



Pediatric Surge Annex Tabletop Exercise TEMPLATE

Situation Manual

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PREFACE

The Pediatric Surge Annex Tabletop Exercise (TTX) Toolkit Template has been developed by the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). It can be used by healthcare coalitions (HCCs) to enhance operational area awareness and capability in order to effectively address the needs of children as part of a whole community emergency response framework. It can also be utilized to satisfy Funding Opportunity Announcement (FOA) requirements for the Hospital Preparedness Program (HPP) Cooperative Agreement.

HCCs are not required to use this template and may conduct a pediatric surge annex exercise using any acceptable Homeland Security Exercise and Evaluation Program (HSEEP) compliant format.

This template is intended to be edited and modified by the HCC Exercise Planning Team to satisfy the concepts and objectives each HCC intends to test. Blue text boxes and bracketed sections are included throughout the document and serve as notes to planners and prompts to enter your own text. Please delete those boxes and bracketed areas once final planning decisions are made and text has been crafted.

The complete toolkit template includes the following supporting materials for conducting a Pediatric Surge Annex TTX:

1. Step by Step Guide to Implementing the Pediatric Surge Annex Tabletop Exercise Template ([Compliant PDF](#), [DOC](#))
2. Situation Manual (this document) ([Compliant PDF](#), [DOC](#))
3. Pediatric Surge Annex Tabletop Exercise Presentation ([Compliant PDF](#), [PowerPoint](#))
4. Participant Feedback Form ([Compliant PDF](#), [DOC](#))
5. Sign-in Form ([Compliant PDF](#), [DOC](#))

ASPR TRACIE developed a [HCC Pediatric Surge Annex Template](#) and has many [additional resources for HCCs](#) and [pediatric planners](#). For more information, visit <https://asprtracie.hhs.gov> or contact our Assistance Center at 1-844-5-TRACIE or askasprtracie@hhs.gov.

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HANDLING INSTRUCTIONS

1. The title of this document is *Pediatric Surge Annex Tabletop Exercise (TTX) Situation Manual (SitMan)*.
2. This template is a publicly available document, however once downloaded and completed by any jurisdiction, this document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.G. 552) and State and local statutes. It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with jurisdictional policy relating to FOUO information.
3. [Insert any local statutes or regulations with regard to document handling.]
4. For more information or questions regarding this exercise, please contact:
[Insert Contact Information]

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INTRODUCTION

Background

Children represent close to a quarter of the total U.S. population and are particularly vulnerable during a disaster. The Centers for Disease Control and Prevention (CDC) estimates that approximately one of five American children meet the criteria of having a special healthcare need,¹ and that one in seven children between the ages of two and eight years old are affected by mental, behavioral, and developmental health concerns². Children's unique needs and characteristics make it important to identify and incorporate special considerations into preparedness, mitigation, response, recovery, and resilience-building plans and actions³. Each hospital and healthcare organization should have a written disaster plan in place that outlines how they will respond during an incident, to include pediatric considerations. Healthcare coalitions (HCCs) can assist member healthcare organizations and other community partners to improve capacity and capabilities to manage a large number of casualties who are children by:

- Promoting members' planning for pediatric emergencies (medical and trauma);
- Fostering relationships and initiatives with hospital emergency departments that are able to stabilize and/or manage pediatric emergencies; and
- Identifying the experts and specialized resources that exist within the HCC, the mechanisms/ processes that will be used to determine which patients go to which facilities, and an understanding of how many children each facility will need to plan to receive.^{4,5}

[May include additional background information specific to the coalition, member organizations, and threats/hazards as identified in the jurisdiction's risk assessment/ hazard vulnerability assessment and resource gap analysis. Operational area statistics such as child population by age, regional pediatric bed capacity, hospital pediatric readiness scores or a panel on pediatric services or capability may be relevant here as well].

Purpose

The Pediatric Surge Annex TTX provides HCC members and leadership with a useful exercise planning template to address mass casualty events with large numbers of pediatric patients. The exercise allows participants to address key issues through a series of facilitated discussions.

¹ Centers for Disease Control and Prevention. (n.d.). [Caring for Children in a Disaster: Children and Youth with Special Healthcare Needs in Emergencies](#). (Accessed 1/10/2020.)

² Centers for Disease Control and Prevention. National Center on Birth Defects and Developmental Disabilities. (2019). [Data and Statistics on Children's Mental Health](#).

³ American Academy of Pediatrics. (2015). [Ensuring the Health of Children in Disasters](#).

⁴ ASPR TRACIE. (2019). [HCC Pediatric Surge Annex Template](#).

⁵ The American Academy of Pediatrics, through its national organizational office or state chapter, as well as the two ASPR-funded Pediatric Centers of Excellence can assist with identifying pediatrics experts who can advise planning efforts.

Scope

This toolkit is an interactive, discussion-based exercise focusing on impacts to HCCs and healthcare facilities caused by mass casualty events with large numbers of pediatric patients.

The exercise is planned for a half day, and the scenario consists of four modules in chronological order and portrays a natural disaster and its aftermath causing mass casualty.

Health Care Preparedness and Response Capabilities

[These are suggested related capabilities. Grantees will determine their current pediatric medical resources in the community under normal conditions and define how they work together to determine relevant capabilities, objectives, and activities that need to be addressed during the Initial Planning Meeting.]

- **Capability 2: Health Care and Medical Response Coordination**
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
- **Capability 3: Continuity of Health Care Service Delivery**
Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation
- **Capability 4: Medical Surge**
Objective 1: Plan for a Medical Surge
Objective 2: Respond to a Medical Surge

Exercise Objectives

The exercise design objectives are focused on understanding the concept of operations of the HCC Pediatric Surge Annex and developing recommended actions and procedural adjustments to address potential gaps or problem areas.

1. Review existing pediatric care assets and identify gaps that may occur in a pediatric mass casualty incident.
2. Review agency/facility role in a pediatric mass casualty incident.
3. Validate assumptions in the HCC Pediatric Surge Annex.
4. Identify changes that need to be made in the HCC Pediatric Surge Annex based on the roles and capabilities of the involved partners.
5. [Other objectives identified by the Exercise Planning Team.]

Roles

- *Players* respond to the situation presented based on their current roles in their facility or HCC; expert knowledge of incident management procedures; current plans and procedures in place in their agency, jurisdiction, or organization; and insights derived from previous experience.

- *Observers* view all or selected portions of exercise play and support the group in developing responses to the situation during the discussion.
- The *Facilitator* provides situation updates and moderates discussions. They also provide additional information or resolve questions as required.
- *Data Collectors* observe and record the discussions during the exercise, participate in the data analysis, and assist with drafting the After Action Report (AAR) that will be used to suggest improvements within the pediatric annex itself and future exercises.

Exercise Structure

The exercise will be a half day event. The TTX is comprised of four modules consisting of an initial incident and then the subsequent aftermath. Players in this exercise will participate in the following exercise module elements:

- Module 1 – Initial Incident Period and Facility Response
- Module 2 – Community Coordination
- Module 3 – Transfer/Transport Coordination
- Module 4 – Family Reunification and Support

Each module begins with a scenario update that summarizes the key events occurring within that time period. A series of questions following the scenario summary will guide the facilitated discussion of critical issues in each of the modules. The coalition may add, delete, or modify questions based on their local plans and resources. Based on exercise priorities, time dedicated to each module will be managed by the facilitator.

Planning Note: Exercise Planning Team should use this information for planning purposes and delete this text box once decisions have been made.

Module 4 is an optional module, so add 40 minutes to the agenda if you choose to complete that module. These are suggested times and can be modified by the Exercise Planning Team.

This exercise could also be facilitated with a large group and no table discussion breakouts, based on the Exercise Planning Team and facilitator preference. If less than 20 people are participating in the exercise, full group facilitation is likely most effective.

Attendees should sit together by facility and discipline. If there are few attendees from a specific discipline (e.g. emergency management) they should be assigned to a table which the planners feel would be most valuable from a contributions, learning, and relationship standpoint. Ideally, if there is a healthcare system, the hospitals for that system should be seated together so that they can discuss any system responses to this incident as well as facility and coalition-level. Planners should avoid having tables with fewer than six members if possible.

The following is an approximate schedule.

- 8:00-8:30 AM – Introductions and opening remarks
- 8:30-9:00 AM – Overview of the HCC Pediatric Surge Annex / process during a pediatric event
- 9:00-9:20 AM – Table discussion Module 1
- 9:20-9:40 AM – Report out and discussion
- 9:40-10:00 AM – Table discussion Module 2
- 10:00-10:10 AM – Break
- 10:10-10:30 AM – Report out and discussion
- 10:30-10:50 AM – Table discussion Module 3
- 10:50-11:10 AM – Report out and discussion
- 11:10-11:50 AM – Wrap up and Hotwash (note potential for optional discussion #4)
- **Optional Module 4 Discussion (add 20 minutes for table discussion and 20 minutes for report)**

Exercise Guidelines

- Open, low-stress, no-fault environment
- Comments will be non-attribution
- Responses should be based on knowledge of current plans and capabilities – you don’t have to have all the answers
- Exercise-based decisions are not precedent setting
- Problem-solving efforts should be the focus – It is expected that more questions than answers may be generated
- The situation updates, written material, and resources provided are the basis for discussion; it is not expected that participants will need to do additional research or review other materials prior to participation in this exercise
- Participants are encouraged to use the SitMan as a reference and to fill out the Participant Feedback Form as you go; feedback is welcome!
- Use the notes pages available in the SitMan

Exercise Assumptions and Artificialities

In any exercise, a number of assumptions and artificialities may be necessary to complete the exercises play in the time allotted. During this exercise, the following apply:

- The scenario for this exercise is artificial, however, it is plausible, and events occur as they are presented
- There is no “hidden agenda” or any “trick questions”

- All players receive information at the same time
- Assume cooperation and support from other responders, agencies, and organizational entities

Planning Note: Planners may change the event or the scope as needed to fit local considerations. Scenarios should still follow the modular approach in this sample. Planners should consider adjusting patient numbers and providing any other demographic or geographic information specific to your community and designed to exceed day to day capabilities to test and “break” the system. The Facilitator should have license to adjust patient volumes during the exercise to move the exercise forward.

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MODULE 1: INITIAL INCIDENT AND FACILITY RESPONSE

Monday afternoon, May 10, 12:00 pm.

Your hospital is at normal staffing, supply, and patient levels. Hospitals in the area are full due to a late viral illness season.

Heavy thunderstorms are moving through the area, and a tornado warning has been issued. Soon after, you receive information from staff that there has been a tornado touchdown with structural collapse at an elementary school six blocks from your hospital.

A few minutes later, a minivan pulls up with two critically injured 5-year old children and several older children with minor injuries. The parent driving the children is crying and reports severe structural damage at the school with ‘many’ children injured.

The first few ambulances are arriving at your facility and another private vehicle just pulled up with another critically injured 7-year old and several children with injuries from broken glass who are clearly distraught and crying. Additional adult patients begin arriving.

Note: This module focuses on the hospital response to this incident and not the pre-hospital response.

Module 1 Discussion Questions

1. What are your initial actions upon notification of this incident? What do you need to do to activate your disaster plan? Do you have a pediatric surge plan? If yes, how is it activated?
2. How many pediatric patients is your facility prepared to handle?
 - a. Do you provide pediatric inpatient care?
 - b. What supplies do you have on-hand to manage pediatric patients?
 - c. What staff do you have on-hand to manage a surge of pediatric patients?
 - d. Are your staff (including any pharmacy staff) comfortable with pediatric dosing of medications?
 - e. What pediatric training does your hospital emergency department staff have?
 - f. Are you prepared to handle unaccompanied minors, including supervision and consent to treat decision making?
3. What changes to your facility disaster plan are needed to accommodate a pediatric surge?
4. In the event that your facility’s pediatric capacity is exceeded, or you do not provide pediatric trauma services, how would you address referring these cases to a larger and/or pediatric hospital?
 - a. What is the current referral process for a critically ill child and how would this change in this incident?
 - b. How would you prioritize/triage multiple pediatric referrals *from* your facility?
 - c. Does your facility have written agreements with pediatric and trauma referral centers to expedite patient transfer?
 - d. What patient transportation resources would you need?

MODULE 1 NOTE PAGE



MODULE 2: COMMUNITY COORDINATION

Planning Note: The questions may need to be changed based on coalition resources. The key issue for this module is defining what activities occur where (i.e. does transfer coordination occur at the hospital [particularly if a single/few hospitals in the coalition], coalition Emergency Operations Center (EOC), coalition virtual coordination center, receiving pediatric center, etc.)

Monday afternoon, May 10, 2:00 pm (Incident + 2 hours)

- You have now received significant numbers of patients and your surge capacity has been exceeded.
- Due to the large number of pediatric patients affected and current high census, your usual referral children's hospital cannot accept all inter-hospital transfers.
- You must stabilize and treat the pediatric patients at the local hospitals for now aside from the patients that are critically injured.

Module 2 Discussion Questions

1. What alerts and notification mechanisms are in place to ensure that the coalition partners are aware of the incident?
2. How does the HCC support this response?
 - a. If the coalition has an operations center how is this activated, staffed, and what functions does it serve? How does it interface with the EOC?
 - b. If the coalition functions are conducted by/at the jurisdictional EOC how rapid is the activation? Who provides coordination and supports the healthcare needs?
3. What type of assistance (staff, space, resources, systems) could the HCC and its members provide? Are there other partners that you should coordinate with? Is this different from Emergency Support Function (ESF)8 support?
4. When would you notify and request assistance from emergency management (if at all)?
5. What emergency medical services (EMS) transport resources are available (both public safety or private services)? (For EMS to discuss – consider both ground and air assets).
6. Where would you obtain guidance or clinical advice for pediatric patient surge care prior to and during an event? What types of pediatric or other experts might be needed that are not yet included? How do you communicate with them (e.g. telephone/telemedicine)?

MODULE 2 NOTE PAGE



MODULE 3: TRANSFER/TRANSPORT COORDINATION

Planning Note: This section requires coalition partners to have situational awareness about their current resources as informed by a gap analysis and risk assessment. The following include considerations when shaping this module:

- 1) Who are the usual pediatric inpatient providers in your area?
- 2) How would pediatric referrals be prioritized (particularly across multiple facilities (e.g. children younger than eight years of age, more severely injured, congenital / behavioral needs, etc.)?)
- 3) What other regional resources for care and clinical advice are there and how would they be accessed?
- 4) How would patient information, tracking, and accountability be handled?

Monday afternoon, May 10, 4:00 pm (Incident + 4 hours)

- Multiple pediatric patients have been treated at area hospitals and they now require secondary transfer for ongoing care. Some patients will be accommodated at children's hospitals, trauma centers, or will need to be cared for locally until capacity improves (census decreases).
- Closed roads and transportation difficulties may prevent patient movement.

Module 3 Discussion Questions

1. How does the HCC Pediatric Surge Annex address this kind of scenario?
2. How will the team coordinate sharing patient information across multiple facilities?
3. How can the coalition ensure patient load balancing among hospitals or play a role in transfer decisions? How will hospitals and EMS coordinate this decision making?
4. Who will be responsible for prioritizing patient transfers and what criteria will be used to make that determination?
5. How will transportation be coordinated for these patients?
6. What is the mechanism for tracking these patients (and keeping them with their parents/guardians or supervising unaccompanied minors) through the referral process?
7. What resources does your facility have onsite if you need to provide ongoing care instead of transferring a critical pediatric patient? If on-site staff would be required to care for these patients, is there a staff sharing mechanism or agreement(s) to support this? Are telemedicine capabilities available? Has a common point of contact been identified for clinical advice?

MODULE 3 NOTE PAGE



MODULE 4: FAMILY REUNIFICATION AND SUPPORT

Planning Note: Though this module is optional for the TTX, these issues are critical, and close coordination with emergency management, public health, and healthcare entities is required to ensure that an operational and executable plan is in place for information sharing and family assistance at the healthcare facility and community level. The specifics of this section may be tailored to existing community resources and plans. If this module is not included, the coalition will want to ensure that these issues are addressed in the planning process.

Monday afternoon, May 10, 5:00 pm (Incident + 5 hours)

- Families have been seeking information on their children and loved ones at hospitals across the region since shortly after the tornado. Some fatalities at the scene have been reported, and at least one child has died in transit to a referral center.
- Members of the media have arrived at all area hospitals and are seeking information on patient names and conditions.

Module 4 Discussion Questions

1. What is the hospital plan for family support and reunification?
2. What role would the HCC serve in multi-hospital reunification efforts?
3. What media messaging coordination is being done? Who is involved in this activity?
4. Are there additional steps that should be taken within the hospital to ensure patient safety and security during a mass casualty event with a high number of pediatric patients?
5. Will your discharge waiting area for unaccompanied minors be secure and supervised by security and hospital staff?
6. What is the process for parent/caregiver reunification?
7. What is the interface between hospital and community (agency) reunification efforts?
8. What are the immediate behavioral health and support needs for parents, caregivers, and children, and how would facilities and the coalition plan to address these?

