

Appendix A: Healthcare Coalition Pediatric Surge Annex

1. Introduction

1.1 Purpose

This annex applies to a mass casualty event with a large number of pediatric patients in the St. Louis Health Care Coalition (STL HCC). It supports the STL 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.

1.2 Scope

This annex covers the response for the hospitals and other health care provider types that fall within the STL HCC region. The jurisdictions all fall within Missouri Region C, and are as follows:

- St. Louis City
- St. Louis County
- St. Charles County
- Jefferson County
- Warren County
- Franklin County
- Washington County
- Lincoln County
- St. Francois County
- Pike County

1.3 Overview/Background of HCC and Situation

This annex will cover the entirety of a Pediatric Surge event, beginning with notification of an event and ending with all patients transported and checked into an appropriate facility.

The STL HCC will operate the response to a Pediatric Surge event through the St. Louis Medical Operations Center (SMOC), which is comprised of representatives from the STL HCC and the St. Louis Area Regional Response System (STARRS). The STL HCC is comprised of representatives from Hospitals and other Health Care Provider Types (i.e. Urgent Care Centers, Long Term Care, etc.), Emergency Medical Services (EMS), Emergency Management Agencies (EMAs), and Local Public Health Agencies (LPHAs). STARRS is the subcontractor for the State of Missouri responsible for administering the HPP Grant for Missouri Region C.

1.4 Access and Functional Needs

Each facility that transports or receives patients in a Pediatric Surge Event should have a plan and capability for assisting Access and Functional Needs Patients. Each pediatric facility has current plans in place as part of their Emergency Operations Plan to address patients with access and functional needs.

2. Concept of Operations

2.1 Activation

Activation triggers are set by the Missouri Pediatric Surge Plan.

2.2 Notifications

Notification of a Pediatric Surge Event will be made to the SMOC or the Regional Pediatric Trauma Centers by a local or regional Public Safety Answering Point (PSAP), usually through Central County Emergency 911 (CCE911) in St. Louis County. Regional Pediatric Trauma Centers will contact department leaders as following the hospital’s normal mass notification processes. If unavailable due to disruption coordination of patients will be handled through the SMOC for load balancing. The SMOC will notify the HCC partners of an event via Everbridge and will convene a conference call to coordinate regional awareness and response. The SMOC will create an event in EMResource to track bed and resource availability and in eICS to track activity and updates to the response. See the STL HCC Response Plan, p25-31, for more details.

Below are the primary and alternate methods for notifications:

Entity	Primary Method of Notification	Alternate Method of Notification
HCC Leadership	EMResource	Internal System specific notification systems (Send Word Now, Everbridge, etc.)
HCC Duty Officers	CCE 911 to SMOC Duty Officer	Everbridge
HCC Pediatric Lead Hospital	EMResource	Email
HCC pediatric Subject Matter Experts (SMEs)	Internal System specific notification systems (Send Word Now, Everbridge, etc.)	Email
Hospital partners / General HCC membership	Everbridge	EMResource
EMS transfer services	Local 911 system	EMResource
DHSS ERC	TBD	TBD
SEMA	TBD	TBD

2.3 Roles and Responsibilities

1. Roles and Responsibilities for an event are outlined in the SMOC Plan and are not superseded in a Pediatric Surge Event.

2.4 Logistics

2.4.1 Space

All SMOC response activities will either be run in a virtual environment or out of the St. Louis County Emergency Operations Center (STLCo EOC) if needed. There is no specific trigger for moving from a virtual environment to the EOC and will be at the discretion of the SMOC members and STLCo EOC staff.

Within existing pediatric facilities Alternate Care Site (ACS) space, per Emergency Operations Plans, have been designated within the facility that will allow for appropriate levels of triage and treatment. These spaces include conference rooms, auditoriums, and clinics allowing for safe and secure evaluation. Space and processes should also been developed and included in the facility EOP for patient identification and reunification.

For ACS space, agreements should be put in place and renewed on a regular basis for off-site triage and treatment sites. Evaluation of these sites include security, sufficient utilities, ease of transportation, communication capabilities, etc. Within the ACS process is the need for supplies and staffing for the areas. A pre-determined list of supplies may be utilized depending on the type of need.

Each Regional system has their own process for staffing additional beds included in the EOP. The HCC will rely on their ability to maintain adequate staff. If the need exceeds the System, the system will seek Regional support. If Regional ability is exceeded the State will be notified with a request for additional State provided, qualified staff (D-MAT, National Guard, etc.). This process is coordinated through the standard disaster declaration processes. This same process would be utilized for existing hospitals or alternate care sites. If a Regional ACS is established the request for staffing will fall within the State disaster plan/declaration.

2.4.2 Staff

Staff for a Pediatric Surge Event should be identified by each facility in their Emergency Concept of Operation (CONOPS) guides. Staff within each System has a core group of pediatric Subject Matter Experts (SMEs) to support their individual systems. If the need arises for assistance outside each system, communication via the Hospital Incident Command System (HICS) would be appropriate. Based on the initiation and activation of HICS, a Medical Technical Specialist will be appointed by the appropriate party and communication between facilities can occur (See the STL HCC Response Plan, p25-28). There may be the need for multiple Medical Technical Specialists used for consultation depending on the event type. Pediatric Trauma Physicians may need to be included.

2.4.3 Supplies

Supplies for a Pediatric Surge Event should be identified by each facility in their Emergency CONOPS guides. Also see the Missouri Pediatric Evacuation and Surge Plan, Section 4, and the STL HCC Response Plan, p43.

2.5 Special Considerations

2.5.1 Behavioral Health

Will be determined by each individual hospital system based on their CONOPS.

2.5.2 Decontamination

Each pediatric facility should have decontamination procedures included in their Emergency Operations plan. These plans are tested on an annual basis.

2.5.3 Evacuation

Each pediatric facility should have evacuation procedures included in their Emergency Operations plan. Also see the following documents:

- Missouri Pediatric Evacuation and Surge Plan, Sections 3-5
- Missouri Statewide Patient Movement Plan, p16-23
- STL HCC Response Plan, p35
- STL Hospital Mutual Aid Agreement, p6
- St Louis Hospital Evacuation & Transportation Plan, Section 3.2

2.5.4 Infection Control

Each pediatric facility will follow established infection control procedures.

2.5.5 Security

Each pediatric facility has appropriate security measures detailed in their respective Emergency Operations Plans.

2.6 Operations – Medical Care

2.6.1 Triage

Triage will be performed at the scene by the responding EMS agency. Triage may also occur at the accepting hospital’s mass casualty treatment area. EMS and hospitals should also prepare for patient self-evaluation and presentation directly to hospitals instead of by EMS.

2.6.2 Treatment

Each patient is handled on an individual basis. Decisions would be based on acuity, age, mental status, weight. Patients between the age of eight (8) and 18 years of age could be treated at an adult hospital. The process of physician reporting/acceptance will still be followed. Any patient, based on acuity, could potentially be treated at an adult hospital with the coordination of tele-medicine consults and evaluations by appropriate pediatric physicians.

Below is facility specific information for a Pediatric Surge Event

Patient Type	Facility Name(s)	Beds	Surge Capacity
Pediatric Basic Care	SSM, BJC, Mercy, and St Lukes Systems	List bed capacity in EMResource	20% standard
Pediatric Acute Care	SSM, BJC, Mercy, and St Lukes Systems	List bed capacity in EMResource	
Pediatric ICU	Cardinal Glennon, STL Children’s, Mercy St. Louis	List bed capacity in EMResource	
Neonatal ICU	Cardinal Glennon, STL Children’s, Mercy St. Louis	List bed capacity in EMResource	
Inpatient Maternity	SSM, BJC, Mercy Systems	List bed capacity in EMResource	
Pediatric LTC/Rehab	Rankin Jordan		
Pediatric Behavioral Health	SSM DePaul, St. Joe Wentzville, St Louis Children’s	List bed capacity in EMResource	

2.7 Transportation

Pediatric MCI- load balancing will be coordinated through the St Louis Medical Operations Center (SMOC) duty officer and local 911 EMS systems. Individual systems have protocols in place to move non-critical patients to other hospitals within their system allowing the acceptance of higher acuity patients to be managed in the level 1 pediatric trauma centers.

In the event of a Pediatric facility evacuation, the Emergency Operations Plans direct evacuation of patients within the system facility. If it is necessary to evacuate outside the initial system notification will be made, acceptance of patients requested, physician to physician reports given. In an urgent situation staff may accompany critical patients to accepting facility for direct face to face hand-off.

Coordination for pediatric transport for a Mass Casualty Incident (MCI) will be done by the primary 911 system Incident Command Transportation Officer from the scene via direct contacting for patient acceptance or reporting query via EMResource. For transportation between hospitals, the hospital where patient originates will coordinate appropriate level transportation to receiving hospital. This may include, but not limited to, in-house transport teams via ground or air.

2.8 Tracking

See Missouri Statewide Patient Movement Plan for patient tracking details.

2.9 Reunification

Will be determined by each individual hospital system based on their CONOPS.

2.10 Deactivation and Recovery

3. Appendices

3.1 Training and Exercises

See STL HCC Response Plan, p43, and the Missouri Pediatric Evacuation and Surge Plan, Section G-1.

3.2 Legal Authorities

See the STL Hospital Mutual Aid Agreement.

3.3 Pediatric Referral Resources

Designated pediatric facility within the HCC that could provide guidance, staff, resources, etc. to other hospitals experiencing an influx of pediatric patients?

- Name: SSM Health Cardinal Glennon Children's Hospital
24/7 Contact Phone Number: 314-989-3700
Nature of Assistance: Activation of Incident Command and establishment of Ped. Specific SME
- Name: St. Louis Children's Hospital
24/7 Contact Phone Number: 314-454-6000 or 314-319-7841
Nature of Assistance: Activation of Incident Command and establishment of Ped. Specific SME

3.4 Additional Resources/References

To be determined as needed based on each hospital's CONOPS.