

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]
Requestor Phone: [REDACTED]
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 23 May 2018
Response Date: 25 May 2018
Type of TA Request: Standard

Request:

[REDACTED] asked if ASPR TRACIE could help identify any existing and publically available (from a reputable source) “go kit” lists (e.g., lists of basic medical supplies pediatricians should have) and partner lists related to pediatrics. She also provided ASPR TRACIE with an existing list of partners for our review.

Response:

The ASPR TRACIE Team reviewed the [Pediatric Topic Collection](#), [Healthcare Facility Evacuation/ Sheltering Topic Collection](#), and also conducted an online literature review for “go kits” and partner lists as it relates to pediatrics.

Section I includes general healthcare “go kit”/evacuation supplies that may be tailored for pediatric providers. Unfortunately, these are geared towards hospitals or other healthcare facilities and not specific to pediatric offices.

Section II below provides materials that contain a list of partners that healthcare entities serving children can use. Page numbers are indicated in the annotations to direct the requestor straight to those pages. Also note that we did not include any resources from the American Academy of Pediatrics (AAP) as those resources are already known to the requestor.

Finally, in Section III the ASPR TRACIE Team took the existing list of partners provided by the requestor and added our suggestions for other partners based on our knowledge and findings from the literature search.

I. General Healthcare Resources Containing “Go Kit”/Evacuation Supply Lists

Assisted Living Federation of America. (n.d.). [Emergency Preparedness Tool Kit](#). (Accessed 5/24/18.)

This toolkit provides information and resources for assisted living facilities leadership, and can help them prepare and plan for events that may cause evacuation or sheltering in place. Appendices also include an employee survey for emergency help, evacuation policies and procedures, an evacuation agreement, an authorization to disclose health

information, and an emergency preparedness checklist for senior living communities. **NOTE:** A mobile supplies list for residents is included on page 13.

Empire County Community Health System (NY). (2009). [Hospital/ Nursing Facility Evacuation Annex](#).

This annex to the ECCHS Emergency Management Plan provides policies, procedures and guidelines for evacuating patients from the health system. **NOTE:** Unit evacuation “go kit” list starts on page 3.

Florida Department of Health. (2011). [Hospital Emergency Evacuation Toolkit](#).

This resource serves as a guidance document for the development of hospital-specific emergency evacuation response plans. The toolkit also provides strategies for effective and efficient staff and patient re-entry processes. Planning checklists for advance-warning evacuation are included along with detailed information about lift/ carry techniques and technologies. **NOTE:** Evacuation supplies with checklists start on page 63. Evacuation kit examples are provided on page 68.

Illinois Emergency Medical Services for Children. (2009). [Neonatal Intensive Care Unit \(NICU\) Evacuation Guidelines](#).

These neonatal intensive care unit (NICU) evacuation guidelines were developed by professionals throughout Illinois. This guide is intended to assist healthcare providers assess pre-event vulnerabilities and plan for the evacuation of medically fragile Level III NICU patients while addressing core components of incident management, in conjunction with the promotion of patient safety and evacuation procedures based on lessons learned from past disasters and experiences. **NOTE:** Evacuation supplies and equipment are noted on page 13. Annex D (page 21) includes a NICU Disaster Equipment/ Supply List from the Advocate Christ Medical Center (IL) and Annex E (page 22) includes contents of a NICU Emergency Preparedness Box.

Los Angeles County Emergency Medical Services Agency. (2012). [Evacuation and Shelter-in-Place Guidelines for Healthcare Entities](#).

This guidance document is comprised of three parts. Part I provides general guidance on the differences between evacuation and shelter in place, including the roles and responsibilities of healthcare facilities and the healthcare system. Part II includes an evacuation and shelter in place plan template that healthcare facilities can use to create or update their own plan. Part III includes a set of two tabletop exercises (shelter-in-place and evacuation) that facility emergency planners may use in the planning phase as they develop their plans to identify needs, gaps, or solutions, and/or may use to educate personnel on the components of their existing plan. **NOTE:** Patient care evacuation supplies start on page 58 of Part II (noted above) to include pharmacy evacuation cache and assembly point supplies.

II. Pediatric-Specific Resources Containing Partner Lists

Emergency Medical Services for Children National Resource Center. (2014). [Checklist of Essential Pediatric Domains and Considerations for Every Hospitals Disaster Preparedness Policies.](#)

This checklist, developed by subject matter experts and organized into ten domains, can help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster policies. **NOTE:** Page 7 includes a list of partners (found in the first row of the chart); however, this list is not comprehensive.

Loyola University Medical Center, Illinois Emergency Medical Services for Children. (2005). [Pediatric Disaster Preparedness Guidelines.](#)

This document was prepared by a multidisciplinary work group to help address the needs of children in any care setting, from acute care hospitals to community agencies serving children. This resource addresses the following: pediatric supplies, medication guidance, training resources, specific concerns for children with special health care needs in both community and institutional settings, staffing levels for pediatric patients, mental health needs, legal concerns, and security issues. **NOTE:** A list of partners can be found on page 14; however, this list is not comprehensive.

US Department of Health and Human Services, ASPR. (2016). [2017-2022 Health Care Preparedness and Response Capabilities.](#)

The guidance specific to these capabilities highlights what healthcare delivery system (e.g., hospitals, healthcare coalitions, and emergency medical services) have to do to effectively prepare for and respond to emergencies that impact the public's health. **NOTE:** A list of potential healthcare coalition members is noted on pages 11-12; however, this list is not comprehensive and is incorporated in the list below.

III. List of Partners

NOTE: The ASPR TRACIE Team provided the suggested list of partners below. This list is alphabetized for ease of use.

Local/ Regional/ State Resources

- American Association of Pediatrics (AAP) State Chapter Office
- Behavioral health services and organizations
- Camps (e.g., after-school, specialty)
- Child care services (e.g., daycare centers)
- Community-based organizations/services
- Emergency Management organizations
- Emergency Medical Services
- Faith-based groups (e.g., churches, synagogues, mosques)
- Fire Department
- Head Start Program

- Healthcare coalitions
- Healthcare Facilities
 - Children’s hospitals (if any locally or regionally)
 - Community/Tribal health centers
 - Dental clinics
 - Federally Qualified Health Centers (FQHCs)
 - Home health agencies
 - Hospitals
 - Long-term care facilities
 - Military treatment facilities (local or regional)
 - Nursing/ skilled nursing facilities
 - Pediatric tertiary care centers
 - Pediatrician offices
 - Primary care offices
 - Rehabilitation centers
 - Urgent care centers
- Infrastructure companies (e.g., utilities, communications, sanitation)
- Law Enforcement
- Local government
- Medical Reserve Corps/ other community volunteer groups
- Non-governmental organizations (e.g., local American Red Cross chapter, voluntary organizations, amateur radio operators, etc.)
- Public health agencies
- Public recreation (e.g., parks, zoos, amusement parks, sports stadiums, museums, YMCA, etc.)
- Schools (private, public, colleges/universities)
- Service groups (e.g., Kiwanis, Rotary, Salvation Army, parent/teacher associations, etc.)
- Shelters
- Social work services
- State Hospital Associations
- Support service providers
 - Clinical laboratories
 - Pharmacies
 - Radiology
 - Blood banks
 - Poison Control

National/ Federal Resources

- American Academy of Pediatrics (AAP)
- American Academy of Urgent Care Medicine
- American Red Cross
- U.S. Department of Homeland Security (DHS)/ Federal Emergency Management Agency (FEMA)
- U.S. Department of Education
- U.S. Department of Health and Human Services (HHS)
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare and Medicaid Services (CMS)

- Health Resources and Services Administration (HRSA)
 - Office of the Assistant Secretary for Preparedness and Response (ASPR)
- U.S. Department of Transportation (DOT)
- U.S. Department of Veterans Affairs Medical Centers
- U.S. Occupational Safety and Health Administration (OSHA)
- Urgent Care Association of America