

# Non-Pediatric Intensive Care Unit (Non-PICU) Hospital Pediatric Disaster Surge Plan

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Created by:



## How to Use This Template:

The Non-Pediatric Intensive Care Unit (Non-PICU) Pediatric Disaster Surge Plan Template was created by the New York City Pediatric Disaster Coalition (PDC) to help health care facilities create site-specific surge plans to be incorporated into their emergency operations plan. PDC reviewed existing literature and collaborated with New York City subject matter experts and New York City hospitals to develop this template.

Please use this template in conjunction with PDC's *Pediatric Surge Capacity Plan Guidelines*. When necessary, please modify the template to adapt to your existing disaster plan.

**PDC recommends referring to your institution's emergency operations plan for guidance on current policies and procedures. When creating your surge plan, provide references (e.g., see page number) to your facility's emergency operations plan where necessary.**

For questions or more information about using this template, please contact PDC.

Thank you,

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## Emergency Operations Plan

Please use the Non-PICU Pediatric Disaster Surge Plan template as an addendum to your facility's general emergency operations plan and supplement existing procedures to enhance care for pediatric patients during a surge event. Please refer to your facility's emergency operations plan when filling out this template and provide page numbers when referencing existing procedures.

**Location of facility's emergency operations plan:** \_\_\_\_\_

**Role/title of staff responsible for revising the plan:** \_\_\_\_\_

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## Plan Objectives

- Provide the necessary emergency equipment, staff and space to safely and efficiently accommodate a surge of pediatric patients
  - Establish a chain of command for the pediatric surge
  - Assign roles to ensure for best possible provision of care during surge conditions
- 

## Plan Revision

This plan should be revised annually and under the following conditions:

- When changes are made to the facility, surge triage space or surge spaces
  - After an exercise
  - After a surge event
- 

## Facility Details

**Facility Location** (*building address*): \_\_\_\_\_

\_\_\_\_\_

**Bed Capacity** (*number of beds*): \_\_\_\_\_

**Pediatric Bed Capacity** (*number of beds*): \_\_\_\_\_

**Surge Capacity\*** (*number of beds*): \_\_\_\_\_

**Pediatric Surge Capacity** (*number of beds*): \_\_\_\_\_

**Emergency Department (ED) Location** (*building address and floor*):

\_\_\_\_\_

\_\_\_\_\_

**ED Bed Capacity** (*number of beds*): \_\_\_\_\_

**Pediatric ED Bed Capacity** (*number of beds*): \_\_\_\_\_

**Pediatric ED Surge Beds:** \_\_\_\_\_

*\*When determining the number of surge beds, consider facility capacity and staff ability to care for the provided number of patients. See page 3 of the Pediatric (Non-PICU) Hospital Surge Plan Guidelines for more information.*

During a surge event, use all appropriate available space. Fill in the table below with the locations of all available space at your facility. See **Appendix D** for a sample chart.

| ____ (number of beds) | : |
|-----------------------|---|
| ____ (number of beds) | : |
| ____ (number of beds) | : |
| ____ (number of beds) | : |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |

**Surge Space**

Appropriate available space may include surge space in the adult or pediatric emergency departments (EDs), spaces for critical and non-critical patients, triage spaces, the pediatric department and other designated areas. This may also include space in adult areas such as the adult intensive care unit (ICU) or Surgical Intensive Care Unit (SICU). During ongoing surge events or those for which you have advanced notice, triage surge patients to a pre-designated surge triage space to avoid overwhelming the ED or the pediatric department.

See pages 3 and 5 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information.

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## Surge Space Staffing

Staff surge spaces with both clinical and non-clinical personnel to ensure patients' needs are met upon arrival. Make sure surge spaces have appropriate pediatric specific equipment (e.g., respiratory equipment, various intubation sizes and oxygen masks). Surge spaces must be prepared to care for children from the neonatal period through adolescence.

| Surge Bed Location | Type of Bed | Number of Beds | Staffing<br><i>(e.g., 2 Physicians, 4 Registered Nurses, 1 Physician Assistants, 1 Emergency Medical Technician, 2 Residents)</i> |
|--------------------|-------------|----------------|---|
|                    |             |                |   |
|                    |             |                |   |
|                    |             |                |   |
|                    |             |                |   |
|                    |             |                |   |
|                    |             |                |   |

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## Surge Triage Space

During a planned surge transfer of patients, use the surge triage space to triage or directly admit patients to the pediatric unit as they come into the facility.

See page 20 of the *Pediatric (Non-PIC) Hospital Surge Plan Guidelines* for more information.

| Location | Number of Beds | Staffing<br><i>(e.g., 2 Physicians, 4 Registered Nurses, 1 Physician Assistants, 1 Emergency Medical Technician (EMT), 2 Residents)</i> |
|----------|----------------|---|
|          |                |   |
|          |                |   |
|          |                |   |
|          |                |   |
|          |                |   |
|          |                |   |

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## Hospital Command Center

During a pediatric surge, the hospital command center's role will mirror that of the hospital's general emergency operations plan; however, the center must give particular attention to ensuring that trained medical and ancillary staff with pediatric expertise can respond to the pediatric emergency or disaster as needed. This response includes opening and staffing the Family Information and Support Center (FISC) with mental health providers, providing information and assistance for reunifying families and staffing the Pediatric Safe Area (PSA) to provide a safe area for patients and families after rapid patient discharge.

The first person to receive incident notification will contact \_\_\_\_\_  
*(role/title of person)* who will open the hospital command center. \_\_\_\_\_  
*(role/title of person)* will coordinate the response until the command center has opened and the  
 incident commander has been established.

## Notifications and Communication

During a pediatric surge event, follow the hospital’s general emergency operations plan for notifications and communications. However, based on the nature of the event, you may need to change the notifications and communications plan. For example, you may need to notify the pediatric department chair or other pediatric specialized staff.

### Senior Management

Upon notification of an event that will create a surge of pediatric patients,  
 \_\_\_\_\_ *(role/title of person)* will notify senior management. Fill in the  
 table below with name and contact information for senior management that must be notified.\*

| Name | Title | Phone | Phone | Email |
|------|-------|-------|-------|-------|
|      |       |       |       |       |
|      |       |       |       |       |
|      |       |       |       |       |
|      |       |       |       |       |

\*Please list substitutes if primary not available. All contact phone numbers listed must be 24-hour numbers.  
 List as many numbers as possible for each contact.

### The surge plan can be activated or deactivated by the following people:\*

| Name | Title | Phone | Phone | Email |
|------|-------|-------|-------|-------|
|      |       |       |       |       |
|      |       |       |       |       |
|      |       |       |       |       |
|      |       |       |       |       |

\*The same person should activate and deactivate the plan. If this is not possible,  
 notify the person that activated the plan of the deactivation. Please list substitutes if primary not available.

### Internal Staff Notification

\_\_\_\_\_ *(role/title of person)* will announce  
 activation of the surge plan via \_\_\_\_\_ *(email, overhead paging, or text)*, stating:  
 \_\_\_\_\_ *(use language specific to your facility;*  
*e.g., color, code, script).*



**Internal Staff Response** (see page 9 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information)

Upon activation of the plan, all staff should report to \_\_\_\_\_ (location) and complete the following activities:

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**Off-Duty Staff Notification** (see page 10 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information)

Upon activation of the plan:

\_\_\_\_\_ (role/title of person) will contact off-duty staff about the activation of the surge plan via \_\_\_\_\_ (e.g., phone, email, text, social media), stating:

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**Off-Duty Staff Response** (see page 10 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information)

Upon activation of the plan, all off-duty staff should report to \_\_\_\_\_ (location) and complete the following activities:

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**Labor Pool Location** (holding area for staff that arrive on site during incident):

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**Alternate Labor Pool Location:** \_\_\_\_\_

All pediatric clinical and non-clinical staff should be notified of the pediatric surge and made available to assist. Fill out chart in **Appendix A** with a list of staff with specialized pediatric training (clinical and non-clinical).

### **External Notifications**

\_\_\_\_\_ (role/title of person) will notify external partners, organizations or agencies. Use a chart like the one below to list the names and contact information for external partners, organizations or agencies that must be notified of a pediatric surge.

| Name | Title | Partner/<br>Agency/Org                               | Phone | Email |
|------|-------|--|-------|-------|
|      |       | Police<br>department<br>precinct number:<br>_____    |       |       |
|      |       | Fire department<br>ladder/engine<br>number:<br>_____ |       |       |
|      |       | Emergency<br>medical service<br>(EMS) _____          |       |       |
|      |       | Hospital system:<br>_____                            |       |       |
|      |       |  |       |       |

\*Please list substitutes if primary not available. All contact phone numbers must be 24-hour numbers.  
List as many numbers as possible for each contact.

### Other Important Numbers

Add a complete staff directory or provide location where directory can be found:

\_\_\_\_\_ (location or corresponding  
Appendix in emergency operations plan).

### Staff Roles/Schedules

To determine staffing, match facility needs to available resources. All attempts should be made to provide a standard of care that will provide the best outcomes within the constraints of the events. If necessary, implement longer shifts and more patients per health care provider. Create schedules that show which and how many personnel in the facility are on duty and what their hours are (e.g., eight or twelve hour shifts, all times, day, night, etc.).

Fill in the table below to track staff schedules across units and care areas in your facility. The chart can also be used to track staff at the time of the event (see **Appendix B** for blank Staff Roles and Schedules chart).

## Staff Schedules

| Shift<br>Indicate weekday(s)<br>and hours                 | Shift 1 | Shift 2 | Shift 3 | Shift 4 |
|---|---------|---------|---------|---------|
| <b>Pediatric Emergency Department</b>                     |         |         |         |         |
| <b>Number of<br/>Attending Physicians</b>                 |         |         |         |         |
| <b>Number of<br/>Residents</b>                            |         |         |         |         |
| <b>Number of Nurses</b>                                   |         |         |         |         |
|   |         |         |         |         |
| Shift<br>Indicate weekday(s)<br>and hours                 | Shift 1 | Shift 2 | Shift 3 | Shift 4 |
| <b>Adult Emergency Department</b>                         |         |         |         |         |
| <b>Number of<br/>Attending Physicians</b>                 |         |         |         |         |
| <b>Number of<br/>Residents</b>                            |         |         |         |         |
| <b>Number of Nurses</b>                                   |         |         |         |         |
|   |         |         |         |         |
| Shift<br>Indicate weekday(s)<br>and hours                 | Shift 1 | Shift 2 | Shift 3 | Shift 4 |
| <b>(e.g. general pediatrics, neonatal, newborn, etc.)</b> |         |         |         |         |
| <b>Number of<br/>Attending Physicians</b>                 |         |         |         |         |
| <b>Number of<br/>Residents</b>                            |         |         |         |         |
| <b>Number of Nurses</b>                                   |         |         |         |         |
|   |         |         |         |         |

## Staffing

Create a schedule to ensure the hospital command center is staffed at all times.

During days, \_\_\_\_\_ (role/title of person) will act as incident commander.

During nights and weekends, \_\_\_\_\_ (role/title of person) will act as incident commander until \_\_\_\_\_ (role/title of person) is available to relieve them.

\_\_\_\_\_ (role/title of person) will contact \_\_\_\_\_ (role/title of person) via \_\_\_\_\_ (email/ phone number) if additional staffing outside of staff present and off duty-staff is needed.

## Patient Movement

Describe and provide a visual route map that personnel should take when moving patients to and from the surge spaces.

### Specify:

- Route (entrance/exit) and patient flow
- Personnel assigned to move patients

**Insert floor map(s)  
showing route(s)**

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## Surge Plan Activation

**PDC recommends referring to your institution's emergency operations plan for guidance on current policies and procedures. When creating your surge plan, provide references (e.g., see \_\_\_\_\_ ) to your facility's emergency operations plan when necessary.**

Upon activation of the surge plan, all staff in the facility will mobilize to help. Staff will gather and be assigned their roles for the surge event. During a surge event, there may be prior notification of arriving patients depending on the proximity of the transferring hospital and how quickly they need to evacuate.

The following are recommended activities for each department upon activation of the pediatric surge plan:

## Emergency Department

\_\_\_\_\_ (role/title of person) or designee will supervise all ED related issues and coordinate and communicate all activities with the command center (see page 14 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information).

### Activities

- Alert the facility of the plan activation
- Implement surge plan that includes management and operation of resources such as communications, staff, stuff and space
- Gather staff and update situational awareness
- Assign staff roles
- Open communications desk for two-way communication with the command center\*
- Conduct rapid patient discharge
- Assign space for critical, non-critical, walking injured (i.e., those with no obvious physical injuries) and mental health patients
- Follow decontamination procedures as indicated by event circumstances\*\*
- Open and staff the triage area
- Provide babysitters, as needed
- Staff patient care sites
- Provide age-specific medications and counter measures, as needed
- Provide age-specific pediatric equipment and supplies
- Provide ancillary services (respiratory therapy, diagnostics)
- Communicate with radiology, as needed
- Utilize non-pediatric and adult providers, as needed
- Track all patients
- If possible, establish one-way patient flow
- Call for consultation with mental health department, as needed

\* See page 8 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information.

\*\* See page 21 of the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for more information.

## Pediatric Department

\_\_\_\_\_ (role/title of person) or designee, will be contacted to supervise all ED-related issues and to coordinate and communicate all activities with the command center. (Please see the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for full description of activities and special circumstances).

## Activities

- Alert the facility of the plan activation
- Implement surge plan that includes management and operation of resources such as communications, staff, stuff and space
- Gather staff and update situational awareness
- Assign staff roles
- Open communications desk for two-way communication with the HCC
- Conduct rapid patient discharge
- Open surge beds with proper equipment and staffing
- Provide specific medications and counter measures, as needed
- Provide age-specific pediatric equipment and supplies
- Provide ancillary services (respiratory therapy, diagnostics)
- Communicate with radiology, as needed
- Utilize non-pediatric and adult providers, as needed
- Track all patients
- Communicate with parents/guardians and families
- Call for consultation with mental health department, as needed

## Admitting

PDC recommends referring to your institution’s emergency operations plan for guidance on current policies and procedures. When creating your surge plan, provide references (e.g., see page number) to your facility’s emergency operations plan where necessary.

- Where will patients be admitted (triage, surge spaces, ED, other)? List the infrastructure present to perform admitting in non-traditional spaces.
- Who will admit patients?
- Are there any additional processes, equipment, technology or personnel required to perform surge admissions?
- Are there types of patients your facility cannot support (e.g., insufficient generator or electrical outlets for ventilator patients)?
- How will you document surge patients with or without available patient information (e.g., electronic charting by computer or digital device, paper chart, digital pictures, pre-designated charts/lab requisitions with pre-designated names or numbers)?

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## Patient Tracking

The following should be edited based on your hospital's patient tracking procedures:

\_\_\_\_\_ (role/title of person) will delegate the responsibility of patient tracking at the unit/care sites and staging area. When the patient leaves or arrives at the unit or patient care area.

\_\_\_\_\_ (role/title of person) will record information on the existing roster. This should include:\*

- Information from the patient's two identification bands
- Name of person transporting the patient
- Where the patient is being transported to and from and where they are going

\*Upon arrival at the staging area, the same information should be documented.

This information should also be relayed to \_\_\_\_\_ (role/title of person) in the hospital command center who should then relay the information to both \_\_\_\_\_ (role/title of person) in the social work department via \_\_\_\_\_ (phone number) and \_\_\_\_\_ (role/title of person) of security personnel via \_\_\_\_\_ (phone number).

A clerk will be stationed at \_\_\_\_\_ (centralized location; e.g., the front desk in the main lobby) and will print patient records from that area.

## Laboratory Procedures

\_\_\_\_\_ (role/title of person) or designee will coordinate and communicate all laboratory related activities with the command center.

### Activities

- Check availability of laboratory supplies
- Check availability of supplies for specimen and laboratory testing material
- Discuss the need for obtaining specialized specimens and performing unusual laboratory procedures based on the nature of the event
- Coordinate and work with the command center to supply specimen results, based on situational awareness and prediction of expected casualties
- Organize adequate staff for surge workload
- Establish coordinated communications capability with clinical sites requesting supplies and hospital command center

## Blood Bank Procedures

\_\_\_\_\_ (role/title of person) or designee will coordinate and communicate all blood bank related activities with the command center.

### Activities

- Check available supply of blood and blood products in your facility.
- Check availability of additional blood or blood products from outside sources.
- Coordinate and work with the command center to supply blood and blood products based on situational awareness and prediction of expected casualties.

- Implement surge procedures, including thawing of blood and blood products and preparation for patient use.
- Organize adequate staff for surge workload.
- Establish coordinated communications capability with command center and clinical sites requesting blood products.
- Track blood and blood product utilization and ensure they are properly labeled.

## Respiratory Therapy Procedures

Facilities may vary in terms of who manages ventilator therapy. For facilities without respiratory therapy, nursing staff or others may perform this function. Upon notification of a surge event, respiratory therapy or nursing should:

- Contact the command center.
- Assist in transporting supplies to surge areas, if needed.
- Prepare to care for surge patients with respiratory care needs by reviewing the current caseload.
- To increase capacity, determine which patients could go without ventilator care for one to two days.
- Determine the number of available ventilators and other respiratory-related equipment for pediatric patients of various ages. Communicate this information to the hospital command center.
- Alert \_\_\_\_\_ (*role/title of person*) in the hospital command center if there are problems caring for patients in need of respiratory care.

## Security Procedures

\_\_\_\_\_ (*role/title of person*) or designee will supervise all security-related issues, and coordinate and communicate all security-related activities with the command center. Depending on the event, security should secure the facility and patient care areas from unauthorized visitors.

### Activities

- Limit access to the facility and close non-essential entry points
- Reroute foot traffic, if needed
- Direct all vehicular traffic to appropriate areas
- Establish and clear all unauthorized personnel from secure patient care areas
- Block off unauthorized access to patient care areas
- Staff essential areas
- Escort patients with serious mental health problems to a secure treatment area
- If establishing a surge triage space in a non-secure area, separate the area from public view and unauthorized access
- Screen all family members prior to letting them into patient care, Mental Health or FISC areas
- Contact local law enforcement \_\_\_\_\_ (*police department precinct number*) if necessary
- Contact local fire department \_\_\_\_\_ (*fire department ladder/engine number*) if necessary
- Call 911 if an emergency requiring immediate police, fire or EMS response is needed.



## Facilities/Environmental Health Procedures

Notify \_\_\_\_\_ (role/title of person) via \_\_\_\_\_  
(phone number or email address) of surge.

### Activities

- Coordinate all activities with the command center
- Relay the total number of staff on-site to the command center
- Relocate supplies to staging and surge areas
- Set up a decontamination area, as necessary
- Manage electrical, heating and air conditioning
- Manage oxygen supply, suction and other gases
- Provide food, water, clothing and shelter for a minimum of 96 hours

### Supplies Staging Area

Resources can be placed in the supplies staging area while awaiting a tactical assignment. Engineering and facilities management staff will follow different procedures depending on where their staging areas are located.

Staging area location: \_\_\_\_\_

Alternate staging area location: \_\_\_\_\_

### Equipment and Supplies

Fill in the table below with your facility's available equipment and supplies.

| Equipment/<br>Supply Name | Number<br>Immediately<br>Available | Location | Number of Patients<br>That Can Be<br>Accommodated |
|---------------------------|------------------------------------|----------|---|
|                           |                                    |          |   |
|                           |                                    |          |   |
|                           |                                    |          |   |
|                           |                                    |          |   |
|                           |                                    |          |   |

### Mental Health, Family Information and Support Center (FISC) and Pediatric Safe Area (PSA) Procedures

See pages 12 through 14 of the Pediatric (Non-PICU) Hospital Surge Plan Guidelines for more information about setup and staffing.

## Activities

- Coordinate all mental health related activities with the command center.
- Provide total number of staff on-site to the command center.
- Assign staff to specific roles and areas (e.g., mental health, FISC, PSA, surge areas) to monitor and address mental health issues as they arise.
- Set up mental health, FISC, and PSA sites, including a private space for mental health staff to meet with families and individuals during the surge.
- Notify parents and legal guardians of all patients being discharged or transferred within the facility.
- Ensure that families of discharged patients have access to care, supplies and other necessary resources.
- Direct parents and families looking for information to \_\_\_\_\_  
(*phone number*).

Mental health locations: \_\_\_\_\_

Alternate mental health locations: \_\_\_\_\_

FISC location: \_\_\_\_\_

Alternate FISC location: \_\_\_\_\_

PSA location: \_\_\_\_\_

Alternate PSA location: \_\_\_\_\_

Direct family members looking for information to the below phone numbers for surge-specific patient information (e.g., hotline regarding specific incident).

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

## Public Information Procedures

The public information officer or designee \_\_\_\_\_ (*role/title of person*) will supervise all public affairs, information dissemination and communications related to the event. They will also coordinate and communicate all activities with the command center.

## Activities

- Establish a secure site for press conferences and other media communication away from the clinical area
- Coordinate all public information related activities with the command center
- Provide situational awareness, updates and disaster communications to the staff, press, patients' families and the public
- Coordinate statements with hospital staff to establish consistency and continuity of messaging
- Coordinate activities with local and national agencies to ensure consistency of information

Please see the *Pediatric (Non-PICU) Hospital Surge Plan Guidelines* for a full description of activities and special circumstances.

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## Surge Plan Deactivation

The plan will be deactivated under the following circumstances:

- Surge event is over.
- \_\_\_\_\_ (additional deactivation criteria)
- \_\_\_\_\_ (additional deactivation criteria)

### The surge plan can be deactivated by the following people:\*

| Name | Title | Phone | Email |
|------|-------|-------|-------|
|      |       |       |       |
|      |       |       |       |
|      |       |       |       |

\*The same person should activate and deactivate the plan. If this is not possible, the person that activated the plan should be notified of the deactivation.

### Internal Staff Notification

\_\_\_\_\_ (role/title of person) will announce the deactivation of the surge plan via \_\_\_\_\_ (email, overhead paging, text), stating:

\_\_\_\_\_ (insert language specific to your facility; e.g., color, code, script).

### Internal Staff Response

Upon deactivation of the plan, all staff should report to \_\_\_\_\_ (location) and complete the following activities:

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### Off-Duty Staff Notification

Upon deactivation of the plan, all staff should report to \_\_\_\_\_ (location) and complete the following activities:

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## External Notifications

All external contacts who received notification of the surge plan's activation must be notified of its deactivation:

| Name | Title | Company/Org                                    | Phone | Email |
|------|-------|--|-------|-------|
|      |       | Police department precinct number:<br>_____    |       |       |
|      |       | Fire department ladder/engine number:<br>_____ |       |       |
|      |       |  |       |       |
|      |       |  |       |       |
|      |       |  |       |       |

## Surge Triage Space

Which departments will be responsible for:

- Cleaning up: \_\_\_\_\_
- Returning equipment: \_\_\_\_\_
- Replenishing equipment: \_\_\_\_\_

## Surge Spaces

Which departments will be responsible for:

- Cleaning up: \_\_\_\_\_
- Returning equipment: \_\_\_\_\_
- Replenishing equipment: \_\_\_\_\_

## Equipment Rehabilitation

List any duties related to equipment rehabilitation and who will complete those duties:

| Role/Title of Person | Responsibilities/Duties |
|----------------------|-------------------------|
|                      |                         |
|                      |                         |
|                      |                         |
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|                      |                         |

## Mental Health

Provide mental health support to staff and the families of patients involved in the surge event. Services should remain available for several days following the surge event. Refer staff, patients and families to hospital and/or community providers and additional resources if needed.

Staff and families can call \_\_\_\_\_ (*phone number*) or speak to \_\_\_\_\_ (*role/title of person*) directly for additional assistance accessing mental health services after the incident.

## Debriefing

A debriefing will be held after the surge is complete to gather information on the event and to ensure all staff's emotional and physical needs are addressed. Everyone involved in the surge should participate.

\_\_\_\_\_ (*role/title of person*) will facilitate the debriefing after the surge event or at the end of each shift involved in the surge.

Debriefing Location: \_\_\_\_\_

Alternate Debriefing Location: \_\_\_\_\_

The debriefing will be held \_\_\_\_\_ hours after the immediate surge is complete.

## Hospital Command Center

Upon deactivation of the plan, the hospital command center should be the last to disassemble.

### Activities

- Monitor deactivation activities of each department involved
- Ensure surge spaces, FISC and PSA return to normal operating status
- Confirm all notifications (internal and external) have been made
- Facilitate hotwash<sup>1</sup> with everyone who was involved to discuss the event
- Complete and document an after action report/improvement plan (AAR/IP)
- Update the pediatric surge plan to reflect all after action items and improvement plans proposed/initiated

\_\_\_\_\_ (*role/title of person*) will facilitate a hotwash and document the AAR/IP.

\_\_\_\_\_ (*role/title of person*) will update pediatric surge plan within \_\_\_\_\_ (*e.g., two weeks*) and provide it to leadership.

\_\_\_\_\_ (*role/title of person*) will notify outside agencies and other external participants of any action items and improvement plans that are relevant to future events.

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<sup>1</sup> Facilitated discussion held immediately after an exercise or event among those involved. It captures feedback about any issues, concerns, or proposed improvements. The hotwash is an opportunity for staff members to voice their opinions on the event and their performance (FEMA Glossary, [training.fema.gov/programs/emischool/el361toolkit/glossary.htm#H](https://training.fema.gov/programs/emischool/el361toolkit/glossary.htm#H)).

# Appendix A: Important Contact Information

Include people who are essential to the surge and/or are leaders in their departments.

| Department | Title | Work Number | Cell Number | Email |
|------------|-------|-------------|-------------|-------|
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**Appendix C: Abbreviations**

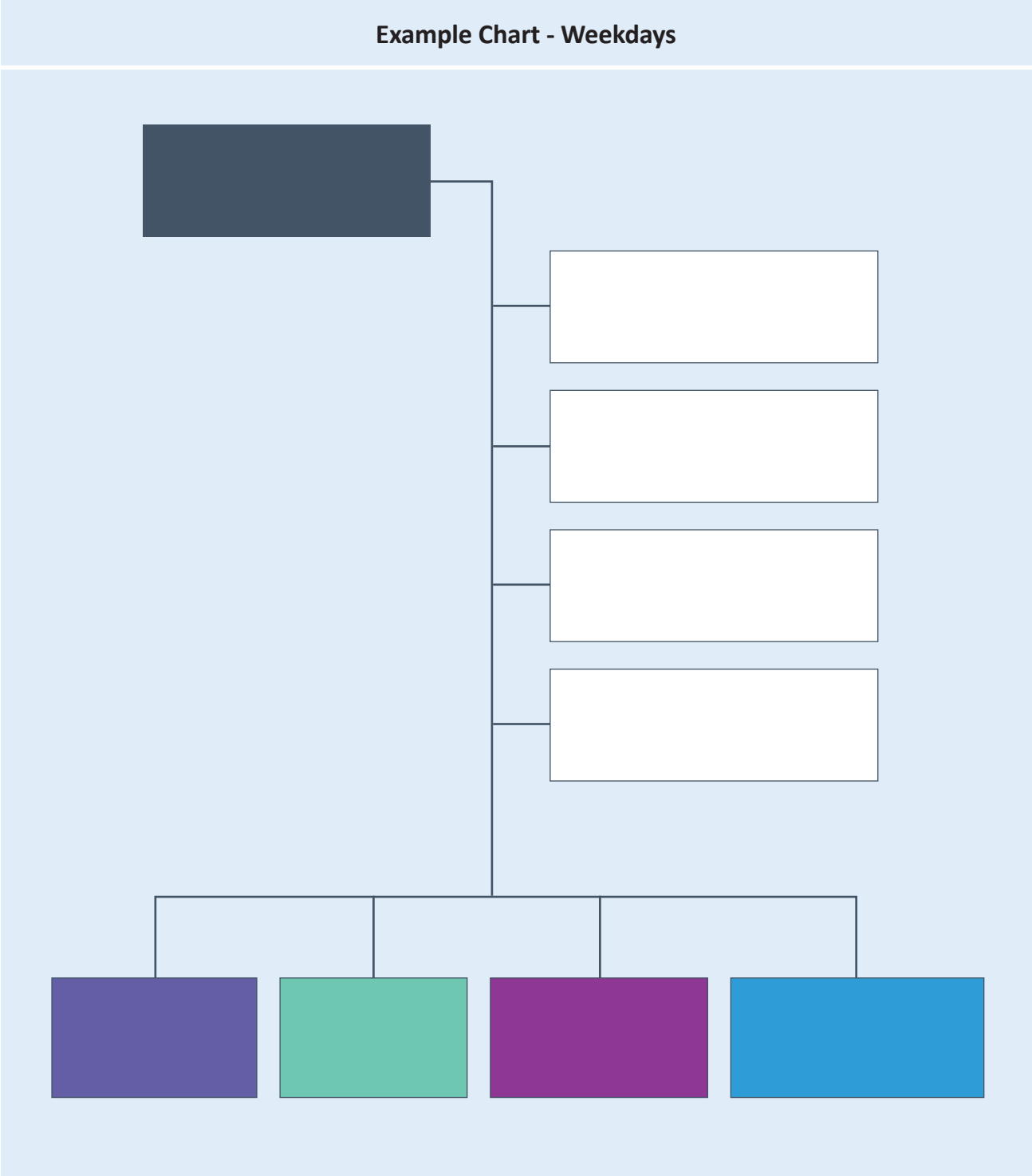
| Abbreviation | Definition |
|--------------|------------|
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**Appendix D: Sample Facility Location Chart**

| ____ (number of beds) : |  |
|-------------------------|--|
| ____ (number of beds) : |  |
| ____ (number of beds) : |  |
| ____ (number of beds) : |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |

Appendix E: Example Incident Command Structure Chart – WEEKDAYS



Appendix F: Example Incident Command Structure Chart – WEEKENDS

