Pediatric Medical Surge

Exercise Evaluation Guide

Capability Description:

Pediatric Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care to children. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Pediatric Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in and influx of children and an increased need for personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Capability Outcome:

Children who are injured or ill from an event are rapidly and appropriately cared for in the hospital or alternative healthcare setting. Continuity of care is maintained for non-incident related illness or injury.

Jurisdiction or Organization:	**Name of Exercise:**
Location:	**Date:**
Evaluator:	**Evaluator Contact Info:**

Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned

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Activity 1: Pediatric Pre-Event Mitigation and Preparedness   **Delete Activity**

Activity Description:

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	**Time of Observation/ Task Completion**
1.1 Conduct Pediatric Hazard Vulnerability Analysis (HVA) — *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")* — *Assess both the community and response system's susceptibility to a large influx of children, including post-impact health and medical needs*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion
– *Conduct an assessment of medical surge facilities that are able to care for children, local and regional pediatric hospital capacity, development of community/regional based surge capacity models, realistic supply and equipment expectations plans and the inclusion of an alternate care facility or site able to care for children.* – *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis* – *Identify issues that create catastrophic system failure or the inability to care for children in an incident*	
1.2. Define hospital incident management structure and methodology – *Define the hospital's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine* – *Assure that the" Medical/Technical Specialist-Pediatrics" within the Hospital Incident Command System (HICS) has been reviewed and personalized for the specific hospital capabilities in caring for neonates and children.* – *Identify logistical, IT, equipment, communications requirements needed to support incident management* – *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
1.3. Establish a bed tracking system to include pediatric, neonatal and pediatric intensive care unit capabilities – *Develop a system for tracking available beds and other information within a facility by bed type (e.g., Pediatric ICU, Neo-natal ICU, Pediatric Medical/Surgical, Neo-natal/Newborns, and Pediatric Behavioral Health)* – *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOC's, other healthcare partners and response entities (fire, public safety, etc)*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion
1.4. Develop protocols for increasing internal pediatric surge capacity – *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)* – *Establish criteria and clearly defined processes to evaluate and discharge lower acuity patients to home, other health care facilities or alternate care sites that are able to care for children* – *Establish and maintain updated listings of local and regional pediatric specialty facilities if transfers or evacuations are needed* – *Utilize best practices in pediatric identification and tracking to include marking patients, photographing families, possibly posting photographs on the hospital intranet* – *Work within establish localized Patient Tracking systems if available regionally (e.g. Red Cross Patient Tracking)* – *Establish a mechanism to track patients who are discharged, transferred or moved to a surge bed or alternate care site location*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
1.5. Determine pediatric medical surge assistance requirements – *Identify potential gaps in qualified pediatric personnel, pediatric supplies, and equipment such as ventilators or IV pumps* – *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate pediatric staffing, supplies, equipment, and pediatric safe bed spaces or locations for care* – *Determine State, Tribal, and local pediatric, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of pediatric surge requirements*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
1.6. Develop plans for providing external surge capacity outside the hospital setting – *Identify off-site or alternate care facilities to provide pediatric surge capacity* – *Determine the number of pediatric patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site* – *Develop pediatric qualified staffing, appropriate pediatric food and nutrition, and supplies and re-supply plans*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Activity 2: Incident Management   Delete Activity

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion

2.1. Activate the health care organization's Emergency Operation's Plan (EOP) – *Implement notification procedures for incident management personnel and key administrative staff* – *Assign roles and responsibilities to the incident management team and general staff* – *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS* – *Establish a safety plan for facility patients and staff* – *Implement a common communications plan*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

* Time to activate the organization's EOP	**Target** **Within 30 minutes of notification**	**Actual**

2.2. Conduct incident action planning to include planning for surge of children – *Establish and document incident goals and objectives* – *Establish and document the strategy and general tactics to meet incident objectives* – *Develop and document support plans (e.g., Safety plan, Contingency plan, Pediatric Safe Area, Area to care for healthy children not affected by the incident)* – *Coordinate with other response entities, if appropriate, to define an operational period for response* – *Evaluate and revise objectives for each operational period*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
2.3. Disseminate key components of incident action plan – *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters* – *Disseminate key components of the incident action plan with external response entities during each operational period*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
2.4. Provide emergency operations support to incident management – *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), state EOC, etc.)* – *Recommend that a Pediatric Expert Clinician is included in the EOC when large numbers of children are affected by an incident*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Activity 3: Pediatric Bed surge capacity

Delete Activity

Activity Description: Increase as many staffed and resourced pediatric hospital beds as clinically appropriate.

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys* | **Time of Observation/ Task Completion**

Tasks/Observation Keys	Time of Observation/ Task Completion	
3.1. Maximize utilization of available beds – *Coordinate pediatric patient distribution with other local and regional hospitals who have the capabilities to care for high risk and critically and acutely ill hospitalized children* – *Assure that private patient transport partners have appropriate pediatric supplies and equipment if transport or evacuation is necessary*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐	
* Time to implement medical surge plans	**Target** **TBD**	**Actual**
3.2. Forward transport or discharge less acutely ill pediatric patients – *Institute protocols to discharge stable inpatients to home or other health care facilities* – *Implement transport procedures to pre-identified facilities based on level of care required* – *Activate MOUs with local or regional pediatric partners for transport and care of patients who are not stable enough to discharge home or to an ACS* – *Utilize pre-identified pediatric care providers (physicians, nurses, respiratory therapists) when transportation is necessary* – *Send care providers from one hospital to another site of care if evacuation is necessary or imminent and utilize ESAR-VHP for credentialing* – *Utilize a reverse triage methodology to determine the acuity of pediatric patients who may need transfer or evacuation*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐	
* Identify and discharge stable pediatric inpatients to alternate care sites	**Target** **TBD**	**Actual**

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*   **Time of Observation/ Task Completion**

3.4. Provide pediatric medical surge capacity in alternate care facilities
 	
  – *Activate MOUs or agreements to open alternate care facilities*
  – *Activate appropriate pediatric clinical staffing and supply and equipment plans*
  – *Activate appropriate non clinical staffing (security, administration) to manage ACS*
  – *Define the type of care to be provided in alternate care facilities and coordinate with external response entities (as part of pre-event planning)*
	Time:
	
	Task Completed?
	
	Fully ☐ Partially ☐ Not ☐ N/A ☐

Activity 4: Pediatric Surge Staffing Procedure   [**Delete Activity**]

Activity Description: Maximize pediatric staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*   **Time of Observation/ Task Completion**

4.1. Recall pediatric clinical personnel in support of surge capacity requirements
 	
  – *Predetermine clinical personnel with pediatric experience and competencies prior to surge needs*
  – *Implement hospital's staff call-back procedures (including "part-time" and contingency staff)*
  – *Activate onsite procedures to receive, process, and manage staff throughout the incident*
  – *Debrief clinical staff on incident parameters and how the organization is responding*
  – *Verify credentials and issue appropriate pediatric clinical staff assignments*
  – *Develop a plan to utilize pediatric clinical providers from other hospitals in case of need*
	Time:
	
	Task Completed?
	
	Fully ☐ Partially ☐ Not ☐ N/A ☐

4.2. Augment pediatric clinical staffing
 	
  – *Activate roster and initiate call-back procedures for qualified and licensed pediatric volunteer clinicians*
  – *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
  – *Implement strategies to integrate Federal pediatric clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System personnel)*
  – *Provide just-in-time training to clinical staff if necessary for pediatric specific care issues*
	Time:
	
	Task Completed?
	
	Fully ☐ Partially ☐ Not ☐ N/A ☐

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*   **Time of Observation/ Task Completion**

4.3. Augment non-clinical staffing – *Initiate call-back procedures for non-clinical staff (e.g., custodians, security, cooks, etc.)* – *Activate MOUs for non-clinical staff (if applicable)* – *Activate processes to receive, process, and manage non-clinical staff throughout the incident*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

* Immediate deployment of additional health care personnel	**Target** **TBD**	**Actual**

Activity 5: Pediatric Decontamination   Delete Activity

Activity Description:

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*   **Time of Observation/ Task Completion**

5.1. Provide mass decontamination capabilities to children if necessary – *Implement standards for appropriate personal protective equipment (PPE)for staff involved in decontamination process* – *Activate protocol to address decontamination of the' At-Risk' population of children* – *Assure that alternate ways of caring for children during the decontamination process are addressed in the plan to include the avoidance of hypothermia, assuring safety and appropriate handling during the decontamination process* – *Assure that warm blankets and clothing are readily available after the decontamination process to mitigate physiologic and psychological distress* – *Consider the psychosocial needs of children following the decontamination process by including care partners such as Child Life, Social Work or Counselors for post decontamination counseling and support* – *Coordinate decontamination activities with other health care facilities and external response partners*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion	
* Adequate portable or fixed decontamination systems	**Target** **TBD**	**Actual**

Activity 6: Receive, Evaluate, and Treat Pediatric Surge Casualties   Delete Activity

Activity Description: Receive pediatric mass casualties and provide appropriate evaluation and medical treatment

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion
6.1. Establish initial reception and triage site — *Identify safe location(s) for initial pediatric patient reception and triage* — *Quickly disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message since many patients will self-refer* — *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage for those less acutely ill if possible*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
6.2. Provide pediatric medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment — *Identify additional pediatric equipment and supplies needed to meet surge capacity requirements* — *Implement restocking procedures for pre-hospital care providers* — *Request local or state caches of pediatric supplies and medications* — *Coordinate requests for mutual aid support with local, regional, and State response agencies* — *Request the strategic national stockpile (SNS) through ICS if local caches are depleted or planning indicates a need*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

* Adequate pediatric supplies, pharmaceuticals, and equipment available to support facility surge capacity	**Target** **TBD**	**Actual**

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion

6.3. Institute pediatric patient tracking – *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients* – *Utilize hospital "Lock Down" Procedures to avoid extra persons in the hospital during an incident*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
* Percentage of patients tracked	**Target** **100%**	**Actual**
6.4. Activate procedures for altered nursing and medical care standards – *Implement pre-defined altered pediatric nursing and medical care standards if available* – *Disseminate information on the use of altered standards of care through established information management mechanisms within the organization and to external response entities*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Activity 7: Provide Pediatric Surge Capacity for Behavioral Health Issues   Delete Activity

Activity Description: Have personnel available to provide behavioral health services to pediatric patients, their families, responders and staff.

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion

7.1. Institute strategy to address pediatric behavioral health issues – *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as pediatric patients and their family members*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
7.2. Provide pediatric behavioral health support within the hospital setting	

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion	
— *Identify personnel required to assist with counseling and behavioral health support* — *Implement the hospital's behavioral plan for emergency response* — *Coordinate with community leaders (e.g., religious community) if necessary*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐	
* Percentage of patients offered Behavioral Healthcare	**Target** **TBD**	**Actual**
7.3. Provide family support services — *Identify Federal, State, local and support agencies to assist with family support services* — *Identify available resources* — *Coordinate with families to ensure they know where/how to receive support*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐	

Activity 8: Demobilize   Delete Activity

Activity Description: Prepare to return facility and staff to normal operations.

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*	Time of Observation/ Task Completion
8.1. Coordinate decision to demobilize with overall incident management — *Notify health care personnel and external response entities that pediatric medical surge is demobilized* — *Conduct demobilization activities under incident command structure*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Tasks/*Observation Keys*   **Time of Observation/ Task Completion**

8.2. Provide a staff debriefing – *Transition to normal operations and normal staff scheduling* – *Determine Critical Incident Stress Management (CISM) needs* – *Institute plan for staff counseling, stress debriefing, or other follow-up activities to address response workers mental or behavioral health needs both acute and long term*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐
8.3. Reconstitute pediatric medical supply, equipment inventory – *Complete inventories of medical supplies, pharmaceuticals, and equipment* – *Account for all costs incurred by the health care organization as a result of the incident response* – *Apply for financial remuneration of those costs* – *Request replacement or servicing of equipment, supplies and pharmaceuticals used during the response*	Time: Task Completed? Fully ☐ Partially ☐ Not ☐ N/A ☐

Modified from the EEG "Medical Surge" by Elisabeth K Weber, RN, MA, CEN July 10, 2009

Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide feedback to the exercise participants to support sharing of lessons learned and best practices as well as identification of corrective actions to improve overall preparedness.

Observations Summary

Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing specific Tasks where applicable. The narrative provided will be used in developing the exercise After-Action Report (AAR)/Improvement Plan (IP).

Evaluator Observations

Record your key observations using the structure provided below. Please try to provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as necessary for additional observations). Use these sections to discuss strengths and any areas requiring improvement. Please provide as much detail as possible, including references to specific Activities and/or Tasks. Document your observations with reference to plans, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

Strengths

1. Observation Title:

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ☐ **No** ☐

1) Analysis: (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the positive **consequences** of the actions observed.)

2) References: (Include references to plans, policies, and procedures relevant to the observation)

3) Recommendation: (Even though you have identified this issue as strength, please identify any recommendations you may have for enhancing performance further, or for how this strength may be institutionalized or shared with others.)

2. Observation Title:

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ☐ **No** ☐

1) Analysis:

2) References:

3) Recommendation:

3. Observation Title:

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ☐ **No** ☐

1) Analysis:

2) References:

3) Recommendation:

Areas for Improvement

1. Observation Title:

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ☐ **No** ☐

1) Analysis: (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the negative **consequences** of the actions observed.)

2) References: (Include references to plans, policies, and procedures relevant to the observation)

3) Recommendation: (Write a recommendation to address the root cause. Relate your recommendations to needed changes in plans, procedures, equipment, training, mutual aid support, management and leadership support.)

2. Observation Title:

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ☐ No ☐

1) Analysis:

2) References:

3) Recommendation:

3. Observation Title:

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ☐ No ☐

1) Analysis:

2) References:

3) Recommendation: