of Contents

Pediatric Surge Plan	2
Purpose	2
Scope	2
Planning Assumptions	2
Concept of Operations	2
Activation	3
Staffing	3
Supplies	3
Special	3
Communication	4
Review, Authorities, References	4

# Pediatric Surge Plan

## Purpose

Purpose of this plan is to work together as a coalition to provide the best support for our community in the event of a pediatric surge.

## Scope

This plan is a supplement to, not a replacement for, the response actions and resources described in individual facility Emergency Operations Plans and provides additional details relevant to an incident that involves significant numbers of pediatric victims. Planning Assumptions

1. Southwest Utah healthcare coalition will utilize the Incident Command System (ICS) to respond
2. Non-pediatric facilities may receive pediatric patients from mass casualty events, and may need to manage these patients for extended periods of time.
3. Families should be kept together during all phases of care whenever possible
4. If the event involves more than one facility regional coordination may be necessary with the health care coalition
5. Priority is to transfer the most critical and then youngest patients (<14 years old) as early as possible to an appropriate referral center
6. Facilities should be aware of and follow the Utah Crisis Standards of Care Appendix A: Pediatric Disaster Surge Planning

## Concept of Operations

Each facility will use their own plans but they may have common processes:

1. Patients will be triaged and receive initial treatment, on scene or in the Emergency Department
2. Pediatric disaster supplies should be brought to the designated treatment area.
3. Hospital Command Center should quantify transportation and referral needs early in the incident and communicate these through dispatch to EMS, jurisdictional EOC, or HCC depending on the current state of activation and role of these entities.
4. If multiple patients require transportation and some will have to stay temporarily at the hospital, the facility staff should utilize ICS to determine the priority for transport and what additional staffing and resources will be required. An emphasis will be placed on transferring the most critical victims and those <14 years of age.

5. The Southwest Utah Health Care Coordinator should be notified as early as possible for resource requests in the event dispatch cannot meet those needs.

## Activation

Only authorized SWUPHD staff or HCC executive leadership may activate, oversee and deactivate the healthcare coalition Pediatric Plan. The steps to activation, oversee and deactivation can be used during a mass casualty or other emergencies. The following individuals are authorized to initiate activation and deactivation of the plan:

1. Health Officer
2. Deputy Director
3. Any member of the HCC Executive Leadership

## Staffing

Staffing could be problematic during implementation of this plan for all service providers. Each hospital, and other types of service provider, should have an established and practiced plan to deal with staff shortages and rotation during a disaster. The Emergency Operations Centers may be able, in coordination with the hospitals and service providers, to maximize available staffing when issues arise.

Each coalition member should strive to assure that their staff members are personally prepared at home for a disaster. The local health departments and local emergency management agencies can be of assistance with education on these issues.

## Supplies

It is important for all coalition members to cooperate and have good working relationships with each other by performing mutual exchange of needed equipment and supplies as necessary. The Region EOC may be able to assist with acquiring needed equipment and supplies. In addition other regions may be able to assist. The Utah Hospital Association's MOU should be used as a guide. Facilities should refer to CSC Appendix A for recommended pediatric supplies.

## Special

### **Pediatric Decontamination**

All HCC members should follow pediatric decon guidelines as reference in CSC Appendix A.

### **Pediatric Safe Area**

Facilities should have plans to provide safe areas for pediatrics as reference in CSC Appendix A.

## Family Reunification

Facilitates should have plans to provide family reunification as reference in CSC Appendix A.

## Triage

All HCC members should follow pediatric triage guidelines as reference in CSC Appendix A.

## Treatment

All HCC members should follow treatment guidelines as reference in CSC Appendix A.

Each hospital should keep the Utah Department of Health, Bureau of Emergency Medical Services and Preparedness informed of their bed availability at 866-364-8824. This can also be done by using the Utah Health Management Resource System (UHRMS) at [www.healthcareresources.utah.gov](http://www.healthcareresources.utah.gov).

Alternative care arrangements may be available throughout the region through alternative care arrangements such as Blu Med response systems and Disaster Response Units (DRUs). Each emergency operations center and coalition coordinator should be familiar with what is available in their area, and know how to request additional assistance when needed.

## Transportation

Transportation of patients is a vital treatment process and should be well coordinated between the triage sites, the hospitals, and the emergency medical services with the assistance of EMS. The assistance of dispatch centers is available, if needed, in an emergency situation. Typical referral pediatric specialty centers include Primary Childrens Hospital, Sunrise Medical Center, and University Medical Center, and Phoenix Children's Hospital. Transport includes ground and air resources.

## Communication

The primary form of communications will be the use of phones, both landline and cellular. Radios should be used as the next form of communication. Refer to HCC communications plan.

## Review, Authorities, References

Approval date:	March 31, 2021
Modification date(s):	
Authorizing signature:	Emily Davis, HCC Chair

Approval date:	
Modification date(s):	
Authorizing signature:	