

# 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.

The 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 (HSEPP) compliant format.

This toolkit 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 based on gaps identified during the development of the pediatric surge annex. 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 decisions 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 (this document) ([Compliant PDF](#), [DOC](#))
2. Situation Manual ([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](mailto:askasprtracie@hhs.gov).

## STEPS TO PREPARING AND CONDUCTING A SUCCESSFUL EXERCISE

### Step 1: Determine the need to exercise and receive approval from leadership to proceed

- Identify the Exercise Director.
- Review the HCC's Pediatric Surge Annex.

### Step 2: Exercise Director convenes an Exercise Planning Team (EPT)

- Planning team members should not participate as players in the exercise. However, they can serve as a facilitator, controllers and evaluators on the day of the exercise.
- One planning team member should be included for each major entity playing in the exercise (e.g. hospitals, HCC leadership, Emergency Medical Services [EMS], emergency management, etc.).
- Planning team members must attend each planning meeting.

### Step 3: Convene a combined Concept and Objectives and Initial Planning Meeting with the EPT

- Establish an exercise date, time, and location (the exercise could be convened in person, held virtually, or be a combination).
- Establish an initial list of exercise objectives, considering any gaps or areas of difficulty identified during the development of the pediatric surge annex.
- Select the exercise scenario, number of modules, and discussion questions.
- Identify the exercise facilitator. This person should have experience in the following: disaster response, emergency management or clinical expertise, and prior exercise facilitation. It is also helpful if the individual is well known and respected in the community.
- Establish a list of exercise participants, preferably by name, but at least by title and organization. The attendees should include at a minimum, representatives from hospitals (including closest trauma center), EMS agencies/authorities (public safety and private sector), emergency management and public health agencies, pediatric subject matter experts (SME) / and others (e.g. EMS-C, children's hospital, medical home providers, schools, behavioral health, public information officers, medical examiner's office, school system representatives, etc.).
  - Note that this scenario focuses on the response and referral process within the healthcare system to drive examination of the pediatric surge annex components. Hospitals should identify both a clinical and an emergency management/administration representative to participate in the exercise. EMS agencies should send a supervisor and/or medical director to attend and participate.
- Confirm exercise controllers and evaluators.
- Determine who will send invitations to potential exercise participants and manage RSVPs.
- Determine who will develop and finalize the required exercise materials.

### Step 4: Confirm exercise logistics and send invitations

- Visit the facility to determine if it meets the exercise needs or confirm virtual connectivity (including whether participants need “practice sessions” to ensure the virtual platform works in their location and that they are familiar with how it works).
- Determine what additional supplies are needed to conduct the exercise (pens, paper, name tags or table tents, computer and projector, other audio visual (AV) equipment, markers, easels, etc.).
- Invite HCC members – must have representation from all four core members (Hospitals, EM, EMS and public health).
- Invite any regularly engaged pediatric referral partners to participate (in-person or virtual).

### Step 5: Develop exercise materials

- Using the materials in this toolkit and based on the outcomes from the Initial Planning Meeting, review and modify the Situation Manual (SitMan), agenda, presentation materials, and the exercise participant evaluation form, according to HCC needs.
- Send draft versions of the materials to the Exercise Planning Team to seek input, review comments and finalize the materials.
- Send final draft materials to Exercise Planning Team members prior to the Final Planning Meeting.

### Step 6. Conduct a Final Planning Meeting with the Exercise Planning Team

- Approve all documents as final.
- Confirm and finalize all logistics and attendees.
- Determine who will coordinate “day of” logistics such as on-site registration/sign in, table tents, printed materials, AV equipment and room set up, etc.
- Send a final reminder email to all participants with any last-minute logistical information. This email should include read ahead material, specifically the HCC Pediatric Surge Annex. The email should remind participants to review the read ahead material and relevant agency or entity response plans. Participants should be encouraged to bring appropriate plans, policies, and procedures to assist them in exercise play.

### Step 7. Conduct a pre-exercise controller/evaluator training

- This meeting can be conducted virtually or in-person and should be used to review exercise logistics, facilitation support needs, and evaluation expectations.

### Step 8. Conduct the exercise

- Provide the Participant Feedback Form at the beginning of the exercise so participants can note their answers throughout the exercise.

### Step 9. Conduct an exercise hotwash/debriefing

- A hotwash should be conducted by the exercise facilitator immediately following the conclusion of the exercise. Hotwash slides are provided in the Exercise PowerPoint Template.
- Debriefing occurs following the conclusion of the hotwash, once all participants have departed. The debriefing includes the exercise facilitator, Exercise Planning Team, and exercise evaluators and focuses on their immediate thoughts and reactions to the exercise. Controllers and evaluators should follow up with their written notes.

### Step 10. Conduct the After Action process

- Gather comments from participants during the hotwash and from the participant feedback forms.
- Develop the draft After Action Report (AAR) and Improvement Plan (IP).
- The Exercise Planning Team and exercise evaluator review, comment and validate the draft AAR/ IP.
- Prepare a follow-up list of actions, assignments, and a mechanism to update the disaster plan, pediatric surge annex, and related procedures.
- Disseminate the final AAR and IP, along with the proposed plan and timeline for implementing the IP.
- Update and finalize the HCC Pediatric Surge Annex to address lessons learned and mitigate gaps identified during the TTX.

### Notes:

HCCs vary dramatically in their preparedness and response roles and capabilities. In some cases, the coalition itself will have a direct role through an operations center or utilization of coalition personnel. In other areas, the coalition is more a sum of the response roles of its partners and ensures that information is being shared between partners and that all response functions are accounted for (with agency and facility members of the coalition serving in the leadership role). Coalitions take many forms, but they all must ensure that the *functions* of the response occur, regardless of who or where that may be. This scenario focuses on the healthcare aspects of the response as a driver for other agency supportive actions and is meant to test the HCC Pediatric Surge Annex.

The focus of this effort is to discuss a pediatric mass casualty scenario in a no-fault learning environment to understand what plans are in place and what gaps continue to exist for the members of the coalition and at the coalition / coordination level. Many coalitions do not have pediatric specialty facilities and therefore should invite participation (in-person or virtual) from their usual referral partners that will play a critical role in assisting with prioritization of transfers and providing clinical advice and support.

Hospital personnel should answer the questions according to their facility plans and may compare notes with other facilities during discussion. Seating options vary depending on the number of attendees but hospital personnel from the same facility should sit together and ideally be paired at tables with others from their health system (or other hospitals in the area). EMS personnel and other relevant HCC

## Implementing the Pediatric Surge Annex TTX Template

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partners / stakeholders should sit at a table. Public health, emergency management, and other partners may be assigned their own table or participate in hospital or EMS discussions.

The following SMEs contributed to the development of this resource:

**Laura Aird**, MS, Senior Manager, Emerging Threats and Disaster Management, American Academy of Pediatrics, Department of Healthy Resilient Children, Youth and Families; **Deanna Dahl Grove**, M.D., Associate Professor, Pediatric Emergency Medicine, Rainbow Babies and Children's Hospital; **Craig DeAtley**, PA-C, Director, Institute for Public Health Emergency Readiness, MedStar Washington Hospital Center; **Sean Diederich**, Program Manager, Pandemic Influenza and Disaster Planning, American Academy of Pediatrics, Department of Healthy Resilient Children, Youth and Families; **Michael Frogel**, MD, Chairman, National Pediatric Disaster Coalition, Co-PI, NYC Pediatric Disaster Coalition; **Pat Frost**, RN, MS, PNP, Director Emergency Medical Services, Contra Costa Health Services; **Sara Greene**, DNP, APRN, APHN-BC, HPP Field Project Officer Region VIII, HHS ASPR; **John Hick**, MD, HHS ASPR and Hennepin County Medical Center; **Steve Krug**, MD, Attending Physician, Emergency Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago; **Angela Krutsinger**, HPP Field Project Officer Region VII, HHS ASPR; **CAPT Patricia Pettis**, MS, BSN, APRN, PPCNP-BC, U.S. Public Health Service, HPP Field Project Officer Region I, HHS ASPR; **Mary Russell**, EdD, MSN, Emergency Services, Boca Raton Regional Hospital; **Breanna Smith**, Pediatric Population Health Specialist, Pediatric Population Health, American Academy of Pediatrics, Department of Healthy Resilient Children, Youth and Families; **CDR Duane Wagner**, U.S. Public Health Service, HPP Field Project Officer Region V, HHS ASPR.

## RESOURCES

The following resources may assist in developing a pediatric exercise:

ASPR TRACIE [Pediatric/Children Topic Collection](#)

American Academy of Pediatrics. [Family Reunification Following Disasters: A Planning Tool for Health Care Facilities.](#)

American Academy of Pediatrics. [Pediatric Disaster Preparedness and Response Topical Collection.](#)  
[Pediatric Preparedness Exercises: Chapter 6](#)