Pediatric Surge

An Annex of the Healthcare Coalition of Rhode Island Response Plan

As of 06/03/2021

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Promulgation Document

To all Recipients:

Promulgated herewith is the Healthcare Coalition of Rhode Island Response Plan. This plan outlines the processes and general strategies of the Coalition to support its members in responding to disasters.

This plan not intended to either preclude or supersede any plans maintained by the Coalition's members; rather, it is intended to provide clear guidance to members and stakeholders about the Coalition's response processes, around which they may further develop and refine their respective plans, processes, and activities.

This plan will be reviewed by the Coalition's membership on an annual basis. Lessons learned and best practices that have been identified will be incorporated into a regular update process, coordinated by the Coalitions' Co-Chairs.

Sincerely,

Dawn Lewis 6/3/2021

Dawn Lewis Date
HCRI Co-Chair

6/3/2021

Philip Sheridan Date
HCRI Co-Chair

Verification of Plan Approval

The undersigned agree with the following Healthcare Coalition of Rhode Island Response Plan's Pediatric Surge Annex:

Hospital Representative — Date

Emergency Medical Services Representative — Date: 06/03/2021

Emergency Management Representative — Date: 06/03/2021

Public Health Representative — Date: 6/3/2021

The Co-Chairs of the Healthcare Coalition of Rhode Island have reviewed and authorized final approval of the Healthcare Coalition of Rhode Island Response Plan's Pediatric Surge Annex.

Dawn Lewis — Date: 6/3/21
HCRI Co-Chair

Philip Sheridan — Date: 6/3/21
HCRI Co-Chair

Record of Revision

The following revisions have been approved by the Co-Chairs of the Healthcare Coalition of Rhode Island, in concert with all appropriate stakeholders:

Section and Summary of Changes	Date of Revision	Revision Made By

Record of Distribution

The following individuals and agencies have received this version of the Healthcare Coalition of Rhode Island Response Plan's Pediatric Surge Annex:

Plan Recipient (Agency/Organization)	Date of Delivery
Pediatric Clinical Advisor, All hospitals, Health Centers, Pediatric LTC Nursing Home, Public Health, and EMS.	06/09/2021

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Introduction

Purpose and Scope

The *Pediatric Surge Annex* of the *Healthcare Coalition of Rhode Island's Response Plan* is intended to provide Healthcare Coalition of Rhode Island (HCRI) members and stakeholders a framework around which to maximize pediatric surge capacity and capability during times of disaster. In so doing, this plan strives to establish two central components: a) a common understanding of resources and capabilities present in the State and in the region that may be accessed to support a response to an incident with significant pediatric implications; b) and overview of the coordinated process by which HCRI can support decision making and the promotion of operational and clinical guidance throughout the Coalition.

As such, the *Pediatric Surge Annex* is meant to function primarily as a reference in coordination with various other plans, including its parent document (the *Healthcare Coalition of Rhode Island Response Plan*) and other incident- and surge-specific plans (e.g., *Infectious Disease Surge Annex*), and the Coalition's various protocols (e.g., the *Healthcare System Event Work Plan*), hospital and other healthcare organization emergency management/operations plans, as well as state and local emergency operations plans and their associated annexes.

Situation

Healthcare Coalition of Rhode Island

Rhode Island's single, statewide healthcare emergency preparedness coalition, the Healthcare Coalition of Rhode Island (also referred to as HCRI, or the Coalition), has been in place since 1999 and has grown over time to meet changing needs and guidance. While the Coalition has undergone several name changes over the years, its mission has remained fundamentally the same: to serve as a forum for cooperation among organizations to develop a networked plan for interaction and collaboration in disaster-related planning, mitigation, response, and recovery efforts that address Rhode Island's healthcare system. HCRI represents all acute care and specialty hospitals in Rhode Island, as well as a range of other healthcare organizations and community partners.

During disasters, HCRI serves as a mechanism to coordinate the responses of individual organizations in Rhode Island's healthcare system; in so doing, HCRI falls under the aegis of Rhode Island's Emergency Support Function 8 (Public Health and Medical Services), which is led by the Rhode Island Department of Health. Emergency Support Function 8 (or ESF-8), in turn, coordinates with other Emergency Support Functions (such as ESF-12 [Energy], ESF-6 [Mass Care], and ESF-13 [Public Safety]) during large-scale responses to ensure a holistic approach to the State of Rhode Island's disaster response efforts.

Pediatric Capabilities and Capacity in Rhode Island

Rhode Island's healthcare system includes a number of entities that either directly or indirectly provide or support the provision of pediatric healthcare. The following is a breakdown of hospitals in Rhode Island, with information about each's pediatric capabilities and capacity.

Of note, a Pediatric Emergency Care Coordinator (PECC) is identified at each of the facilities that accepts pediatric patients for emergency care in the State of Rhode Island. This person may be a physician or nurse or a team with a physician/nurse dyad. The PECC's role is to act as a

coordinator of pediatric specific activities. The addition of a PECC has been shown to improve pediatric emergency department readiness to care for children.

Certain pediatric capabilities exist outside the hospital setting, including:

- **Tavares Pediatric Center** (Providence, RI)
  A 30-resident facility, Tavares Pediatric Center maintains a staff of more than 75, including 45 direct care staff (pediatricians, nurses, respiratory therapists, nursing assistants, social workers, etc.). The Center also maintains a number of clinical capabilities, including respiratory therapy (ventilator, BiPAP, CPAP, tracheostomy care, oxygen dependence, suction), ostomy care, feeding tube administration, and care for those with developmental disabilities.

  The Center provides care for those of ages 3-21. The Center is an active participant in Rhode Island's Long-Term Care Mutual Aid Plan (LTC-MAP). Strategies to maximize surge capacity within the Center may include leveraging LTC-MAP to transfer patients from the Center who are above the age of 17 or may otherwise be appropriately cared for in adult care settings.

- **Emergency Medical Services**
  Over the nearly the past two decades, RIDOH's Hospital Preparedness Program, inside the Center for Emergency Preparedness and Response, has worked with the Center for Emergency Medical Services' EMS for Children Program to support efforts to increase pediatric preparedness among healthcare facilities and emergency medical services. Many of these efforts can be traced back to grant requirements, including those found among grant-related performance measures. A synopsis of performance measures related to pediatric preparedness, as identified by the EMS-C program, can be found here: EMSC grant performance measures.

  HCRI's Co-Chairs continue to participate in regular EMS for Children Advisory Board meetings; similarly, RIDOH's EMS for Children's Program Coordinator participates in HCRI initiatives when programmatic overlap is identified.

  RIDOH's EMS for Children Program remains a valuable partner through which the Coalition can better coordinate its efforts related to pediatric preparedness with EMS organizations throughout the State.

  Per regulation, EMS agencies that operate in Rhode Island are required to maintain certain pediatric care equipment and supplies. A full listing of these supplies can be found in regulation 2.12, here: https://rules.sos.ri.gov/regulations/part/216-20-10-2. EMTs and Paramedics licensed by the State are required to undergo certain pediatric-related training and education, including through both Rhode Island's Continued Competency Program and the National Registry of Emergency Medical Technicians. Both these Continued Competency Programs contain components in pediatric care. Regulations that govern the operation of EMS agencies in the State can be found here: https://rules.sos.ri.gov/regulations/part/216-20-10-2.

- **Home Healthcare Agencies**
  - Certain home healthcare agencies care for pediatric patients. These agencies may be of assistance in transitioning pediatric patients from healthcare facilities to homecare to decompress in-facility capacity.
  - Ventilator Integration Program (Hasbro)

Provides care for children and young adults with chronic respiratory problems who are dependent upon medical technology. The team is comprised of the patient's family, a pediatric pulmonologist, a pediatrician, a nurse practitioner, a respiratory therapist, a speech language pathologist and a parent consultant.

- **Ambulatory and Urgent Care Centers**

- **Community Health Centers**
  A number of community health centers maintain capabilities to care for pediatric patients. HCRI leadership regularly coordinates with health center partners through the Health Center Preparedness Planning Committee, which meets on a regular basis to discuss emergency preparedness matters and engage in various preparedness initiatives.

- **School-based Healthcare Providers** (Pre-K-12)
  As required by regulation, schools in Rhode Island must maintain "designated health room(s) to be utilized for health services" (216-RICR-20-10-4.34). Further pursuant to regulation, schools are required to "provide an adequate number of personnel for a comprehensive school health program … includ[ing] no less than a school physician, dentist, certified health educator, and certified school-nurse teacher" (216-RICR-20-10-4.4.C.2).

  Pre-K-12 schools do not typically maintain physicians and dentists on school premises; rather, schools maintain relationships with specific physicians and dentists within their respective communities and, when their services are indicated, students are directed to them.

In the event of a disaster, resources such as school-based healthcare providers could be deployed to work in community clinics. Resources from RI DMAT would be deployed based on need and experience level. For example, critical care paramedics could be utilized in emergency departments, as part of critical care transport teams or in inpatient or ICU settings.

Regional Capabilities and Capacity

Pediatric care capabilities exist throughout the Southern New England region at hospitals near Rhode Island's border (see list below):

Hospital	Location
CONNECTICUT	
Backus Hospital	Norwich, CT
Day Kimball Hospital	Putnam, CT
Lawrence + Memorial Hospital	New London, CT
Yale New Haven Health	New Haven, CT
MASSACHUSETTS	
Arbour Fuller Hospital	South Attleboro, MA
Beth Israel Deaconess Hospital - Plymouth	Plymouth, MA
Boston Children's Hospital	Boston, MA
Massachusetts General Hospital	Boston, MA
Milford Regional Medical Center	Milford, MA
St. Luke's Hospital	New Bedford, MA
Charlton Memorial Hospital	Fall River, MA

Sturdy Memorial Hospital	Attleboro, MA
UMASS Memorial Medical Center	Worcester, MA

On a regular basis, outside of large-scale disasters, pediatric patients are transported to hospitals in neighboring states. This is largely due to the compact geography of Southern New England, which results in the relative proximity of regional pediatric care facilities.

Assumptions

The following assumptions have been made to support the development and operationalization of the *Healthcare Coalition of Rhode Island Response Plan's Pediatric Surge Annex*:

- For the purposes of this plan, pediatric patients will be considered those of 18 years of age and younger. While some literature affirms the appropriateness of categorizing patients aged 18-21 as pediatric patients, for the purposes of this plan, the focus shall be on patients 18 years of age and younger.[1]
- Pediatric patients can present unique clinical considerations and challenges. One should not equate pediatric patients with adult patients of smaller stature.
- Emergency departments across the State are all staffed with emergency medicine providers who have training in caring for children. Although they see few pediatric patients regularly, they have the capabilities to assess, stabilize, and transfer these patients.
- HCRI has engaged a Pediatric Surge Clinical Advisor. This Clinical Advisor will lend clinical and operational subject-matter expertise in support of the Coalition's members, particularly in situations involving pediatric surge and the pediatric effects of other large-scale incidents and events.
- New England (Region 1) has implemented the Regional Disaster Health Response System (RDHRS). Led and coordinated by Massachusetts General Hospital in Boston, the RDHRS can provide subject-matter expertise (including clinical care and emergency operations) and resource support to partners throughout the region. (Similarly, HCRI may be called upon via RDHRS to lend support to partners in other states.)
- All disasters are local, and therefore strong relationships between healthcare organization members of HCRI and community partners, such as municipal fire and emergency medical services and emergency management, are vital;
- Individual members of HCRI maintain emergency plans that outline their roles and responsibilities for ensuring the continued operation of their respective organizations during disasters;
- Individual members of HCRI agree to share information requested by the HCRI leadership before, during, and after disasters to support preparedness, response, and recovery actions;
- Individual members have access to a number of information-sharing platforms based on their respective roles in the Coalition, including the Public Health Emergency Management Suite (including the Hospital Capacity and Patient Tracking Systems), the Rhode Island Health Notification System, Basecamp, WebEOC, and, as applicable,

[1] The American Academy of Pediatrics recommends patients be under pediatric care until the age of 21, with the age of 21 demarcating adulthood. However, because this plan's intent is to maximize surge capacity for pediatric patients, patients above the age of 18 who can receive appropriate care in adult care settings should do so, thereby freeing capacity for pediatric patients whose care would not be appropriate in an adult setting.

Rhode Island Statewide Communication Network(800 MHz radio), the Hospital Emergency Administrative Radio (HEAR), and satellite communications[2];
- On-site support from HCRI leadership may be available in limited cases, depending on the nature and scope of the incident;
- Depending on the scale of the incident, HCRI leadership will coordinate the Coalition's response from a centralized location, including either the Rhode Island Department of Health (RIDOH) Department Operations Center or the Rhode Island State Emergency Operations Center (SEOC). If neither site is activated and the situation warrants coordination by HCRI leadership, then HCRI will respond virtually; and
- If activated to support the response to an incident, Emergency Support Function 8 (ESF-8) of the SEOC, which is led by RIDOH, will coordinate directly with Coalition leadership to address the needs of the Coalition;
- Providers from clinical settings across Rhode Island, including all emergency departments, have quick access to pediatric expertise through Hasbro Children's Hospital. Pediatric emergency medicine providers and pediatric intensivists are available for phone consultation for transfers through Hasbro Children's Hospital ExpressCare. ExpressCare provides 24-hour, seven-day-a-week access to an experienced team of registered nurse coordinators who arrange for the transfer of patients to Hasbro Children's Hospital.
- ExpressCare can also be utilized by providers at Hasbro Children's Hospital to transfer patients to regional subspecialty care if needed. For example, a pediatric patient with a congenital heart defect who requires transfer to Boston Children's Hospital for a surgical procedure may be transferred using the pediatric critical care transport team.

Administrative Support

This annex will be reviewed on an annual basis and following any real-world or exercise-related activation. Revisions will be coordinated by HCRI leadership. Input will be requested from select Coalition members and external partners, as appropriate. Following major revisions, approval will be sought from representatives of the Coalition's Core Members (public health, hospitals, emergency management, and emergency medical services).

Effort will be taken to ensure alignment of this plan with other relevant plans, including the *Emergency Support Function 8 Annex* of Rhode Island's *Comprehensive Emergency Management Plan*.

Concept of Operations

Activation

Activation and use of this plan will occur at the direction of HCRI leadership in response to any incident or event that involves, or has the potential to involve, significant public health and/or medical impact to pediatric populations in Rhode Island.

In certain situations, at the discretion of HCRI leadership, this plan may be employed in anticipation of a scheduled event, such as a large-scale youth sporting event.

[2] Access to these communications systems is granted by HCRI leadership and/or the Rhode Island Department of Health. Additional information regarding the use of these systems can be found in the Rhode Island Department of Health's *Statewide Healthcare System Tactical Communications Plan*.

Notification

HCRI members will be notified of this plan's activation through the Rhode Island Health Notification System, a mass notification system managed and operated by the Healthcare Coalition of Rhode Island. The notification issued through this system will include a general overview of the situation and any immediate actions that HCRI members should take.

Notifications beyond the core membership of HCRI will be determined by HCRI leadership based on the nature and scope of the incident.

A conference call among the affected and responding parties will typically occur shortly following the initial notification. This conference call will help ensure a common operating picture from the start of the response, focusing on the following elements:

- Situation
    - Time of onset and expected duration
    - Location
    - Initial impacts
    - Expected impacts
- Resources
    - Availability
    - Identified gaps
- Initial response actions
- Next steps

Roles and Responsibilities

Roles and responsibilities in the Coalition depend on each member's level of involvement, membership, and function (e.g., healthcare facility vs. first response agency). Roles and responsibilities are also subject to the conditions and impacts of the incident at hand.

All members are encouraged to notify HCRI leadership when it is determined that an incident has the potential to affect normal operations.

HCRI Leadership

- Activate and follow *Healthcare Coalition of Rhode Island Response Plan* and/or any applicable incident-specific plans or procedures, including this *Pediatric Surge Annex*
- Coordinate, in cooperation with RIDOH, processes of Inter-Hospital MOU, Inter-Health Center MOU, and the *Rhode Island Long-Term Care Mutual Aid Plan*, as well as any other applicable MOUs adopted by the Coalition
- Support situational awareness throughout the Coalition
- Coordinate with subject-matter experts in pediatric care, including the HCRI Clinical Advisor, to provide situational awareness and guidance to HCRI members

HCRI Pediatric Clinical Advisor

- Offer subject-matter expertise to both HCRI leadership and members in support of incident action planning and response strategy development and implementation.
- Offer clinical subject-matter expertise in support of HCRI leadership and members to support patient care and movement through the healthcare system.

Hospitals

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership
- Adhere to licensing requirements and regulations
- Participate in the Inter-Hospital MOU

Public Health

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Serve as the lead for Emergency Support Function 8
    - Coordinate with other Emergency Support Functions through the State Emergency Operations Center in support of HCRI
- When necessary, coordinate with counterparts in neighboring states (Connecticut and Massachusetts) to support the maximization of pediatric surge capacity throughout the region
- Support HCRI members with clinical and public health guidance, including from the State Epidemiologist, Center for Emergency Medical Service's EMS for Children program, State Health Laboratories, the Office of the State Medical Examiners, etc.
- Respond to information requests from HCRI leadership
- Coordinate, in cooperation with HCRI leadership, processes of Inter-Hospital MOU, Inter-Health Center MOU, and the *Rhode Island Long-Term Care Mutual Aid Plan*, as well as any other applicable MOUs adopted by the Coalition
- Leverage expertise and regulatory assistance from RIDOH's Center for Health Facilities Regulation in support of licensed healthcare facilities during disasters
- Coordinate support for emergency medical services operating in Rhode Island, including issuance of Provider Advisories and promulgation of emergency regulations
- Coordinate with regional and federal public health partners in large-scale incidents
- Through RIDOH's Public Information Officer, support a public information campaign throughout the Coalition and the State's broader response

Emergency Management

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- When possible, respond to resource and other support requests from HCRI members
- Support HCRI with all-hazards planning and response guidance
- Respond to information requests from HCRI leadership
- Support the development and submission of Emergency Management Assistance Compact and other regional resource and personnel requests

Emergency Medical Services

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Adhere to licensing requirements and regulations (216-RICR-20-10-2), including *Rhode Island Statewide Emergency Medical Services Protocols* and the *Rhode Island Diversion Plan*
- Use the Patient Tracking System for each EMS patient transport, including inter-facility transfers

- Respond to information requests from HCRI leadership

Health Centers

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership
- Participate in the Inter-Health Center MOU

LTC-MAP

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- When requested, complete Emergency Reporting
- Notify RIDOH's Center for Emergency Preparedness and Response of issues affecting the ability to care for residents
- Adhere to licensing requirements and regulations
- Respond to information requests from HCRI leadership

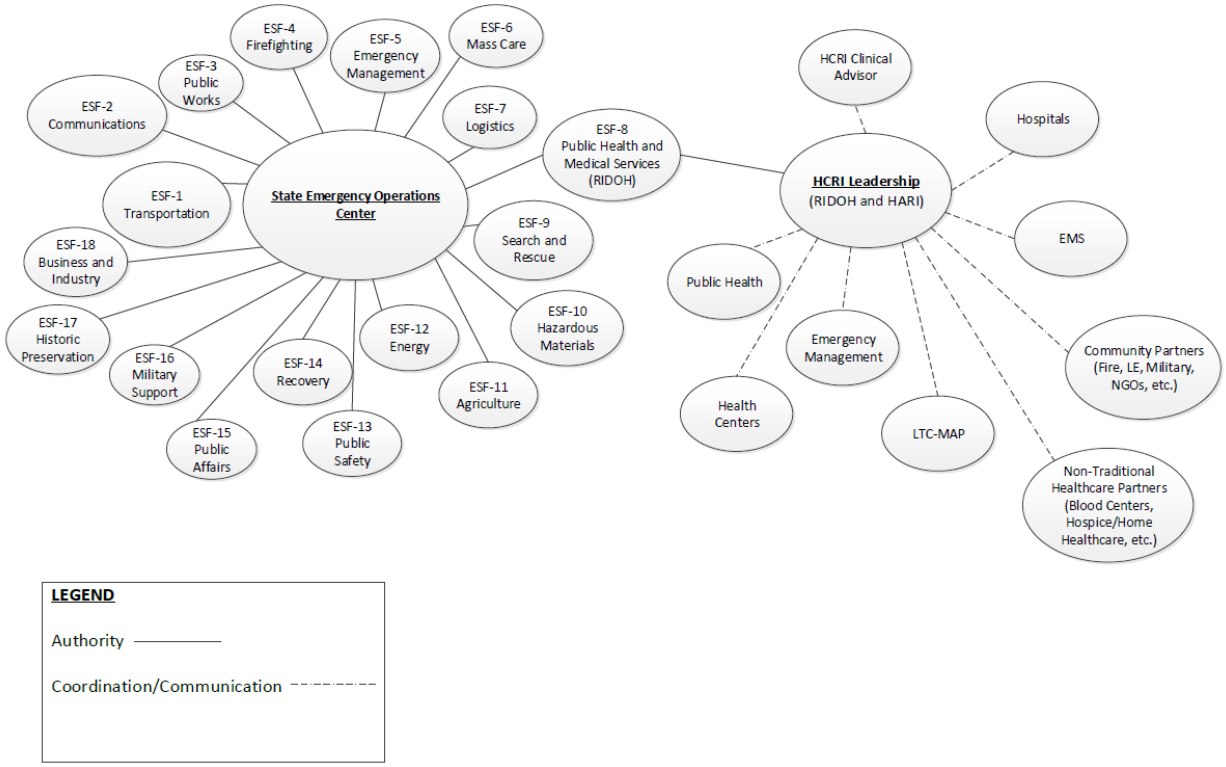
Non-Traditional Healthcare Partners, Community Partners, and All Other Members

- Activate and follow organizational emergency operations plan and/or any applicable incident-specific plans or procedures
- Respond to information requests from HCRI leadership

Coalition Response Structure

It should be noted that HCRI's response structure differs from a traditional Incident Command System structure in that it is not intended to create a hierarchical structure to support delegation of activities to subordinates. It instead delineates a flow of information to establish a common operating picture that can support Coalition members in meeting the needs of their respective organizations.

The following diagram illustrates the Coalition's organizational structure during responses, with its connection through ESF-8 to the SEOC:



Logistics

This section outlines strategies that can be employed by HCRI members to maximize surge capabilities and capacities.

Space

Conventional Space

Conventional space refers to those areas and capacity of a healthcare facility which are employed during routine, normal care situations. In other words, this term refers to the space utilized pre-surge operations.

Contingency Space

Contingency space refers to the areas and capacity first activated by a healthcare facility to address the onset of surge. In practice, this may refer specific beds which are not staffed, but held in reserve to accommodate patient overflow, or unused units or wards. These are areas that are generally designed for patient care, but are not in normal use.

Crisis Space

Crisis space refer to the areas and capacity that are activated as contingency space is exhausted. These areas are often those which are not ordinarily used for patient care, such as a cafeteria or lounge. Crisis space should only be activated when needed, and every effort should be made to

ensure that adequate patient care capabilities are present to deploy to those areas. However, use of these areas is often accompanied by contingency or crisis standards of care.

Supplies

A number of mechanisms exist by which HCRI members can request and access resource support, including supplies that can assist their efforts to maximize the surge capacity of their respective facilities. These mechanisms include:

- HCRI Inter-Hospital Memorandum of Understanding
  The HCRI Inter-Hospital Memorandum of Understanding has been adopted by hospital members of HCRI to support interfacility resource sharing. The MOU outlines processes by which members can request resources through HCRI leadership/Emergency Support Function 8, who will then query HCRI members for resource availability. Once available resources are identified, the MOU further specifies requirements related to the transfer, use, return, and resupply/reimbursement of the shared resources.

- HCRI Inter-Health Center Memorandum of Understanding
  The HCRI Inter-Health Center Memorandum of Understanding has been adopted by health center members of HCRI to support interfacility resource sharing. The MOU outlines processes by which members can request resources through HCRI leadership/Emergency Support Function 8, who will then query HCRI members for resource availability. Once available resources are identified, the MOU further specifies requirements related to the transfer, use, return, and resupply/reimbursement of the shared resources.

- Rhode Island Long-Term Care Mutual Aid Plan
  The Rhode Island Long-Term Care Mutual Aid Plan (LTC-MAP) is a mutual aid system that has been implemented in Rhode Island to support nursing homes and assisted living communities. Every nursing home and assisted living community in the State actively participates in LTC-MAP. LTC-MAP allows facilities to report bed and resource availability. It also includes processes for facilities to share resources with one another to support Disaster-Struck Facilities and, if necessary, to support facility evacuations. While nursing homes and assisted living communities typically do not serve pediatric patients, there may be situations in which nursing homes and assisted living communities can support hospital efforts to decompress in advance of an influx of pediatric patients to the hospitals.

If resources are required that exist outside of the Coalition's membership, HCRI leadership will coordinate through RIDOH/Emergency Support Function 8 to request the resources from the agency that controls them, whether they be Rhode Island state agencies (e.g., Rhode Island Emergency Management Agency) or partners in neighboring states (e.g., the Massachusetts Department of Public Health).

Staff

Prior to making a request to HCRI leadership for personnel support, members should first attempt to increase staff levels by calling in additional personnel, holding over personnel, utilizing cross-trained personnel, discharging patients and reducing elective procedures, and requesting support from affiliates or parent organizations.

All requests from members for personnel support should be made to HCRI leadership, particularly when seeking personnel support from outside a member's parent organization. HCRI leadership will then coordinate with the requestor and other HCRI members to determine the most appropriate source of personnel, and then proceed to facilitate the deployment of personnel to the requestor, conditions of the incident permitting.

Two main avenues exist for HCRI to support its members in expanding staff: a) shifting personnel from other facilities by means of the Inter-Hospital, Inter-Health Center, and LTC-MAP memoranda of understanding (*see above*), and b) accessing the pool of credentialed medical volunteers maintained by RI Responds. In order to most effectively and efficiently make use of these sources of support, healthcare facility members are encouraged to develop and maintain internal policies related to the integration of staff from external sources.

Staff and volunteer compensation, liability protections, etc. will be determined by the requesting and supporting parties and are not the responsibility of HCRI leadership.

Special Considerations

Behavioral Health

HCRI continues to work to foster and develop new partnerships within Rhode Island's behavioral healthcare community, particularly as it relates to supporting healthcare system surge. HCRI has been aided in this effort both by RIDOH and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). RIDOH and HCRI have supported the development and operation of BHDDH's Disaster Behavioral Health Response Team (DBHRT), which is deployable asset in response to disasters, and can provide both victim/patient and responder support.

(Likewise, with respect to responder behavioral health support, RIDOH and HCRI maintain engagement with Rhode Island's Critical Incident Stress Management Team (CISM), a similarly deployable asset which specializes in supporting disaster and incident responders.)

As HCRI continues to pursue relationships within the behavioral healthcare community, it will specifically seek to identify pediatric care capabilities which can be engaged to support Rhode Island's healthcare system surging to meet the needs of pediatric patients.

Decontamination

Pediatric patients can present unique considerations and challenges related to hazardous materials decontamination. Per the recently released *Primary Response Incident Scene Management (PRISM) Guidance for Chemical Incidents* (Biomedical Advanced Research Development Authority, 2nd Ed., 2018), children are both psychologically and physiologically more vulnerable than adults; hospital decontamination plans should therefore specifically account for the care of children.

Strategies to consider to reduce the vulnerability of children during decontamination include:

- Prioritizing children for decontamination in advance of adult patients;
- Ensuring eye contact with children during communication. Also consider the use of graphics, picture, videos, etc. to explain the process;

- Enlisting the support of parents/family to guide children through the decontamination process;
- Providing a degree of privacy for children to disrobe or undress;
- Using warm water to decontaminate children to reduce the risk of hypothermia. Also ensure the availability of heaters, blankets, towels, etc.;
- Ensuring the availability of behavioral health support post-decontamination;
- Providing 1:1 assistance to children with ambulatory difficulties; and
- Placing children who are too young to self-ambulate on stretcher, laundry basket, baby bath, etc.

Evacuation

Healthcare facilities that need to evacuate should take the following into consideration with respect to pediatric patients under their care:

- Ensuring the availability of evacuation equipment and supplies suitable to support the movement of pediatric patients.
  In 2019, HCRI purchased evacuation equipment that has been provided to each of Rhode Island's acute care hospitals to support patient movement. For those hospitals which provide specialty pediatric and neonatal care, this equipment included assets designed to support those populations.

  Equally important is ensuring competency with evacuation equipment. HCRI encourages its members to regularly incorporate the use of evacuation equipment, including pediatric-specialty equipment, into regularly scheduled drills and trainings.

- Ensuring the availability of appropriate transportation capabilities.
  Specialty EMS capabilities within Rhode Island are a relatively limited resource. Great care needs therefore to be made to ensure their maximized utility. Close coordination with HCRI leadership during requests for these services is strongly encouraged to support situational awareness of resource availability.

  HCRI may be of assistance in securing the assistance of out-of-state resources to support pediatric patient movement, including through Region 1's Regional Health Disaster Response System.

- Ensuring appropriate placement of pediatric patients in other healthcare facilities
  HCRI leadership can facilitate and support this facility-to-facility coordination, including – as necessary – the cross-border movement of patients.

Healthcare Coalition of Rhode Island leadership will work to coordinate many of the elements of a healthcare facility evacuation. Support available from HCRI leadership includes, but is not necessarily limited to, the following:

- On-site guidance and technical assistance, including integration with a healthcare facility's incident management structure;
- Coordination of resource support from both within and outside the Coalition;
- Identification of bed availability within and outside the Coalition, including in neighboring states;
- Coordination with EMS and other transportation resources; and
- Bed matching for evacuees.

HCRI leadership maintains the capacity to provide on-site support to a single healthcare facility; the concurrent evacuation of several healthcare facilities might exhaust this capacity. However, HCRI leadership will provide, at minimum, remote support and coordination to any healthcare facility evacuation.

Infection Control

For incidents that stem from an infectious disease outbreak, great care should be taken to ensure appropriate infection control practices are implemented. Facilities should refer to their internal plans and policies. Incident-specific clinical guidance will be issued or shared by RIDOH, as appropriate. This will include, if available and applicable, guidance related to specific risks posed to pediatric populations.

Pandemic

HCRI's and its members' planning in response to infectious disease incidents should take into consideration impacts posed to pediatric populations. As experienced during the response to COVID-19, while some infectious diseases may pose relatively little direct risk to pediatric populations, the potential for indirect risks – particularly those which arise from community mitigation activities – need to be considered in response planning.

HCRI's planning and response efforts related to infectious disease scenarios will include participation and guidance from the Coalition's Infectious Disease Clinical Advisor. Similarly, the Coalition's Pediatric Clinical Adviser will also participate to offer insight from a pediatric-care perspective.

In the event that a high-consequence disease or other special pathogen is the source of infection (e.g., Ebola), the Coalition may adopt processes outlined in the Rhode Island Department of Health's *Ebola Response Plan*, particularly if transport to a Regional Ebola and Other Special Pathogen Treatment Center is indicated.

Please also refer to the *Healthcare Coalition of Rhode Island Response Plan's Infectious Disease Surge Annex* (in development) for additional infectious disease considerations.

Safety and Security

It is conceivable that an incident involving large numbers of pediatric patients may also involve security concerns, whether stemming from the incident itself (e.g., terrorism, active shooter) or from concerned parents and family members.

Facilities caring for pediatric patients are encouraged to coordinate with their security personnel to ensure appropriate protection of the facility and its personnel, patients, and visitors. Additional assistance should be requested from local law enforcement, if necessary.

Medical Care

Triage

For pediatric patients in a prehospital setting, RIDOH endorses and encourages the use of the JumpSTART triage system. The system's clinical algorithm can be found here: https://chemm.nlm.nih.gov/startpediatric.htm.

Medical facilities (including hospitals and community health centers) are encouraged to ensure they are familiar with triage practices and have procedures in place to address the assessment needs of pediatric patients.

Any incident-specific guidance related to adapting triage systems will be communicated by HCRI leadership to members through established channels.

Treatment

In response to a large-scale surge of pediatric patients, HCRI's leadership, in coordination with the Coalition's Clinical Advisers and RIDOH, will work to secure and disseminate relevant and appropriate guidance.

HCRI's leadership and Clinical Advisers can also support interfacility and interorganizational clinical and operational consults to support the continuity and sustainment of pediatric care during large-scale surge.

Transportation

Certain pediatric patients have unique transportation needs. Rhode Island has a limited number of specialized EMS resources that provide specialty, high-acuity pediatric transport. Because of this limited number, their utilization should be carefully coordinated to ensure maximum resource availability.

In certain situations, HCRI leadership may coordinate with RIDOH's Center for Emergency Medical Services to seek regulatory waivers related to patient transport. Depending on the needs of the situation, this could include, for instance, allowing EMS transport of more than one patient per ambulance (e.g., parent and child), provided the patients can properly restrained and proper emergency medical care can be administered.

Medical facilities are encouraged to develop procedures to guide determinations related to the prioritization of patients for transport from their facility – for instance in the case of a facility evacuation or unit decompression.

Tracking

Tracking patients' movements, whether prompted by facility evacuations or mass casualty incidents, will be conducted using the Patient Tracking System (PTS) component of Rhode Island's Public Health Emergency Management Suite (PHEMS).

Emergency medical services are required, per the Rhode Island Statewide Emergency Medical Service Protocols, to use PTS for all patient transports, whether they are 9-1-1 responses or an interfacility transfers.

In situations involving facility evacuations, responders are encouraged to utilize the "MCI" feature of PTS, which will allow the user to group together a number of patients, thereby facilitating the overall process and ensuring a high degree of accountability. PTS and its MCI feature can be further leveraged through PHEMS's Family Assistance Center Module, which derives information from PTS to authorized users to facilitate family reunification (see below).

Reunification

The State of Rhode Island maintains a Family Assistance Center Plan and the capabilities necessary to implement it. Led and coordinated by the Rhode Island Emergency Management Agency, the Family Assistance Center Plan can be leveraged to support family reunification efforts during a large-scale event with a high volume of pediatric casualties.

As a component of this plan, individuals who contact healthcare facilities in search of family members who may be receiving care there should be directed to a centralized point of contact, which will be staffed by Rhode Island Department of Health personnel (representing the State's public health authority). This centralized point of contact can then share information about the location of family members who may be within the healthcare system in accordance with state and federal laws and regulations regarding the sharing of protected health information and other sensitive information.

Plan Development and Maintenance

Training and Exercises

This plan will be incorporated into HCRI's training and exercise program. Each use of this plan, whether in training, exercises, or real-world events, will be reviewed and hot-washed by Coalition members to identify lessons learned and areas for improvement.

Plan Review and Maintenance

Lessons learned and areas for improvement will be addressed in regular or ad-hoc plan revisions. Major revisions to this plan and its processes will be reviewed by HCRI members prior to final approval and implementation.

References

The following references were consulted in the development of this plan:

- US Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response's 2017-2022 Health Care Preparedness and Response Capabilities
- 2017-2022 HPP-PHEP Cooperative Agreement Funding Opportunity Announcement
- Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange's Health Care Coalition Response Plan Template (2018)