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Appendix 3.5.1.2 cmhpc pediatric surge plan

##

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This appendix applies to a mass casualty event with many pediatric patients. It is designed to support the Central Minnesota Health Care Preparedness Coalition (CMHPC) response activities by addressing the specific needs of children and the medical care of a pediatric patient. This plan does not replace any existing facility policies or plans. It is designed to support the facility level plans by providing pediatric specific resources and information.

Also see the Minnesota Pediatric Surge Plan located on the MDH website at: <https://www.health.state.mn.us/communities/ep/surge/pediatric/pedsurgeplan.pdf>

**Scope**

The CMHPC Regional Pediatric Surge Plan is designed to provide the communication processes and the procedure for inter-regional and interstate transfer as related to pediatric patients. This pediatric surge appendix provides a regional framework to support and supplement the MN Statewide Pediatric Surge plan. The Plan is designed to:

* Support safe pediatric transfer decision making
* Discuss and identify standardized care guidelines available for facilities
* Provide tools to ensure regional communication processes are in place
* Support the tracking of pediatric patients throughout the incident
* Identify the pediatric tertiary care centers/specialty care centers
* Assist with the decompression from pediatric tertiary care centers/specialty care centers in order to make additional critical care beds available for acutely ill/injured pediatric patients

**Risks/Vulnerabilities**

As of 2018, the total population in the CMHPC region was estimated to be 765,725. Within this, 5.7% are under the age of 5 and 21.6% are under the age of 18. (See CMHPC Preparedness Plan Appendix 5.4 Coalition Demographics and Map). In 2018, there were 9,876 vehicular accidents where at least one school bus was involved. In all there were 603 school buses directly involved in these crashes ([www.dps.mn.gov](http://www.dps.mn.gov)). School buses travel throughout the CMHPC every day and many students rely on bus transportation to get to and from school in addition to school events. The CMHPC has 19 hospitals within the region and an event that impacts the regions pediatric population would have a major impact on the ability of health care services to provide care. With a pediatric population of approximately 216,000 in the region and the limited amount of health care resources, the regions facilities will be very reliant upon the neighboring health care facilities as well as the pediatric specialty facilities in the state. Depending on the location, transport time could be lengthy.

The table below (2018 data) identifies the number of pediatric specific resources available at each facility:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Facility | # Pediatric Beds | # PICU Beds | # NICU Beds | Pediatricians on staff |
| First Light (Welia) | **1** | 0 | 0 | Yes |
| Fairview Lakes | 4 | 0 | 0 | Yes |
| Fairview Northland | 2 | 0 | 0 | Yes |
| Melrose Hospital | 2 | 0 | 0 | Yes |
| Monticello Hospital | 2 | 0 | 0 | Yes |
| St. Cloud Hospital | 14 | 4 | 30 | Yes |
| St. Joseph’s Hospital | 6 | 0 | 0 | Yes |

\*\*\* The remaining facilities in the Central Region do not have pediatric beds\*\*\*

The Central region has 31 pediatric beds, with many of them at one or two locations. There are no Pediatric Trauma Centers located within our coalition and St. Cloud Hospital being a level II facility with both a PICU and an NICU would be the closest for many facilities. During a surge event, even this asset may not provide everything needed. During surge events, other regions will need to assist with appropriate pediatric bed placement. The other regions that could help will be the Metro, Northeast and Southeast regions, depending on the location of the incident. Other areas of support may be in North Dakota.

The following table identifies additional pediatric centers within the State of Minnesota:

|  |  |  |
| --- | --- | --- |
| **TRAUMA DESIGNATION** | **HOSPITAL NAME** | **HCC CONTACT** |
| Level I | Children’s of Minnesota, Minneapolis | Metro Health & Medical Preparedness Coalition612-873-9911 |
| Level I | Hennepin County Medical Children’s Hospital |
| Level I | Regions Hospital/Gillette Children’s Specialty Healthcare |
| Level I | Mayo Clinic Hospital Eugenio Litta Children’s Hospital | Southeast Minnesota Disaster Health Coalition855-606-5458507-255-2808 |
| Level I | Essentia Health St. Mary’s Medical Center | Northeast Healthcare Preparedness CoalitionJo Thompson 218-269-7781Adam Shadiow 218-428-3610 |
| Level II | North Memorial Health Hospital | Metro Health & Medical Preparedness Coalition612-873-9911 |

**Access and Functional Needs**

Health care facilities and the coalition consider planning for individuals with Access and Functional needs in all plans. The pediatric population requires special equipment and resources. A list of available resources for planning and response considerations is provided at the end of this plan.

**Estimated disabilities**

The following chart reflects 2019 data estimating disabilities among the pediatric population in the Central Region.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | All Disabilities | Hearing difficulty < 17 years | Vision Difficulty < 17 years | Cognitive Difficulty < 18 years | Ambulatory Difficulty <18 years | Self-Care difficulty <18 years |
|  | < 5 | 5-17 | <5 | 5-17 | < 5 | 5-17 |  |  |  |
| Benton |  21  | 508 |  19  | 42 | 2 | 94 | 428 | 40 | 94 |
| Cass | 50 | 290 | 37 | 37 | 17 | 28 | 220 | 19 | 45 |
| Chisago | 48 | 411 | 41 | 44 | 7 | 61 | 301 | 60 | 149 |
| Crow Wing | 69 | 569 | 68 | 54 | 51 | 56 | 512 | 38 | 97 |
| Isanti | 47 | 448 | 47 | 52 |  | 33 | 378 | 18 | 105 |
| Kanabec | 5 | 265 |  | 30 | 5 | 37 | 220 | 18 | 42 |
| Mille Lacs | 53 | 344 | 12 | 13 | 41 | 13 | 302 | 30 | 95 |
| Morrison | 3 | 372 | 3 | 32 |  | 21 | 315 | 91 | 110 |
| Pine | 17 | 248 | 1 | 22 | 16 | 30 | 204 | 8 | 42 |
| Sherburne | 134 | 989 | 91 | 139 | 107 | 105 | 601 | 56 | 224 |
| Stearns | 64 | 1287 | 25 | 143 | 53 | 189 | 958 | 117 | 258 |
| Todd | 23 | 204 | 10 | 20 | 13 | 43 | 170 | 36 | 53 |
| Wadena | 8 | 221 |  | 17 | 8 | 86 | 1702 | 71 | 79 |
| Wright | 72 | 1216 | 72 | 154 |  | 90 | 1021 | 147 | 388 |
| **Totals** | **614** | **7372** | **426** | **799** | **320** | **886** | **5800** | **749** | **1781** |

 Data collected from: [*http://w20.education.state.mn.us/MDEAnalytics/Data.jsp*](http://w20.education.state.mn.us/MDEAnalytics/Data.jsp)

 Information obtained 08/30/2019 (Blank spaces were unreported)

**Pediatric Plan Activation**

Activation of the pediatric surge plan could occur in two ways:

* An incident occurs within the Central region resulting in a pediatric surge and a hospital within the region notifies the Regional Healthcare Preparedness Coordinator (RHPC);
* A pediatric surge event occurs outside the Central Region and the RHPC is notified through a contact via a MNTrac alert or direct contact from the RHPC in a different region.

When an incident occurs resulting in pediatric victims, the initial response should follow local surge plans. Local hospitals and EMS agencies should assess:

* Scope and magnitude of the incident,
* Estimate the influx of patients and the real or potential impact on the local health care system,
* Consider special response needs (e.g., infectious disease, hazardous materials, etc.), and
* Need for Internal emergency response plan activation.

The referring hospital will notify the pediatric trauma center they typically utilize and advise them of the situation. If the designated pediatric trauma center activates their internal surge plan, they are responsible to request activation of the Minnesota Pediatric Surge Plan by contacting their HCC as delineated in their regional coordination plan. The pediatric trauma center will assume the role of the State Coordinating Pediatric Trauma Center (SCPC).

Activation of the statewide Minnesota Pediatric Surge Plan is done as outlined in the Concept of Operations of that plan, again located on the MDH website at: <https://www.health.state.mn.us/communities/ep/surge/pediatric/pedsurgeplan.pdf>

**Pediatric Plan - Roles and Responsibilities**

**Initial Receiving Hospital/Health Care Facility**

It is expected that all hospitals providing emergency care maintain a standardized basic level of preparedness and ability to deal with traumatic injury. Per the Minnesota Pediatric Surge Plan, the State Coordinating Pediatric Trauma Center may provide telephone/telemedicine expertise to assist stabilizing hospitals caring for victims. Additionally, St. Cloud Hospital does have pediatric specialties on staff to access along with pediatric behavioral health capabilities. Facilities could also consider accessing city and county Human Service departments, local schools and non-profits located in their communities for additional assistance outside of medical care of needed. Central regional healthcare staff can also be tasked with looking for services as well.

The initial receiving facility determine the need to:

* Activate their organizations emergency operations plan
* Attempt to obtain resources through its normal and contingency methods (such as special agreements with other facilities within its parent organizations)
* Assess the response needs and communicate with the pediatric trauma center for guidance
* Notify the health care coalition of the situation and identify any specific needs from the coalition

**Designated Pediatric Trauma Center**

The designated pediatric trauma center will determine the need to:

* Assess the situation and if deemed necessary activate their facilities surge plan
* Provide guidance to the initial facility regarding stabilization of patients
* Notify the HCC of the need to activate the states Pediatric Surge plan

**Health Care Coalition**

The health care coalitions will determine the need to:

* Activate the Coalition Health Multi-Agency Coordination Center (HMAC)
* Issue a MNTRAC Alert and/or set up a regional conference call or coordination room
* Create a Patient tracking room within MNTrac
* Initiate a bed availability request statewide
* Monitor MNTRAC periodically
* Identify needs, and coordinate movement of available healthcare resources
* Connect with MDH DOC or CEPR 24/7
* Maintain situational awareness of healthcare status.
* Facilitate deployment of disaster stockpiles.

The coalition does not maintain a specific cache of pediatric supplies but will coordinate with MDH and other regions for additional resource needs as able.

**Additional Resources for Pediatric Surge Planning**

For additional pediatric planning resources, see the MDH Pediatric Surge Plan and Toolkit at: <https://www.health.state.mn.us/communities/ep/surge/pediatric/index.html>