

HOSPITAL PEDIATRIC PREPAREDNESS CHECKLIST

January 2010



HOW TO USE THIS CHECKLIST

All hospitals need to assure that they are prepared to handle the unique needs of children in a disaster event. As hospitals develop their emergency operations plans, Illinois EMSC recommends the inclusion of pediatric components in several key areas. This checklist was designed to help hospitals identify their current level of pediatric preparedness and recognize additional opportunities for improvement.

This checklist is also used during EMSC Pediatric Facility Recognition Site Surveys to obtain a general understanding of pediatric preparedness within hospitals and identify the types of technical assistance and resources that may be needed.



Illinois Emergency Medical Services for Children

is a collaborative program between the
Illinois Department of Public Health
and
Loyola University Medical Center

www.luhs.org/emsc



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HOSPITAL PEDIATRIC DISASTER PREPAREDNESS CHECKLIST

This checklist was developed under the direction and guidance of Illinois Emergency Medical Services for Children and the Pediatric Workgroup, Illinois Terrorism Task Force.

HOSPITAL PEDIATRIC DISASTER PREPAREDNESS CHECKLIST

Hospital: _____ City: _____ EMS Region: _____

Date: _____ Pediatric Recognition Level: _____ NONE _____ SEDP _____ EDAP _____ PCCC

OVERALL EMERGENCY OPERATIONS PLAN (EOP)	Yes	No	In Progress	Comments
Are pediatric components integrated into the hospital EOP?				
Has the hospital conducted a recent HVA ?				
If yes, has the HVA included a population assessment of children in your surrounding community, i.e. schools, museums, daycare centers, recreational parks?				
Was pediatric staff consulted in writing the hospital EOP?				
Does pediatric staff regularly attend emergency preparedness committee meetings and contribute to overall hospital preparedness?				
<i>Describe planning challenges for OVERALL EOP</i>				

SURGE CAPACITY	Yes	No	In Progress	Comments
Are cribs/beds/space identified for use in the event of a pediatric surge?				
Does the hospital have access to pediatric equipment and supplies either through their own stockpile or an up to date MOU with an outside facility/vendor?				
Does the hospital EOP include a process to provide edible food and potable water to an influx of infants/ children and children with special health care needs?				
Does the hospital EOP include a process for managing the personal hygiene and sanitation needs of children and children with special health care needs?				
Within the hospital's alternate treatment site, is a specific				

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SURGE CAPACITY	Yes	No	In Progress	Comments
location/area designated for children?				
Is there a specific plan or process for accessing extra staff in the event of a mass casualty or surge event?				
If yes, does the staffing plan include accessing mental health professionals specializing in the needs of children? (i.e. child life specialists, psychologists, social workers)				
If yes, does the plan include considerations for the care of staff dependents?				
Has the hospital tested surge capacity within the last 24 months?				
<i>Describe planning challenges for SURGE CAPACITY</i>				

DECONTAMINATION	Yes	No	In Progress	Comments
Are pediatric components included in your hospital decontamination plan?				
Does the decontamination water system provide low pressure/high volume warm water? (>98°F and <110°F)				
Does the plan include a method(s) to safely mobilize infants/ children and children with special health care needs through the showers?				
If yes, describe method(s).				
If yes, have these mobilizing methods been tested in the last 12 months?				
Does the plan include stockpiling appropriate supplies for warming infants/children? (warming devices, towels, blankets, pediatric gowns, etc)				
<i>Describe planning challenges for DECONTAMINATION</i>				

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DECONTAMINATION	Yes	No	In Progress	Comments

REUNIFICATION/PATIENT TRACKING	Yes	No	In Progress	Comments
Does the hospital EOP identify methods for patient identification and tracking? (triage tags, surgical marking pens or waterproof markers, transparent derma tape, wrist/ankle bands)				
Does the hospital EOP identify processes for reuniting unaccompanied or displaced infants/ children and children with special health care needs with legal caregivers?				
Does the hospital incorporate community partners such as the American Red Cross in assisting unaccompanied or displaced children?				
Does the hospital have a readily available camera to photograph unaccompanied children?				
Is there a plan/process to work with social services or law enforcement regarding disposition of unaccompanied or displaced children and children with special health care needs?				
<i>Describe planning challenges for REUNIFICATION/PATIENT TRACKING</i>				

SECURITY	Yes	No	In Progress	Comments
Does the hospital EOP incorporate lock down or secure access procedures when an infant/child is missing?				
Does the hospital EOP incorporate child abduction procedures? (i.e. Code Pink)				

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SECURITY	Yes	No	In Progress	Comments
Does the hospital test infant/child abduction procedures regularly?				
Does the hospital EOP designate a pediatric safe area?				
<i>Describe planning challenges for SECURITY</i>				

EVACUATION	Yes	No	In Progress	Comments
Are Emergency Department and pediatric staff familiar with evacuation procedures and designated/alternate routes?				
Do Emergency Department and pediatric units have adequate supplies and equipment for evacuation?				
Does the hospital EOP address planned vs. immediate evacuations?				
Have evacuation staging areas with secured access been pre-designated in the hospital plan?				
If yes, are staging areas stockpiled or have ready access to appropriate resuscitation supplies?				
Have unit specific evacuation plans been prepared? (NICU, newborn nursery, PICU, Peds floor)				
If yes, has a unit specific evacuation drill/exercise been conducted within the last 12 months?				
<i>Describe planning challenges for EVACUATION</i>				

MASS CASUALTY TRIAGE/JUMPSTART	Yes	No	In Progress	Comments
Have the ED and Pediatric inpatient staff received training				

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MASS CASUALTY TRIAGE/JUMPSTART	Yes	No	In Progress	Comments
in mass casualty triage using JumpSTART?				
Did the hospital purchase the IL customized SMART bags? (includes START/JumpSTART algorithm cards and no pediatric tape)				
Has the JumpSTART algorithm been used in a drill or exercise within the last 12 months?				
<i>Describe planning challenges for MASS CASUALTY TRIAGE/JUMPSTART</i>				

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)	Yes	No	In Progress	Comments
Does the hospital provide regular treatment to any CSHCN and their families?				
If yes, does the hospital encourage families to use and regularly update an Emergency Information Form (EIF)?				
Are there systems in place to handle CSHCN during a disaster? (MOUs to obtain extra medication, ventilators, etc)				
<i>Describe planning challenges for CSHCN</i>				

PHARMACEUTICAL PREPAREDNESS	Yes	No	In Progress	Comments
Does the hospital EOP include a medication distribution plan or process?				
If yes, do hospital staff have ready access to instructions specific to children? (i.e. Cipro, Doxy, Tamiflu)				
Does hospital staff have access to the Illinois Poison				

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PHARMACEUTICAL PREPAREDNESS	Yes	No	In Progress	Comments
Center website (www.mchc.org/ipc/) ?				
Describe planning challenges for PHARMACEUTICAL PREPAREDNESS				

EXERCISES/DRILLS	Yes	Live or Simulated	No	In Progress	Comments
Has the hospital included the following age groups in exercises or drills within the past 12 months?					
Infants?					
School age children?					
Adolescents?					
Children with Special Health Care Needs?					
Did the hospital prepare an After Action Report for drills or exercises conducted in the past 12 months?		N/A			
If yes, were lessons learned/opportunities incorporated into the overall EOP?		N/A			
Describe planning challenges for EXERCISES / DRILLS					