**Pediatric Annex Template for Community Health Centers**

Developed by Colorado Community Health Network

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The purpose of this annex to the Emergency Management Plan is to identify how the Community Health Centers (CHCs) will coordinate, manage, and provide resources to the community[who/what?] in the event of a large-scale event that overwhelms the CHC’s ability to address the medical needs of children.

The annex needs to identify the following:

* Indicators/triggers and alerting/notifications of a specialty event
* Initial coordination mechanism and information gathering to determine impact and specialty needs
* Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents)
* Age-appropriate medical supplies
* Access to subject matter experts – local, regional, and national
* Relevant baseline or just-in-time training to support specialty care
* Evaluation and exercise plan for the specialty function

Add Pediatric-specific language to the **Purpose Statement** of your existing CHC Emergency Management Plan (EMP):

(Example) It is recognized that children represent a special population whose specific needs are integrated and addressed throughout the planning, response, and recovery phases of an incident. All aspects of this Emergency Plan shall include considerations for the pediatric population. For purposes of this plan, “children” shall be defined as those under the age of 18. This recognizes that medical protocols may define “children” differently. Response activities that require special consideration for a pediatric surge outside of normal response activities will be addressed in the Pediatric Annex included as an appendix to this EMP. It is understood that this document is a part of and not separate from the CHC’s EMP.

**Pediatric Annex –***Insert CHC’s name*

**Purpose**

Describe what the plan will address:

*Sample Language:*

The *Insert CHC’s name Pediatric* Annex outlines the plans, processes, and resources during the response phase of emergencies, natural disasters, and other crises that are specific to a surge including pediatric patients. It is our intent to integrate our pediatric response and address the unique needs children as a part of and not separate from our CHC Emergency Management Plan (EMP). We recognize that much of pediatric healthcare has developed as a separate and parallel healthcare system. As a result, there are certain special considerations that need to be identified and addressed during an event in order to best support the children of *Insert CHC’s name.* The CHC will rely on their Regional Healthcare Coalition for support and guidance during a pediatric surge.It is understood that this document is part of the overall *Insert CHC’s name*. EMP.

**Logistics**

This section should outline the strategies for the CHC to address resource shortages and resource allocation, including how resources are requested and potential sources for pediatric-specific resources (e.g., transportation, supply vendors, and caches).

*Space*

This section can include strategies for identify space and regulatory considerations.

*Sample language*

*Insert CHC’s name* can identify and secure additional space conducive to pediatric care.

Spaces can be categorized as follows:

* *Conventional Spaces:* Areas where such care is normally provided (e.g., treatment space inside the CHC).
* *Contingency spaces:* Areas where care could be provided at a level functionally equivalent to usual care (e.g., adult rooms used as pediatric units).
* *Crisis Spaces:* Areas where enough care could be provided when usual resources are overwhelmed (this might involve non-pediatric providers and/or ambulatory care pediatric providers supervising inpatient care, temporary intensive care/ventilator support for patients who cannot be moved, or alternative space).

*Staff*

This section should include strategies for increasing/maintaining staffing levels during the pediatric surge.

*Sample Language*

*Insert CHC’s name* can coordinate strategies for increasing/maintaining pediatric staffing levels.

Strategies can include:

* Assigning pediatric-trained staff to larger numbers of patients, younger patients (e.g., age <8), or the more injured/ill to closely monitor fluids, medications, and other specific care.
* Non-pediatric nursing and other staff would take over patients that require less precise management
* Implement just-in-time training when needed to expand pediatric expertise when the response timeframe allows.
* Use of telemedicine as an adjunct for in-person staff.

*Supplies*

This section should document the CHC’s supplies relevant to a pediatric surge event (age-appropriate medical and non-medical supplies) to ensure adequate levels of supplies and equipment are available. Children need appropriate formulations (e.g., liquids), delivery devices (e.g., pediatric auto-injectors), and age- or size-based dosing instructions.

**Additional Considerations**

*Sample language*

*Behavioral Health*

The CHC will work through existing protocols and procedures to identify pediatric behavioral health needs and request behavioral health resources for children, caregivers and providers.

*Decontamination*

This section should include specific decontamination capabilities at pediatric-capable facilities, but ALL facilities should be prepared to decontaminate children and adults. This capability includes having age- appropriate carry/ immobilization devices, the ability to decontaminate parents and children together, strategies for escorting unaccompanied children, and the use of child-friendly soaps and non-abrasive cloths. This section can also include a link to recommendations/ considerations to facilitate decontamination of children presenting at hospitals during a disaster**.**

*Sample Language*

The *Insert CHC’s name* will coordinate pediatric decontamination resources and supplies.

*Evacuation*

This section should address evacuation coordination for pediatric patients, evacuation resources and plan for patient movement including coordination with specialty and referral partners outside the CHC’s boundaries.

*Sample Language*

The *Insert CHC’s name* will coordinate pediatric patient movement and identify appropriate receiving facilities. All activities will be consistent with the CHC’s evacuation response plan located *Insert location.*

*Special Pathogens*

This section should address the CHCs plan for management and care of those children exposed or potentially exposed to a highly infectious disease (and minimize exposure to others, including caregivers and healthcare personnel). Should integrate with existing / future CHCs Infectious Disease Response Plan and discuss key partners and stakeholders involved in response activities and any specific care and behavioral considerations.

*Sample Language*

The *Insert CHC’s name* will manage and care (including behavioral health) of children exposed or potentially exposed to a highly infectious disease (and minimize exposure to others, including caregivers). All activities will be coordinated with local and state highly infectious disease plans (where available) and with identified epidemiologists.

*Security*

This section should address resources for increased security and should include planning for pediatric safe areas, family reunification sites, and the incident scene when children are present, as well as liaisons and resources provided by local law enforcement.

*Sample Language*

The *Insert CHC’s name* will identify additional security resources to support pediatric safe areas, family reunification sites, and the incident scene.

**Medical Operations**

*Triage*

This section should include considerations for triage of pediatric patients and expectations for hospital transport including patient allocation by number of patients, age, and severity priority. Where possible or dictated by state and local transport protocols, consider triage and transport to urgent care centers or referrals to other CHC sites to decompress emergency departments.

*Sample Language*

Triage and transportation protocols often fall under State and regional EMS and trauma regulations, guidance, and protocols.

The CHC can identify and coordinate resources to help manage the patient load on an emergency department. This support can include:

* Identifying and coordinating activation of alternative care sites.
* Identifying and coordinating pediatric equipment and supplies to alternative care sites.
* Work with the Regional HCC to identify how and when to send/receive pediatric staff between facilities/locations to best serve the greatest numbers of pediatric patients.
* Identifying and coordinating EMS transportation and treatment personnel and assets.

*Treatment*

This section should include considerations for treatment of pediatric patients, including how information on patients will be shared and transfers prioritized when the demand for specialty services or transport exceeds supply. It should also include how pediatric specialty consultation will be obtained by CHCs that are temporarily caring for complex patients and/or a large number of pediatric patients to ensure the best care possible (e.g., telemedicine, or in some cases bringing specialty providers from a referral facility for consultation). Rehabilitation services and coordination of continued care following the surge event should be discussed, including procedures for repatriation of any patients transferred out of the area.

*Sample Language*

The treatment of pediatric patients even during a mass casualty or surge event is the responsibility of the hospital and treating practitioners.

*Insert CHC’s name will* support the treatment of pediatric patients. This support can include:

* Working with State ESF-8 lead/health and medical branch to disseminate information from pediatric subject matter experts regarding the care and treatment of children with hospitals, community clinicians, and others to aid in caring for children throughout the affected area.
* Supporting the evacuation of pediatric patients, pediatric hospital, or Neonatal Intensive Care Unit.
* Assisting in identifying transportation resources for repatriating children transferred to other areas.
* Helping identify and match available EMS transportation and treatment capabilities to patient needs.

**Transportation**

This section should include considerations for safe inter-facility transport of stable, unstable, and potentially unstable pediatric patients and prioritization methods for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility and how to prioritize them – this will need to involve pediatric SMEs with knowledge of the children requiring transfer).

*Sample Language*

Sending and receiving facilities work together to prioritize specialty patient transfers. When possible, the state ESF-8 Lead will provide a subject matter expert to help facilities identify the appropriate pediatric center to receive a specific patient.

Requests for inter-facility transport of a specialty pediatric patient can come from either the sending or receiving facility. However, each EMS Agency is responsible for coordinating and prioritizing patient transfers based upon state and regional regulations and protocols and the availability of resources.

When requested by ESF-8/health and medical branch and/or an EMS agency, the CHC can assist in tracking and coordinating pediatric transportation resources (e.g. coordinating with the local EMS).

**Displaced/unaccompanied Children and Family Reunification**

Describe the process the CHC will use to support reunifying separated pediatric patients with their families, particularly those identified as unaccompanied minors. Support could also include assisting in setting up a Family Assistance Center and engaging other organizations that support family reunification such as schools and the American Red Cross.

*Sample Language*

Colorado does not have a statewide system for tracking and identifying displaced/unaccompanied children and identification of parent/guardian. Through collaboration with local partners and the ESF-8 lead(s), *Insert CHC’s name* will support the state, county and/or local efforts to reunify pediatric patients and/or missing children of adult patients, for both pediatrics surge events where children can be separated from parent/guardian and in the event of a CHC evacuation.

Support activities will include:

* Supporting local plans for identifying and locating missing family members (include a description of local plans & protocols such as using 211.)
* Supporting the use of the National Center for Missing and Exploited Children Unaccompanied Minor Registry <https://umr.missingkids.org/umr/reportUMR?execution=e1s1> by all healthcare providers during a disaster or emergency to report unaccompanied minors in their care. (This does not supersede or replace other protocols such as reporting the child to police/sheriff and child welfare.)
* Supporting the use of the National Center for Missing and Exploited Children <http://www.missingkids.com/> by all healthcare providers for reporting missing children of adult patients.
* Supporting the establishment of Family Assistance Center(s) with the jurisdiction.
* Coordinating with other agencies (such as public schools and the American Red Cross) involved in family reunification

**Just-in-Time Training**

Describe the process the coalition will use to identify needs and provide access to Just-In-Time training to support the pediatric surge response.

*Sample Language*

*insert CHC’s name* will work with HCC and local ESF-8 Lead(s) to identify knowledge gaps and training needs to support the pediatric surge response. The HCC will work with local ESF-8 Lead(s) to request and coordinate and Just-in-Time training from subject matter experts. Training resources may be requested from the State ESF-8 Lead by the local ESF-8 Lead(s) if local or regional resources are not available.

**Training and Exercise**

It is highly recommended for the CHC to participate in a standardized tabletop exercise to test the Pediatric Surge Annex by June 15, 2020.

*Sample Language*

The *insert CHC’s name* will participate in a standardized tabletop exercise designed to test the Pediatric Surge Annex by June 15, 2020.