Indiana

DISTRICT 7

Healthcare Coalition

Pediatric Surge Annex

ANNEX REVISION INFORMATION

Version	Date	Changes	Author
1.0	5/26/2020	Original Plan	MESH
1.1	9/15/2020	General revisions; Updated Population Data; Updated Operations Manager to Healthcare Coalition Readiness & Response Coordinator; Updated Indiana State Department of Health to Indiana Department of Health.	MESH
2.0	2/22/2021	Design and layout revision. Consolidation of topics. Updated tables.	MESH

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Introduction

Purpose

The purpose of the Pediatric Surge Annex is to support the Indiana District 7 Healthcare Coalition (D7 HCC) Response Plan and provide support to the local community in the event of an incident involving children. This functional annex will be used to expand on existing facility surge plans and assist in coordination of care so that children and their specific needs are addressed, increasing health outcomes during an event. This annex is designed to support and guidance to the local entities affected by a disaster of magnitude that is overwhelming.

Scope

The scope of the D7 HCC Pediatric Surge Annex is limited to supporting the participating Core 4 (eight Emergency Management Agencies; eight Health Departments; seven Hospitals; seventy-five Emergency Medical Services providers) and ancillary member organizations strategic preparedness planning efforts and causing a universal understanding of cooperation and effort within the Indiana District 7 region.

The D7 HCC encompasses 8 counties within west-central Indiana. The coalition is open to all identified member partner types as identified by the Assistant Secretary for Preparedness and Response.

This document is designed to serve as a supplement to participating organizations, and does not supplant, effective emergency management and/or emergency preparedness programs for each participating organization. Nor, does this document supersede any local, county, regional, state, or federal entities preparedness plan.

Children account for approximately 24% of the D7 HCC population and it should be assumed that this number will represent and/or exceed during a disaster. All health care facilities will coordinate and work towards a goal of providing optimal care to pediatrics by identifying adequate resources in D7 with processes in place to recognize, stabilize, and utilize inter-facility transfer guidelines and agreements

within the district and/or with a referring facility.

This annex addresses response to a large public health event involving ill or injured children, defined by this annex as within the age range of birth to 18. This annex will address; activation, notifications, roles and responsibilities, logistics, special considerations, operations-medical care, transportation, tracking, reunification, and deactivation and recovery.

The District 7 Executive Board Chairperson or designee is responsible for serving as the primary on-call point of contact for the coalition. The Chairperson or designee is responsible for communicating incident emergency status to the coalition as well as to the Indiana Department of Health (IDH).

The D7 Executive Board Chairperson, the Healthcare Coalition Readiness & Response Coordinator, or their designee shall assume the role of Healthcare Coalition Coordination Center (HCCCC) Manager representing the District 7 HCC. As the HCCCC Manager, the D7 Chairperson shall assign HCCCC staff positions as needed.

In the event the D7 Executive Board Chairperson is unavailable or voluntarily relinquishes command, the Vice Chairperson will assume all roles and responsibility with all given authority of the D7 Executive Board Chairperson as the HCCCC Manager.

In like fashion, the Secretary/Treasurer will assume the role of HCCCC Manager given the absence of the aforementioned officers with one exception. An executive session shall be called by the Secretary/Treasurer, for either live attendance in a common place or by virtual meeting, and an interim plan shall be put in place by majority vote for any further succession needs. These provisions will be upheld only for as long as necessary to complete the event or the re-assumption of Management by a higher-level Officer, if possible.

Administrative Support of Annex Review

The District Coalition will review this annex annually to ensure valid and current information. Additionally, the District Coalition will review this annex after an activation of the annex, whether in response to a real-world incident or exercise.

District 7 Healthcare Coalition Overview and Situation

District 7 Healthcare Coalition

The D7 HCC geographically includes eight counties west-central Indiana: Clay, Greene, Owen, Parke, Putnam, Sullivan, Vermillion, & Vigo.

Seven hospitals are located within the D7 HCC: Terre Haute Regional, Union Hospital Terre Haute, (and the five Critical Access Hospitals) Ascension St. Vincent-Clay, Greene County General, Putnam County, Sullivan County Community, and Union Hospital Clinton.

Union Hospital Terre Haute is recognized by the Illinois EMSC program as a Pediatric Ready Facility. Indiana's pediatric facility recognition program was established in November of 2018 and Indiana hospital emergency departments that are recognized by IL will be "grandfathered" in at a later date.

Seventy-five Indiana registered Emergency Medical Services providers are located within the district.[1] The Indiana Department of Homeland Security EMS District Manager actively participates in district meetings.

District 7 Healthcare Coalition Membership

The Indiana District 7 Healthcare Coalition consists of members that contribute to the planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management. The District will collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real- time information, communication systems,

[1] Indiana Department of Homeland Security: EMS Providers list. Accessed May 26, 2020

and trained educated health care personnel to respond to an emergency. The following members are essential in this effort:

- Hospitals
- Emergency Medical Services
- Emergency Management Agencies
- Public Health
- Long Term Care Providers
- Mental/Behavioral Providers
- Specialty Services Providers
- Support Service Providers
- Non-Governmental Organizations
- Schools/Universities

The Indiana District 7 Healthcare Coalition consists of a variety of healthcare organizations and membership. A full list of participating organization and members can be found in ***Appendix A – Healthcare Organizations and Coalition Members***. In general, membership is consistent with the following ASPR requirements:

District 7 Healthcare Coalition Core Members

The District 7 Healthcare Coalition ensures it includes the following Core 4 Membership:

- Hospitals (a minimum of two hospitals)
- Emergency Medical Services (including inter-facility and other non-EMS patient transport systems)
- Emergency management Agencies
- Public health Agencies

District 7 Healthcare Coalition Ancillary Members

Additional Ancillary District 7 Healthcare Coalition members may include, but are not limited to, the following:

- Behavioral health services and organizations

- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded
  - end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child-care services, dental clinics, social work services, faith-based organizations)

District 7 Healthcare Coalition Demographics

The population of the D7 HCC geographical area, and by county, is:

Population (2019 Estimate) [2]	
District 7	
Clay	26,234
Greene	32,159
Owen	20,835
Parke	16,946
Putnam	37,384
Sullivan	20,730
Vermillion	15,539
Vigo	107,038

The population, by age, of the D7 HCC geographical area, and by county, is:

Population by Age (2019 Estimate) [3]				
	Under 5 years	**5 to 9 years**	**10 to 14 years**	**15 to 19 years**
District 7				
Clay	1,635	1,446	1,864	1,611
Greene	1,712	1,958	2,038	1,998
Owen	1,124	1,149	1,297	1,271
Parke	1,050	1,005	970	921
Putnam	1,863	1,987	2,126	3,046
Sullivan	1,058	1,094	1,198	1,146
Vermillion	830	882	1,059	1,022
Vigo	6,054	5,998	5,652	8,283

District 7 Healthcare Coalition Individuals with Access and Functional Needs

The D7 HCC At-Risk Individuals with Access and Functional Needs Plan provides detailed demographic data about the pediatric population with access and functional needs.

Pediatric disabilities by age groups within the D7 HCC are:

[2] https://data.census.gov/

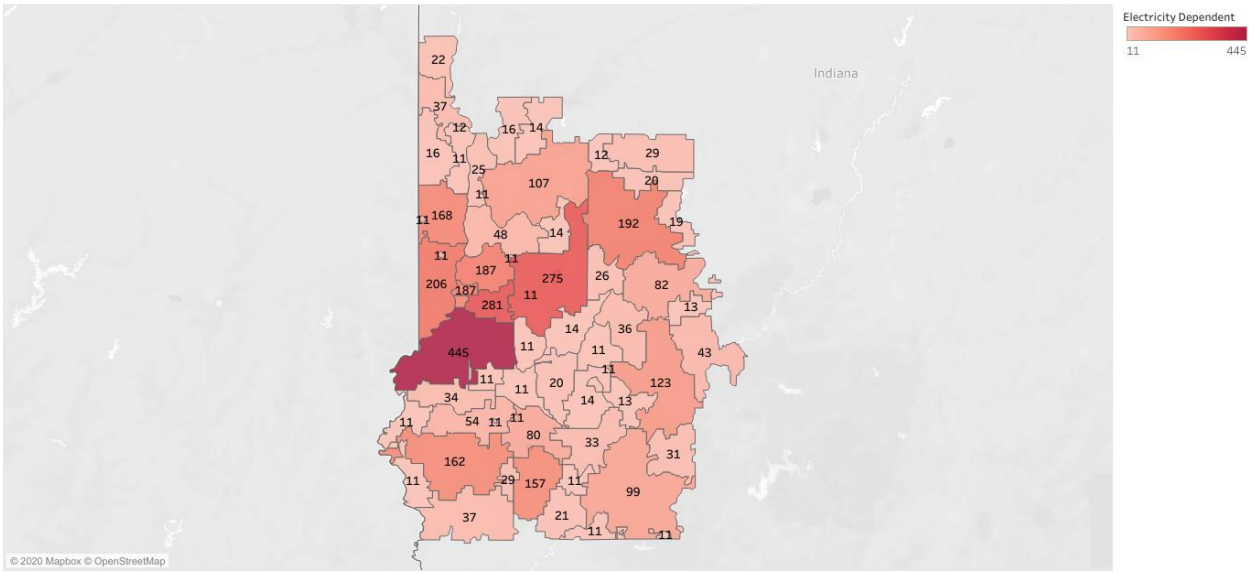
[3] https://data.census.gov/

Individuals with Disabilities in Indiana D7 Counties (2019 Estimate) [4]								
DISABILITY	**CLAY**	**GREENE**	**OWEN**	**PARKE**	**PUTNAM**	**SULLIVAN**	**VERMILLION**	**VIGO**
Under 5 years								
Hearing Difficulty	21	34	29	0	0	0	12	52
Vision Difficulty	24	40	10	0	0	12	0	89
5-17 years								
Hearing Difficulty	3	19	4	11	21	62	47	110
Vision Difficulty	25	50	35	3	21	19	20	576
Cognitive Difficulty	323	311	170	184	251	231	119	485
Ambulatory Difficulty	0	100	22	2	26	8	24	94
Self-Care Difficulty	1	112	25	10	53	135	23	98

Each county health department has additional plans. As a “Core 4” member of the D7 HCC each department works with the D7 HCC to keep the coalition aware of these plans for the purpose of reference and being able to support localities in the event of an incident involving and/or affecting children in one or multiple counties in the area.

Both the D7 HCC At-Risk Individuals with Access and Functional Needs Plan and the county health department plans address children and adults that are electricity dependent for medical life-saving equipment.

Electricity Dependent Individuals by Zip Code



[4] https://data.census.gov

D7 HCC Emergency Management Agency members have identified locations of generators and plans to tap local resources in the event electricity is all that is needed to charge equipment. This will reduce surge on the hospitals if there is no medical necessity.

The D7 HCC has resources that are able to help support pediatric mental and behavioral health:

Behavioral Health Facilities Located in District 7				
Name	**Type**	**City/Town**	**County**	**Beds**
Hamilton Center	Community Mental Health Center	Brazil	Clay	Outpatient
Hamilton Center	Community Mental Health Center	Bloomfield	Greene	Outpatient
Hamilton Center	Community Mental Health Center	Linton	Greene	Outpatient
Centerstone of Indiana	Community Mental Health Center	Spencer	Owen	Outpatient
Hamilton Center	Community Mental Health Center	Spencer	Owen	Outpatient
Hamilton Center	Community Mental Health Center	Rockville	Parke	Outpatient
Cummins Behavioral Health	Community Mental Health Center	Greencastle	Putnam	Outpatient
Hamilton Center	Community Mental Health Center	Greencastle	Putnam	Outpatient
Hamilton Center	Community Mental Health Center	Sullivan	Sullivan	Outpatient
Hamilton Center	Community Mental Health Center	Clinton	Vermillion	Outpatient
Hamilton Center	Community Mental Health Center	West Terre Haute	Vigo	16
Harsha Behavioral	Freestanding Acute Care Psychiatric Hospital	Terre Haute	Vigo	81

Tele-psych services are available through some providers and facilities.

The D7 HCC works with ancillary member organizations and providers, such as daycares and educational facilities, to consider how they can keep special education children safe during an incident and/or public health emergency, and provide care and services to injured, ill and well children to reduce surge on the hospitals if there is no medical necessity.

Special Education (2017) [5]	
District 7	
Clay	865
Greene	660
Owen	563
Parke	469
Putnam	964
Sullivan	488
Vermillion	424
Vigo	2,699

Because hospitals in the D7 HCC have limited pediatric capabilities, Memoranda of Understanding (MOU) are in place for inter-facility pediatric patient transfer to regional hospitals such as Riley Hospital for Children at IU Health, and Peyton Manning Children's Hospital St. Vincent with advanced pediatric capabilities in the event of surge and/or for pediatric patients with higher medical complexity.

District 7 Healthcare Coalition Hospitals with Pediatric Capabilities

Seven hospitals are located within the D7 HCC: Terre Haute Regional, Union Hospital Terre Haute, (and the five Critical Access Hospitals) Ascension St. Vincent-Clay, Greene County General, Putnam County, Sullivan County Community, and Union Hospital Clinton.

Union Hospital Terre Haute is recognized by the Illinois EMSC program as a Pediatric Ready Facility. Indiana's pediatric facility recognition program was established in November of 2018 and Indiana hospital emergency departments that are recognized by IL will be "grandfathered" in at a later date.

Hospitals with Pediatric Capabilities Located in District 7										
Hospital	**General Nursery**	**Flex To**	**NICU 1**	**NICU 2**	**NICU 3**	**NICU 4**	**PEDS General**	**Flex To**	**Maternal Care (OB)**	**Flex To**
Ascension St. Vincent-Clay	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Greene County	6	8	N/A	N/A	N/A	N/A	2	NFC	3	6

[5] https://datacenter.kidscount.org/data/tables/1178-special-education-students?loc=16&loct=5#detailed/5/2292-2383/false/871,870,573,869,36,868,867,133,38,35/any/2563

General										
Putnam County	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sullivan County Community	2	NFC	N/A	N/A	N/A	N/A	N/A	N/A	3	NFC
Terre Haute Regional	18	NFC	N/A	7	N/A	N/A	16	23	7	NFC
Union Hospital Terre Haute	30	35	15 beds total across all levels				14	19	8	13
Union Hospital Clinton	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NR=No Response to Survey | N/A=Service Not Available at Facility | NFC=No Flex Capability

Because hospitals in the D7 HCC have limited pediatric capabilities, Memoranda of Understanding (MOU) are in place for transfer to regional hospitals such as Riley Hospital for Children at IU Health, and Peyton Manning Children's Hospital with advanced pediatric capabilities:

Regional Hospitals with Pediatric and Maternal Capabilities								
Hospital	**City and State**	**Beds**	**Pediatric Capable ED**	**Pediatric Trauma Center**	**NICU**	**PICU**	**PEDS General**	**Maternal Care (ante/OB/Post)**
Peyton Manning Children's Hospital	Indianapolis, IN	67	Yes	No	Yes (Level IV)	Yes (via STVWH)	Yes	Yes (via STVWH)
Riley Hospital for Children at IU Health	Indianapolis, IN	246	Yes	Yes (Level I)	Yes (Level IV)	Yes	Yes	Yes (Level IV)
St. Vincent Women's Hospital	Indianapolis, IN	150	No	No	Yes (Level IV)	No	No	Yes (Level IV)

Local risks for pediatric-specific mass casualty incidents include, but are not limited to:

- Damage to a pre-school, daycare, or school from severe weather, such as a tornado
- Active assailant/shooter incident
- Transportation accident, such as a school or church bus

- Infectious disease outbreak
- Hazardous materials exposure, such as improperly mixed swimming pool chemicals or a HazMat spill.

Background of iEMSC and Pediatric Readiness

The Indiana Emergency Medical Services for Children (iEMSC) is part of a nationwide network helping to support HCC's and agencies locally plan and prepare for pediatric surge.

Resources are available to improve pediatric readiness in the event of an illness or injury throughout the continuum of care, i.e. pre-hospital, hospital, schools, rehabilitation, parents. The Program Manager for iEMS can be reached via email at: Margo.Knefelkamp@Indianapolisems.org

iEMSC program, in partnership with the Indiana Department of Education, provides at no cost, training and resources to assist, and prepare school nurses in the event of a large incident impacting the students in their care.

iEMSC is working to assist Indiana Emergency departments towards Pediatric Facility Recognition. Indiana Emergency Departments may apply to become Pediatric Ready or Pediatric Advanced. This volunteer pediatric facility recognition program identifies hospitals which meet specific criteria for personnel training, equipment, supplies as facilities that support optimal care for ill or injured infants, children, and adolescents.

A component of this is to identify a Pediatric Emergency Care Coordinator (PECC) in emergency departments, EMS, and Fire services. All Indiana registered EMS agencies must identify a PECC on their EMS agency renewal with the State of Indiana for EMS certification. In rural areas this looks to be a collaborative around training, education and planning on the proper usage of pediatric equipment and skills. iEMSC continues to develop a network of PECCs at both the hospital and pre-hospital care level to share resources, training, and any challenges each entity is experiencing within the community and or district.

Nationwide, there is a renewed focus on ensuring that hospitals have pediatric-safe care available. The National Pediatric Readiness Project (NPRP) is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential resources in place to provide effective emergency care to children.

All D7 HCC member hospital emergency departments will participate in the NPRP assessment set to occur in late 2020. The NPRP Checklist is found

at https://www.pedsready.org/

Concept of Operations

District 7 Healthcare Coalition Activation and the Healthcare Coalition Coordination Center

In the event there is an incident involving a large number of children that has or will have an effect on the ability of the member Healthcare Coalitions/coalition partners to respond, the D7 Healthcare Coalition will activate and identify all appropriate parties that will be providing assistance, support and services from a District level. The Activation, Notification and Roles and Responsibilities processes are outlined in detail in the ***D7 HCC Response Plan***. This plan follows the ICS/NIMS framework.

The District 7 HCC, when activated as needed, shall support each affected coalition member facility by establishing a Healthcare Coalition Coordination Center (HCCCC) for coordination of district wide resources and information sharing.

The D7 Healthcare Coalition Coordination Center (HCCCC) shall assist the individual facilities command structure in the planning process by providing real-time information related to resources and coordinate with D7 support elements such as the Indiana Department of Health, the Indiana Homeland Security Department and local Emergency Management Agencies.

The D7 Healthcare Coalition Coordination Center (HCCCC) provides district healthcare coordination assistance in support of core four coalition members in ensuring life safety, scene stabilization and property preservation.

D7 Healthcare Coalition staff serve in the Healthcare Coalition Coordination Center (HCCCC) as the need arises during simulated or real-world incidents/events.

The D7 Healthcare Coalition Coordination Center (HCCCC) shall assist the individual facilities command structure in the planning process by providing real-time information related to resources and coordinate with D7 support elements such as the Indiana Department of Health, the Indiana Homeland Security Department and local Emergency Management Agencies.

The identification of pediatric Subject Matter Experts (SME's) would be led by a Clinical Advisor to the D7 HCC and be based on the incident type and specialty support expertise needed.

District 7 Healthcare Coalition Notifications

The activation, notification and roles and responsibilities processes are outlined in detail in the ***D7 HCC response plan***. This plan follows the ICS/NIMS framework.

District 7 Healthcare Coalition Roles and Responsibilities

Activation, notification and roles and responsibilities processes are outlined in detail in the D7 HCC Response Plan. This plan follows the ICS/NIMS framework.

The identification of local pediatric Subject Matter Experts (SME's) would be led by a clinical advisor to the D7 HCC and be based on the incident and specialty support expertise needed. Because of their NICU/pediatric experience, SME's at Terre Haute Regional and Union Hospital Terre Haute could be utilized.

The identification of regional pediatric SME's would be led by a clinical advisor to the D7 HCC and be based on the incident type and specialty support expertise needed. Because of current use and MOU in place, SME's at Riley hospital for children at IU Health, and Peyton Manning Children's Hospital at St. Vincent could be utilized.

The Indiana Poison Center I.U. Health, 1-800-222-1222, provides SME support in pediatric poisoning cases.

If a longer-term incident requires activation of the Crisis Standard of Care System, D7 HCC hospitals will enact their individual Crisis Standard of Care plan.

During an incident, the D7 HCC works with members to assist them in collecting essential elements of information to be gathered on all patients including: name, age, weight, injuries/diagnosis, and care requirements for transport (e.g., IV drip medications, oxygen/vent support), and whether the minor has identified parents or a guardian.

District 7 Healthcare Coalition Logistics

Activation, notification and roles and responsibilities processes are outlined in detail in the D7 HCC Response Plan. This plan follows the ICS/NIMS framework.

The D7 HCC does not maintain a cache of medical supplies. Supplies are maintained by each organization/agency and are replenished/supplemented in accordance with their policies and procedures, such as just-in-time supply chain utilization.

During an emergency, D7 HCC core member Emergency Management Agencies and county Health Departments would assist in resource allocation and procurement, such as in requesting the Strategic National Stockpile, at the local, state and federal levels through the appropriate channels.

The D7 HCC may assist in coordinating movement of personnel between core member hospitals to support staffing requests.

Space

The D7 HCC may assist in coordinating movement of tents and/or trailers to members to support space requests.

Staff

In the event of patient surge, D7 HCC hospitals will enact their individual staff surge procedures/emergency plan.

The D7 HCC may assist in coordinating movement of personnel between core member hospitals to support staffing requests.

The D7 HCC may assist in making telephone calls to support member requests.

The coalition chairperson or their designee is responsible for communicating incident information and the status of partners impacted by an incident. As support for all D7 Coalitions members, the D7 leadership

shall establish a Healthcare Coalition Emergency Operations Center as described in the National Incident Management System (NIMS) utilizing the command concepts established in the Incident Command System (ICS). At a minimum, the following information should be communicated within the District HCC:

- Surge capacity of impacted healthcare organizations
- Status of Healthcare Coalition EOC (Alert, Partial, or Full Activation)
- Resource needs and availability
- Incident related casualties
- Regularly scheduled D7 wide status briefings
- Alternate care sites

Tele-health, tele-psych services are available through some providers and facilities.

The D7 HCC works with member hospitals to consider utilizing non-pediatric nursing and other staff to take over patients that require less precise management; the implementation of just-in-time training when needed to expand pediatric expertise when the response timeframe allow; and the use of Telemedicine as an adjunct for in-person staff when writing/updating their facilities staff surge plan.

The D7 HCC works with ancillary member organizations and providers to consider how they can provide care for children out-of-hospital settings, such as in infectious disease outbreaks, to reduce surge on the hospitals if there is no medical necessity.

District 7 Healthcare Coalition Special Considerations

The D7 HCC works with ancillary member organizations and providers, such as daycares and educational facilities, to consider how they can keep children safe during an incident and/or public health emergency, and provide care and services to injured, ill and well children to reduce surge on the hospitals if there is no medical necessity.

Behavioral Health

The D7 HCC works with ancillary member organizations and providers, such as social workers, counselors, school and childcare personnel educational facilities, to consider how they can keep children safe during an incident and/or public health emergency, and provide behavioral health care and services to injured, ill and well children to reduce surge on the hospitals if there is no medical necessity.

Decontamination

Prior to transport, D7 HCC EMS and Fire Agencies will perform emergency initial decontamination of pediatric and/or adult patients in the field.

All hospitals within the D7 HCC have the ability to perform emergency initial decontamination of ambulatory and non-ambulatory pediatric and/or adult patients presenting to their facility.

D7 HCC hospitals, based on their individual plans, policies, and procedures, may request supplemental decontamination assistance from trained HazMat responders with local and state agencies.

If decontamination of pediatric and/or adult patients is needed, D7 HCC hospitals will enact their individual HazMat/Decon procedures/emergency plan.

The D7 HCC works with member hospitals to incorporate age-appropriate carry/immobilization devices; the ability to decontaminate parents and children together; strategies for escorting unaccompanied children; and the use of child-friendly soaps and non-abrasive cloths into their HazMat/Decon procedures/emergency plan.

Evacuation

If lateral or vertical evacuation of a D7 HCC hospital is required, the hospital will enact its evacuation procedures/emergency plan.

Special Pathogens

If special pathogens are present within a D7 HCC hospital, the hospital will enact its special pathogens procedures/emergency plan.

Security

Security services are coordinated by each D7 HCC hospital. In situations where security is required, the hospital will enact its security procedures/emergency plan.

District 7 Healthcare Coalition Operations - Medical Care

Triage

The priority of the D7 HCC is to maintain life and prevent further injury or illness.

D7 HCC core members utilize JumpSTART as their pediatric triage methodology to do the greatest good for the greatest number of victims in the shortest amount of time.

The D7 HCC utilizes EMS and fire personnel with current pediatric specific competencies and protocols to assure appropriate triage. Each D7 HCC EMS agency has identified a PECC to use as SME for equipment and pediatric competencies.

Depending on patient age and triage classification, pediatric patients may be transported by ground or air EMS crews to D7 HCC member hospitals, the closest trauma center, or to specialty pediatric facilities with burn-bed capabilities, such as Riley Hospital for Children at IU Health, an American College of Surgeons Verified Level I Pediatric Trauma Center and

American Burn Association Verified Pediatric Burn Center, in Indianapolis, Indiana.

Transportation

The D7 HCC will utilize triage officer expertise to identify the mode of transport, priority of transport, and coordination of transport assets. The D7 HCC will utilize multi-agency communication between hospitals/referring facilities/EMS agencies.

Primary transport will match needs to resources when possible.

Secondary transport will include prioritization of patients and coordination of assets.

Transportation Priority

1. Unstable hemodynamic or respiratory status requiring emergency specialty intervention.
2. Currently stable but prior or potential deterioration, intensive care requirements (pressors, complex vent management, etc.).
3. Expectant-not expected to survive transfer despite interventions but transfer once resources become available.
4. Stable, but requires specialty operative or other interventions, no intensive care requirements.
5. Stable, but <8 years of age or congenital/behavioral issues requiring specialized care.

Because hospitals in the D7 HCC have limited pediatric capabilities, Memoranda of Understanding (MOU) are in place with regional hospitals such as Riley Hospital for Children at IU Health, and Peyton Manning Children's Hospital at St. Vincent with advanced pediatric capabilities.

The mutual aid agreements shall be kept up to date and located in the D7 HCC Emergency Operations Plan (EOP).

Tracking

When the D7 Healthcare Coalition Coordination Center has been activated and under evacuation conditions involving one or more of the D7 HCC members, a patient tracking group shall be assigned under the operations section of the Healthcare Coalition command structure to support and

monitor evacuation tracking, transportation and ensure accountability for patients.

Reunification

The D7 HCC Emergency Management Agencies will enact their individual emergency plans to facilitate child and family reunification.

Deactivation and Recovery

The demobilization process begins at the onset of the disaster as the Incident Command System is established.

Demobilization is the release and return of resources that are no longer required and may occur at any time during or after the incident.

The Incident Commander may either assign a member of the response team (Planning Section if established) to coordinate the demobilization process or manage it themselves.

The responsible person for demobilization can utilize the ICS demobilization check-out for 221 as a guideline for the process.

Demobilization of an incident involving pediatric surge should ensure that the pediatric perspective and issues are addressed, and address roles and responsibilities for continued pediatric and school behavioral health support, and assistance with reimbursements as applicable.

Refer to the ***D7 HCC Response Plan*** for additional guidance on the demobilization and continuity process.

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Appendix A

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