

Regional Healthcare Coordinators

Name	Organization Name	Region	Common Triage System	Children in Regional Drills
OH Central Region				
[REDACTED]	[REDACTED]	Central	EMS and Hospitals use START triage with the SMART triage tags. We do however, have hospitals that insist on using the triage they use for everyday ED triage; the ESI triage.	Yes, but they always go to Nationwide Children's hospital (NCH) NCH is very particular on the children they use, if any. Many times they are only paper patients and NO moulage.
OH Northeast Region				
[REDACTED]	[REDACTED]	NE	EMS in the region usually uses Jumpstart as far as I know as that is the preferred triage method from the state. I believe a couple of the counties have looked into Salt but I am unsure if it has been adapted. We just adopted standardized treatment protocols which can be found on the website http://cecoms.cuyahogacounty.us/EMSProtocol.aspx . The Cleveland Clinic System is rolling out the Menes Triage system in their EDs and that will be their system across their hospitals and urgent cares. They are exercising it now in our exercises.	As far as I know, the counties do not use children in their LEPC or county exercises, nor with NDMS. Individual hospitals do try to include children in the scenario and there are a few who routinely utilize school children, boy scouts etc. when we have a regional drill. They like the decon drills and active shooter drills. There have been a glut of AS drills across the region with the schools recently using the kids as patients-moulage etc.
OH Northeast Central Region				
[REDACTED]	[REDACTED]	NECO	· No common system that I am aware of. Each community/county determines the system used. From recent conversations it seems like START is a used frequently as is SALT. If this is vital to the project, I would be glad to poll the hospitals to obtain this information.	During our annual regional exercise, each hospital receives at least 1 (sometimes more) paper patient that is a child with appropriate symptoms related to the exercise (communicable,
OH Northwest Region				

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>NW</p>	<p>START</p>	<p>Occasionally yes – a recent Rescue Task Force Full Scale Exercise in Toledo involved an Active Shooter scenario and included students who volunteered as victims.</p>
<p>OH Southeast/Southeast Central Region</p>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>SE/SEC</p>	<p>This varies. The START system is the most widely used system for EMS.</p>	<p>COTS just recently started coordinating the SE/SEC region in January 2019. In the exercises that have been completed through COTS there has been no involvement of children within the exercise. The community based exercise being planned this year will not include children.</p>
<p>OH Southwest Region</p>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>SW</p>	<p>Our region uses START with the exception of Butler County Some of those departments use both SALT and START because a good portion of Dayton uses SALT.</p>	<p>Schools do drills and typically include law enforcement, and sometimes EMA but they don't always include the hospitals or transportation in their drill. Outside of the recent drill at the ball park we have not had any community drills that included pediatric patients.</p>
<p>OH West Central Region</p>				
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>WC</p>	<p>We use the SALT Triage.</p>	<p>Yes, the last two coalition surge tests included children. Dayton Children's and Miami Valley Hospital Berry Building were evacuating facilities.</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>1</p>	<p>Yes, SALT has been formally presented and taught since 2007.</p>	<p>Yes, pediatrics has been included in multiple types of full scale exercise including decontamination and infectious disease.</p>
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MI 2

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2</p>	<p>The Medical Control Authorities have either START or Jump START triage in their protocols, including a Pediatric START Triage for EMS responses to mass casualty incidents. Depending on the incident, the first responders might also have to adjust based on a warm, cold, and hot zones with law enforcement. Hospitals will triage the patient using the hospital system trained method. Not sure the hospitals call it START or Jump START as the patients have arrived there already, unless the incident is actually at the hospital itself. Experience from other hospitals in mass casualty incidents is that they might be a triage outside the hospital as patients arrive, then another triage after they get into the hospital.</p>	<p>We have included children in community-wide disaster drills and plan to continue to include them going forward. The latest exercise involving children was a school shooting drill on August 8, 2019 in Macomb County. The exercise took place at three separate schools (not a coordinated attack) to exercise the rescue task force between law enforcement and ems/fire response. We plan to continue to include children in exercises going forward.</p>
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MI2 South

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2 South</p>	<p>MDHHS has a Mass Casualty Incident Plan that incorporates SALT for disaster triage. The MI MCI Plan was sent to each Medical Control Authority (MCA) in the State, many of which have adopted the Plan – and thus, SALT triage – into their own protocols; however, some MCAs have opted for a different system. This is the status in Region 2 South – there is not a common region-wide system, as some, but not all MCAs are using SALT triage.</p>	<p>Pediatric considerations were last exercised in Region 2 South in the statewide tabletop exercise on 6-13-18, which was developed by the Region 2 South Pediatrics Subcommittee.</p>
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MI 3

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>3</p>	<p>This question is difficult to answer. EMS are mandated by state protocol to use the SALT method, where they are triaged at the scene. Doing a triage at the hospital may involve patients that were pre-sorted by EMS. Do Hospitals use the SALT method specifically? I don't know, but that is the method we teach in our regional trainings.</p>	<p>Region3 does not include children</p>
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MI 5

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>5</p>	<p>Our region utilizes SALT triage system as the primary method in MCI triage. This is the method taught in all of our Disaster Life Support courses throughout the region. There may be some organizations who have not adapted to this methodology, but this is what we subscribe to.</p>	<p>Yes, in many of our disaster exercises we incorporate children in the scenarios. In September, one of our regional hospitals had a decontamination exercise and they had mannequins as their children, and were required to show how they differ their processes for pediatrics. When we can get pediatric volunteers for live exercises we do utilize them to have our members well practiced in caring for children in disasters.</p>
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MI 6

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>6</p>	<p>We use SALT in our training and in our prehospital protocols</p>	<p>We have been trying to include children in our disaster drills this year. We usually include children in the ADLS classes</p>
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MI 7

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>7</p>	<p>EMS in Region 7 typically uses SALT triage, hospitals use different triage methods that are slightly different from EMS.</p>	<p>Region 7 does include pediatric aged patients in exercises and other events, often these patients are only simulated to avoid negative events, at other times the "children" are adult stand ins.</p>
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MI 8

[REDACTED]	[REDACTED]	8	No	Not yet, working on bringing in wtih pediatric work group
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Regional Healthcare Coordinators

Name	Organization Name	Region	Patient Tracking System	Reunification Plan
OH Central Region				
[REDACTED]	[REDACTED]	Central	No, not regional based. We use OHTrac, the state tracking system. Are children considered separately from adults in that tracking system? No, children are entered into the same incident as the adults.	No, we do not have a regional plan.
OH Northeast Region				
[REDACTED]	[REDACTED]	NE	We use the OHTrac Patient Tracking system just as you do. Children and adults are considered the same in the system. The individual hospitals would use their pediatric plans or policies within their EOP when children are involved.	We do not have a stand-alone pediatric or family reunification plan in NE except for the City of Cleveland. We have worked on this issue for a couple of years with the hospitals and the Regional Pediatric Coalition which was coinciding with the State Pediatric committee priority of reunification. We will be completing our peds annex this year which will have some specificities for regional reunification. All hospitals have a procedure to follow for unaccompanied minors, who to call and when to call. The City of Cleveland has completed a Family Reunification Plan and Family Assistance Center Plan but it is only for the City of Cleveland. I have talked to Cuyahoga County about this and they are considering completing a FRP plan for the County. They just do not have enough staff to work on this at this time. If you would like to give some of your grant funds to the hire a consultant to complete FRP for the larger cities/counties, let us know. ☐
OH Northeast Central Region				
[REDACTED]	[REDACTED]	NECO	We utilize OHTrac for hospital to hospital patient tracking. It has yet to take hold with pre-hospital. In OHTrac, children and combined with adults.	We do not have a regional family/pediatric or adult reunification. Those plans rest at the local level with Emergency Management if they exist.
OH Northwest Region				

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>NW</p>	<p>We only utilize the statewide OHTrac patient tracking system. I'm unsure how to answer the separate consideration question – patients can be sorted by age in the system, but all patients are grouped together based on the incident that initiates the tracking.</p>	<p>There are elements of family reunification contained in the regional Preparedness and Response plans, but there is not a separate detailed plan for this. My agency (The Hospital Council of Northwest Ohio – HCNO) and specifically my division (Preparedness Division) coordinates the regional Preparedness and Response plans, but I wouldn't consider HCNO a singular coordinating body for family reunification during a live incident – this would likely occur at the county EMA level.</p>
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OH Southeast/Southeast Central Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>SE/SEC</p>	<p>OHTrac is used in the SE/SEC regions to track patients during an MCI, this includes pediatric patients. .</p>	<p>No, there is no regional plan related to family reunification. We are looking to develop a family reunification plan with regional public health in the future.</p>
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OH Southwest Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>SW</p>	<p>We use OHTrac. It is a state systems and all regions in Ohio have access and training. Children are only separated by documenting age.</p>	<p>We are working on a regional reunification plan. Schools have individual plans for if there was an event that occurred at the school. For us the regional plan would be managed and coordinated by the Regional Health Coordinator and the Regional Public Health Coordinator. We currently have a work group working on this plan.</p>
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OH West Central Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>WC</p>	<p>Yes, we use the statewide OHTrac system. No, they are not separate.</p>	<p>We are currently working on a region wide family assistance center that would be used for reunification, including plans for reunifying children, and caring for children while parents are going through the family assistance center.</p>
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M1

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>1</p>	<p>EMTrack.</p>	<p>R1 created and adopted a family assistance center plan which includes family reunification. Coordination is responsible by the hospitals and emergency management. Michigan State University has their own reunification plan.</p>
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MI 2

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2</p>	<p>We do have the EMTrack patient tracking system for mass casualty incidents, however experience tells us it will not be used at the initial stages, but might be used for family reunification. We do not have a separate system for pediatrics only. There is a place in the system to put approximate or known age.</p>	<p>We do not have a common regional reunification plan. Each jurisdictional authority has a plan in some form. This is an area of focus for future planning between the region and the local jurisdictions and the state.</p>
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MI2 South

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2 South</p>	<p>Every region in Michigan uses EMTrack for electronic patient tracking. Use of the system is not universal to each region. In Region 2 South, hospitals – as the end-user – are comfortable and have been using EMTrack to receive/document patients during exercises for over ten (10) years. Region 2 South is in the process of implementing EMTrack for front-end field users (pre-hospital providers) which will be addressed in BP1 2019-2020. Training will be conducted for each MCA and their providers.</p>	<p>Region 2 South does not have a regional family/pediatric reunification plan.</p>
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MI 3

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>3</p>	<p>Yes, there is a regional based tracking system. There is no distinction between how they are tracked, other than they are identified by age (not necessarily DOB) as they are entered into the system using a unique tracking number. As a user of the tracking system, I can sort patients by age to narrow the field.</p>	<p>There is not one common reunification plan at this time, however it is being considered. The challenge is depending on which county the event is occurring, each county has their own plan. Even many hospitals have their own reunification plan. they may not all be activated during the same event. Right now, there is no master plan that covers our 14 county region, because all events start and end locally.</p>
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MI 5

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>5</p>	<p>We utilize EMTrack for regional-based patient tracking. Our EMS agencies in two of our counties use EMTrack every day for routine tracking and are very familiar with this system. We do not separate out pediatrics from adults.</p>	<p>We do not have a region wide family reunification plan. Our NGO's (red cross, salvation army, Gryphon Place) are all adept at helping with family reunification and are more than willing to assist when needed.</p>
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MI 6

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>6</p>	<p>Yes. We use EMTrack to track all our patients daily. This system will be used in an MCI. Children are not considered separately in the system but are noted as different patients</p>	<p>Not yet. We are working on it.</p>
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MI 7

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>7</p>	<p>Region 7 is working with hospitals and EMS to start utilizing the Juvare EMTrack system to track patients. Children are not considered separately from adults in the system. Region 7 is also working with emergency management and other organizations to show the value of utilizing the system to track people for reunification.</p>	<p>No, we do not currently have a family/pediatric reunification plan. Multiple organizations have been creating their own plans depending on how they anticipate setting up. For example county Emergency Managers have their own plans and are also working with other groups like school systems to set up their plans. Hospitals have their own expectations and plans and most of the other 17 identified CMS providers may or may not have plans.</p>
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MI 8

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>8</p>	<p>EM Resource</p>	<p>Work in progress</p>
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Regional Healthcare Coordinators

Name	Organization Name	Region	Hospital Notification	EMR	Equipment Stockpile
OH Central Region					
<p>██████████ ██████████ ████████████████████ ██████████ ██████████ ████████████████████</p>	<p>██████████ ██████████</p>	<p>Central</p>	<p>Yes, we utilize One Call Now for mass notification to the region.</p>	<p>No, there are several different EMRs utilized by hospitals in the region.</p>	<p>We have a statewide and a regional MOU for sharing supplies. The central region has many caches of supplies that are also shared. We have a regional process in place to request these supplies. Yes, we have a cache of ventilators, suction machines, cots, IV poles, evacuation equipment, PPE, cardiac monitors Yes, each hospital has a pediatric cache at their hospital.</p>
OH Northeast Region					
<p>██████████ ████████████████████ ██████████ ████████████████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████</p>	<p>██████████ ██████████</p>	<p>NE</p>	<p>Yes, we use OPHCS. We also can use the OHTrac alert for bed update requests if we need to.</p>	<p>No. We have several different medical record systems in NE. System hospitals of course share and there are a few things that are patched through to other system hospitals but not everything transfers over. I recently changed from one hospital system to another for insurance reasons and my past medical history and medications came over but no labs, xrays etc. Pretty much all the hospitals have EPIC but we also have an 11 hospital system with a home grown system.</p>	<p>We use the regional/State MOU. I have a warehouse with supplies for basically beds, linens, etc. 625 patients and 100 cots. There are only pediatric gowns, and infant care kits in the cache. No treatment supplies or equipment at all. We do have a cache of 120 LTV 1200 vents from ODH that can be used for pediatric patients. They are spread over the region already so no training is needed if they need to be used or deployed.</p>
OH Northeast Central Region					

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>NECO</p>	<p>· Yes, we use OPHCS as our regional alerting platform.</p>	<p>No</p>	<p>· We only have one cached item at the regional level, transport ventilators (Eagle Impacts and LTV 1200s). In short, hospitals run resource requests through the Regional Hospital Coordination Center (RHCC). The RHCC sends out the request and any hospital with the needed asset then connects directly with the hospital making the request for transportation and other logistical details.</p>
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OH Northwest Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>NW</p>	<p>Yes, regional and hospital-specific email lists, and the statewide Ohio Public Health Communication System (OPHCS).</p>	<p>There are multiple EMRs in the region and I am not certain whether all of them can share information.</p>	<p>This can be accomplished in several ways. We utilize a simple requesting system laid out in the regional Preparedness and Response plans – hospitals would request through their EMA first, and through HCNO for known regional assets. Hospitals are also familiar with the SNS/MCM request process via ODH. Our regional assets include medical supply caches that do include pediatric-appropriate equipment.</p>
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OH Southeast/Southeast Central Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	SE/SEC	Yes, we have a mass notification system.	No.	<p>We use a web-based SharePoint system for information sharing and situational awareness among all of the SE/SEC and healthcare coalition members. This system allows all hospitals and healthcare coalition members input essential elements of information (can be changed dependent on the event) during an event. This web-based SharePoint system is called the Coalition Healthcare Disaster Information Management System (COHDIMS). On the COHDIMS site hospitals and healthcare coalition members can also share resources and mutual aid. We also use SurgeNet (Statewide bed availability) site to gather hospital available bed numbers, which can be specific to pediatric open beds. There are no regional pediatric cache supplies in the SE/SEC region. Hospitals in the SE/SEC region do have some pediatric supplies/equipment at their hospital, but a large amount.</p>
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OH Southwest Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	SW	We use OPHCS, RAVE and email for notifications across the region.	No	<p>We have regional MOUs that each hospital signs. We also have a State MOU in final stages for cross regional resources. There is a regional cache of supplies and there are some pediatric sized supplies.</p>
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OH West Central Region

<p>[REDACTED]</p>	<p>[REDACTED]</p>	WC	Yes, we have the RHNS (Regional Hospital Notification System) and use the Remind App for our region. In addition, we use email groups and OPHCS to communicate as well.	No. Several use EPIC, but not all.	<p>We maintain a list of ASPR purchased equipment that facilities can request. We have a written plan for this, our Medical Asset Deployment Plan. We are limited on pediatric appropriate equipment, but do have pediatric appropriate ventilators stored at Dayton Children's.</p>
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<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>1</p>	<p>Region 1 HCC is to provide information to & from partners using the method deemed most effective and efficient. Information is disseminated though listservs, conference calls, and mass notification systems i.e. MIHAN, Everbridge). Information dissemination is scalable based on the need and request (i.e. FYI, notification, immediate resource request).</p>	<p>No</p>	<p>R1 has an electronic inventory of HPP purchased assets to be shared between hospitals, coalition partners and Regions. Do you maintain a stockpile of equipment/supplies? Yes, small caches are stored including Duodotes, EMS Supplies, and PPE. Is there pediatric-appropriate equipment included in that? Yes, R1 has a pediatric trauma supply cache strategically located in the Region.</p>
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MI 2

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2</p>	<p>We have several methods in our redundant communication systems. The first is a Mi-HAN alert that could go to hospitals, public health, emergency management, and even long term care and others. It has been used many times and is tested monthly. We also have general emails that go out from the Regional office. We have 800 MHz disaster radios in our hospitals dedicated to communications for mass casualty incidents that are tested monthly. We also have HAM radios in the hospitals that could be used when all else fails. The region can also input into the state MICIMS system to notify emergency management and public health of the status of the healthcare system.</p>	<p>The region does not have one common system for EMRs. Each of the major hospital systems have their methods and common EMRs (Beaumont, Ascension, Henry Ford, McLaren, etc.).</p>	<p>Each of the hospital systems has their methods to share equipment/supplies between their hospitals. We do have a cache of regional supplies that could be shared including laptop ventilators, evacuation equipment, communication equipment, etc. We do not have a specific cache of pediatric only equipment that is a regional asset. Much of our equipment could be used for a pediatric response. Some of the hospitals purchased specific pediatric evacuation equipment using regional dollars.</p>
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MI2 South

<p>██████████ ██████████ ██████████</p>	<p>██████████</p>	<p>2 South</p>	<p>Each Coalition has their own internal process for communication with partners on situational awareness, emergency events and activations. In Region 2 South, 800 MHz radios on the Michigan Public Safety Communication System (MPSCS) would be used to immediately alert hospitals and MCAs of an emergency with guidance to expect an alert from the Michigan Health Alert Network (MI-HAN) with details and actions to be conducted, requests for status updates, etc. Region 2 South also has an extensive partners contact database and email listserv, SmartMessage Codespear notification system, and other communication systems that can provide redundancy as needed.</p>	<p>No</p>	<p>Requests for equipment and supplies is managed through contact to the regional staff, either through the office or 24/7 Medical Coordination Center (MCC) phone. This process has been used numerous times since regional inception. In conjunction with a request, regional collection of status updates to determine need among additional partners is conducted as appropriate and based on cause.</p>
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MI 3

<p>██████████ ██████████ ██████████</p>	<p>██████████ ██████████</p>	<p>3</p>	<p>Yes, Region 3 uses the MIHAN alert system to make mass notifications to hospitals.</p>	<p>No</p>	<p>Region 2 South has medical surge supplies to establish Alternate Care Sites, MCI supplies, and a small cache of additional Personal Protective Equipment. Region 2 South also manages the 100-bed mobile field hospital (MI-TESA) on behalf of MDHHS.</p>
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MI 5

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>5</p>	<p>We use EM Resource to notify hospitals of large scale events in the region. We test the system monthly and get great participation from all hospitals.</p>	<p>Our region does not have a common EHR between hospitals. Several of our hospitals are part of a larger health system, so some of them have the same platform, but there is not one system region wide.</p>	<p>Surge supplies and the MI-TESA supplies have pediatric-appropriate equipment.</p>
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MI 6

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>6</p>	<p>Yes. EMResource.</p>	<p>No. Hospitals use different platforms</p>	<p>EMResource and Sharepoint is used to share equipment and supplies. It is coordinated through the regional MCC. We do have a stockpile of supplies. What pediatric-appropriate equipment are you asking about?</p>
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MI 7

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>7</p>	<p>Yes, message can be sent via Michigan Health Alert Network, we can also Juvare eICS as a backup/redundancy.</p>	<p>The coalition knows that hospitals are using EMR's though we are not aware of how these platforms communication with each other.</p>	<p>We coordinate resources through SharePoint and requests can be made via phone or through the SharePoint system. Sharing and transport is coordinated through the hospitals and/or with other outside contractors. Pediatric equipment is included along with the other typical equipment.</p>
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MI 8

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>8</p>	<p>EM Resource</p>	<p>No</p>	<p>R8HCC stockpiles and yes we have some pediatric supplies</p>
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Regional Healthcare Coordinators

Name	Organization Name	Region	Nursing Home	Mental Health	CISD
OH Central Region					
[REDACTED]	[REDACTED]	Central	I believe there is 1 such facility but they do not participate in our coalition.	Yes, NCH has one and is building a brand new facility for inpatient behavioral health. Yes, NCH is involved in planning.	This is a local response, we do not do this as a region.
OH Northeast Region					
[REDACTED]	[REDACTED]	NE	We have one. Cleveland Clinic Children's Hospital for Rehabilitation that have been involved with us from the start. They have vents and MARCS radios and have a POD plan. They exercise with us. The EM from one of the hospitals is also their EM so they are involved.	The behavioral health units that house these kids are basically located in the hospitals which are on the planning committees. There is one private facility that I know of for kids that is on our radar but they really do not participate anymore as we have no contact person. They are across the parking lot from a hospital and work with them sometimes so we do have an road in through that hospital. CCF Childrens Hospital for Rehab does BH and also has a very large autist school. We do have group home managers involved in the coalition but those are not necessarily kids or older kids.	We really have never had a community wide disaster. We had a CISM speaker at our last coalition symposium. We would work with Red Cross for anything like that. Hospitals usually have policies for when they would provide spiritual care or call in outside mental health specialists to assist staff with issues stemming from multiple deaths or violent situations. I know some of them do this preemptively when they sense a situation could cause people concern. I cannot speak for EMS and fire in the region but I know some of them do have EAP programs and do watch for folks that are not dealing well with situations. Granted they see more than we do on an everyday basis and I would imagine they all live with some degree of PTSD which can go unnoticed for many years. Those departments that have foresight, implement their programs and follow through with them.
OH Northeast Central Region					

[REDACTED]	[REDACTED]	NECO	None aware of	None aware of	Not at the regional level. CISD is handled locally. If there would be a need for additional services a community/hospital could request supplemental assistance through the RHCC.
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OH Northwest Region

[REDACTED]	[REDACTED]	NW	I'm not aware of any such facility.	I'm not aware of any such facility.	This would likely come via American Red Cross or via insurance/Employee Assistance Programs that might be provided by individual agencies. There is no formal mechanism in place for the region to provide such debriefing.
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OH Southeast/Southeast Central Region

[REDACTED]	[REDACTED]	SE/SEC	SE/SEC region does not have any designated pediatric hospitals and only five of the 15 hospitals in the SE/SEC region have inpatient pediatric capabilities.	None	None
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OH Southwest Region

[REDACTED]	[REDACTED]	SW	Yes. They participate in the Coalition Partner meetings and are invited to the Main Coalition meetings.	We do have a CISM team that we can contact if there is a major event.	We do have a CISM team that we can contact if there is a major event.
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OH West Central Region

[REDACTED]	[REDACTED]	WC	We work with Stillwater Center, they are an active participant in our coalition.	Yes, Kettering Behavioral Evaluation Center and Dayton Children's Behavioral Health Center and Crisis Unit . They are both active participants in our coalition.	Crisis Incident Stress Debriefing is available through the Southwest Ohio Critical Incident Stress Team. In addition, crisis response teams are available through Clark County.
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<p>██████████ ██████████ ██████████████████</p>	<p>██████████ ██████████ ██████████</p>	<p>1</p>	<p>No</p>	<p>Yes. Sparrow St. Lawrence Hospital. Is there any involvement with those facilities in your regional disaster preparedness planning efforts? Yes</p>	<p>No, we support training for the courses.</p>
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MI 2

<p>██████████ ██████████████ ██████████████████</p>	<p>██████████ ██████████ ██████████</p>	<p>2</p>	<p>We do not have a long-term pediatric only facility in our region to my knowledge. We do have at least one facility that can handle pediatrics (Oakland Manor / Pioneer, an Long-Term Acute Care Center). They are within a hospital that does participate in regional planning (McLaren Oakland).</p>	<p>We do not have any behavioral/mental health pediatric only facilities that participate in regional disaster preparedness planning efforts at this time.</p>	<p>Each facility is responsible for the first responder/first receiver mental health responses and most have a plan already in place. We do not have a specific regional response, however, we have discussed this many times and are forming a community mental / behavioral health workgroup that could provide additional resources.</p>
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MI2 South

<p>██████████ ██████████ ██████████</p>	<p>██████████</p>	<p>2 South</p>	<p>No</p>	<p>Region 2 South has one (1) State behavioral/mental health pediatric facility in our region. Hawthorne Center does not participate regularly in the region's disaster preparedness planning efforts; however, we have a long-held point of contact that is responsive to communications and requests for information from the region.</p>	<p>Region 2 South is one of the only Coalitions in Michigan that provides Critical Incident Stress Management training (Group Crisis Intervention). The Coalitions are not providers of stress debriefing but serves as a resource to connect providers of this practice to those in need. To this end, Region 2 South maintains a roster of CISM teams and mental health resources that can be referenced as needed.</p>
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MI 3

<p>██████████ ██████████ ██████████</p>	<p>██████████ ██████████ ██████████</p>	<p>3</p>	<p>Yes, and Yes. Those facilities participate in regional planning and regional exercises.</p>	<p>There are behavioral/mental health facilities that includes support for adult and <18 yo patients, but not exclusively described as a pediatric facility.</p>	<p>We do not provide this directly, but offer to obtain it if needed. Many hospitals in Region 3 have direct access to this service.</p>
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MI 5					
██████████ ██████████ ██████████	██████████ ██████████ ██████████	5	We do not have any long term pediatric care facilities in our region. We do have a children's hospital that is active in participating in regional activities and exercises.	We do have a few inpatient mental health facilities as well as Kalamazoo Psychiatric Hospital, a state run facility. They are well represented in our exercises and training.	As a region we do not have a formal process for CISM for agencies during a community wide disaster. Most individual agencies do have their own internal process to provide stress management for events. This is an area we are looking to improve upon.
MI 6					
██████████ ██████████ ██████████ ██████████	██████████ ██████████ ██████████ ██████████	6	Yes we do and Yes they do	Yes we do and they are active in our groups for disaster prep	CISM teams are available to EMS and hospitals when requested. Although they have not been requested. I believe they can be available to all healthcare entities.
MI 7					
██████████ ██████████ ██████████	██████████ ██████████ ██████████	7	Region 7 does not have longer term pediatric care facilities, so we are not able to include them in our preparedness planning.	There are general behavioral/mental health organizations in the region not really specific focused facilities that we are aware of. We are working on including those organizations in planning and exercise events and began working with them in the second half of BP1S.	Most hospitals and other organizations have internal employee assistance programs. The coalition has offered psychological first aide training and includes information related to CISM. Most often these services are coordinated by the affected entity not the region.
MI 8					
██████████ ██████████	██████████ ██████████ ██████████	8	None in our region	No pediatric	CISM

Regional Healthcare Coordinators

Name	Organization Name	Region	# children in region (<18 yo)	# schools in region	# daycare centers	# hospitals
OH Central Region						
[REDACTED]	[REDACTED]	Central	543,517 (Kids Count Data Center)	944 grade school; 22 college/universities/tech schools	491 day care	27 hospitals
OH Northeast Region						
[REDACTED]	[REDACTED]	NE	419773	669 grade school; 25 college/universities/tech schools.	1043	27
OH Northeast Central Region						
[REDACTED]	[REDACTED]	NECO				
OH Northwest Region						
[REDACTED]	[REDACTED]	NW	302,191	646 – K-12 including vocational; 18 colleges and universities	418	32
OH Southeast/Southeast Central Region						
[REDACTED]	[REDACTED]	SE/SEC	186,305	379 18 – colleges/universities including regional campuses	404	15
OH Southwest Region						

██████████ ██████████ ██████████ ██████████ ██████████	██████████ ██████████	SW	412, 654	46 colleges; 649 K-12	664	22
OH West Central Region						
██████████ ██████████ ██████████ ██████████ ██████████	██████████ ██████████ ██████████	WC	223959	450	283	23
M1						
██████████ ██████████ ██████████	██████████ ██████████ ██████████	1	233587	383	894	17
MI 2						
██████████ ██████████ ██████████	██████████ ██████████ ██████████	2	500,000	619	1435	25
MI2 South						
██████████ ██████████ ██████████	██████████ ██████████	2 South	515,112	Number of kindergarten – 12th grade public schools in R2S: 652; Number of non-public (private) schools in R2S: 92; Number of universities/colleges in R2S: 18	1,538	33
MI 3						
██████████ ██████████ ██████████	██████████ ██████████ ██████████	3	137,223	380 (k-12), 7 colleges	1038	24
MI 5						

[REDACTED]	[REDACTED]	5	212,904	667	965	16
MI 6						
[REDACTED]	[REDACTED]	6	349417	826	1407	29
MI 7						
[REDACTED]	[REDACTED]	7	84283	175	586	11
MI 8						
[REDACTED]	[REDACTED]	8	56,025	192	224	15

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>NW</p>	<p>We conduct a regional HVA approximately every three years by compiling HVAs from the ASPR Hospitals, health departments, and other healthcare facilities. We gather these facility-specific HVAs from within the region and average them to determine the top hazards for the region. The format generally follows the Kaiser Permanente template that many hospitals utilize. There is currently no specific integration of children in this assessment, though it is understood that the top hazards (e.g. weather-related events, Hazmat incidents) would impact entire communities, including children. Given the ASPR/ODH ask for a Pediatric Surge Annex for the current FY20 ASPR grant year, we have begun a dialogue with the regional ASPR Hospitals about whether we should look at creating "specialty HVAs" for incidents such as pediatric surge. We are in the process of working to determine the top hazards that may lead to a pediatric surge.</p>
<p>OH Southeast/Southeast Central Region</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>SE/SEC</p>	<p>Yes, we have a Regional Coalition HVA and use the Midland Regional HVA worksheet (similar to the Kaiser tool, but with a regional focus). No, we don't have any integration of children in this assessment. We will be doing our yearly evaluation of the HVA in March 2020.</p>
<p>OH Southwest Region</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>SW</p>	<p>We conduct an annual HVA. We use the list of hazards from the Kaiser Tool.</p>
<p>OH West Central Region</p>			
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>WC</p>	<p>Use Kaiser permanente version. Children are incorporated into population when conducting HVA.</p>

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>1</p>	<p>R1 completes a Regional multi-disciplinary HVA Compilation. This has been conducted multiple years. Region 1 Medical Director met with MSP District Coordinator to review HVA on 11/25/2019. R1 reviewed THIRA with HCC Partners on December 2, 2019. R1 Office / RMCC did complete the THAM for our location in 2019. Is there a particular format followed? No, we obtain Regional partner data and create a compilation format and letter listing participants who attended the review meeting. This is to assist with survey review. Is there any integration of children in this assessment? Yes, HCO's include planning for children during disasters. But no specific questions have been asked</p>
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MI 2

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2</p>	<p>Do you have a hazard vulnerability analysis that is performed for your region? Region 2 North has a summary of the top hazards for all our hospitals and compare that to the THIRA from our jurisdictional authorities. We have done this for several years. Is there a particular format followed? We have not used a system format for the last several years but just summarized the top hazards using excel. We will be using a defined format this year, probably the Kaiser Permanente format or the THAM format (haven't decided yet). Is there any integration of children in this assessment? Yes and no. The hazards themselves do not distinguish between adults and children, so we do not have a children hazard. We do know that children has special needs (not just little adults) and discuss that in our responses. We also recognize that many of our facilities have to adjust for a mass casualty incident involving lots of kids.</p>
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MI2 South

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2 South</p>	<p>We have done HVAs and risk assessments in R2S. Currently this year we will use the Threat and Hazard Assessment Module from ASPR to conduct a current assessment. We will determine as this occurs the inclusion of pediatrics/how that ties into the module.</p>
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MI 3

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>3</p>	<p>Do you have a hazard vulnerability analysis that is performed for your region? Region 3 is in the process of sharing the recent ASPR Threat Hazard Assessment Module (THAM) to all our regional partners, hoping they will see the benefit of using one HVA collection tool. We have also provided training on how to use the tool. Once they are all using the same tool, this will allow compiling the information into one regional picture. Currently, Region 3 does not have a "regional" analysis. Until we complete the switch over process, we are relying on information from our county assessments performed by the county emergency managers, along with the site specific data submitted by our coalition partners to review. Is there a particular format followed? We are using the ASPR THAM Tool to gather and compile the assessment data. Is there any integration of children in this assessment? Currently, there is no integration specific to children, other than some of the assessment topics can have significant affect on children. For example, when taking about the Extreme Heat hazard, we know extreme heat can have dangerous health consequences, especially in children, the elderly, and people with chronic medical conditions. The tool focuses on the hazards, not the specific populations affected. It is up to us to make that connection.</p>
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MI 5

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>5</p>	<p>Yes, Region 5 evaluated their HVA yearly and updates the information as needed. We use the kaise tool -ease of use, adopted to large organization and familiarity with partners. no specific integration of pediatrics.</p>
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MI 6

<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>6</p>	<p>[REDACTED]</p>
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MI 7

<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>7</p>	<p>Do you have a hazard vulnerability analysis that is performed for your region? Yes, Region 7 completes an HVA for the region using input from regional partners including county emergency management.</p> <p>Is there a particular format?</p> <p>Yes, currently the format is based off the Kaiser Permanente template.</p> <p>Is there any integration of children in this assessment?</p> <p>Yes, but they are not specifically mentioned as a category in our HVA or any other HVA's in the region currently. Most HVA's represent a whole community plan that does not parse out categories of the community that may be affected in an emergency or disaster situation.</p>
<p>MI 8</p>			
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>8</p>	<p>1. Yes we have a regional HVA 2. It is formatted in Excel Workbook 3. Peds is not included in the assessment.</p>