Florida Department of Health

Health Care Coalition- Pediatric Surge Annex

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Health Care Coalition Pediatric Surge Annex

1. Introduction

1.1 Purpose

The purpose of the Health Care Coalition Pediatric Surge Annex is to support the *Florida's Comprehensive Emergency Management Plan (CEMP) Appendix VIII: ESF8- Public Health and Medical Services- Patient Movement Support Standard Operating Guideline* (hereafter referred to as: FDOH ESF8- Patient Movement Support SOG), by providing a functional annex for all stakeholders involved in an emergency response within the state of Florida and/or adjacent states in order to protect children and to provide appropriate pediatric medical care during a disaster. This annex guides the state level response on patient movement, system decompression, and resource allocation during a surge of pediatric patients that overwhelms the local healthcare system. This annex is intended to support, not replace, any agencies' existing policies or plans by providing coordinated response actions in the case of pediatric emergency.

The purpose of Health Care Coalitions (HCC's) are to ensure that local providers and other health care partners plan collaboratively for the risks facing the health care community and identify available local resources.

1.2 Scope

This plan is designed to provide a guide for state and local health care partners to:

- Enhance pediatric triage decision-making to prioritize transfers/ treatment.
- Enhance standardized care guidelines as needed.
- Ensure coordinated and consistent communications processes are in place.
- Support the tracking and placement of pediatric patients throughout the incident.
- Identify strategies to manage surge and scarce resources.
- Assist with the coordination of transferring acutely ill/injured pediatric patients to pediatric tertiary care centers/specialty care centers.
- Assist with the decompression from pediatric tertiary care centers/specialty care centers to make additional critical care beds available for acutely ill/injured pediatric patients.

For this plan, the following pediatric age groups were used to define the pediatric population and determine special age group related considerations:

- Infants/toddlers (0 - 24 months)
- Toddlers/preschoolers (2 - 5 years)
- School aged children (6 - 13 years)
- Adolescent children (14 - 17 years); and children with underlying complex medical conditions. (It is important to note that some children with special needs who are over 15 and experience chronic pediatric conditions such as cystic fibrosis, cerebral palsy, and others will likely require specialized attention during a disaster.)

1.3 Background

The Florida Public Health Risk Assessment Tool (FPHRAT)– The FPHRAT captures information in a residual risk matrix that produces a risk, capability and resources gap analysis for each hazard by county. Access is managed to allow county planner(s) to rank capability functions, resources, and hazards.

The FPHRAT is a collaborative project involving local, regional, and state partners. This tool helps planners to create jurisdictional risk assessments by assessing the 15 Centers for Disease Control and Prevention (CDC) Preparedness Capabilities and local resources, producing gap analyses; estimating the impacts of hazards to public health; healthcare, and mental health; measuring the positive effect of mitigation factors such as community resilience; producing a final matrix of residual risk; and exploring county, state and regional data queries.

HCC's use the FPHRAT to inform their annual planning and develop training and exercises to meet the gaps and risks outlined in the Joint Risk Assessment (JRA).

The HCC's collaborate with state and local public health, as well as Emergency Management officials and organizations to develop their annual JRA.

The goal of this project was to develop a statewide pediatric disaster surge plan for the management of an unusual incident or event that overwhelms a local healthcare system's capacity to triage, stabilize, and transfer pediatric patients to a treatment facility outside of the affected hospital's area.

EMSC: Enhancing the pediatric readiness of Emergency Departments (EDs) and Emergency Medical Services (EMS) agencies to care for children is important to improve quality of care and outcomes for ill or injured children. To achieve this objective, the United States (US) Health Resources and Services Administration (HRSA) EMS for Children (EMSC) Program and the EMSC Innovation and Improvement Center (EIIC) partners with the American Academy of Pediatrics, American College of Emergency Physicians, and the Emergency Nurses Association. Florida receives HRSA EMSC State Partnership funds to support 9 key performance measures related pediatric readiness and preparedness. (https://emscimprovement.center/programs/partnerships/performance-measures/)

At the state level, Florida EMSC named the collaborative ***Florida PEDReady.*** Florida EMSC collaborates with EMLRC to host the *Florida PEDReady* website and a monthly newsletter and disseminates resources and educational opportunities. The Florida PEDReady program aims to collaborate with other pediatric, emergency, EMS, trauma, disaster, rural and hospital stakeholders.

Florida PEDReady will primarily focus on pediatric readiness in non-children's hospitals and all EMS agencies, especially in rural areas. Nationally, the majority (80-85%) of children and adolescents access emergency care in non-pediatric facilities and have different clinical presentations and needs compared to adults.

Florida is the third most populous state in the US, where 20% of residents are children less-than 18 years of age. Our state has approximately 215 Integrated ED's, 84 Stand Alone ED's and 17 children's hospitals, compared to other states that may only have one to two children's hospitals. Access or transfer to pediatric care is usually easily accommodated by in-state children's hospitals, as well as burn and trauma centers, although certain areas of the state have minimal EDs and pediatric resources. According

to the Agency for Health Care Administration's (AHCA) *FloridaHealthFinder.gov*, in 2016 there were 8,858,561 ED visits (including 540,211 offsite/ freestanding) with children 0-17 years of age accounting for 1,995,712 or 22% of those visits. Unintentional injury followed by malignancy, homicide and suicide are the leading causes of death in Florida's children over one year of age.

Children have unique anatomic, physiologic, developmental and medical needs that differ from those of adults. Furthermore, pediatric patients require size-specific equipment and caregivers trained to use that equipment. These characteristics also present the caregiver with significant challenges.

Characteristic	Causation/ Origin	Consequences
Larger head for a given body weight	High center of gravity	More likely to suffer head injuries and falls
Greater skin surface for body	Evaporative heat and water losses	Hypothermia and dehydration
Closer proximity of solid organs with less bony	Relative size with younger age	Greater chance of multi-organ injuries
Wide range of normal vital signs	Large differences in size, weight, and normal values	Difficult to determine normal values for a given individual, particularly for clinicians more accustomed to caring for adult patients
Rapid heart and respiratory rate	Normal physiologic variables based on age and weight	Faster intake of airborne agents and dissemination to tissues
Wide range of weight across pediatric age range	Normal physiologic variables based on age and weight	Greater likelihood of medication errors
Shorter height	Closer to the ground	Greater exposure to chemical and biologic toxins that settle near the ground due to higher density
Often found in groups	Daycare and school	More likely to see multiple casualties
Immature cognitive and coping skills	Age and experience, psychological development	Less likely to flee from danger, inability to cope, inability to care for themselves, find sustenance, and avoid danger
Small blood vessels	Relative size with younger age	Difficult venous access, more difficult fluid and medication delivery

1.4 Access and Functional Needs

Caring for pediatric patients, as opposed to adults, may include several unique needs such as:

- Family/guardians being present while pediatric patients receive care.
- Ensuring pediatric patients are not left alone.
- Consent for health care may need to be granted before pediatric patients are transported/treated.

1.5 Planning Assumptions

This annex has been designed with the following assumptions in mind and includes, yet is not limited to, the following. These are non-binding assumptions that should be addressed at the beginning of a response and determined if applicable.

- The decision to activate this annex is based upon a real or perceived lack of capacity of a singular area hospital to support a response to a Health Care Coalition Pediatric Surge Annex without additional support.
- Planning and response under the Health Care Coalition Pediatric Surge Annex will be coordinated with the local Health Care Coalition, and local and State ESF-8, as needed.
- Planning and response under the Health Care Coalition Pediatric Surge Annex will be coordinated with other facility-specific response and emergency operations plans, as needed.
- Activation of this annex will be communicated with the Health Care Coalition, as needed.
- If a hospital's Emergency Operations Plan (EOP) has been activated, the Hospital Incident Command System (HICS) will be used throughout the duration of the hospital's emergency response.
- All hospitals providing emergency services are equipped to initially treat and stabilize pediatric patients in accordance with their available resources. All hospitals have differing capacities and capabilities of treating and stabilizing pediatric patients; however, all hospitals can at minimum provide initial triage and resuscitation for pediatric patients.
- Each hospital has an updated medical surge plan to fully maximize and leverage their facility and organization.
- Each hospital has pediatric patient transfer agreements in place.
- Whether a child meets pediatric age will be determined at the time of the incident and follow both organizational definitions and assessment of physical maturity and anatomical characteristics of the patient.
- After an incident, many loved ones will immediately call or self-report to the hospital where they believe their children may have been taken. Appropriate measures will be taken to handle the high demand for information and effectively coordinate information.

- Hospitals will plan for reunification in collaboration with other critical partner organizations' plans and systems within the community as needed (e.g., local health jurisdictions and emergency management).
- Critical access hospitals may not be able to treat critically injured pediatric patients long-term and will likely need to transport them to a higher trauma level hospital.
- In large incidents, or when access to the facility is an issue, critical access hospitals may be asked to provide ongoing care - pending availability of other transportation or treatment resources.

2. Concept of Operations

2.1 Activation

In accordance with the FDOH ESF-8 Patient Movement Support SOG, this plan may be activated in response to any incident with a disproportionate number of pediatric casualties. The plan may also be activated prior to a declared or proclaimed emergency. In cases where the plan is activated prior to a declaration or proclamation, the gathering of information, assessment of the situation, and notification of healthcare facilities and providers will be emphasized to provide a basis for the full implementation of the plan should an emergency be declared, and surge required.

The declaration of an emergency along with other actions taken by the Governor's Office has significant impact on the ability to meet the demands created by a surge incident. Specifically, healthcare regulations may be relaxed during a declared emergency. This allows the healthcare system to meet these demands in ways it cannot when regulations are in effect.

2.2 Notifications

Upon activation of a hospital's surge plan, the hospital will be responsible for notifying local Emergency Management to request support (as outlined in the County's Comprehensive Emergency Management Plan and the facility's Emergency Operations Plan).

Notifications and requests for support from the Florida Department of Health- ESF-8 will be made as outlined in the FDOH ESF-8 Patient Movement Support SOG**.**

2.3 Information Management

In the aftermath of a disaster, people immediately try to seek information. The lack of timely, credible information to the public about the incident can result in more chaotic circumstances, such as increased crowds in or near the affected area, call volume to emergency officials and services, and the presence of anxious family members seeking their loved ones. Hospital communications plans and plans for information sharing should ensure the hospital is able to gather, verify, and timely disseminate- both internally and externally, the best possible information to affected families, staff, and

others. Ensuring all families are provided regular updates to the status of the incident, and the hospital's response that is relevant to them will help minimize potential psychological and security concerns generally associated with these incidents.

Some considerations for information sharing include:

- How and what kinds of critical information can be shared considering the Health Insurance Portability and Accountability Act (HIPAA) and other laws, regulations, or policies.
- How to rapidly implement communication processes, including pre-scripted messaging.
- How local emergency management and public health communities will coordinate their public messaging with hospitals.
- How to inform hospital staff regarding what information they can or cannot share.
- How best to establish good relationships with local, regional, statewide, national, and international news organizations.

Hospitals must be able to manage the ways in which family members will use their existing public-facing infrastructure (i.e., Information Desk, Emergency Department Reception Area, Hospital Phone Operator) as they inquire whether a loved one is present within the facility. If hospitals manage these points of contact effectively, they can support the facilitation of rapid identification of survivors by family members whose presence is confirmed at the hospital. Internal sharing of information among response roles is paramount to ensure a common operating picture for the facility. Hospitals should consider the following approaches to help maintain situational awareness among response roles:

- Establish a process for the Reunification Branch Director to obtain updated lists of patients at regular, prescribed intervals, and distribute these lists to all appropriate staff aiding in reunification efforts.
- Frontline staff must know when to expect the next update (i.e., every 30 minutes).
- Maintain consistency by ensuring family members and loved ones seeking information receive the same credible information (when they have an legal right to know), whether they present in person or call on the telephone to speak with an operator.
- Designate key points of contact for information collection and sharing in each area, including the Emergency Department (ED), the Hospital Reunification Center (HRC), the Pediatric Safe Area (PSA), the Reunification Site, and the Information Desk, to ensure proper oversight and communication among involved locations.
- When family members and/or loved ones cannot definitively be told their relative is not present at a hospital, family members and/or loved ones should then be directed to the HRC to wait, or to other appropriate municipal reunification resources. Hospitals should include detailed contact information for municipal reunification resources (if available) in all their communications to the public and affected families and loved ones to assist with the reunification process.

2.4 Roles and Responsibilities

During an incident with significant numbers of pediatric casualties, resources at healthcare facilities with pediatric critical care capabilities will quickly become exhausted. Therefore, developing a system that outlines how all healthcare facilities and supporting entities can assist with providing care to children is crucial to the response. The table below illustrates common responsibilities of local healthcare facilities and supporting entities.

Facility/ Entity Type	Responsibilities
Disaster Control Facility (most impacted)	• Initial notifications • Initiate identification system for reunification • Patient dispersal/ decompression • Tracking patient destinations • Decontamination (if needed) • Triage and treatment • Provide security for a Pediatric Safe Area (PSA) • Provide a controlled ingress/egress route for EMS
Department of Children and Families (DCF)	• Collect victim/casualty information • Provide temporary care for unaccompanied minors • Coordinate reunification of families
EMS/Fire Rescue Agency(ies)	• Coordinate EMS resources • Triage patients • Field decontamination (if needed) • Transport to healthcare facilities • Provide staff and supplies (if permitted)
Hospitals	• Triage and treatment • Decontamination (if needed) • Tracking secondary facility transfers • If not impacted, provide staff/space/supply support • Reunification of families (with DCF/Law Enforcement) • Create a PSA for medically cleared, yet unaccompanied minors
Law Enforcement/Sheriff	• Coordinate with DCF to ensure the safety of all unaccompanied children • Aid in identification/reunification of children in a disaster • Conduct investigations (as needed) • Notification to families of victims/casualties • Provide a secured PSA
Health Care Coalition	• Assist local and state EOC as needed or

	requested • Revise/ update their plan, as needed • Assist impacted hospital(s) by providing guidance outlined within this plan
Specialty Clinics/Organizations (pediatrics)	• Provide pediatric consultation services to hospitals • Provide staff/space/supplies (if permitted)
Disaster/Incident County's Emergency Management Agency/ Department/Office	• Coordinate requests for mutual aid resources • Process medical health mutual aid requests • Request aid from the State EOC for unmet needs • Notify the State Watch Office (SWO)/State ESF-8 of the incident
Skilled Nursing Facilities	• Respond to bed poll (if requested) • Provide surge relief to hospitals
Disaster/Incident County's Health Department (CHD)	• Develop medical health situation report, provide notifications/updates regularly • Provide public health officer(s) for ESF-8 (if needed) • Assist local EM, as needed
Medical Examiners/Fatality Management	• Collection and storage of deceased • Identification of deceased • Notification of death to family • Maintain accurate records
Specialty Organization (i.e., Language Line)	• Language interpretation

2.5 Logistics

In a disaster or incident, a large number of patients presenting for care may cause a "surge". Surge is determined by the number of patients a hospital can receive while maintaining usual standards of care. For each of the critical system components (space, staff, and supplies) needed to respond to a surge incident, there are three measurements that provide guidance to overall surge capacity at each of the tiered levels. An incident does not have to overwhelm assets in all three categories to have an impact on healthcare.

Conventional Capacity is the ability to manage a surge while operating daily practices with little or no impact to the patients or facility. The spaces, staff and supplies (resources) used are consistent with daily practices within the institution.

Contingency Capacity affects the ability for daily practices to be consistent yet has minimal impact to usual patient care. At this point, the demand for resources has not exceeded local resources. The spaces, staff and supplies (resources) used are not consistent with daily practices; however, they do provide care that is functionally equivalent to usual patient care.

Crisis Capacity may require adjustments in care not consistent with daily practices, yet the standard of care is coherent within the setting of an emergency. The best possible care is provided to patients under these circumstances. Adaptive spaces, staff and supplies (resources) used are not consistent with usual standards of care; however, they do provide sufficiency of care in the context of a catastrophic disaster (i.e. provide the best possible care to patients given the circumstances and resources available).

Table 1 below demonstrates how each stage of surge capacity could potentially be managed as the number of pediatric patients increase.

Table 1 Pediatric Medical Surge Response Strategies

	Conventional Capacity	Contingency Capacity	Crisis Capacity
Supplies	• Facilities are able to order more supplies through normal channels.	• Stockpiled supplies are being used. • Supplies are being ordered through rushed delivery methods. • Resource requests to local health jurisdictions and Emergency Management.	• If local partners cannot fill demand, requests may be made up to the state level.
Space	• Cancel elective procedures. • Use in-place elective procedures. • Begin surge discharge.	• Clear patients from pre-induction and procedure areas. • Fill all available beds. • Begin bed availability reporting.	• Decompress hospitals. • Request state support of transportation resources. • Place patients in hallways or lobby areas, as needed. • Set up temporary structures in order to increase space capacity. • Request use of other facilities.
Staff	• Use all staff trained to care for pediatrics to provide care.	• Request additional pediatric trained staff from other hospitals.	• Request staff support from the state. • Utilize staff not trained for pediatric care after providing just-in-time training.

2.5.1 Supplies

Most emergency departments have some pediatric supplies, yet they are limited in availability and may have issues sustaining pediatric patients if they are unable to

acquire more supplies or transfer the patients. Children 14 years of age and older (or of certain size) may be able to use adult medical supplies as directed by pediatric specialists.

The HCC supports members and/or partner agencies with healthcare resource management. When county and local response partners are unable to meet the need for additional resources, the partners at the state-level work to fill the gap.

A new 2020 Pediatric Readiness in the ED checklist is now available based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2018 joint policy statement "Pediatric Readiness in the Emergency Department". The checklist and toolkit (https://emscimprovement.center/domains/hospital-based-care/pediatric-readiness-project/readiness-toolkit/) may be a useful document when developing and maintaining readiness for pediatric patients. Hospitals are encouraged to use the checklist to determine if their emergency department (ED) is prepared to care for children.

2.5.2 Space

Spaces conducive to pediatric care are identified and further categorized here:

- *Conventional spaces* are areas where care is normally provided.
- *Contingency spaces* are areas where care could be provided at a level functionally equivalent to usual care.
- *Crisis spaces* are areas where sufficient care could be provided when usual resources are overwhelmed.

2.5.3 Staff

Sources of staff with potential pediatric subject matter expertise may include medical providers (physicians, nurses, physician assistants, nurse practitioners, and others) working in emergency medicine, pediatrics, family medicine, anesthesia, Otolaryngology or Ear/Nose/Throat (ENT), pediatric surgery, trauma surgery, general surgery, orthopedics, urology, neurosurgery, thoracic surgery, the Operating Room (OR), Post-Anesthesia Care Unit (PACU), Intensive Care Units (ICUs), inpatient units and outpatient clinics, pharmacy, or respiratory therapy.

Additionally, staff in other categories/areas may have experience with pediatric care that provides them with a level of comfort and expertise, allowing them to assist in care during a disaster. They should be encouraged to keep current with pediatric topics and enroll in available courses and offered trainings to maintain their skills and confidence.

Just-in time training may need to be provided to train additional staff to care for pediatric patients. As needed, receiving hospitals should video call medical providers at hospitals that traditionally provide specialized care for pediatric patients.

At some hospitals, staff trained in pediatric emergency medicine and trauma care may be hard to find. In the event of an emergency that causes a surge of pediatric patients which overwhelms the hospital's normal capabilities, those few pediatric-trained personnel may be called upon to act more as directors rather than clinicians. Each facility should identify those internal staffing resources that could be utilized during a pediatric surge to triage, coordinate care, and prioritize the transfer sequence (this/these person(s) should be certified in a pediatric medical/trauma course [Pediatric Advanced Life Support (PALS), Pediatric Emergency Assessment, Recognition and Stabilization

(PEARS), Pediatric Education for Prehospital Professionals (PEPP), Advanced Pediatric Life Support (APLS), Neonatal Resuscitation Program (NRP), Pediatric International Trauma Life Support (PITLS), etc.] or a residency-trained physician [Emergency Medicine, Pediatrics, etc.]).

Primary Goal: Increase the ability to maintain staffing levels and/or expand the workforce.

Strategies	Considerations
• Cross-train clinical staff	• Malpractice coverage • Medical Direction/Orders • Scope of Practice constraints
• Contact Nurse Staffing Agencies (registries/ traveling nurses) to assist with supplemental staffing needs.	• Just-in-time training/hospital familiarization. • Pediatric experienced staff may be limited.
• Use non-conventional staff or expand scope of practice. • Student nurses • Medical students • Military licensed staff	• Regulations to expand clinical professionals' scope of practice may require a FDOH waiver and Governor's Executive Order. Seek clarification from professional boards. • Nurse ratios
• Use of non-conventional staff • Volunteers • Paramedics/ Emergency Medical Technicians (EMT's) • Dentists • Veterinarians • Retired health professionals with an active license	• Professionals with inactive licenses will need to go through the process of reactivation. • Liability/licensing regulations.
• Utilize pediatric trained/skilled nurses to supervise adult-only trained/skilled nurses.	• Liability regulations and insurance limitations.
• Implement and/or develop just-in-time training for clinical staff normally assigned to non-direct patient care positions.	• None

2.6 Special Considerations

2.6.1 Behavioral Health

Children may respond to disaster and hospitalization in similar ways to adults, yet will also experience, process, and communicate trauma in unique ways characteristic of their developmental levels. Hospital staff should consider this when helping children cope with their hospital stay after a disaster. Staff can help children feel safer in the unfamiliar environment of a hospital by including familiar people, things and routines as part of their care. Hospitals should also prepare staff for the different ways culture impacts a child's response to trauma.

Developmental Level-Specific Guidelines for Treating Children in the Hospital

Infants

- Let a parent or caregiver stay with and, when possible, hold the infant during medical procedures using comfort positioning and distraction techniques.
- Use familiar objects from the baby's home such as stuffed animals, blankets, music boxes or toys for comfort before, during and/or after a procedure.

Toddler and Preschool-aged Children

- Avoid discussing toddler or preschoolers' care in their presence, unless you include them in the conversation. Children overhear much more than adults realize and without any explanation, information may seem terribly frightening.
- Let a parent or caregiver stay overnight with the child if possible and let other family members, including brothers and sisters, visit (if appropriate).
- Reassure the child that the hospitalization is not a punishment. Avoid applying good or bad labels to the child, particularly during a procedure. For example, instead of saying "See, you were so good, the doctor only had to do this once," you can say, "You did such a good job of sitting still I know that was hard."
- Allow children to handle medical equipment such as stethoscopes, blood pressure cuffs, etc. and to practice procedures on a doll. Children learn best through play. "Medical play" can be particularly useful.
- Allow the child to make choices whenever possible; however, don't offer a choice when none exist. For example, do not say, "Would you like to come into the treatment room now, so the doctor can look at you?" Instead say, "Do you want to bring your bear or blanket with you to the treatment room?"

School-aged Children

- Avoid discussing a child's care in their presence unless you include them in the conversation. Children overhear much more than adults realize and, without any explanation, information may seem terribly frightening.
- You can give school-aged children more specific information about what they will experience; however, many medical terms can be confusing. For example, the term "I.V." could be confused with the word "ivy," or "dye" with "die." Give simple, specific explanations for procedures and use non-technical language.
- This is a great age for medical play (communicating understanding, fears, etc. through play with medical equipment). Let the child reenact events through play with different kinds of toys or art materials. This will help school-aged children express their feelings and gain a sense of control over what is happening to them.
- Encourage all staff to respect the child's privacy by knocking before entering his or her room and by being sensitive to who is around when examinations are in progress.

- Children this age may regress or revert to behaviors that they had outgrown (thumb sucking, bed wetting, etc.) during stressful situations such as hospitalization. Do not berate (e.g., say, “come on, you’re a big girl now…”) or punish children for such behavior; instead encourage them to express their feelings and discharge emotions through play.

Adolescents

- Avoid discussing teenagers’ care in their presence unless they are included in the conversation. Adolescents can understand much more about their bodies and what is happening to them than younger children and may resent being excluded from discussions.
- Do not assume teens manage their emotions the same way as adults. Give teens opportunities to talk to staff about what is happening and to ask questions, both with and without parents or caregivers present.
- Encourage all staff to respect teens’ privacy by knocking before entering exam rooms and by being sensitive to who is around during examinations.
- Adolescents are particularly concerned about body image and do not want to be perceived as “different” than peers because of an illness or injury. Be especially sensitive to the physical changes adolescents may experience when explaining any procedures, injuries or treatments.

How to Help Children During and After a Disaster

There are many ways to help children both before, during, and after a disaster, especially if their age is considered.

Children Younger than Five Years of Age

- Maintain their normal routines and favorite rituals as much as possible.
- Limit exposure to TV programs and adult conversations about the events.
- Ask what makes them feel better.
- Give plenty of hugs and physical reassurance.
- Provide opportunities for them to be creative and find other ways to express themselves.

Children Older than Five Years of Age

- Don’t be afraid to ask them directly what is on their minds and answer their questions honestly.
- Talk to them about the news and any adult conversations they have heard.
- Make sure they have opportunities to talk with peers, if possible.
- Set gentle but firm limits for “acting out” behavior.
- Encourage expression, verbally and through play, of thoughts and feelings.
- Listen to their repeated retellings of the event.

When to Consult a Mental Health Professional

Seek psychiatric consultation if children exhibit any of the following behaviors:

- Excessive fear of something terrible happening to their parents or loved ones
- Excessive and uncontrollable worry about unfamiliar people, places or activities
- Fear of not being able to escape if something goes wrong
- Suicidal thoughts or the desire to hurt others
- Hallucinations
- Feelings of being helpless, hopeless or worthless

2.6.2 Infection Control

The purpose of this section is to guide health care partners involved with a major communicable disease emergency in managing exposure risks between and among differentially affected children (contacts, suspected cases) and their adult caregivers. The local County Health Department (CHD) maintains the county's infectious disease emergency response plan.

Activation of the infectious disease emergency response plan will be coordinated with and through the disaster county's County Health Department. Hospital Incident Command Centers may also be activated in response to an infectious disease emergency and will coordinate response activities with the Florida DOH, as outlined in the disaster county's Comprehensive Emergency Management Plan (CEMP).

2.6.3 Decontamination

The following recommendations are intended to facilitate decontamination of all children presenting to any hospital during a disaster in a timely manner. Children require special considerations that may not be addressed in a general Hospital Decontamination Plan.

General Guidelines

Infants and children have unique needs that require special consideration during the process of hospital-based decontamination, such as:

- Avoiding separation of families during the decontamination process
- Older children may resist or be difficult to handle due to fear, peer pressure and modesty issues
- Since parents or caregivers may not be able to decontaminate both themselves and their children at the same time, decontamination personnel may need to assist them
- Incorporating high-volume, low pressure water delivery systems that are "child-friendly" into the hospital decontamination showers
- Risk of hypothermia increases proportionally in smaller, younger children when the water temperature in the decontamination shower is below 98°F
- Pay attention to airway management, a priority in decontamination showers
- The smaller the child, the bigger the problem regarding any of the above considerations

Decontamination Recommendations Based on Child's Age

The following recommendations are based on the child's estimated age of appearance,

since asking may be impractical due to the limitations of personal protective equipment (PPE) and/or due to a large influx of patients. These recommendations are divided into three groups by ages – infants and toddlers (0-2 years), preschool children (2-8 years), and school-aged children and adolescents (8-17 years).

Infants and Toddlers (0-2 years)

Infants and toddlers are the most challenging group to treat; special needs considerations are of the utmost importance in this group. In accordance with the hospital policy, follow the guidelines below during treatment.

- All infants and toddlers should be placed on a stretcher and undressed by either the child's caregiver or hospital decontamination personnel. All clothes and items should be placed in appropriate containers or bags provided by the hospital and labeled.
- Each child should then be accompanied through the decontamination shower by either the child's caregiver or hospital decontamination personnel to ensure the patient is properly and thoroughly decontaminated. It is not recommended the child be separated from family members or adult caregivers. Caregivers should not carry the child because of the possibility of injury from a fall, or from dropping a slippery and squirming child. Special attention must be given to the child's airway while in the shower.
- Non-ambulatory children should be placed on a stretcher by hospital decontamination personnel and undressed (using trauma shears if necessary). All clothes and items that cannot be decontaminated (glasses, hearing aids, or other devices) should be placed in appropriate containers or bags as provided by the hospital and labeled.
- All non-ambulatory children should then be escorted through the decontamination shower by the child's caregiver (if available), and decontamination personnel to ensure the patient is properly and thoroughly decontaminated. Special attention must be paid to the child's airway while in the shower.
- Once through the shower, the child's caregiver or post-decontamination personnel will be given a towel and sheets to dry off the child, and a hospital gown. The child should immediately be given a unique identification number on a wristband and then triaged to an appropriate area for medical evaluation.
- Children and their parents or caregivers should not be separated unless critical medical issues take priority.

Preschool-Aged Children (2-8 years)

Children ages two to eight years can walk and speak, yet (with considerable variations in physical characteristics), are clearly children. In accordance with the hospital policy, follow the guidelines below during treatment.

- Ambulatory children should be assisted in undressing with help from either the child's caregiver or hospital decontamination personnel. All clothes and items that cannot be decontaminated should be placed in appropriate containers or bags as provided by the hospital and labeled.
- Each ambulatory child should be directly accompanied through the shower by

either the child's caregiver (if available) or hospital decontamination personnel to ensure the entire patient is properly and thoroughly decontaminated. The child should not be separated from family members or the adult caregiver.

- Non-ambulatory children should be placed in a stretcher by hospital decontamination personnel and undressed (using trauma shears if necessary). All clothes and items that cannot be decontaminated should be placed in appropriate containers or bags as provided by the hospital and labeled.
- Each non-ambulatory child on a stretcher should be escorted through the decontamination shower and assisted with decontamination to ensure the patient is thoroughly and properly decontaminated.
- Once through the shower, each child should be given a towel and sheets to dry themselves, and a hospital gown. The child should immediately be given a unique identification number on a wristband and then triaged to an appropriate area for medical evaluation and treatment.
- Children and their parents or caregivers should not be separated unless critical medical issues take priority.

School-aged Children and Adolescents (8-17)

At the age of eight years and older, children's airway anatomy approximates that of an adult. Although it is tempting to regard this age group as "small adults" there are special needs unique to this age group. In accordance with the hospital policy, follow the guidelines below during treatment.

- Ambulatory children should undress as instructed by hospital decontamination personnel. All clothes and items that cannot be decontaminated should be placed in appropriate containers or bags as provided by the hospital and labeled.
- Each ambulatory child should then walk through the decontamination shower, preferably in succession with their parent or caregiver, and essentially decontaminate him or herself.
- Non-ambulatory children should be placed on a stretcher by hospital decontamination personnel and undressed (using trauma shears if necessary). All clothes and items that cannot be decontaminated should be placed in appropriate containers or bags as provided by the hospital and labeled.
- Each non-ambulatory child should be escorted through the decontamination shower and assisted with decontamination to ensure the entire patient is properly and thoroughly decontaminated.
- Once through the shower, each child should be given a towel and sheets to dry themselves, and a hospital gown. The child should then immediately be given a unique identification number on a wristband and triaged to an appropriate area for medical evaluation.
- Children and their parents or caregivers should not be separated unless critical medical issues take priority.

2.7 Operations- Medical Care

2.7.1 Triage

Disaster triage is a method of quickly identifying victims who have life-threatening injuries and who also have the best chance of survival. Identification of such victims

serves to direct other rescuers and health care providers to these patients first when they arrive on the scene. The use of disaster triage involves a change of thinking from everyday care to:

- High intensity care should go to the sickest patient and doing the greatest good for greatest number.
- Identify victims with the best chance of survival for immediate intervention, focusing care on those with serious and critical injuries, yet who are salvageable.
- Identify victims at extremes of care by sorting those who are lightly injured and those who are so severely injured they will not survive.
- Provide immediate treatment to only those victims that procedure or intervention may make a difference in survival. Altered standards of care will be based on resource availability.

Disaster triage must be dynamic and fluid in its execution. Primary triage is done at the scene by first responders; the triage category is assigned rapidly and is based on physiologic parameters and survivability. Secondary triage occurs typically at the facility where the patient is transported. The initial triage assignments may change and evolve as the patient's condition changes, so reassessment is crucial. It is essential that medical personnel prioritize transport and treatment based on level of injury and available resources.

In the State of Florida, the primary pre-hospital triage of adult and pediatric patients is accomplished using the Simple Triage and Rapid Treatment (START) and JumpSTART methods. The first arriving medical personnel will use a triage tag to categorize the victims by the severity of their injury. The victims will be easily identifiable in terms of what appropriate care is needed by the triage ribbons/tags they were administered. Once the evaluation is complete, the victims are labeled with one of the four color-coded triage categories:

- Minor (Green) – delayed care/can delay up to three hours
- Delayed (Yellow) – urgent care/can delay up to one hour
- Immediate (Red) – immediate care/life threatening
- Deceased (Black) – victim is dead, or mortally wounded/no care required

During some large-scale mass casualty disasters, it is important to realize that only a portion of victims may present via "traditional" methods (i.e., ambulance, walking wounded); the first wave of victims will often self-present at facilities and require the healthcare facility to conduct the primary triage. Hospitals should be well practiced in whichever triage methodology they use and be prepared to establish a triage, treatment, and transport sector on site. Two excellent resources for hospitals to use in developing surge plans are the *15 'til 50 Publications* and the 2017 *Las Vegas Mass Shooting Case Study*.

2.8 Treatment

HCC partners should refer to facility specific plans, protocols, and training for guidelines regarding pediatric patient treatment.

2.9 Transportation

All hospitals should be prepared to provide extended care to children during a disaster. As part of this care, hospitals may need to transport children from one clinical area to another (including inpatient units) or to diagnostic testing locations (such as radiology, computed tomography and ultrasound areas).

Hospitals lacking specialized pediatric services may need to transfer children, after initial evaluation and stabilization, to centers with advanced pediatric capabilities. Keep in mind; however, that transfer (or evacuation, if necessary) might be impossible due to local conditions, safety concerns, lack of appropriate transport vehicles or personnel, or lack of capacity at specialty children's hospitals.

For more information, including interfacility transfer guidelines and template, visit: http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/index.html

Even when transfer to pediatric centers is possible, usual staff and equipment may be stretched thin by the disaster; therefore, hospitals should develop alternative mechanisms for safely transferring children based on the following guidelines:

2.9.1 Stable Children

Arrange for child car safety seats, including:

- Rear-facing seats for children younger than two years of age or who weigh less than 40 pounds.
- Forward-facing seats for children two to four years of age or who weigh more than 40 pounds or are more than 40 inches tall.
- Booster seats for children four to eight years of age or taller than 4 feet 9 inches.
- Rear seats with seat belts for children eight to twelve years of age; children younger than thirteen years should not ride in the front seat.

To obtain appropriate car seats:

- Purchase them through retail/ commercial locations.
- Request them through donations from non-government organizations (NGO's).
- Survey employees to identify car seats available in personal vehicles.
- Contact the local EMS agencies for availability.

2.9.2 Unstable Children or Potentially Unstable Injured or Ill Children

Potential transport vehicles include ambulances staffed with emergency medical technicians or paramedics, which may also include:

- Hospital staff skilled in pediatric airway care and resuscitation.
- Equipment appropriate for the child's age and acuity.
- Specialty pediatric transport vehicles and teams from referral pediatric institutions.
- For less critical patients only, Advanced Life Support (ALS) ambulances with no additional hospital staff.

- Ambu-buses staffed by hospital and EMS personnel.

If ambulances are not available, appropriate transport possibilities include:

- Cars, vans, and city/private buses may be appropriate for children who can sit up (car seats may be necessary).

School buses may be used for children aged five years and older who can sit up. Considerations for this strategy include:

- Drivers must be able to communicate with hospital emergency command centers by cell phone or radio.
- Appropriate medical personnel (emergency medical technicians, paramedics, nurse practitioners, physician assistants, nurses, physicians, etc.) must accompany children during transport.
- Ideally, mental health personnel or staff trained in children's psycho-social needs should accompany children.

When transporting children, the following guidelines are recommended to ensure compliance with Section 316.613, Florida Statutes regarding child safety seats:

- Children 5 years or younger- use a crash-tested, federally approved child restraint device
- For children aged through 3 years, such a restraint must be a separate carrier or a vehicle manufacturer's integrated child seat.

For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. However, the requirement to use a child restraint device does not apply when a safety belt is used and the child:

- Is being transported gratuitously by an operator who is not a member of the child's immediate family;
- Is being transported in a medical emergency involving the child; or
- Has a medical condition that necessitates an exception as evidenced by appropriate documentation from a health care professional.

2.10 Tracking

Hospitals have historically served as safe havens for displaced persons during a disaster. Abandoned children are also often brought first to a hospital emergency department for evaluation. During a disaster, hospitals may again serve as safe havens and may find themselves host to displaced and unaccompanied children. As an example, Hurricane Katrina and the ensuing floods and chaos caused more than 3,000 children to be displaced throughout the United States. These displaced children, if unaccompanied, are at increased risk for maltreatment, neglect, exploitation, and subsequent psychological trauma. Hospitals and medical clinics therefore need to be especially alert to the safety and mental health issues of these children.

Hospitals, especially those that do not routinely take care of the pediatric population, need to pay special attention to the specific security needs of this group and take the necessary precautions to ensure proper care of these individuals while they are in the hospital.

There are two populations of accompanied children during a disaster that should be

addressed:

- The pediatric patient who is a patient of the hospital because of the disaster and who may become separated from the responsible adult; for example, if the responsible adult is also a patient.
- The pediatric visitor who is not a patient of the hospital yet may be accompanying an adult person who is a patient (e.g. a critical adult patient who was caring for a minor at the time of the disaster or event).

A possible solution to tracking these persons is to use a system of identification bands for the minors and corresponding responsible adults that are distributed as soon as these individuals contact the Emergency Department (ED) area. Care must be taken to quickly and correctly place bands or other identification devices on both parties.

Special attention needs to be taken to ensure this measure is completed as soon as possible at the entry point to the hospital to reduce the possibility of human error during the matching and placing of the bands.

There are hospital policies in place for the tracking of minors from pediatric and maternity wards. These identification bands are used on all patients as they enter the hospital. The specific concern raised here is minors accompanying the adults during a disaster-level event who could easily be lost during the chaos of a disaster event.

The identification bands used should include the following information, which will be useful in maintaining a tight link between pediatric patient/visitor and adult:

- Name of pediatric patient/visitor + Date of Birth (DOB)
- Name of adult + DOB
- Admission date of adult
- Admission date of pediatric patient
- Date of visit of pediatric visitor

In addition, a more sophisticated approach to tracking could be implemented using bar-coded bracelets as identifiers that can be affixed to the pediatric patient/visitor and to the adult at the time of entry to the ED or other entry point of the hospital. In this manner, the same bar code is assigned to the adult and the pediatric patient/visitor(s) with the adult.

2.11 Reunification

Rapid identification and protection of displaced children (less than 18 years of age) is imperative to reduce the potential for maltreatment, neglect, exploitation, and emotional injury. A critical aspect of pediatric disaster response is effectively addressing the needs of children who have been displaced from their families and legal guardians. The separation of children from significant others is a recognized factor influencing the psychological responses of children after a disaster.

All hospitals, medical clinics, and shelters providing care to child survivors of disasters should immediately implement appropriate child-safety measures in direct response to this crisis. Initiatives such as *"Operation Child ID"* implemented in Camp Gruber, Oklahoma after Hurricane Katrina in 2005, have provided a rapid, systematic protocol for successfully identifying and protecting displaced children. The CDC has reviewed this protocol and considers it a useful resource to share with its partners to promote a safer

and healthier environment for displaced children in shelters.

Protocol to Rapidly Identify and Protect Displaced Children

Survey all children in your hospital, medical clinic, or shelter to identify children who are not accompanied by an adult; these children have a high probability of being listed as missing by family members. Find out where they are sleeping/being held and the name and age of person(s) who is/are supervising them, if available.

Place a hospital-style identification bracelet (or ideally a picture identification card) on the child and a matching one on the supervising adult(s), if such an adult is available. Check frequently to make sure that the wrist band matches that of the adult(s) seen with the child in the hospital or shelter. Some children may also have a triage tag number that will accompany the child from the field to the hospital that must not be removed. If there is no supervising adult, the child should be taken to the hospital's pre-determined Pediatric Safe Area (as identified within the hospitals EOP) where he/she can be appropriately cared for until a safe disposition or reunification can be made.

The names of all children identified through the survey as not being with their legal guardians or who are unaccompanied should be considered at high-risk and immediately reported to the Hospital's Incident Command Center (HICC). Additional reporting should also be made to the disaster county's Department of Children and Families (DCF) Emergency Response Division, notifying them there are unaccompanied minors at the facility.

The DCF will coordinate with local law enforcement to identify the child and the child's parent(s) or guardian(s). If a guardian cannot be identified, DCF will take actions to assume emergency custody of the child, so they may be discharged from the hospital.

Unaccompanied children and those who are not with their legal guardian(s) should undergo a social and health screening taking into consideration an assessment of the relationship between the child and the accompanying adult, ideally performed by a physician with pediatric experience.

Reunification

It is essential that children are definitively identified and matched to their legal custodial parent/guardian before release from the hospital. Accurate identification of children before releasing them from the hospital is key to preventing harm. Mistaken identity may lead to:

- Release of a child to the wrong family
- Release of a child to an unauthorized noncustodial parent
- Delay of reunification with the child's actual family (this affects both the child and the family)
- Failure to identify significant medical and other conditions important to the care of the child

Most children will be able to self-identify verbally, as well as identify their parents. Children who can identify both themselves and their parents can typically be released to their parents following standard hospital policies.

For those children who cannot be definitively identified, it is recommended that hospitals develop procedures to safely maintain care for all unidentified children until they can

later be definitively reunited with their families. This includes planning for a Pediatric Safe Area (PSA), as identified later in this document. Children may not be able to self-identify if they are nonverbal due to developmental age, illness, or ability. In addition, it is possible that some children's usual guardians may have experienced an extreme loss of resources and may be unable to safely care for the child at the time of release from the hospital.

For children unable to be reunited with a parent or legal guardian, the Department of Children and Families (DCF) should be notified to take emergency custody. Protective services will work with law enforcement personnel to continue the search for the legal custodians and will work with hospital personnel to arrange temporary placement for the child, as either a temporary social admission to the hospital or placement with a child's relatives or a foster family. The timeline for transferring unaccompanied minors to foster care or specialized care, when applicable, differs depending on specific state criteria and details of the disaster. Service options could range from immediate transfer to foster care, to delayed transfer following an extended period. To expedite the reunification process for children placed into foster care, courts may choose to issue an order stating that children may be immediately released from foster care back into their parents or legal guardians' care once they are located and identification is confirmed. Health care facilities should familiarize themselves with state laws regarding unaccompanied minors in advance of a disaster and adjust planning efforts accordingly.

The Hospital Reunification Center (HRC)

It is recommended all hospitals have a plan in place to manage a surge of concerned family members, loved ones, guardians, and friends that may present following a disaster, especially if large numbers of unaccompanied pediatric patients could be involved in the incident. This is recommended as the volume of family members presenting to the hospital looking for their loved ones will typically overwhelm hospital lobbies and other care areas and could adversely affect clinical operations. This place where families and others may gather is often called a Hospital Reunification Center (HRC). The HRC is meant to:

- Provide a private and secure place for families to gather, receive, and provide information regarding children and other loved ones who may have been involved in the incident.
- Provide a secure area for these families away from media organizations and curiosity seekers.
- Facilitate efficient information sharing among hospitals and other response partners to support reunification.
- Identify and support the psychosocial, spiritual, informational, medical, and logistical needs of family members to the best of the hospital's ability.
- Coordinate death notifications, when necessary.

Hospitals should consider locations in their facility that are best suited to effectively and respectfully establish a reunification center. Some considerations to keep in mind are:

- Locate the HRC away from the hospital Emergency Department and media staging sites as well as away from the designated pediatric safe area (see security section below).
- Ensure there is sufficient space to accommodate many individuals.

- Adequate space facilitates communication between designated hospital personnel and family members.
- Provide nearby access to smaller rooms that may be used for confidential discussions, notifications, and provision of other support.
- Distraught family members, loved ones, guardians, friends may need additional space; alcoves or additional rooms may help both psychologically and with security.
- Ensure the space has an area for food and beverages.
- Ensure restrooms are easily accessible.
- Ensure the space is accessible to patients and family members with considerations for access and functional needs.
- Access to the HRC can be controlled and security can be assured within the site.

The Reunification Site (RS)

Once identification and verification of a child and family is complete, there should be a separate area to facilitate the actual reunification of the family and child. The physical place where pediatric patients are reunited with their legal caregivers should be located away from the HRC as well as the PSA. This is to permit the reunification to occur in a safe, well-controlled area located well away from the noise and distractions of the other areas. The reunification site should allow for secure and simple departure from the hospital. Hospitals should also plan for reunification of patients who have been admitted to the hospital and for escorting of parents or guardians to other areas of the hospital.

Separation of the Reunification Site from the HRC is also important to prevent creating additional trauma for families still waiting in the HRC, who are not yet reunited with their children yet would otherwise be watching reunifications happening in front of them.

Families, guardians, loved ones, friends arriving at the hospital will be under a tremendous amount of stress and may have limited ability to process instructions or other information while they are looking for their children. Therefore, staff members in the HRC must have experience in helping people under stressful conditions. Hospital staffing may include, yet are not limited to, the following departments:

- Security
- Social Work
- Nursing
- Chaplaincy
- Psychiatry or Psychology
- Pediatrics
- Family Medicine
- Child Life

Pediatric Safe Area

To ensure the pediatric patients' safety, as well as to help patients cope, a Pediatric-Safe Area (PSA) should be established in an appropriate area that allows children to play and move about safely. Therefore, the hospital should pre-plan for, and be able to securely operate a PSA. The PSA is a controlled and supervised space where children can play and wait safely and securely while awaiting reunification with their families. This

space should be in an area separate from both the Emergency Department and the HRC. The following are some issues to consider when determining a PSA location:

- The PSA should be away from the hospital Emergency Department and media staging sites as well as the HRC.
- Ensure there is sufficient space to accommodate children of different ages with age-appropriate activities for each group; consider leveraging an existing infrastructure such as a childcare center.
- Provide nearby access to smaller rooms or adjacent spaces that may be used for younger children such as babies or for children with sensory integration issues.
- Ensure restrooms are easily accessible and appropriate for pediatric patients.
- Ensure the space has an area for food and beverages; ensure attention to patients with possible food allergies.

Access to the PSA and restrooms must be able to be controlled, and security must be around and within the site.

Security

Security will play an integral role in any emergency requiring the activation of a hospital's reunification plan. Many of these incidents could involve increased security risks, such as in the case of an active shooter scenario or terrorist activities. In addition, as families attempt to find their loved ones, crowds will form requiring an increased need for security personnel. As such, it is important to engage the institution's security leadership early in the planning process. At a minimum, the hospital reunification plan should include the creation of a security leader within its command structure. Hospital security personnel can also assist with coordination of interface between the institution and outside law enforcement. Ideally, an individual with preexisting relationships with law enforcement on local and regional levels, including relevant federal entities (e.g., Federal Bureau of Investigation; Bureau of Alcohol, Tobacco, Firearms and Explosives), may fill this position. There will need to be a security presence in the HRC and the PSA.

2.12 Deactivation and Recovery

Deactivation of this annex will depend upon whether the HCC Pediatric Surge Plan has been activated or not. To deactivate:

- Deactivate patient tracking (if applicable).
- Notify partners the pediatric medical surge response has been completed.
- Refer to public health and emergency management officials for more information regarding recovery, such as reunification, mental and behavioral health following trauma follow-up, etc.

2.13 Training and Exercises

The Florida Department of Health, Bureau of Preparedness and Response (BPR), Training and Exercise (T&E) Section annually brings together representatives from the

BPR, 10 Health Care Coalitions, County Health Department representatives from all seven (7) regions, representatives from the Florida Division of Emergency Management Training and Exercise (T&E) Unit, Florida Hospital Association, and bureau capability leads.

The purpose of the Integrated Preparedness Planning Workshop (IPPW) is to determine State and local training and exercise gaps, including those that impact pediatric surge, identify priorities and discuss inputs for the annual Integrated Prepared Plan (IPP).

The IPPW provides an opportunity for participants from across the state to share strategies and coordinate plans for emergency preparedness and response, including planning for pediatric surge, if applicable. The setting also enhances coordination among jurisdiction officials, as well as shared proven strategies and practices, and the ability to apply lessons learned from past incidents.

The BPR T&E staff compiles the group's preliminary work into one document for discussion during the workshop. No CHD, capability lead, or HCC is expected to meet every individually identified training or exercise priority.

The format allows participants an opportunity to better understand the many resources available to them and provides for small group discussions to promote collaboration. During these small group discussions, HCC representatives, bureau capability leads, and regional CHD representatives are encouraged to collaborate within their own and neighboring regions to address training and exercise gaps and needs.

Groups then select the top three (3) training and tabletop exercises for the BPR, T&E Section to develop during the next grant cycle.

3. Appendices

3.1 Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies

Adapted from *Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies.*

Children have unique, often complex physiological, psychosocial and psychological needs that differ from adults, especially during disaster situations; and, unfortunately, children are often involved when disasters occur. These essential pediatric domains and considerations are intended to support every hospital's disaster preparedness policies, not replace them. The domains were developed as tools to help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster plans and policies.

- What it is designed to do: This tool was designed to complement and augment existing disaster resources, both pediatric-specific and general, rather than to serve solely as a stand-alone document. Users may find the entire checklist useful or may focus on specific domains, depending on their unique needs and resources. The relative importance assigned to any given consideration is unique to each facility based on their specific risk assessments.
- What it is not designed to do: This is not a step-by-step guide to implementing

policies. Instead, resources are provided for each domain to offer more details and help implement the considerations.

The following domains are priority planning areas for healthcare facilities:

- Essential Resources – Space, Staff, Supplies
- Care and Shelter
- Transportation, Tracking, and Reunification
- Triage, Infection Control, Decontamination
- Behavioral Health

Each of these essential pediatric domains are organized into functional appendices of this plan and are intended to be used as quick reference guides for healthcare facilities.

It is the consensus of national subject matter experts that the pediatric domains and considerations in this checklist be well integrated into existing all-hazards hospital disaster preparedness policies or guidelines. For example, this checklist can be used to supplement the eight healthcare preparedness capabilities, so the pediatric domains are addressed by healthcare coalitions funded by the *Hospital Preparedness Program*. Furthermore, hospital disaster plans are unique to each facility and community; hence hospital administrators and managers are encouraged to work closely with their local, regional, and state healthcare systems and healthcare and/or disaster coalitions, national disaster partners, and their corresponding local chapters to adapt recommendations to their local needs, strategies, and resource availability. A comprehensive compendium of pediatric disaster resources and searchable databases is now available from the *U.S. National Library of Medicine- Disaster Information Management Research Center's Health Resources About Children in Disaster and Emergencies.*

Background

Children comprise 27 percent of the U.S. population[1] and account for about 20 percent of all hospital emergency department visits[2]. In 2006, the Institute of Medicine's (IOM) Future of Emergency Care series reported that medical care for pediatric patients in the emergency setting continues to be uneven. The report noted deficiencies in the availability of pediatric equipment, supplies and medications, training for medical staff, and policies incorporating the unique needs of children. Furthermore, in the wake of Hurricane Katrina (2005), the report noted that such deficiencies in everyday operational readiness are exacerbated during a disaster, calling the nation's emergency care system "poorly prepared for disasters."[3]

While there have been marked improvements in many areas of pediatric emergency care over the past decade[4], in 2010 the National Commission on Children and Disasters reported persistent deficiencies in every functional area of pediatric disaster

[1] United States Census Bureau: Age and Sex, Table 1: Population by Age and Sex 2012. Accessed April 11, 2014 from http://www.census.gov/population/age/data/2012comp.html.
[2] Centers for Disease Control and Prevention, Ambulatory and Hospital Care Statistics Branch. National Hospital Ambulatory Medical Care Survey:2010. Accessed April 10, 2014 from http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2010_ed_web_tables.pdf.
[3] Institute of Medicine, Committee of the Future of Emergency Care in the United States Health System. Emergency Care for Children: Growing Pains. Washington, DC: National Academies Press. 2007.
[4] National Pediatric Readiness Project. National Results. Revised March 21, 2014. Accessed April 10, 2014 from http://www.pediatricreadiness.org/State_Results/National_Results.aspx.

preparedness[5]. This report was followed in 2013 by the Preparedness, Response, and Recovery Considerations for Children and Families, a workshop convened by the IOM Forum on Medical and Public Health Preparedness for Catastrophic Events. Opening statements posited that "current state and local disaster plans often do not include specific considerations for children and families."[6] The workshop highlighted nine major events that occurred during a seven-month period from October 24, 2012 and May 31, 2013 in which there were 176 fatalities, including 46 children (26 percent), and discussed the numerous near-misses that could have further increased pediatric casualties.

In 2013, the American Academy of Pediatrics, the American College of Emergency Physicians, the Emergency Nurses Association, and the Emergency Medical Services for Children (EMSC) Program collaborated jointly on a quality improvement initiative, the National Pediatric Readiness Project. The project initiated an assessment of more than 5,000 U.S. emergency departments and more than 4,100 facilities responded (83 percent). Preliminary results illustrated that less than half of all U.S. hospitals reported having written disaster plans addressing issues specific to the care of children. Based on these findings, the National Pediatric Readiness Project stakeholder group recommended convening a multidisciplinary workgroup to develop a tool to assist hospitals to assure pediatric considerations are included in existing or future disaster plans.

The primary goal of the workgroup was to build on existing resources, with a particular focus on best practice guidelines and checklists from local geographic regions, to come to consensus on essential domains of pediatric considerations that should be incorporated into disaster policies for all hospital types in the United States. While this checklist takes an all-hazards approach to pediatric hospital preparedness, it is designed primarily to identify the personnel, resources, equipment, and supplies that will be useful for rapid onset pediatric surge planning, as well as for disaster response involving pediatric patients. Specific references and links to more robust resources for disaster and pandemic incidents for each domain are provided at the end of the document.

[5] National Commission on Children and Disasters. 2010 Report to the President and Congress. Agency for Healthcare Research and Quality Publication No. 10-M037. Rockville, MD: Agency for Healthcare Research and Quality. October 2010.
[6] Institute of Medicine, Forum on Medial and Public Health Preparedness for Catastrophic Events. Disaster Preparedness, Response, and Recovery Considerations for Children and Families: Workshop Summary. 2013

Domain 1: Staff coordinator to champion pediatric disaster coordination and response - roles and responsibilities

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Professionals with pediatric training in medical content and disaster response, or willing to learn about disaster response (e.g., Incident Command System (ICS) courses)	Yes No	
Non-pediatric professionals who could advocate for and integrate the needs of children in planning and impact pediatric disaster response (e.g. neurosurgeon, trauma surgeon, other surgical subspecialists, infectious disease, adult emergency medicine physicians, etc.)	Yes No	
Formal designation of advocates with defined roles/responsibilities/authority, including: • Incorporates pediatric-specific considerations within the hazard vulnerability analysis and planning goals • Plans and coordinates disaster drills that include pediatric patients • Serves as liaison for pediatric patients/concerns on hospital committees (e.g., medical, trauma, disaster, etc.) • Assures pediatric considerations and priorities are included in all staff disaster education and training • Assures pediatric considerations and priorities are included in disaster education for prehospital providers • Assists with development and review of the hospital disaster policies, ensuring that pediatric needs are addressed • Serves as liaison representing children to regional facilities, EMS agencies, healthcare coalitions, and organizations to promote community disaster preparedness inclusive of children • Collaborates with disaster program manager • Promotes pediatric disaster awareness in the community	Yes No	

Domain 2: Partnership building to facilitate surge capacity

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Coalition-building and relationships (pact among hospitals and other healthcare facilities) with hospital and nonhospital stakeholders (e.g. primary care, churches, medical homes, EMS, schools, daycare centers, Red Cross, etc.) to support pediatric care and families	Yes No	
Process/plan to measure, prioritize, and expand pediatric surge capacity and capabilities based on resource availability	Yes No	
Process to facilitate the triage of patients including children for transport from the prehospital setting to the appropriate destination	Yes No	
Defined pediatric transfer processes, i.e., agreements and guidelines to facilitate movement of children needing pediatric specialty facilities as well as those more stable children needing to be moved to increase surge capacity of specialty centers	Yes No	
Telemedicine/telephone consultation agreements, processes, and equipment to facilitate provision of pediatric care in facilities not typically caring for children	Yes No	
Method to integrate facility disaster policy with community and regional disaster plans, including prehospital systems of care	Yes No	

Domain 3: Essential resources necessary for building pediatric surge capacity

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Plan for expanded and alternative space for pediatric surge for key services: • Alternative care sites (including sites for the provision of general inpatient and outpatient overflow and specialty care, such as critical care, technology dependent care, surgery, etc.) • Decontamination showers and mass decon areas • Family, guardians, loved ones staging/waiting	Yes No	
Pediatric equipment (e.g. ventilators, isolettes; consider equipment and supplies to support children with special health care needs) Memorandum of Understandings (MOUs) to obtain additional equipment for surge	Yes No	
Pharmaceutical needs and drug administration aides (pediatric appropriate drugs, dosing, and administration guidelines including specific pediatric antidote dosing requirements for exposure to chemical/biological agents, access to pharmaceutical caches and stockpiles, Pediatric length-based tapes/systems or equivalent, kilogram scales, etc.)	Yes No	
Dietary needs: regular formula, special formula (non-dairy, lactose free), infant foods, and equipment (bottles, feeding tubes) to meet surge	Yes No	
Supplies and accommodations (e.g. cribs, diapers, recliner for parents) Inventory of items attached Memorandums of Understanding (MOUs) to obtain additional supplies for surge	Yes No	
Needs for prolonged patient stays in your facility when transfer not immediately possible (shelter in place)	Yes No	

Domain 4: Triage, infection control, and decontamination

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Pediatric disaster triage processes that include defined process when infectious disease or exposure suspected	Yes No	
Temperature- and pressure-regulated water controls for pediatric decontamination, especially for small children	Yes No	
Process for keeping families together during decontamination	Yes No	
Disposable pediatric-sized face masks	Yes No	
Pediatric isolation capabilities (e.g., contact, airborne)	Yes No	
Process for disinfection of communally available toys in the facility	Yes No	
Shelter in place and evacuation procedures for children	Yes No	

Domain 5: Family tracking, security, support, and reunification

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Child identification (ID) forms and ID bands for all children arriving at the hospital listing information available from verbal children (name, age, parent name, address/phone, and possibly allergies) and identifying characteristics and intake source (where did they arrive from and who brought them in) of nonverbal children	Yes No	
Central transfer/tracking tool with capacity to record children's photos/ID information. This should include digital camera and photo printing capabilities	Yes No	
Processes defined to support family togetherness and reunification during triage, care, and post disaster	Yes No	
Procedures/staff/volunteers to care for unattended children brought into the hospital	Yes No	
Process for maintaining or increasing adequate security for existing pediatric patients in all areas of the hospital in addition to the emergency department	Yes No	
Specialized, separate spaces for injured/ill and non-injured/non-ill unaccompanied children with security guard and appropriate staff	Yes No	
Defined security, support, and reunification processes for non-verbal children	Yes No	
Obstetrics/Gynecologic (OB/GYN) – the unique considerations of disasters on pregnant women, delivery, breastfeeding, and care of newborns	Yes No	
A plan to establish an Information and Support Center (which could include staffing by volunteers)	Yes No	

Domain 6: Legal/ethical issues

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Policies and education regarding assents/consents for pediatric assessment, testing, or treatment with or without a parent in a disaster situation	Yes No	
Review and understand ability to require vaccination, testing, or treatment notwithstanding parental or other consent.	Yes No	
Coordinate with credentialing bodies for healthcare personnel and understand scope of practice for all healthcare providers.	Yes No	
Procedures/staff/volunteers to care for unattended children brought into the hospital	Yes No	
Process for rapid credential verification and privileges. Does the state participate in volunteer license reciprocity programs?	Yes No	
Reporting of pediatric adverse events, including maltreatment/violence	Yes No	
Plan addressing allocation of scarce resources for children and adolescents (e.g., mechanical ventilators and pumps, etc.)	Yes No	
Understand the process for obtaining and impact of a waiver of Emergency Medical Treatment and Labor Act (EMTALA), Florida's Children's Health Insurance Program (CHIP), or other federal or state laws during declared emergencies.	Yes No	
Legal requirements to plan and prepare for pediatric needs during emergencies	Yes No	
Liability and protections related to the implementation of crisis standards of care during declared emergencies/ disasters	Yes No	

Domain 7: Behavioral health

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Pediatric psychological first aid protocols and training for all responders/staff	Yes No	
Waiting area and discharge information sheets with tips for pediatric mental health/stress responses and resources	Yes No	
Mental health and child life professionals incorporated into pediatric care-review process – Performance Improvement/Quality Improvement/After Action Report (PI/QI/AAR)	Yes No	
Pediatric mental health screening procedures and staff education to identify at-risk individuals based on nature and degree of exposures potentially needing additional behavioral health services and follow-up (e.g., death of family member)	Yes No	
Assessment and identification of pediatric mental health resource availability in the facility and the community	Yes No	
Death notification and bereavement support	Yes No	
Policies and processes to reduce unnecessary exposure of children (and caregivers) to television and other potentially sensitizing stimuli (e.g., curtains to reduce exposure to injured patients and other traumatic images)	Yes No	
Rapid access to urgent evaluation and treatment services when indicated	Yes No	

Domain 8: Children and youth with special health care needs

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Care considerations specific to neonates	Yes No	
Care considerations specific to children with developmental disabilities and/or physical limitations and disability	Yes No	
Specialized equipment (e.g., wheelchairs, ventilators, pediatric feeding tubes, pediatric suction catheters, tracheostomy, portable source of electricity, etc.) or MOUs to obtain (See Domain 2: Resources)	Yes No	
Medications and related dietary needs	Yes No	
Process to estimate hospital surge demands for children and youth with special health care needs (CYSHCN). Consider: • An estimate of the number of CYSHCN in community (may want to work with state to identify number and types of special needs in catchment area to assure they can be addressed in a disaster; for example: *Supplemental Nutrition Assistance Program in Delaware*) • Resource availability (e.g., special equipment, facilities) • Health Care professionals and other potential caretakers with which to partner (e.g., pre-hospital personnel, home health, and parent support organizations, such as Family Voices)	Yes No	

Domain 9: Staffing, exercises, drills, and training

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Pediatric victims are incorporated into regular exercises that test the system's ability to handle a surge in or evacuation of a variety of pediatric patients (e.g. infants, special needs). Lessons learned, after action reports, and improvement plans are incorporated into and drive improvement of hospital policy	Yes No	
Staffing needs during disasters and identification/ prioritization of pediatric staff/expertise to care for children or pediatric champions within institution	Yes No	
Triage protocols and training to identify patients to be considered for immediate transfer (critically ill/injured or those sufficiently stable to move to another care center) and transferring patients with appropriate pediatric specific equipment and personnel	Yes No	
Pediatric care-review process - Process Improvement/ Quality Improvement/After Action Report/Corrective Action Plans (PI/QI/AAR/CAP, etc.)	Yes No	
Curriculums and training opportunities that address gaps and increase skills specific to pediatric patients	Yes No	

Domain 10: Recovery and Resiliency

Pediatric Specifics to Consider/Discuss	Established?	Notes/Implementation Plan
Discharge disposition of children (including a tracking process and tool to assure that providers can readily communicate when and where children have been discharged or transferred to other facilities)	Yes No	
Short and long-term mental health assessment and continuity of care for children's behavioral health needs	Yes No	
Culturally tailored and developmentally focused user-friendly parent information sheets	Yes No	
Partnerships with primary care and community medical homes to promote pediatric resiliency	Yes No	
Bereavement support	Yes No	
Professional self-care	Yes No	
Partnerships with community sites, such as childcare centers, schools, preschools, etc., where services can be provided, including screening, primary prevention, and treatment	Yes No	

3.2 Legal Authorities

Federal and State Authorities/Legislation

CMS and Disasters: Resources at Your Fingertips. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. ASPR TRACIE. (2019)
The Centers for Medicare & Medicaid Services issued the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule to establish consistency for Health Care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. This document provides links to numerous related resources applicable to a variety of providers and suppliers.

EMTALA and Disasters. ASPR TRACIE (2018)
This fact sheet addresses several frequently asked questions regarding the Emergency Medical Treatment and Labor Act (EMTALA) and disasters and provides links to resources for more information, but is not intended to be used as regulatory guidance or in place of communications with or guidance from the Centers for Medicare & Medicaid Services (CMS) which oversee EMTALA compliance.

HIPAA and Disasters: What Emergency Professionals Need to Know. ASPR TRACIE (2017).
Knowing what kinds of patient information can be released, to whom, and under what circumstances, is critical for healthcare facilities in disaster response. This guide is designed to answer frequently asked questions regarding the release of information about patients following an incident.

Final Rule for Control of Communicable Diseases: Interstate and Foreign. Centers for Disease Control and Prevention. (2017)
This webpage discusses the updates to the law about quarantine and CDC's authority. The final rule improves CDC's ability to protect against the introduction, transmission, and spread of communicable diseases while ensuring due process. Details of the final rule, and links to relevant legislation are included.

Selected Federal Legal Authorities Pertinent to Public Health Emergencies. Centers for Disease Control and Prevention, Public Health Law Program. (2017)
This document summarizes a selection of key federal legal authorities pertaining to public health emergencies.

Hospital Legal Preparedness: Relevant Resources. Centers for Disease Control and Prevention. (2016)
The resources on this webpage compiled by the Public Health Law program and sorted into categories (e.g., EUA and countermeasures, HIPAA, liability and immunity) provide many resources for incorporation of legal and regulatory considerations into hospital and jurisdiction emergency plans. The page was last updated in 2016.

Emergency Authority and Immunity Toolkit. Association of State and Territorial Health Officials. (2013)
This toolkit contains a review of key emergency authority and immunity concepts; a summary of federal laws and policies pertaining to emergency planning and response; and a series of fact sheets addressing fundamental issues or legal authorities, issue briefs, and state analysis guides.

Further information may be found at: https://asprtracie.hhs.gov/technical-resources/83/healthcare-related-disaster-legal-regulatory-federal-policy/1#federal-and-state-authorities-legislation

3.3 Resources/ References

1. *REDi- Regional Emergency and Disaster Healthcare Coalition (Feb 13, 2020).* "Pediatric Medical Surge Annex". https://srhd.org/media/documents/REDi-HCC-Pediatric-Medical-Surge-Annex.pdf
2. *Florida Department of Health (Dec 2019).* "Emergency Support Function 8 Public Health and Medical- Patient Movement Support Standard Operating Guideline". http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/_documents/patient-move-support-sog.pdf
3. *Stanislaus County Healthcare Emergency Preparedness Coalition (2019).* "Pediatric Surge Plan". https://files.asprtracie.hhs.gov/documents/stanislaus-calif-pediatric-disaster-surge-plan-draft-1-23-19.pdf
4. *Nevada Hospital Association (Oct. 2018)*. "A Day Like No Other- A Case Study of the Las Vegas Mass Shooting". https://nvha.net/a-day-like-no-other-case-study-of-the-las-vegas-mass-shooting/
5. *Illinois Department of Health ESF-8 Plan (March 2017)*. "Pediatric and Neonatal Surge Annex Public Version". http://www.dph.illinois.gov/sites/default/files/publications/peds-neo-surge-annex-final-march2017-public-complete-file-031417.pdf
6. *Florida Department of Health (Feb 2015)*. "Mass Casualty Incident Response Playbook".
7. *Minnesota Department of Health*. "Minnesota Pediatric Surge Primer". https://www.health.state.mn.us/communities/ep/surge/pediatric/primer.pdf
8. *U.S. Department of Health and Human Services (Sept. 2007).* "Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies". https://www.phe.gov/preparedness/planning/mscc/handbook/documents/mscc080626.pdf
9. *EMSC IIC*. "Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies". https://emscimprovement.center/documents/144/Checklist_HospitalDisasterPrepared2125.pdf
10. *HHS- ASPRTRACIE*, "Healthcare Coalition Pediatric Surge Annex Template"; https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-pediatric-surge-annex-template-final-508.pdf
11. *Florida Department of Health*, "Alternate Care Site Local Plan Development Guide"; http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/_documents/alternate-care-site-ops.PDF
12. *California Department of Public Health.* "15 'til 50 – Mass Casualty Incident Toolkit". http://cdphready.org/15-til-50-mass-casualty-incident-toolkit/

3.4 Acronyms/ Abbreviations

AAR	After Action Report
ALS	Advanced Life Support
BVM	Bag-Valve-Mask
C.A.T.	Combat Applied Tourniquet
CDC	Center for Disease Control
CEMP	Comprehensive Emergency Management Plan
CHD	County Health Department
CYSHCN	Children and Youth with Special Health Care Needs
DCF	Department of Children and Families
Decon	Decontamination
DOB	Date of Birth
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMTALA	Emergency Medical Treatment and Labor Act
EOP	Emergency Operations Plan
ER (ED)	Emergency Room (Emergency Dept.)
ESF	Emergency Support Function
F.A.C.	Florida Administrative Code
FDEM	Florida Division of Emergency Management
FDOH	Florida Department of Health
HCC	Health Care Coalition
HRC	Hospital Reunification Center
HICC	Hospital Incident Command Center
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
IOM	Institute of Medicine
I.V.	Intravenous
IBA	Immediate Bed Availability
ID	Identification
LEOC	Local Emergency Operations Center
MOU	Memorandum of Understanding
NICU	Neonatal Intensive Care Unit
NRP	Neonatal Resuscitation Program
OB/ GYN	Obstetrics/ Gynecologic
OR	Operating Room
PALS	Pediatric Advanced Life Support
PAT	Pediatric Assessment Triangle
PEPP	Pediatric Emergencies for Pre-Hospital Professionals
PI	Process/ Performance Improvement
PICU	Pediatric Intensive Care Unit
PITLS	Pediatric International Trauma Life Support
PPE	Personal Protective Equipment
PSA	Pediatric Safe Area
RS	Reunification Site
SALT	Sort, Assess, Lifesaving treatment, Transport
SCHIP	State Children's Health Insurance Program
SEOC	State Emergency Operations Center
START	Simple Triage and Rapid Treatment
QI	Quality Improvement

3.5 Region 1- Emerald Coast Health Care Coalition Chapter

Contact Information:

Name	Phone #	Email
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Jen Sulack	850-863-3628	Jen.echcc@gmail.com

Demographics/ Description of the Health Care Coalition (HCC)
The Emerald Coast Health Care Coalition is located in the western end of Florida's panhandle. It's bordered to the south by the Gulf of Mexico, and to the north and west by the state of Alabama. It's comprised of Escambia, Santa Rosa, Okaloosa, Walton, Bay, Holmes, Jackson, Calhoun, Washington, and Liberty counties. The highest populated cities are Pensacola and Panama City. Many of the counties are very rural and it takes longer to provide/receive medical care and response. There are several counties that border the Gulf of Mexico that are vulnerable to water and wind disasters (i.e. hurricanes, tidal waves, tsunami, water tornadoes, etc.).

The region receives hundreds of thousands of visitors every year – Standard year is October to March Snowbirds; February to April Spring Breakers; May to September family vacations.

Region 1 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Bay	11,372	23,622	34,994	182,218	19%
Calhoun	768	1,963	2,731	15,315	18%
Escambia	19,255	40,252	59,507	317,051	19%
Holmes	1,063	2,521	3,584	20,404	18%
Jackson	2,552	5,457	8,009	50,689	16%
Liberty	405	962	1,367	8,781	16%
Okaloosa	13,217	26,235	39,452	198,409	20%
Santa Rosa	9,992	24,186	34,178	175,552	19%
Walton	4,003	962	4,965	67,926	7%
Washington	1,312	3,131	4,443	25,243	18%
Total:	**58,624**	**125,198**	**183,822**	**968,419**	**18%**

Description of the Health Care System
The Emerald Coast Health Care Coalition has 11 health care facilities designated as Acute Care Hospitals and eight (8) free-standing Emergency Departments; five (5) of these facilities provide 24-hour emergency care services. The HCC has one (1) pediatric trauma center.

Four (4) Hospitals within the HCC have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are four (4) hospitals within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations.

FDOH – ESF-8 Pediatric Surge Annex

While some hospitals may provide care services to pediatric populations, only one (1) of the acute care hospitals in the HCC have the capability of a Pediatric Intensive Care Unit (PICU) and one (1) offers Neonatal Intensive Care Unit (NICU).
Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies and personnel to assist agencies, Crisis Team, Medical Response Team, and all other aspects needed to assist.
Escambia	**Capabilities:** 1. Able to identify other sources for PICU/NICU Placement. 2. Able to utilize HCC Ambu-bus for evacuation of PICU. **Gaps:** 1. Transportation for large number of PICU/NICU patients. 2. Inadequate number of trained medical personnel to accompany NICU patients during evacuations. 3. NICU patients would more than likely be moved out of region due to no other facility with same capacity as Ascension Sacred Heart Hospital in Pensacola. 4. Specialized equipment shortage for patient sizes in PICU. 5. If using HCC Ambu-bus for NICU, incubators may not fit in stretcher area in Ambu-bus.
Santa Rosa	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** No NICU or PICU – would need to transfer to another county.
Okaloosa	**Capabilities:** 1. Able to identify other sources for PICU/NICU Placement. 2. Able to utilize HCC Ambu-bus for evacuation of PICU. **Gaps:** 1. Transportation for large number of PICU/NICU patients. 2. Inadequate number of trained medical personnel to accompany NICU patients during evacuations. 3. NICU patients would more than likely be moved out of region due to no other facility with same capacity as Ascension Sacred Heart Hospital in Pensacola. 4. Specialized equipment shortage for patient sizes in PICU. 5. If using HCC Ambu-bus for NICU, incubators may not fit in stretcher area in Ambu-bus.
Walton	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** Limited NICU; PICU – would need to transfer to another county.
Bay	**Capabilities:** 1. Able to identify other sources for PICU/NICU Placement. 2. Able to utilize HCC Ambu-bus for evacuation of PICU. **Gaps:** 1. Transportation for large number of PICU/NICU patients.

	2. Inadequate number of trained medical personnel to accompany NICU patients during evacuations. 3. NICU patients would more than likely be moved out of region due to no other facility with same capacity as Ascension Sacred Heart Hospital in Pensacola. 4. Specialized equipment shortage for patient sizes in PICU. 5. If using HCC Ambu-bus for NICU, incubators may not fit in stretcher area in Ambu-bus.
Jackson	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** No NICU or PICU – would need to transfer to another county.
Calhoun	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** No NICU or PICU – would need to transfer to another county.
Liberty	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** No NICU or PICU – would need to transfer to another county.
Washington	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** No NICU or PICU – would need to transfer to another county.
Holmes	**Capability:** Can accept pediatric patients without ICU requirement. **Gap:** No NICU or PICU – would need to transfer to another county.

Biological Disease Outbreaks (i.e. Flu, Virus, etc.)

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies and personnel to assist agencies, Crisis Team, Medical Response Team, and all other aspects needed to assist. Working with the Florida Infectious Disease Transportation Network's (FIDTN) Okaloosa County Team to mitigate surge.**
Escambia Santa Rosa Okaloosa Walton Bay Jackson Calhoun Liberty Washington Holmes	**Capabilities:** 1. FIDTN team 2. Trained personnel through trainings and exercises for all health care, including Pediatric specific buildings at local hospitals. 3. The region tests POD Dispensing and SpNS training multiple times every year. **Gaps:** Throughout the region gaps widely include the same, however, a FIDTN team is based in the region to assist with major Biological Disease Outbreaks (i.e. Ebola etc.). 1. Major Gap: Transportation for NICU /PICU /Pediatric patients. 2. Identified with consensus that if all ER's are full, and hospitals exceed capacity, the gap would be to set up an alternate care center for minor biological diseases. 3. Language barriers

Conventional Terrorism

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies and personnel to**

	assist agencies, Crisis Team, Medical Response Team, and all other aspects needed to assist.
Escambia Santa Rosa Okaloosa Walton Bay Jackson Calhoun Liberty Washington Holmes	Conventional Terrorism is a constant fear and terror in our region due to having numerous military bases and facilities, as well as military contractors developing, testing and utilizing military warfare and airplanes. **Capabilities:** 1. Awareness and training with multiple scenarios every year with medical facilities including pediatric. 2. Very large pediatric wing at Sacred Heart Pensacola (Ascension) Studer Family Wing for treatment and utilization. Additionally, if pediatric wing at full capacity, there are numerous outlying buildings at the hospital to be used for more pediatric care sections. **Gaps**: 1. Numerous (thousands) of personnel from middle- eastern countries training at the regional military bases. (i.e. NAS Pensacola) 2. Language barriers 3. Could limit transportation access and routes if major event occurred on military installation. 4. International airports bring potentials for terrorism with multiple foreign nationals visiting region.

Mass Casualty Incidents

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies and personnel to assist agencies, Crisis Team, Medical Response Team, and all other aspects needed to assist. Also, the HCC consistently provides various trainings and exercises to evaluate and improve surge capabilities.**
Escambia	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Mobile, AL; New Orleans, LA, etc.). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Santa Rosa	**Capability:** 1. Communication and knowledge of surrounding counties. 2. Region and health care partners available to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation and lack of specific facility to treat pediatrics.
Okaloosa	**Capabilities:**

	1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Mobile, AL; Dothan, AL; Tallahassee; Gainesville). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism. 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Walton	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Dothan, AL; Tallahassee). **Gaps:** 1. -Military bases; sports stadiums; large universities and colleges. 2. Tourism. 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Bay	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas i.e. Dothan, AL; Tallahassee, Jacksonville, Gainesville, Atlanta, GA). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism. 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Jackson	**Capability:** Ability to treat up to 25 mass casualty patients. **Gaps:** 1. No NICU/PICU, however, can treat pediatric patients. 2. Transportation is issue, due to very rural area. 3. If additional equipment is required, time is a major gap.
Calhoun	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.
Liberty	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.
Washington	**Capabilities:**

	1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.
Holmes	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.

Mass Population Surges

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies and personnel to assist agencies, Crisis Team, Medical Response Team, and all other aspects needed to assist. Also, the HCC consistently provides various trainings and exercises to evaluate and improve surge capabilities.**
Escambia	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Mobile, AL; New Orleans, LA, etc.). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism. 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Santa Rosa	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.
Okaloosa	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Mobile, AL; Dothan, AL; Tallahassee; Gainesville). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism.

	3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Walton	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Dothan, AL; Tallahassee). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism. 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Bay	**Capabilities:** 1. Largest pediatric hospital in region. 2. Close proximity to more facilities in surrounding areas (i.e. Dothan, AL; Tallahassee, Jacksonville, Gainesville, Atlanta, GA). **Gaps:** 1. Military bases; sports stadiums; large universities and colleges. 2. Tourism. 3. Crime rate is up. 4. Gap for pediatrics would be medical care and transportation.
Jackson	**Capability:** Ability to treat up to 25 mass casualty patients. **Gaps:** 1. No NICU/PICU, however, can treat pediatric patients. 2. Transportation is issue due to very rural area. 3. If additional equipment is required, time is a major gap.
Calhoun	**Capability:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.
Liberty	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.
Washington	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation.

	3. Lack of specific facility to treat pediatric patients.
Holmes	**Capabilities:** 1. Communication. 2. Knowledge of surrounding counties, region. 3. Health care partners to assist. **Gaps:** 1. No NICU/PICU in county. 2. Transportation. 3. Lack of specific facility to treat pediatric patients.

Local individuals or organizations within the HCC's who can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Christa Allen	850-278-3994 office 850-612-2485 cell Christa.allen@ascension.org	Sacred Heart Hospital on the Emerald Coast – Ascension	Newborns
Amber Lewis	850-278-3040 office 850-418-0464 cell Amber.lewisQ@ascension.org	Sacred Heart Hospital on the Emerald Coast – Ascension	Newborns
Marla Peak	850-747-7136 office Marla.peak@hcahealthcare.com	Gulf Coast Hospital, Panama City	NICU
Melanie Sellers	850-718-2660 msellers@jackhosp.org	Jackson Hospital	PICU

Local individuals or organizations within the HCC's who can act as a **mental health subject matter expert** in the event of a pediatric disaster and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Dr. Frank Goldstein; Retha Jensen LMHC, CAP (Emerald Coast Crisis Stress Team)	850-863-3628 Retha.echcc@gmail.com	Emerald Coast Health Care Coalition and Florida One
Bridgeway Center	850-833-8500	Bridgeway Center
Lakeview Center Pensacola	850-469-3500	Lakeview Center Pensacola
Community Health Center - Maralee Sartain	850-436-4630 Escambia County 850-981-9433 Santa Rosa County	Community Health Center
Life Management Center	850-522-4485 Bay County 888-785-8750 Calhoun, Holmes, Jackson, Washington Counties	Life Management Center
Apalachee Center	Mobile Response Team 850-643-2232 Crisis Line- Liberty County	Apalachee Center

	800-342-0774	
Chautauqua Healthcare Services of Lakeview	850-892-4357 Walton County	Chautauqua Healthcare Services of Lakeview
Kathy C White MA, LMHC, LMFT, QS	850-304-2059	Carpenter House Inc.
Dareece A. Shaw MA, LMFT, CCTP	850-583-9429	Family & Child Development Center
Timeka Hayes LMHC, CCTP, LMT, QS	850-999-5644 info@hayesmedicalintegration.com	HMI-Hayes Medical Integration
Kim Marie Losquadro MS, MA, LMHC	850-261-4963 kimlosquadrocounselor@gmail.com	
Dr. David I Copeland PhD, LMHC S, BSP, CCTP, CtH	850-502-5475	GHP Counseling Services
Colleen L Wenner-Foy MA, LMHC, MCAP	850-460-8499	
Taryn Dobson Jones MSW, LCSW-S, CPP	850-888-3596	True Joy Counseling and Consulting
Kimberly Yon-Davis, PLLC	850-665-2440	Coastal Counseling
Ray Sizemore LCSW	850-724-4120	The HAVEN Place, LLC
Allison P Brelia MSW, LCSW	850-888-0332	True Joy Counseling and Consulting, PLLC
Hannah McGuire – LMHC	850-626-7779	Santa Rosa Counseling Center
Tamra Snook LCSW Counseling	407-955-5915	
Kate Henning – MS, LMHC, MCAP	850-331-0684	One Step Counseling
Dr. Patrick Gould – DPsych, LMHC	850-204-4378	
Catherine Jones MS, LMHC, DBTC	850-692-9297 Casey@mendedwingcounseling.com	Mended Wing Counseling, LLC

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Pediatric IV Supplies	Surrounding facilities, HCC, surrounding states in close proximity, EMS agencies, Fire Paramedics, Nursing Schools, Rehab Hospitals, Home health agencies, hospice care agencies, cancer treatment centers, and resources identified during incidents/events

Pediatric IV Pumps	Surrounding facilities, HCC, surrounding states in close proximity, EMS agencies, Fire Paramedics, Nursing Schools, Rehab Hospitals, Home health agencies, hospice care agencies, cancer treatment centers, and resources identified during incidents/events
Pediatric Ventilators	Surrounding facilities, HCC, surrounding states in close proximity, EMS agencies, Fire Paramedics, Nursing Schools, Rehab Hospitals, Home health agencies, hospice care agencies, cancer treatment centers, and resources identified during incidents/events
Pediatric airway tubes various types	Surrounding facilities, HCC, surrounding states in close proximity, EMS agencies, Fire Paramedics, Nursing Schools, Rehab Hospitals, Home health agencies, hospice care agencies, cancer treatment centers, and resources identified during incidents/events

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
Ventilators	ECHCC Warehouse	Ann Hill 850-585-1679
Miscellaneous medical equipment	Mash Supplies Fort Walton Beach, FL	850-863-4515
Miscellaneous medical equipment, portable oxygen, CPAP, wheelchairs, lift chairs, scooters	J & B Supply, Niceville, FL	850-729-2559
Breathing machines, respirators, miscellaneous pediatric equipment	Lincare	850-478-9141
Feeding tubes, respiratory, etc.	All About Pediatrics	904-240-4555

Local sources to approach for **car seats** during a disaster or emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Walmart, numerous locations	All 10 counties
Target, Ft Walton Beach	All 10 counties
Red Cross	All 10 counties

Fire departments generally have one or two to use	All 10 counties
Babies Away	(888) 281-9030

Identified **unique risks** for pediatric-specific mass casualty incident/events (e.g., evacuation of a pediatric hospital, etc.) by county. (NOTE: Certain facilities in the region do not admit any pediatric patients.)

County	Risk	Number of Potential Patients	Gaps
Escambia	Evacuation of NICU/PICU	65-100	Transportation; sufficient medical personnel to accompany; medical equipment; housing for immediate family members.
Bay	Evacuation of NICU/PICU	25-50	Transportation; sufficient medical personnel to accompany; medical equipment; housing for immediate family members.
Okaloosa	Evacuation of NICU/PICU and Pediatric patients at certain facilities	25-50	Transportation; sufficient medical personnel to accompany; medical equipment; housing for immediate family members.
All counties	Language barriers		Many military personnel in the area from all over the world causes language barriers.
Jackson, Calhoun, Liberty, Holmes and Washington Counties	Transportation		Transportation from local hospital facility or scene of mass casualty to surrounding counties. Hospitals in these counties cannot accept large medical surge patients.

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and, the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list, as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	County	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
ASCENSION SACRED HEART BAY		Level II	BAY	323	323				0			Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension
ASCENSION SACRED HEART EMERALD COAST			WALTON	76	76			8	8			Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension
ASCENSION SACRED HEART PENSACOLA	Studer Family Children's Hospital at Sacred Heart	Level II/Pediatric	ESCAMBIA	566	499		28	39	67			Does not transfer out	Does not transfer out	Does not transfer out
BAPTIST HOSPITAL		Level II	ESCAMBIA	492	402	26			0			Sacred Heart Pensacola Ascension; UF Shands	Sacred Heart Pensacola Ascension; UF Shands	Sacred Heart Pensacola Ascension
CALHOUN-LIBERTY HOSPITAL			CALHOUN	25	25				0			Sacred Heart Pensacola Ascension; UF Shands	Sacred Heart Pensacola Ascension; UF Shands	Sacred Heart Pensacola Ascension
CAMPBELLTON-GRACEVILLE HOSPITAL			JACKSON	25	25				0	2	2	Gulf Coast Regional Medical Center in Panama City; Tallahassee Memorial;	Gulf Coast Regional Medical Center in Panama City; Tallahassee Memorial;	Gulf Coast Regional Medical Center in Panama City; Tallahassee Memorial;
DOCTORS MEMORIAL HOSPITAL			HOLMES	20	20				0			Sacred Heart Pensacola Ascension; UF Shands	Sacred Heart Pensacola Ascension; UF Shands	Sacred Heart Pensacola Ascension
FORT WALTON BEACH MEDICAL CENTER		Level II	OKALOOSA	237	179		10		10			Does not transfer	Does not transfer	Sacred Heart Pensacola Ascension
GULF BREEZE HOSPITAL			SANTA ROSA	77	77				0			Sacred Heart	Sacred Heart	Sacred Heart

												Pensacola Ascension	Pensacola Ascension	Pensacola Ascension
GULF COAST REGIONAL MEDICAL CENTER			BAY	223	195		20	8	28			Fort Walton Beach Medical Center	Fort Walton Beach Medical Center	Sacred Heart Pensacola Ascension
HEALTHMARK REGIONAL MEDICAL CENTER			WALTON	50	50				0			Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension
JACKSON HOSPITAL			JACKSON	100	100				0			UF Shands	UF Shands	Sacred Heart Pensacola Ascension
JAY HOSPITAL			SANTA ROSA	49	49				0			Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension
NORTH OKALOOSA MEDICAL CENTER			OKALOOSA	110	110				0			Fort Walton Beach Medical Center	Fort Walton Beach Medical Center	Sacred Heart Pensacola Ascension
NORTHWEST FLORIDA COMMUNITY HOSPITAL			WASHINGTON	59	25				0	0	10	Ascension facilities; West Florida; UF Shands	Ascension facilities; West Florida; UF Shands	Sacred Heart Pensacola Ascension
SANTA ROSA MEDICAL CENTER			SANTA ROSA	129	129				0			Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension	Sacred Heart Pensacola Ascension
TWIN CITIES HOSPITAL			OKALOOSA	65	65				0			Fort Walton Beach Medical Center	Fort Walton Beach Medical Center	Sacred Heart Pensacola Ascension
WEST FLORIDA HOSPITAL			ESCAMBIA	515	400				0	0	0	Ascension facilities; West Florida; UF Shands	Ascension facilities; West Florida; UF Shands	Sacred Heart Pensacola Ascension facilities; UF Shands

3.6 Region 2- Big Bend Health Care Coalition

Contact Information:

Name	Phone #	Email
Zachary Annett	850-488-6211	zannett@thearpc.com
Denise Imbler	850-488-6211	dimbler@thearpc.com

Demographics/ Description of the Health Care Coalition (HCC)
The Region 2 Big Bend Health Care Coalition is in the rural northwest region of Florida. It's bordered to the south by the Gulf of Mexico and to the north by the state of Georgia. It's comprised of Franklin, Gadsden, Gulf, Jefferson, Leon, Madison, Taylor and Wakulla counties. The highest populated city in the Region is Tallahassee, Florida's state capital, with approximately 290,000 residents.

Region 2 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Franklin	540	1,233	1,773	12,360	14%
Gadsden	2,850	6,545	9,395	48,173	20%
Gulf	645	1,581	2,226	16,235	14%
Jefferson	674	1,596	2,270	14,725	15%
Leon	14,906	33,009	47,915	290,223	17%
Madison	1,025	2,249	3,274	19,420	17%
Taylor	1,218	2,726	3,944	22,258	18%
Wakulla	1,769	4,278	6,047	32,350	19%
Total:	**21,858**	**48,939**	**70,797**	**423,394**	**16%**

Description of the Health Care System
The Region 2 Big Bend Health Care Coalition has two (2) health care facilities designated as Acute Care Hospitals and three (3) free-standing Emergency Departments; seven (7) of the hospitals in the region provide 24-hour emergency care services. The Level II Trauma Center, located in Tallahassee, is in the process of becoming a Level II Pediatric Trauma Center, yet will not achieve that status before 2021.

Some hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are two (2) within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide health care services to pediatric populations, only three (3) of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU), and one (1) offers Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Franklin	**Capabilities**: 25 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gadsden	**Capabilities**: Four acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gulf	**Capabilities**: 19 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Jefferson	**Capabilities**: Must transport to another county for hospital services **Gap**: No hospital services. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Leon	**Capabilities**: Level II Trauma Center; one PICU and NICU; 1,038 acute care beds. **Gap**: Regional receiving hospital. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary.

	The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Madison	**Capabilities**: 25 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Taylor	**Capabilities**: 48 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Wakulla	**Capabilities**: Must transport to another county for hospital services **Gap**: No hospital services. Any tropical storm or hurricane causing significant flooding or damages to schools, daycares or other childcare facilities could potentially trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.

Biological Disease Outbreaks

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Franklin	**Capabilities**: 25 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as COVID-19, Ebola, or Zika. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gadsden	**Capabilities**: Four acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as

	COVID-19, Ebola, etc. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gulf	**Capabilities**: 19 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as COVID-19, Ebola, or Zika. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Jefferson	**Capabilities**: Must transport to another county for hospital services **Gap**: No hospital services. Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as COVID-19, Ebola or Zika. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Leon	**Capabilities**: Level II Trauma Center; one PICU and NICU; 1,038 acute care beds **Gap**: Regional receiving hospital. Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as COVID-19, Ebola or Zika. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
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Taylor	**Capabilities**: 48 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU.

	Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as COVID-19, Ebola or Zika. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Wakulla	**Capabilities**: Must transport to another county for hospital services **Gap**: No hospital services. Any biological disease outbreak has the potential to trigger a pediatric surge. These can come in the form of infectious disease, such as COVID-19, Ebola or Zika. It is difficult say how these outbreaks will affect various populations until they hit. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.

Conventional Terrorism

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Franklin	**Capabilities**: 25 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gadsden	**Capabilities**: Four acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gulf	**Capabilities**: 19 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary.

	The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Jefferson	**Capabilities**: Must transport to another county for hospital services **Gap**: No hospital services. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Leon	**Capabilities**: Level II Trauma Center; one PICU and NICU; 1,038 acute care beds **Gap**: Regional receiving hospital. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Madison	**Capabilities**: 25 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Taylor	**Capabilities**: 48 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Wakulla	**Capabilities**: Must transport to another county for hospital services. **Gap**: No hospital services. Any act of terrorism such as bombings, vehicle ramming, shootings, etc. affecting schools, daycare facilities, events, or public gatherings would trigger a pediatric surge. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.

Mass Casualty Incidents

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Franklin	**Capabilities**: 25 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gadsden	**Capabilities**: Four acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gulf	**Capabilities**: 19 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Jefferson	**Capabilities**: Must transport to another county for hospital services. **Gap**: No hospital services. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Leon	**Capabilities**: Level II Trauma Center; one PICU and NICU; 1,038 acute care beds. **Gap**: Regional receiving hospital. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary.

	The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Madison	**Capabilities**: 25 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.
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Wakulla	**Capabilities**: Must transport to another county for hospital services. **Gap**: No hospital services. In addition to the incidents associated with terrorism attacks, vehicle accidents, school shootings, hazardous material releases have the potential to trigger a pediatric surge event. The HCC will assist with coordination transportation of patients or identifying facilities that can receive pediatric patients, as necessary. The HCC can also provide informational resources for the counties. If necessary, the HCC will reach out to the Pediatric SME for assistance.

Mass Population Surges

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Franklin	**Capabilities**: 25 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gadsden	**Capabilities**: Four acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU.

	Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Gulf	**Capabilities**: 19 acute care beds; limited pediatric capabilities. **Gap**: No NICU or PICU. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Jefferson	**Capabilities**: Must transport to another county for hospital services. **Gap**: No hospital services. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Leon	**Capabilities**: Level II Trauma Center; one PICU and NICU; 1,038 acute care beds. **Gap**: Regional receiving hospital. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Madison	**Capabilities**: 25 acute care beds; limited pediatric capabilities **Gap**: No NICU or PICU. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Taylor	**Capabilities**: 48 acute care beds; limited pediatric capabilities.

	Gap: No NICU or PICU. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.
Wakulla	**Capabilities**: Must transport to another county for hospital services **Gap**: No hospital services. Major storms directly projected to impact an area causing populations to evacuate or large public events or gatherings could trigger a mass population surge in a county. The HCC can assist local agencies in the Region with preparing first responders, and emergency preparedness agencies for the influx persons as request by those entities. The HCC can also provide informational resources. If necessary, the HCC will reach out to the Pediatric SME for assistance.

Local individuals or organizations within the HCC's who can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Dr. Chad Ward	On file	Tallahassee Memorial Hospital – Trauma Center	Pediatric Intensivist

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster/emergency and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Lisa Medcalf	On file	Apalachee Center

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the HCC. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Pediatric specific supplies are a gap for all counties in the Region outside of Leon County due to the limited capabilities of these counties.	Identify funding sources for local municipalities and counties to purchase basic level equipment necessary for their EMS agencies and first responders. Provide trainings to these

	organizations to highlight the issues they may run into when responding to these types of incidents.
Tourniquet / Stop the Bleed Kits	Provide trainings on the importance of tourniquets and stopping the bleed and identify funding sources to purchase these materials or distribute these resources from regional sources.

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
various supplies	Tallahassee, FL	Tallahassee Fire Department Chief Jerome Gaines
various supplies	Tallahassee, FL	Leon County EMS Chief Chad Abrams
various supplies	Tallahassee, FL	Bond Community Health Center Gabriel Otuonye

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Best Buy – Apalachee Parkway	850-942-2300
Costco – Tallahassee	850-219-2500
Sam's Club – Tallahassee	850-671-5959
Target – Apalachee Parkway	850-671-2041
Target – W Tennessee Street	850-688-1918
Target – Bradfordville Rd	850-894-3213
Walmart – North Monroe	850-562-8383
Walmart – Lagniappe Way	850-656-2151
Walmart – Apalachee Parkway	850-656-2732
Walmart – W Tennessee Street	850-574-3588
Walmart – Pat Thomas Parkway	850-875-1661
Walmart – Crawfordville	850-926-1560
Walmart – Perry	850-223-4179

Identified **unique risks** for pediatric-specific mass casualty incidents/events (e.g., evacuation of a pediatric hospital, etc.) by county.

County	Risk	Number of Potential Patients	Gaps
Franklin	No pediatric surge capabilities, any mass casualty event affecting a pediatric population would be a unique risk.	1,970	No NICU or PICU

Gadsden	No pediatric surge capabilities, any mass casualty event affecting a pediatric population would be a unique risk.	11,135	No NICU or PICU
Gulf	No pediatric surge capabilities, any mass casualty event affecting a pediatric population would be a unique risk.	1,944	No NICU or PICU
Jefferson	No pediatric surge capabilities or hospital services. Any mass casualty event affecting a pediatric population would be a unique risk.	2,748	No NICU or PICU, No hospital services
Leon	As the regional receiving hospital, the county facilities can easily become overwhelmed should they need to evacuate a facility, or an event occurs within the neighboring counties.	53,973	Regional receiving hospital
Madison	No pediatric surge capabilities, any mass casualty event affecting a pediatric population would be a unique risk.	4,187	No NICU or PICU
Taylor	No pediatric surge capabilities, any mass casualty event affecting a pediatric population would be a unique risk.	4,445	No NICU or PICU
Wakulla	No pediatric surge capabilities or hospital services. Any mass casualty event affecting a pediatric population would be a unique risk.	6,925	No NICU or PICU, No hospital services

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list, as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	County	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
ASCENSION SACRED HEART GULF			GULF	19	19		0	0	0	10	0	TMH	TMH	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville
CAPITAL REGIONAL MEDICAL CENTER			LEON	266	242		0	0	0	150	0	TMH	TMH	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville
CAPITAL REGIONAL MEDICAL CENTER, GADSDEN MEMORIAL CAMPUS			GADSDEN	4	4		0	0	0	4	0	TMH	TMH	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville
DOCTORS' MEMORIAL HOSPITAL			TAYLOR	48	48		0	0	0	22	0	TMH	TMH	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville
GEORGE E WEEMS MEMORIAL HOSPITAL			FRANKLIN	25	25		0	0	0	10	0	TMH	TMH	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville
MADISON COUNTY MEMORIAL HOSPITAL			MADISON	25	25		0	0	0	10	0	TMH	TMH	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville
TALLAHASSEE MEMORIAL HOSPITAL		Level II	LEON	772	567	15	13	19	32	350	0	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville	Sacred Heart Pensacola, Shands Gainesville or Shands Jacksonville

3.7 Region 3- Health Care Coalition Alliance

Contact Information:

Name	Phone #	Email
Leigh Wilsey	904-279-0880 x105	lwilsey@NEFRC.org

Demographics/ Description of the Health Care Coalition (HCC)
The Region 3 Health care Coalition Alliance is in the north central and northeast portion of the state and is bordered by state of Georgia, the Atlantic Ocean, and Gulf of Mexico. It serves 18 counties in north Florida and is comprised of three (3) health care coalitions: The Northeast Florida Health Care Coalition, the North Central Florida Health Care Coalition, and the Coalition for Health and Medical Preparedness (CHAMP). The Northeast Florida Health Care Coalition is made up of six (6) counties, including: Baker, Clay, Duval, Flagler, Nassau, and St. Johns counties; The North Central Florida HCC is made up of an additional 11 counties:- Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union; and CHAMP is a single-county coalition located in Marion County.

Region 3 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Alachua	13,983	28,384	42,367	263,753	16%
Baker	1,757	4,086	5,843	27,488	21%
Bradford	1,617	3,469	5,086	28,083	18%
Clay	12,096	31,881	43,977	213,565	21%
Columbia	4,224	9,329	13,553	69,566	19%
Dixie	810	1,911	2,721	16,767	16%
Duval	64,475	128,870	193,345	954,454	20%
Flagler	4,309	11,995	16,304	108,481	15%
Gilchrist	1,021	2,156	3,177	17,578	18%
Hamilton	793	1,769	2,562	14,706	17%
Lafayette	353	1,106	1,459	8,367	17%
Levy	2,093	5,109	7,202	41,550	17%
Marion	17,915	40,945	58,860	355,325	17%
Nassau	4,321	10,198	14,519	83,125	17%
Putnam	4,230	9,833	14,063	73,422	19%
Saint Johns	12,238	33,883	46,121	241,545	19%
Suwannee	2,414	5,890	8,304	45,123	18%
Union	824	1,844	2,668	15,966	17%
Total:	**148,649**	**330,814**	**479,463**	**2,562,898**	**18%**

Description of the Health Care System
The Region 3 Health Care Coalition Alliance has eight (8) health care facilities designated as rural hospitals; 19 health care facilities designated as Acute Care Hospitals and multiple free-standing Emergency Departments; most of these facilities provide 24-hour emergency care

services. The Coalition area has one (1) pediatric trauma center.

Some hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are two (2) Level I and three (3) Level II trauma centers within the HCC that have capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide medical care services to pediatric populations, four (4) of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU), and 11 offer Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Alachua	**Capability**: High level for medically complex **Gap**: 1. Regional receiving hospital 2. No local transfer capability
Baker	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Bradford	**Capability**: Must transport to another county. **Gap**: No hospital services
Clay	**Capability**: NICU, PICU, Trauma services **Gap**: Transport time to PICU or Trauma services
Columbia	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Dixie	**Capability**: Must transport to another county. **Gap**: No hospital services
Duval	**Capability**: PICU, NICU, Trauma services **Gap**: Receiving hospital for region
Flagler	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Gilchrist	**Capability**: Must transport to another county. **Gap**: No hospital services
Hamilton	**Capability**: Must transport to another county. **Gap**: No hospital services
Lafayette	**Capability**: Must transport to another county. **Gap**: No hospital services
Levy	**Capability**: Must transport to another county. **Gap**: No hospital services
Marion	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Nassau	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Putnam	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
St. Johns	**Capability**: Limited pediatric capability

	Gap: Limited NICU or No PICU
Suwannee	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Union	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU

Biological Disease Outbreaks

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Alachua	**Capability**: High level for medically complex **Gap**: Regional receiving hospital, no local transfer capability
Baker	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Bradford	**Capability**: Must transport to another county. **Gap**: No hospital services
Clay	**Capability**: NICU & PICU & Trauma **Gap**: Transport time to PICU or Trauma
Columbia	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Dixie	**Capability**: Must transport to another county. **Gap**: No hospital services
Duval	**Capability**: PICU, NICU & Trauma services **Gap**: Receiving hospital for region
Flagler	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Gilchrist	**Capability**: Must transport to another county. **Gap**: No hospital services
Hamilton	**Capability**: Must transport to another county. **Gap**: No hospital services
Lafayette	**Capability**: Must transport to another county. **Gap**: No hospital services
Levy	**Capability**: Must transport to another county. **Gap**: No hospital services
Marion	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Nassau	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Putnam	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
St. Johns	**Capability**: Limited pediatric capability **Gap**: Limited NICU or No PICU
Suwannee	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Union	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU

Conventional Terrorism

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Alachua	**Capability**: High level for medically-complex **Gap**: 1. Regional receiving hospital 2. No local transfer capability
Baker	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Bradford	**Capability**: Must transport to another county. **Gap**: No hospital services
Clay	**Capability**: NICU, PICU, Trauma services **Gap**: Transport time to PICU or Trauma
Columbia	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Dixie	**Capability**: Must transport to another county. **Gap**: No hospital services
Duval	**Capability**: PICU, NICU, Trauma services **Gap**: Receiving hospital for region
Flagler	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Gilchrist	**Capability**: Must transport to another county. **Gap**: No hospital services
Hamilton	**Capability**: Must transport to another county. **Gap**: No hospital services
Lafayette	**Capability**: Must transport to another county. **Gap**: No hospital services
Levy	**Capability**: Must transport to another county. **Gap**: No hospital services
Marion	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Nassau	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Putnam	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
St. Johns	**Capability**: Limited pediatric capability **Gap**: Limited NICU or No PICU
Suwannee	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Union	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU

Mass Casualty Incidents

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Alachua	**Capability**: High level for medically-complex **Gap**: 1. Regional receiving hospital 2. No local transfer capability
Baker	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Bradford	**Capability**: Must transport to another county. **Gap**: No hospital services
Clay	**Capability**: NICU, PICU, Trauma services **Gap**: Transport time to PICU or Trauma
Columbia	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Dixie	**Capability**: Must transport to another county. **Gap**: No hospital services
Duval	**Gap**: Receiving hospital for region **Capability**: PICU, NICU, Trauma services
Flagler	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Gilchrist	**Capability**: Must transport to another county. **Gap**: No hospital services
Hamilton	**Capability**: Must transport to another county. **Gap**: No hospital services
Lafayette	**Capability**: Must transport to another county. **Gap**: No hospital services
Levy	**Capability**: Must transport to another county. **Gap**: No hospital services
Marion	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Nassau	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Putnam	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
St. Johns	**Capability**: Limited pediatric capability **Gap**: Limited NICU or No PICU
Suwannee	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Union	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU

Mass Population Surge

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Alachua	**Capability**: High level for medically-complex **Gap**: 1. Regional receiving hospital 2. No local transfer capability
Baker	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Bradford	**Capability**: Must transport to another county. **Gap**: No hospital services
Clay	**Capability**: NICU, PICU, Trauma services **Gap**: Transport time to PICU or Trauma
Columbia	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Dixie	**Capability**: Must transport to another county. **Gap**: No hospital services
Duval	**Capability**: PICU, NICU, Trauma services **Gap**: Receiving hospital for region
Flagler	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Gilchrist	**Capability**: Must transport to another county **Gap**: No hospital services
Hamilton	**Capability**: Must transport to another county. **Gap**: No hospital services
Lafayette	**Capability**: Must transport to another county. **Gap**: No hospital services
Levy	**Capability**: Must transport to another county. **Gap**: No hospital services
Marion	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Nassau	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Putnam	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
St. Johns	**Capability**: Limited pediatric capability **Gap**: Limited NICU or No PICU
Suwannee	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU
Union	**Capability**: Limited pediatric capability **Gap**: No NICU or PICU

Local individuals or organizations within the HCC's who can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Lisa Nichols	Lisa.nichols@bmcjax.com	Baptist Health	Pediatrics

Local individuals or organizations within the HCC's who can act as a **mental health subject matter expert** in the event of a pediatric disaster and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Karen Sandbach, PhD	Karen.Sandbach@bmcjax.com	Baptist Behavioral Health
Terrie Andrews, PhD	Terrie.Andrews@bmcjax.com	Baptist Behavioral Health

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in your Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Most hospitals that are not pediatric-specific should have limited supplies, however, would quickly be overwhelmed in a pediatric surge incident/event.	Identify and prioritize gaps for future funding.
Decontamination equipment specific to pediatrics	Prioritize for funding.
The HCC has identified gaps in neonatal resuscitation supplies, pediatric code supplies, and pediatric/neonatal medical surge supplies needed at acute care hospitals and alternate care sites, in a large-scale pediatric incident/event.	Seek additional funding sources.

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
Pediatric Behavioral Health Coping Backpacks	Child Life Disaster Relief	Jean Cooper, 248-219-0061
No other caches specific to pediatrics currently exist within the region.		

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Walmart - numerous locations across the region	https://www.walmart.com/store/directory/fl
Buy Buy Baby - numerous locations across the region	https://www.buybuybaby.com/store/selfservice/FindStore
Target - numerous locations across the region	https://www.target.com/store-locator/find-stores

Identified **unique risks** for pediatric-specific mass casualty incidents/events (e.g., evacuation of a pediatric hospital, etc.) by county.

County	Risk	Number of Potential Patients	Gaps
All	Pediatric surge		Lack of pediatric focused facilities
Alachua	Evacuation of high-risk & NICU	50	Lack of pediatric focused facilities
Duval	Evacuation of pediatric hospital & NICU	200	Lack of pediatric focused facilities

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list, as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	County	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
ADVENTHEALTH OCALA			MARION	425	413		12		12	8		AdventHealth hospitals; Orlando Area hospitals; Jacksonville Area Hospitals	AdventHealth hospitals; Orlando Area hospitals; Jacksonville Area Hospitals	Orlando Regional Medical; Shands Gainesville; UF Health Jax
ADVENTHEALTH PALM COAST			FLAGLER	99	99				0	0	0	Orlando Area hospitals; Jacksonville Area Hospitals	Orlando Area hospitals; Jacksonville Area Hospitals	Orlando Area hospitals; Jacksonville Area Hospitals
ASCENSION ST VINCENT'S CLAY COUNTY			CLAY	106	106				0	0	0	Ascension hospitals; Area hospitals; Wolfson's; UF Health; Shands Gainesville	Ascension hospitals; Area hospitals; OPMC; Wolfson's; UF Health; Shands Gainesville	Wolfson's; OPMC; UF Health; Shands Gainesville
ASCENSION ST VINCENTS RIVERSIDE			DUVAL	528	518		10		10			Ascension hospitals; Area hospitals; Wolfson's; UF Health; Shands Gainesville	Ascension hospitals; Area hospitals; Wolfson's; UF Health; Shands Gainesville	Wolfson's; UF Health; Shands Gainesville
ASCENSION ST VINCENTS SOUTHSIDE			DUVAL	313	299		10	4	14			Ascension hospitals; Area hospitals; Wolfson's; UF Health; Shands Gainesville	Ascension hospitals; Area hospitals; Wolfson's; UF Health; Shands Gainesville	Wolfson's; UF Health; Shands Gainesville
BAPTIST MEDICAL CENTER - BEACHES			DUVAL	146	146				0	0	0	Baptist facilities; Wolfson's; UF Health	Wolfson, UF Health, Shands Gainesville	Wolfson, UF Health, Shands Gainesville
BAPTIST MEDICAL CENTER - NASSAU			NASSAU	62	62				0	0	0	Baptist facilities; Wolfson's; UF Health	Wolfson, UF Health, Shands Gainesville	Wolfson, UF Health, Shands Gainesville
BAPTIST MEDICAL CENTER JACKSONVILLE			DUVAL	489	450				0	0	0	Baptist facilities; Wolfson's; UF Health	Wolfson, UF Health, Shands Gainesville	Wolfson, UF Health, Shands Gainesville
BAPTIST MEDICAL CENTER SOUTH			DUVAL	269	255		14		14			Baptist facilities;	Wolfson, UF Health,	Wolfson, UF Health, Shands Gainesville

												Wolfson's; UF Health	Shands Gainesville	
BROOKS REHABILITATION HOSPITAL			DUVAL	160					0	0	0	N/A	N/A	N/A
CURAHEALTH JACKSONVILLE LLC			DUVAL	107					0	0	0	N/A	N/A	N/A
ED FRASER MEMORIAL HOSPITAL			BAKER	25	25				0	0	0	N/A	N/A	N/A
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF OCALA			MARION	70					0	0	0	N/A	N/A	N/A
FLAGLER HOSPITAL			ST. JOHNS	335	307		7		7			Area hospitals; Wolfson's; UF Health; Shands Gainesville	Area hospitals; Wolfson's; UF Health; Shands Gainesville	Area hospitals; Wolfson's; UF Health; Shands Gainesville
KINDRED HOSPITAL OCALA			MARION	31					0	0	0	N/A	N/A	N/A
KINDRED HOSPITAL-NORTH FLORIDA			CLAY	80					0	0	0	N/A	N/A	N/A
LAKE BUTLER HOSPITAL			UNION	25	25				0	0	0	N/A	N/A	N/A
LAKE CITY MEDICAL CENTER			COLUMBIA	91	91				0	0	0	N/A	N/A	N/A
MAYO CLINIC			DUVAL	304	304				0	0	0	Area hospitals; Wolfson's; UF Health; Shands Gainesville	Area hospitals; Wolfson's; UF Health; Shands Gainesville	Area hospitals; Wolfson's; UF Health; Shands Gainesville
MEMORIAL HOSPITAL JACKSONVILLE		Level II	DUVAL	454	403		10		10			HCA Facilities; Wolfson's UF Health; Shands Gainesville	HCA Facilities; Shands Gainesville; Wolfson's UF Health	HCA Facilities; Shands Gainesville; Wolfson's UF Health
NORTH FLORIDA REGIONAL MEDICAL CENTER			ALACHUA	432	387		12		12			HCA Facilities; Shands Gainesville; Wolfson's UF Health	HCA Facilities; Shands Gainesville; Wolfson's UF Health	HCA Facilities; Shands Gainesville; Wolfson's UF Health
NORTHEAST FLORIDA STATE HOSPITAL			BAKER	1138					0	0	0	N/A	N/A	N/A

OCALA REGIONAL MEDICAL CENTER		Level II	MARION	256	256				0	0	0	HCA Facilities; Orlando Area hospitals; Jacksonville Area Hospitals	HCA Facilities; Orlando Area hospitals; Jacksonville Area Hospitals	HCA Facilities; Orlando Area hospitals; Jacksonville Area Hospitals
ORANGE PARK MEDICAL CENTER		Level II	CLAY	317	261		12		12			HCA Facilities; Wolfson's UF Health; Shands Gainesville	HCA Facilities; Shands Gainesville; Wolfson's UF Health	HCA Facilities; Shands Gainesville; Wolfson's UF Health
PUTNAM COMMUNITY MEDICAL CENTER			PUTNAM	99	99				0	0	0			
RECEPTION AND MEDICAL CENTER HOSPITAL			UNION	120	120				0	0	0	N/A	N/A	N/A
RIVER POINT BEHAVIORAL HEALTH			DUVAL	84		22			0	0	0	N/A	N/A	N/A
SELECT SPECIALTY HOSPITAL GAINESVILLE			ALACHUA	48					0	0	0	N/A	N/A	N/A
SHANDS LAKE SHORE REGIONAL MEDICAL CENTER			COLUMBIA	99	99				0	0	0	N/A	N/A	N/A
SHANDS LIVE OAK REGIONAL MEDICAL CENTER			SUWANNEE	25	25				0	0	0	N/A	N/A	N/A
SHANDS STARKE REGIONAL MEDICAL CENTER			BRADFORD	49	49				0	0	0	N/A	N/A	N/A
THE VINES HOSPITAL			MARION	76					0	0	0	N/A	N/A	N/A
UF HEALTH JACKSONVILLE		Level I	DUVAL	603	456		16	32	48	8		Wolfson's; Area hospitals; Shands Gainesville	Wolfson's; Area hospitals; Shands Gainesville	Wolfson's; Shands Gainesville
UF HEALTH NORTH			DUVAL	92	92				0	0	0	Wolfson's; Area hospitals; Shands Gainesville	Wolfson's; Area hospitals; Shands Gainesville	Wolfson's; Shands Gainesville
UF HEALTH REHAB HOSPITAL			ALACHUA	60					0	0	0			
UF HEALTH SHANDS HOSPITAL	UF Health Shands Children's Hospital	Level I	ALACHUA	1014	932		38	34	72			UF Health, ORMC; Wolfson's; Area hospitals	UF Health, ORMC; Wolfson's; Area hospitals	UF Health, ORMC
UF HEALTH SHANDS			ALACHUA	81		15			0	0	0	N/A	N/A	N/A

PSYCHIATRIC HOSPITAL														
WEKIVA SPRINGS			DUVAL	120					0	0	0	N/A	N/A	N/A
WEST MARION COMMUNITY HOSPITAL			MARION	174	174				0	0	0	N/A	N/A	N/A
WOLFSON CHILDREN'S HOSPITAL	Wolfson's Children's Hospital	Pediatric	DUVAL	202	132	14	24	32	56			Baptist Facilities; UF Health; Shands Gainesville	Baptist Facilities; UF Health; Shands Gainesville	Baptist Facilities; UF Health; Shands Gainesville

3.8 Region 4- Tampa Bay Health and Medical Preparedness Coalition

Contact Information (Pediatric Annex Workgroup):

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Carlos Abanses, M.D.	256-503-5770	JCabansesMD@gmail.com
Ashley Hoskins, Region 4 FDOH	727-568-8025	Ashley.Hoskins@flhealth.gov
Kaila Yeager, Region 4 FDOH	813-363-0074	Kaila.Yeager@flhealth.gov
Patty Buzze-Cravey, BSN	813-810-8017	Prinkb10@yahoo.com

Demographics/ Description of the Health Care Coalition (HCC)
The Region 4, West Central Florida Health Care Coalition is known as the Tampa Bay Health and Medical Preparedness Coalition (TBHMPC), which is located in the west – central region of Florida, identified as the Tampa Bay area or Region 4. It is bordered to the west by the Gulf of Mexico, and to the north, east, and south by Florida Regions 3, 5, and 6, respectively. It is comprised of Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sumter counties.

Region 4 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Citrus	5,554	13,516	19,070	145,164	13%
Hardee	1,909	4,509	6,418	27,436	23%
Hernando	8,492	21,546	30,038	185,421	16%
Hillsborough	89,687	197,920	287,607	1,419,285	20%
Manatee	18,339	43,780	62,119	381,071	16%
Pasco	27,236	65,711	92,947	518,639	18%
Pinellas	43,152	97,593	140,745	971,022	14%
Polk	39,733	94,387	134,120	681,691	20%
Sumter	2,530	5,459	7,989	125,779	6%
Total:	**236,632**	**544,421**	**781,053**	**4,455,508**	**16%**

Description of Health Care System
The TBHMPC Health Care Coalition has 62 health care facilities designated as Acute Care Hospitals and 13 free-standing Emergency Departments; 68 of these facilities provide 24-hour emergency care services. The Coalition has two (2) pediatric trauma centers and one (1) Level 1 trauma center with equivalent capabilities.

Twenty-four (24) hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are 31 within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide medical care services to pediatric populations, five (5) of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU), and 13 offer Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies, and personnel to assist agencies, Medical Response Team, and all other aspects needed to assist.
All	Post-storm impacts (injuries, displacement of medically fragile pediatric patients, disease due to unsanitary conditions or group living environments) from severe tropical weather and hurricanes have the potential to create pediatric surge in acute care medical facilities, as pediatric resources are limited in most counties. Specialty facilities are not evenly distributed throughout the region; they are located in coastal counties, more susceptible to storm surge and access issues. Traditionally, a planning trigger for medical surge is 20 percent of licensed capacity for receiving and stabilizing patients. This number is likely lower (closer to 5 percent) for long-term, definitive care. Coalition support includes communication coordination, inter-county resource coordination and provision of some assets from developed mission-ready packages (shelter support, emergency lighting, etc.). Pediatric SMEs will be consulted in coalition response strategy development and implementation.
Coastal Counties (Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas)	Significant evacuations of population (i.e. Level C or higher) would include significant levels of both general and special needs pediatric populations. Hospitals have limited capabilities for pediatrics overall (two pediatric facilities and 31 hospitals with limited capabilities in entire region). TBHMPC could provide communication coordination, inter-county resource coordination and additional supplies from regional caches, if available.
Citrus, Hardee, Sumter	Even low-level impacts from severe tropical weather at any level have the potential to create a pediatric surge, especially in rural counties with little to no pediatric acute care capability.
Inland Counties (Hardee, Polk, Sumter)	Inland counties have the potential for hosting evacuated populations from coastal counties, which would include pediatric populations that may impact hospitals. Two of these counties have limited to no pediatric resources in acute care facilities (Hardee, Sumter).

Biological Disease Outbreaks

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies, and personnel to assist agencies, Medical Response Team, and all other aspects needed to assist. Working with the Florida Infectious Disease Transportation Network (FIDTN) team to mitigate surge.
ALL	Biological disease outbreaks are perhaps the most likely hazards to trigger a pediatric surge emergency/event in area hospitals. Possible diseases are numerous and range from vaccine-preventable diseases from unvaccinated cohorts, to severe seasonal influenza, to novel pathogens. Traditionally, a planning trigger for surge is 20 percent of licensed capacity for receiving patients. This number may be lower (closer to 5 percent) for long-term, definitive care. These triggers could be even lower in an outbreak scenario, if response activities are significantly resource-intensive (i.e. requiring ventilators). TBHMPC could provide communication coordination, inter-county resource coordination and provision of supplies from infectious disease cache. Pediatric SMEs will be consulted in coalition response strategy development and implementation.
Hardee	Even limited numbers of pediatric casualties due to an outbreak would cause a surge emergency/event, due to extremely limited pediatric capability (one hospital with no pediatric inpatient beds).
Sumter	Even limited numbers of pediatric casualties due to an outbreak would cause a surge event, due to extremely limited pediatric capability (one hospital with no pediatric inpatient beds).

Conventional Terrorism

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies, and personnel to assist agencies, Medical Response Team, and all other aspects needed to assist.
ALL	See ALL boxes below in Mass Casualty Incidents section for triggers and HCC role.
Hardee	Active shooter at school
Hernando	Active shooter at school
Hillsborough	Active shooter at school, Incident at theme park or event area (fairgrounds, festival, parade route, concert venues, sports stadiums/arenas, convention centers)
Manatee	Active shooter at school
Pasco	Active shooter at school
Pinellas	Active shooter at school, Incident at sports venues

Polk	Active shooter at school, Incident at theme park, convention center
Sumter	Active shooter at school

Mass Casualty Incidents

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies, and personnel to assist agencies, Medical Response Team, and all other aspects needed to assist.
ALL	Possible MCIs that would result in pediatric surge in any county include active shooter/active assailant incidents at a school, as well as school bus accidents. Traditionally, a planning trigger for MCI surge is 20 percent of licensed capacity for receiving and stabilizing patients. This number may be lower (closer to 5 percent) for long-term, definitive care and shrink to 1 percent above current bed capacity for burn beds. Many counties have limited pediatric capacities, and an MCI involving pediatrics would require outside assistance at a fairly low level. TBHMPC could provide communication coordination, inter-county resource coordination and provision of supplies from limited caches (as relevant). Pediatric SMEs will be consulted in coalition response strategy development and implementation.
Citrus	Active shooter at school, School Bus Crash
Hardee	Active shooter at school, School Bus Crash
Hernando	Active shooter at school, School Bus Crash
Hillsborough	Active shooter at school, School Bus Crash
Manatee	Active shooter at school, School Bus Crash
Pasco	Active shooter at school, School Bus Crash
Pinellas	Active shooter at school, School Bus Crash
Polk	Active shooter at school, School Bus Crash
Sumter	Active shooter at school, School Bus Crash

Mass Population Surges

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, response by delivering supplies, and personnel to assist agencies, Medical Response Team, and all other aspects needed to assist.
ALL	No triggers for pediatric surge have been identified specifically for mass population surge. Gaps in pediatric capabilities related to other incident types would apply here, should medical care needs within the surging population reach those levels.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Megan Martin, M.D.	941-737-3107 / Mmart163@jhmi.edu	John Hopkins All Children's Hospital	Pediatric ED Physician TBHMPC Clinical Advisor
Carlos Abanses, M.D.	256-503-5770 / JCabansesMD@gmail.com	St. Joseph's Children's Hospital	Assoc. Medical Director, Pediatric ED
Patty Carver, BSN	813-810-8017 Prinkb10@yahoo.com	NDMS / HHS	Pediatric ER Nurse Disaster Medicine
Kevin Hindin	813-993-0040 khindin@myfamilyfirsthc.com	Family First Homecare	Pediatric Home Health

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Peter Vlastaras	Peter.Vlastaras@baycare.org	BayCare Behavioral Health
Jennifer Katzenstein, PhD, ABPP-CN Department of Psychology and Neuropsychology	727-767-7439 Jkatzen7@jhmi.edu	John Hopkins/All Children's Child Development and Rehabilitation Center

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the HCC. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Most hospitals that do not have a pediatric focus – as a whole, are limited on pediatric supplies. They have enough supply on hand for daily emergencies that may arrive in their ED yet question how quickly they may "burn" through their supply in a "surge" emergency/event.	• The Coalition is currently polling hospitals and hospital systems to their regional capabilities, and availability of pediatric supplies. • The Coalition is also considering a pediatric supply cache. • Some hospital facilities have agreements in place with local resupply. This may be with a vendor or corporate hospital supply chain.

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
Varying	BayCare Regional Distribution Center	Victor Celiberti Victor.Celiberti@baycare.org
TBHMPC is considering a pediatric cache based on the findings of supply gaps.	TBHMPC, Pinellas Park, Pinellas County	TBHMPC
Johns Hopkins All Children's Hospital (if not effected) (dependent on current inventory levels)	JHACH, St. Petersburg, Pinellas County	Larry Green, 727-767-4446
Tampa General Hospital (if not effected); (dependent on current inventory levels)	TGH, Tampa, Hillsborough County	Erin Skiba 813-844-7754
St. Joseph's Hospital (if not effected); (dependent on current inventory levels)	St. Joe's Main, Tampa, Hillsborough County	Shayla Prezas 813-844-7754

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Johns Hopkins Healthy Start	727-767-6780
Bay Area Pregnancy Centers	727-449-1988
Grainger	Keith Russell 727-512-5591
Sunstar Paramedics	Brian Eells 727-224-5763

Identified **unique risks** for pediatric-specific mass casualty events (e.g., evacuation of a pediatric hospital, etc.) by county. (NOTE: Certain facilities in the region do not admit any pediatric patients.)

County	Risk	Number of Potential Patients	Gaps
ALL	Possible MCIs that would result in pediatric surge in any county include active shooter/active assailant incidents at a school, various youth-focused events that occur throughout the region, and school bus accidents. Traditionally, a planning trigger for MCI surge is 20 percent of licensed capacity for receiving and stabilizing patients. This number may be lower (closer to 5 percent) for long-term, definitive care and shrink to 1 percent	Varies	• Pediatric supplies are available at all regional hospitals. Some hospitals expressed concern of enough needed supplies, dependent on the nature of the emergency/event if they reach "surge" capacity. • Transportation

	above current bed capacity for burn beds. As many counties have limited pediatric capacities, an MCI involving pediatrics would require outside assistance at a fairly low level.		
Pinellas	Evacuation of a Pediatric Hospital	~ 300	Transportation
Hillsborough	Evacuation of a Pediatric Hospital	~ 350	Transportation

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list, as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	County	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
ADVENTHEALTH CARROLLWOOD			HILLSBOROUGH	103	103		0	0	0	0	14	Advent Health Tampa	Advent Health Tampa	Advent Health Tampa
ADVENTHEALTH DADE CITY			PASCO	120	75	0	0	0	0	0	0	none	none	Advent Health Tampa, Tampa General
ADVENTHEALTH HEART OF FLORIDA			POLK	193	193				0					
ADVENTHEALTH LAKE WALES			POLK	160	118				0					
ADVENTHEALTH NORTH PINELLAS			PINELLAS	168	136	0	0	0	0	0	0	none	none	none
ADVENTHEALTH TAMPA			HILLSBOROUGH	536	478	0	10	29	39	20	15	John Hopkins All Children’s	John Hopkins All Children’s	John Hopkins All Children’s
ADVENTHEALTH WAUCHULA			HARDEE	25	25	0	0	0	0	0	0	Lakeland Regional, Winter Haven, St. Joseph's Children's, Tampa General	Lakeland Regional, John Hopkins All Children’s, Tampa General	John Hopkins All Children’s, Tampa General
ADVENTHEALTH WESLEY CHAPEL			PASCO	145	145	0	0	0	0	0	0	Advent Health Tampa, St. Joseph's Children's Hospital, John Hopkins All Children’s, Tampa General.	Advent Health Tampa, St. Joseph's Children's Hospital, John Hopkins All Children’s, Tampa General.	St. Joseph's Children's Hospital, Tampa General
ADVENTHEALTH ZEPHYRHILLS			PASCO	149	149	0	0	0	0	0	3	Advent Health Tampa, Tampa General	Advent Health Tampa, Tampa General	Advent Health Tampa, Tampa General
BARTOW REGIONAL MEDICAL CENTER			POLK	72	72	0	0	0	0	0	0	Winter Haven Hospital, St. Joseph’s Children's Hospital	Winter Haven Hospital, St. Joseph’s Children's Hospital	St. Joseph's Children's Hospital
BAYFRONT HEALTH BROOKSVILLE			HERNANDO	120	120	0	0	0	0	0	0	Bayfront Springhill	Tampa General	Tampa General
BAYFRONT HEALTH SEVEN RIVERS			CITRUS	128	128	0	0	0	0	0	0	Shands @ UF, Tampa General	none	Shands @ UF, Tampa General

BAYFRONT HEALTH SPRING HILL			HERNANDO	124	114	0	8	4	12	0	0	Bayfront Health St. Petersburg	none	Tampa General
BAYFRONT HEALTH ST PETERSBURG		Level II	PINELLAS	480	420	0	0	0	0	0	12	John Hopkins All Children's	John Hopkins All Children's	John Hopkins All Children's
BLAKE MEDICAL CENTER		Level II	MANATEE	383	355	0	0	0	0	0	0	Brandon Regional, Manatee Memorial	Brandon Regional, Manatee Memorial	John Hopkins All Children's, Brandon Regional
BRANDON REGIONAL HOSPITAL			HILLSBOROUGH	422	375	0	14	8	22	79	16	John Hopkins All Children's	none	none
CITRUS MEMORIAL HOSPITAL			CITRUS	204	204	0	0	0	0	0	0	Shand's, John Hopkins All Children's	HCA West FL Division	Oak Hill
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL			HILLSBOROUGH	206	206				0					
LAKELAND REGIONAL MEDICAL CENTER		Level II	POLK	864	734	8	15	15	30	30	33	Nemours	Nemours	Tampa General
LAKEWOOD RANCH MEDICAL CENTER			MANATEE	120	120	0	1	0	1	0	2	John Hopkins All Children's, Tampa General	John Hopkins All Children's, Tampa General	John Hopkins All Children's, Tampa General
LARGO MEDICAL CENTER			PINELLAS	286	286				0					
LARGO MEDICAL CENTER - INDIAN ROCKS			PINELLAS	169	68	0	0	0	0	0	0	none	none	none
MANATEE MEMORIAL HOSPITAL			MANATEE	295	289	0	6	0	6	0	2	John Hopkins All Children's, Tampa General	John Hopkins All Children's, Tampa General	John Hopkins All Children's, Tampa General
MEASE COUNTRYSIDE HOSPITAL			PINELLAS	311	301	0	5	5	10	10	0	St. Joseph's Children's Hospital	ST. Joseph's Children's Hospital	St. Joseph's Children's Hospital
MEASE DUNEDIN HOSPITAL			PINELLAS	120	88	10	0	0	0	0	20	Mease Countryside, St. Joseph's Children's	St. Joseph's Children's Hospital	
MEDICAL CENTER OF TRINITY			PASCO	278	266	0	12	0	12	0	0	John Hopkins All Children's, Brandon Regional	John Hopkins All Children's, Brandon Regional	John Hopkins All Children's
MEMORIAL HOSPITAL OF TAMPA			HILLSBOROUGH	183	147	0	0	0	0	0	0	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital, Tampa General

MORTON PLANT HOSPITAL			PINELLAS	599	560	0	15	0	15	0	0	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital, Mease Countryside, John Hopkins All Children's	St. Joseph's Children's Hospital
MORTON PLANT NORTH BAY HOSPITAL			PASCO	150	120	25	0	0	0	0	0	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital, Mease Countryside, John Hopkins All Children's
NORTHSIDE HOSPITAL			PINELLAS	288	288	0	0	0	0	0	0	none	none	none
OAK HILL HOSPITAL			HERNANDO	280	280	0	10	0	10	4	8	none	none	none
PALMS OF PASADENA HOSPITAL			PINELLAS	307	287	0	0	0	0	0	0	St. Pete General, Largo Medical, Trinity Med. Cntr., Brandon Region, Bayfront Health St. Pete	St. Pete General, Largo Medical, Trinity Med. Cntr., Brandon Region, Bayfront Health St. Pete	Trinity Medical Center, John Hopkins All Children's
REGIONAL MEDICAL CENTER BAYONET POINT		Level II	PASCO	290	290	0	0	0	0	0	19	John Hopkins All Children's, Brandon Regional	John Hopkins All Children's, Brandon Regional	John Hopkins All Children's
SOUTH BAY HOSPITAL			HILLSBOROUGH	138	138	0	0	0	0	0	6	Brandon Regional	Brandon Regional	John Hopkins All Children's, Tampa General
SOUTH FLORIDA BAPTIST HOSPITAL			HILLSBOROUGH	147	147				0	5	28	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital
ST ANTHONYS HOSPITAL			PINELLAS	393	343	0	0	0	0	0	3	None	None	None
ST JOSEPHS HOSPITAL	St. Josephs Children's Hospital	Level II / Pediatric	HILLSBOROUGH	780	716	7	15	49	64	220	30	BayCare Equipped Facilities	BayCare Equipped Facilities	Blake Medical Center
ST JOSEPHS HOSPITAL NORTH			HILLSBOROUGH	108	108	0	0	0	0	0	10	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital
ST JOSEPHS HOSPITAL SOUTH			HILLSBOROUGH	114	114	0	0	0	0	12	12	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital
ST PETERSBURG GENERAL HOSPITAL			PINELLAS	215	215	0	0	0	0	0	0	none	none	none

TAMPA COMMUNITY HOSPITAL- A CAMPUS OF MEMORIAL HOSPITAL OF TAMPA			HILLSBOROUGH	201	145	0	0	0	0	0	0	Brandon Regional	Brandon Regional	none
TAMPA GENERAL HOSPITAL	Children's Medical Central at Tampa Gen	Level I	HILLSBOROUGH	1006	865	0	24	58	82	46	16	Does not transfer out	Does not transfer out	Does not transfer out
THE VILLAGES REGIONAL HOSPITAL			SUMTER	307	277				0					
WINTER HAVEN HOSPITAL			POLK	458	428	0	10	5	15	0	0	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital	St. Joseph's Children's Hospital
WINTER HAVEN WOMEN'S HOSPITAL			POLK	61	50	0	15	0	15	0	0	St. Joseph's Children's Hospital	ST. Joseph's Children's Hospital	St. Joseph's Children's Hospital
John Hopkins All Children's Hospital	Children's Medical Center	Level I / Pediatric	PINELLAS	259	162	0	0	28	97	220	29	none	none	none

3.9 Region 5- Central Florida Disaster Medical Coalition

Contact Information (Pediatric Annex Workgroup):

Name	Phone #	Email
Lynne Drawdy (CFDMC)	407-928-1288	info@centralfladisaster.org
Robin Ritola (AdventHealth for Children)	407-497-0475	Robin.Ritola@AdventHealth.com
Erika Westerhold (AdventHealth for Children)	407-506-5517	erika.westerhold@adventhealth.com
Ernest (Sonny) Weishaupt (Arnold Palmer)	407-461-4265	Ernest.Weishaupt@orlandohealth.com
Jason Klein (Nemours)	407-567-4000	Jason.klein@nemours.org

Demographics/ Description of the Health Care Coalition (HCC)
The Central Florida Disaster Medical Coalition's (CFDMC) mission is to develop and promote health care emergency preparedness and response capabilities in the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), including the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia counties. Region 5, also commonly known as Central Florida, is uniquely vulnerable to a disaster/emergency impacting children. In 2019, the Central Florida population exceeded 4.2 million, with a higher than average percentage of children under age 5 (6.3 percent as compared to the national average of 6.1 percent). Central Florida has a large population of medically complex children, with more than 2,100 on a waiting list to receive services. Domestic and international tourists flock to Central Florida; with 72 million visitors in 2018, it is the number one most-visited destination in the world. Orlando International Airport had more than 47 million passengers in 2018. Visitors also arrive in Central Florida via cruises at Cape Canaveral, Florida's fastest growing port and the second busiest port in the world. These factors make Central Florida vulnerable to an emerging infectious disease. Central Florida's tourist industry specifically targets children and families. 2015 statistics (latest publicly available) showed Walt Disney World Magic Kingdom as the most visited theme park in the world, averaging almost 53,000 guests per day; and Universal Studios' attendance grew to 8.3 million annually, compared with 7.1 million in 2014. Brevard, Indian River, Martin, St. Lucie, and Volusia, counties all border the Atlantic Ocean, making these and other counties just inland vulnerable to hurricanes. The Federal Bureau of Investigation's (FBI's) investigation of the Pulse nightclub shooting in Orlando determined the perpetrator initially planned to target Walt Disney World. Central Florida also poses a unique threat in radiation exposure to pediatric patients. Medical sources such as Cesium 137 and Cobalt 60 are present in medical radiation therapy devices, and Department of Defense contractors such as Northrop Grumman and Lockheed Martin conduct research with radiological sources. Additionally, NASA has been conducting shuttle launches this year as part of their Mars exploration program, with shuttles carrying a radiological payload. All of these make the potential for a mass casualty incident impacting children in Central Florida extremely high.

Region 5 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Brevard	27,633	67,000	94,633	584,050	16%
Indian River	6,323	15,442	21,765	152,079	14%
Lake	17,032	41,265	58,297	342,356	17%

Martin	6,412	16,023	22,435	155,705	14%
Orange	84,920	186,920	271,840	1,370,447	20%
Osceola	22,882	54,932	77,814	360,426	22%
Saint Lucie	15,771	38,016	53,787	304,743	18%
Seminole	24,698	61,329	86,027	463,627	19%
Volusia	25,375	58,449	83,824	532,926	16%
Total:	**205,671**	**480,927**	**686,598**	**3,733,433**	**17%**

Description of Health Care System
CFDMC has a total of 43 health care facilities designated as Acute Care Hospitals and 16 free-standing Emergency Departments; each of these facilities provide 24-hour emergency care services. The Coalition has one (1) Level I trauma center and one (1) Level I pediatric trauma center, and five (5) Level II trauma centers.

All hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. Most hospitals within the Coalition have limited capability to provide comprehensive medical care to some pediatric populations.

While some hospitals may provide care services to pediatric populations, only one (1) of the acute care hospitals in the Coalition has the capability of a Pediatric Intensive Care Unit (PICU) (AdventHealth for Children in Orlando); 12 hospitals offer Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, resource coordination, Crisis Team, Medical Response Team, and all other aspects needed to assist.
All Counties within Region 5	While all hospitals have plans for hurricanes/tropical storms, the plans are not pediatric-specific. For all types of emergencies, anticipated patients beyond a certain surge threshold (determined based on acuity, census and staffing) would trigger surge plans. This is considered a gap within the region.
Orange	As a non-coastal hospital, Nemours has the ability to surge as needed, as they would discharge as many as possible. Their challenge is due to their geographic location and patient acuity; they are seen as a shelter location for their patient population, yet other hospital counterparts as well.
Orange	Gap – inability of special needs shelters to properly care for vent-dependent children with other identified needs, or with family members that have additional needs. Historically, those patients have been sent to Nemours Children's Hospital. Had the region received greater storm importance during 2019's Hurricane Dorian, this would have resulted

	in a very challenged response protocol for the hospital (Note: The same is true for the other two children's hospitals in the region).

Biological Disease Outbreaks

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, resource coordination, Crisis Team, Medical Response Team, and all other aspects needed to assist. Working with the Florida Infectious Disease Transportation Network (FIDTN) team for transport to an assessment center.**
All Region 5 Counties	While all hospitals have plans for biological disease outbreaks, the plans are not pediatric-specific. This is considered a gap within the region.
Orange	A considerable gap for regional hospitals is the lack of Emerging Infectious Disease (EID)-capable long-term hospitals in the state of Florida. The hospital could respond to one or maybe two patients, yet an outbreak of a significant threat like Ebola would severely hamper proper care. There are a couple of locations within the hospital that could serve as a treatment area. Due to no training, exercises, or designated team this remains a gap for the hospital.

Conventional Terrorism

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, resource coordination, Crisis Team, Medical Response Team, and all other aspects needed to assist.**
All Region 5 Counties	While all hospitals have plans for conventional terrorism, the plans are not pediatric-specific. This is considered a gap within the region.
Orange	The greatest gaps at Nemours Hospital, from a clinical perspective are its lack of being a trauma center and understanding on clinical response of terrorism threats.

Mass Casualty Incidents

County	**Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, resource coordination, Crisis Team, Medical Response Team, and all other aspects needed to assist.**
All Region 5 Counties	While all hospitals have plans for mass casualty incidents, the plans are not pediatric-specific. This is considered a gap within the region.
Orange	Nemours is in the flight path for numerous flights throughout the day. An airplane crash near or at the hospital would be insurmountable to respond to. Another gap for Nemours in this area is staffing shortages.

Mass Population Surges

County	Action by HCC: Communication, information sharing, working with county Emergency Manager to share information on resources, resource coordination, Crisis Team, Medical Response Team, and all other aspects needed to assist.
All Region 5 Counties	While all hospitals have plans for hurricanes/tropical storms, the plans are not pediatric-specific. This is considered a gap within the region.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Dr. Carolina Echeverri	407-883-7795	AdventHealth for Children	Hospitalist
Dr. Kimberly Fenton	631-974-2664	AdventHealth for Children	Intensivist
Dr. Raymond Woo	352-494-7413	AdventHealth for Children	Orthopedic Surgery
Dr. Carmen Martinez	787-209-6682	AdventHealth for Children	Pediatric Emergency Medicine
Dr. Kreangkai Tyree	210-464-0684	AdventHealth for Children	Neonatologist
Erika Westerhold	407-506-5517	AdventHealth for Children	Neonatal ICU Registered Nurse
Christyna Sterling	352-989-0068	AdventHealth for Children	Cardiac ICU Registered Nurse
Paula Greiner	407-718-2875	AdventHealth for Children	Pediatric ICU Registered Nurse
Deborah Maka	407-303-9236	AdventHealth for Children	Pharmacist
Patricia Johnson	321-987-0025	AdventHealth for Children	Respiratory Therapist
Dr. Donald Plumley	Donald.Plumley@orlandohealth.com	Arnold Palmer Hospital	Pediatric Trauma

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
The Florida Crisis Response Team is adding a one-day focus on pediatric trauma to their advanced team training in 2020-21.	fcrt1987@gmail.com	Florida Crisis Response Team (FCRT)

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Most major hospitals should have the equipment identified. There is concern that in an emergency/event, hospitals and pediatric hospitals could have supply chain issues.	Identify priority gaps and address in supply chain mitigation strategy.
Decontamination equipment specific to pediatrics	Prioritize for funding.
The Coalition has identified gaps in neonatal resuscitation supplies, pediatric code supplies, and pediatric/neonatal medical surge supplies needed at acute care hospitals and alternate care sites in a large-scale pediatric emergency/event,	Seek additional grants.

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
No caches specific to pediatrics currently exists within the region		

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
3 Angels Foundation	Cori 407-715-0208
Center for Women	407-628-5433
Orlando Children Safety Village	407-521-4673 ext. 109
Florida SIDS Alliance (Pack and Play)	Charlene Melcher 407-242-4701
Beds for Babies	Terry Linderman 863-534-9224

Identified **unique risks** for pediatric-specific mass casualty emergencies/events (e.g., evacuation of a pediatric hospital, etc.) by county.

County	Risk	Number of Potential Patients	Gaps
Orange	• All three children's hospitals in the region are in Orange County. • ECMO patients		• Potential to lose region's pediatric capabilities • Additional planning

All	• In an event, it will be difficult to identify children and safely match them with parents and guardians. • Although most hospitals have identified facilities for transfer in an event, most do not have formal transfer agreements.	All	• Need reunification process for children and families. • Formalize transfer agreements.
Seminole	• Pediatric Pavilion Inc. 407-513-3000	32	• Additional planning

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	County	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
ADVENTHEALTH ALTAMONTE SPRINGS			SEMINOLE	393	383		10		10			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH APOPKA			ORANGE	120	120				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH CELEBRATION			OSCEOLA	237	227		10		10			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH DAYTONA BEACH			VOLUSIA	362	314		16		16			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH DELAND			VOLUSIA	164	154				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH EAST ORLANDO			ORANGE	295	295				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH FISH MEMORIAL			VOLUSIA	179	179				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH KISSIMMEE			OSCEOLA	162	162				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH NEW SMYRNA BEACH			VOLUSIA	109	109				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH ORLANDO	AdventHealth for Children (198 beds)		ORANGE	1364	1193		28	74	102	20	11	Does not transfer	Does not transfer	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH WATERMAN			LAKE	287	287				0			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ADVENTHEALTH WINTER PARK			ORANGE	422	350		12		12			AdventHealth for Children	AdventHealth for Children	ARNOLD PALMER MEDICAL CENTER
ARNOLD PALMER MEDICAL CENTER	Arnold Palmer Hospital for Children (156 beds)	Level I Pediatric Trauma Center	ORANGE	506	364		90	52	142	32	30	Does not transfer	Does not transfer	Does not transfer
CAPE CANAVERAL HOSPITAL			BREVARD	150	150				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
CENTRAL FLORIDA REGIONAL HOSPITAL		Level II	SEMINOLE	221	208				0			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
CLEVELAND CLINIC INDIAN RIVER HOSPITAL			INDIAN RIVER	332	286	12			0			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
CLEVELAND CLINIC MARTIN NORTH HOSPITAL			MARTIN	244	239		5		5			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
CLEVELAND CLINIC MARTIN SOUTH HOSPITAL			MARTIN	100	100				0			LAWNWOOD REGIONAL	LAWNWOOD REGIONAL	ARNOLD PALMER MEDICAL CENTER

												MEDICAL CENTER	MEDICAL CENTER	
CLEVELAND CLINIC TRADITION HOSPITAL			ST. LUCIE	177	167		10		10			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
HALIFAX HEALTH MEDICAL CENTER		Level II	VOLUSIA	563	441		9	5	14			Does not transfer	Does not transfer	ARNOLD PALMER MEDICAL CENTER
HALIFAX HEALTH MEDICAL CENTER-PORT ORANGE			VOLUSIA	80	80				0			HALIFAX HEALTH MEDICAL CENTER	HALIFAX HEALTH MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
HEALTH CENTRAL			ORANGE	216	216				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
HOLMES REGIONAL MEDICAL CENTER		Level II	BREVARD	514	504		10		10			Does not transfer	Does not transfer	ARNOLD PALMER MEDICAL CENTER
LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE		Level II	ST. LUCIE	392	297	12	10	5	15			Does not transfer	Does not transfer	ARNOLD PALMER MEDICAL CENTER
LEESBURG REGIONAL MEDICAL CENTER			LAKE	308	308				0			HALIFAX HEALTH MEDICAL CENTER	HALIFAX HEALTH MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
MELBOURNE REGIONAL MEDICAL CENTER			BREVARD	119	119				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
ORLANDO HEALTH DR P PHILLIPS HOSPITAL			ORANGE	237	237				0			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER		Level I	ORANGE	898	845				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL			SEMINOLE	206	126	8			0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
OSCEOLA REGIONAL MEDICAL CENTER		Level II	OSCEOLA	404	333		10	8	18			Does not transfer	Does not transfer	ARNOLD PALMER MEDICAL CENTER
OVIEDO MEDICAL CENTER			SEMINOLE	64	64				0			CENTRAL FLORIDA REGIONAL HOSPITAL	CENTRAL FLORIDA REGIONAL HOSPITAL	ARNOLD PALMER MEDICAL CENTER
PALM BAY HOSPITAL			BREVARD	120	120				0			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
PARRISH MEDICAL CENTER			BREVARD	210	210				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER

POINCIANA MEDICAL CENTER			OSCEOLA	76	76				0			OSCEOLA REGIONAL MEDICAL CENTER	OSCEOLA REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
ROCKLEDGE REGIONAL MEDICAL CENTER			BREVARD	298	264		10		10			Does not transfer	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
SOUTH LAKE HOSPITAL			LAKE	170	140				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
ST CLOUD REGIONAL MEDICAL CENTER			OSCEOLA	84	84				0			OSCEOLA REGIONAL MEDICAL CENTER	OSCEOLA REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
ST LUCIE MEDICAL CENTER			ST. LUCIE	229	207				0			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
STEWARD SEBASTIAN RIVER MEDICAL CENTER			INDIAN RIVER	154	121				0			LAWNWOOD REGIONAL MEDICAL CENTER	LAWNWOOD REGIONAL MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
VIERA HOSPITAL			BREVARD	84	84				0			ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER
Nemours	Nemours (72 beds)		Orange							15	5	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER	ARNOLD PALMER MEDICAL CENTER

3.10 Region 6- Southwest Florida Health Care Coalition

Contact Information:

Name	Phone #	Email
Kevin Gingras	239-222-3510	kevingingras@HPCSWF.com

Demographics/ Description of the Health Care Coalition (HCC)
The Region 6 Southwest Florida Health Care Coalition encompasses nine (9) counties and is separated into four (4) chapters. The Collier Chapter is the southernmost county in the coalition. Directly north of Collier County is the Lee County Chapter. Northeast of Lee County makes up the Suncoast Chapter, which consists of Charlotte and Sarasota counties. Due east is the Heartland Chapter, comprised of Desoto, Glades, Hendry, Highlands, and Okeechobee counties.

Region 6 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Charlotte	5,411	13,453	18,864	175,413	11%
Collier	16,475	39,642	56,117	367,471	15%
Desoto	1,812	4,259	6,071	35,940	17%
Glades	407	1,372	1,779	13,193	13%
Hendry	3,057	6,487	9,544	39,682	24%
Highlands	4,791	11,146	15,937	103,317	15%
Lee	33,766	80,114	113,880	721,053	16%
Okeechobee	2,465	5,265	7,730	41,492	19%
Sarasota	14,854	37,450	52,304	415,896	13%
Total:	**83,038**	**199,188**	**282,226**	**1,913,457**	**16%**

Description of Health Care System
The Southwest Florida Health care Coalition has 28 health care facilities designated as Acute Care Hospitals and no free-standing Emergency Departments; All of these facilities provide 24-hour emergency care services. The Coalition has no pediatric trauma centers. Depending on the severity of the pediatric trauma, the adolescent will either be airlifted or taken by ground to the nearest pediatric trauma facility. In most cases, this would be All Children's Hospital in Pinellas County.

Most hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are 28 within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide care services to pediatric populations, one (1) (Golisano Children's Hospital) of the acute care hospitals in the Coalition has the capability of a Pediatric Intensive Care Unit (PICU), and one (1) (Golisano Children's Hospital) offers Neonatal Intensive Care Units (NICU).

FDOH – ESF-8 Pediatric Surge Annex

Identified **triggers, gaps, capabilities, and processes** by facility and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

Facility	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
NCH	Hospital evacuation
Raulerson	Greater than five (5) pediatric trauma patients, or greater than 120 patients in any one day.
Advent Health Sebring/Wauchula	more than eight (8) pediatric patients with an Emergency Severity Index (ESI) score of 1, 2, or 3 and a surge of adult patients at the same time.
Bayfront- Port Charlotte	Evacuation

Biological Disease Outbreaks

Facility	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources. Working with the Florida Infectious Disease Transportation Network (FIDTN) team to mitigate surge.
Raulerson	Three (3) or more pediatric biologic patients.
Advent Health Sebring/Wauchula	More than six (6) pediatric patients with an Emergency Severity Index (ESI) score of 1 or 2 with an influx of adult patients as well.
Bayfront- Port Charlotte	Questionable transport abilities

Conventional Terrorism

Facility	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Raulerson	Depends on the numbers and injuries. Anything stretching the ER over a safe capacity, all depends on the acuity levels. Ten (10) level 4's, or five (5) level 2's.
Advent Highlands	More than six (6) pediatric patients with an ESI score of 1 or 2 with an influx of adult patients as well.

FDOH – ESF-8 Pediatric Surge Annex

Mass Casualty Incidents

Facility	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Raulerson	Any mass casualty emergency/event would trigger the hospital's small 14-bed ER, with greater than 15 incoming patients.
Advent Highlands	More than six to eight (6-8) pediatric surge patients with an ESI score of 1 or 2, along with influx of adult patients.
Bayfront- Punta Gorda	Code Yellow for Mass Casualty
Bayfront- Port Charlotte	Large number of injured

Mass Population Surges

Facility	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Raulerson	Depends on the numbers presenting to the ER. Fifteen (15) or less priority 4 patients could be handled; greater than 15 of any acuity would need assistance.
Advent Highlands	More than six (6) pediatric patients with ESI score of 1 or 2, with an influx of adult patients as well.
Bayfront Punta Gorda	Code Yellow
Bayfront Pt Charlotte	Large number of victims which may require ancillary higher levels of care than which the hospital can provide.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Cathy Revalo	239-624-5335	North Collier Hospital	Pediatric Subject Matter Expert
Chris Raphael	239-624-3266	North Collier Hospital	Pediatric Subject Matter Expert
Kathleen Selby	863-532-3831	Raulerson Hospital	ED and pediatrics
Sharon Jones	863-610-0553	Raulerson Hospital	ED and Pediatrics
Dr. Montanez	863-314-4466	AdventHealth Sebring	Pediatrics
Dr. Camillo	863-386-4711	Sun-N-Lake Medical Group	Pediatrics
Dr. Sonni	863-453-7337	Avon Park Pediatrics	Pediatrics

Dr. Matthew Wiesinger	941-637-2529	ER Bayfront Port Charlotte	Credentialed in ER Medicine and Pediatrics

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Susan Kimper	239-624-1671	North Collier Hospital
Dr. Bolaram	863-414-7387	Advent Sebring
Dr. Mark Ashby	863-382-3914	personal office has been associated with AdventHealth
Jessica Plazewski	jplazewski@saluscareflorida.org 239-275-3222	Salus Care Lee County
Antoinette Kruse	administration@providencefamilylifecenter.com 239-310-5852	Providence Family Life Center

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Raulerson • ET tubes • chest tubes • pedi cervical collars • sager or hare splints pedi sizes • stop the bleed tourniquets	• Identify priority gaps and address in supply chain mitigation strategy • Prioritize for funding
Advent Health • Chest tubes, • Nasogastric tubes, • mechanical ventilators, • pediatric traction splints, • laryngoscope blades/handles	• Identify priority gaps and address in supply chain mitigation strategy • Prioritize for funding

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge. *identified as a partial list; other resources may be available

Contents/ Supplies	Location	Point of Contact & Info
Raulerson Hospital Warehouse	Okeechobee, FL	John Dennis 863-467-8821
HCA EFD Warehouse	Miramar, FL	Joe Bittner 954-689-4603

Advent Health	Wauchula, FL	Cathy Exendine 863-767-8263
Advent Health	Lake Placid, FL	Cathy Exendine 863-767-8263
ER and peds unit	Bayfront Port Charlotte	Jan Huss Director of Emergency Services 941-766-4122

Local sources to approach for **car seats** during a disaster/emergency. *identified as a partial list; other resources may be available

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Walmart	Store Manager 863-467-7169
Okeechobee Fire/Rescue	Chief Franklin 863-763-5544
Hardee County Health Department	Brenda Farmer 863-773-4161
Hardee Help Center	Jamie Samuels 863-776-0034
Charlotte County Fire/EMS	Jennifer McManus EMS Coordinator Bayfront Port Charlotte

Identified **unique risks** for pediatric-specific mass casualty incident/events (e.g., evacuation of a pediatric hospital, etc.) by county.

County	Risk	Number of Potential Patients	Gaps
ALL	Possible MCIs that would result in pediatric surge in any county include active shooter /active assailant incidents at a school, various youth focused events that occur throughout our region, and school bus accidents. Traditionally, a planning trigger for MCI surge is 20% of licensed capacity for receiving & stabilizing patients. This number may be lower (closer to 5%) for long-term, definitive care and shrink to 1% above current bed capacity for burn beds. As many counties have limited pediatric capacities, an MCI involving pediatrics would require outside assistance at a fairly low level.	Varies	• Pediatric supplies are available at all of our regional hospitals. Some hospitals expressed concern of enough needed supplies, dependent on the nature of the event if they reach “surge” capacity. • Transportation

The table below outlines the hospital’s number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED’s can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	County	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
NAPLES COMMUNITY HOSPITAL			COLLIER	391	368				0			St. Pete, Golisano	St. Pete, Golisano	
NCH HEALTHCARE SYSTEM NORTH NAPLES HOSPITAL CAMPUS			COLLIER	322	249		19		19	24	18	Lee Memorial Healthcare	Lee Memorial Healthcare	Lee Memorial Healthcare
PHYSICIANS REGIONAL MEDICAL CENTER - COLLIER BOULEVARD			COLLIER	100	100				0			St. Pete, Golisano	St. Pete, Golisano	
PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE			COLLIER	101	101				0			St. Pete, Golisano	St. Pete, Golisano	
ADVENTHEALTH LAKE PLACID			HIGHLANDS	33	33				0			St. Pete, Golisano	St. Pete, Golisano	
ADVENTHEALTH SEBRING			HIGHLANDS	147	147				0	6	6	AdventHealth Orlando	AdventHealth Orlando	Tampa General Hospital
DESOTO MEMORIAL HOSPITAL			DESOTO	49	49				0			St. Pete, Golisano	St. Pete, Golisano	
HENDRY REGIONAL MEDICAL CENTER			HENDRY	25	25				0			St. Pete, Golisano	St. Pete, Golisano	
HIGHLANDS REGIONAL MEDICAL CENTER			HIGHLANDS	126	126				0			St. Pete, Golisano	St. Pete, Golisano	
RAULERSON HOSPITAL			OKEECHOBEE	100	100				0	0	20	Lawnwood Regional	Lawnwood Regional	St. Mary's Medical Center
CAPE CORAL HOSPITAL			LEE	291	291				0			St. Pete, Golisano	St. Pete, Golisano	
GULF COAST MEDICAL CENTER LEE MEMORIAL HEALTH SYSTEM			LEE	431	356				0			St. Pete, Golisano	St. Pete, Golisano	
HEALTHPARK MEDICAL CENTER	Golisano Children's Hospital of Southwest Florida		LEE	460	390		32	38	70			Does not transfer	Does not transfer	
LEE MEMORIAL HOSPITAL		Level II	LEE	414	336				0			St. Pete, Golisano	St. Pete, Golisano	
LEHIGH REGIONAL MEDICAL CENTER			LEE	88	88				0			St. Pete, Golisano	St. Pete, Golisano	
BAYFRONT HEALTH PORT CHARLOTTE			CHARLOTTE	254	247		7		7	7	24	We have a level 2 NICU, send higher levels to St. Pete, or Golisano	St. Pete, Golisano	St. Pete, Golisano
BAYFRONT HEALTH PUNTA GORDA			CHARLOTTE	208	156				0	0	20	Bayfront Health Port Charlotte	Golisano Children's Hospital of Southwest Florida	Utilize the Transfer Center for Pediatric Trauma patients
DOCTORS HOSPITAL OF SARASOTA			SARASOTA	155	139				0			St. Pete, Golisano	St. Pete, Golisano	
ENGLEWOOD COMMUNITY HOSPITAL			SARASOTA	100	100				0			St. Pete, Golisano	St. Pete, Golisano	

FAWCETT MEMORIAL HOSPITAL			CHARLOTTE	253	233				0			St. Pete, Golisano	St. Pete, Golisano	
SARASOTA MEMORIAL HOSPITAL		Level II	SARASOTA	839	666	37	20	13	33			St. Pete, Golisano	St. Pete, Golisano	
VENICE REGIONAL BAYFRONT HEALTH			SARASOTA	312	312				0			St. Pete, Golisano	St. Pete, Golisano	

3.11 Region 7 (Palm Beach)- Health Care Emergency Response Coalition (HERC)

Contact Information:

Name	Phone #	Email
John James	772-284-2069	johnj@pbcms.org
Katherine Zuber	561-433-3940	katherinez@pbcms.org

Demographics/ Description of the Health Care Coalition (HCC)
Palm Beach County (PBC) borders Martin County to the north, the Atlantic Ocean to the east, Broward County to the south, Hendry County to the west. The County extends into Lake Okeechobee in the northwest, where it borders Glades and Okeechobee counties at one point in the center of the lake. The city boundaries include Jupiter and Tequesta to the north, Boca Raton to the south, and Belle Glades/Pahokee to the east. According to the U.S. 2010 Census, it's home to over 1.320 million residents and has a total area of 2,383 square miles, of which 1,970 square miles is land.

Region 7 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Broward	110,689	246,589	357,278	1,903,210	19%
Miami-Dade	161,747	343,340	505,087	2,804,160	18%
Monroe	3,545	6,888	10,433	76,534	14%
Palm Beach	74,185	170,616	244,801	1,442,281	17%
Total:	**350,166**	**767,433**	**1,117,599**	**6,226,185**	**17%**

Description of Health Care System
The Reg 7- Palm Beach HERC Health Care Coalition has 15 healthcare facilities designated as Acute Care Hospitals and five (5) free-standing Emergency Departments; all of these facilities provide 24-hour emergency care services. The Coalition has two (2) pediatric trauma centers.

Some hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are seven (7) within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide care services to pediatric populations, seven (7) of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Palm Beach - HERC	Palm Beach County hospitals include 5 Tenet, 3 HCA, 3 Baptist, 1 UHS, two other not-for-profit acute care facilities and a VA facility.

	Each facility has their own unique protocols and procedures but flash reports from the Division of Emergency Management would be one of the EEIs that would trigger an activation. This information would be disseminated via many communications platforms and would also include the pediatric facilities and SMEs.

Biological Disease Outbreaks

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Palm Beach - HERC	Palm Beach County hospitals include 5 Tenet, 3 HCA, 3 Baptist, 1 UHS, two other not-for-profit acute care facilities and a VA facility. Each facility has their own unique protocols and procedures related to biological disease outbreaks. Nevertheless, each acute healthcare facility participates in Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) which updates DOH of emerging communicable diseases. Also, two DOH members sit on HERC's Steering Committee as the Emergency Preparedness Manager holds the Vice Chair position and a representative from EPI holds the Syndromic Surveillance Committee Chair; this ensures that the Coalition including PEDs are well positioned to prepare for and respond to emerging biological threats.

Conventional Terrorism

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources
Palm Beach - HERC	Palm Beach County hospitals include 5 Tenet, 3 HCA, 3 Baptist, 1 UHS, two other not-for-profit acute care facilities and a VA facility. Each facility has their own unique protocols and procedures related to conventional terrorism. Nevertheless, HERC has several LE voices with one a holding position in Steering; its Vice Chair also receives FUSION Center reports which are then disseminated throughout the Coalition.

Mass Casualty Incidents

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources
Palm Beach - HERC	Palm Beach County hospitals include 5 Tenet, 3 HCA, 3 Baptist, 1 UHS, two other not-for-profit acute care facilities and a VA facility. Each facility has their own unique protocols and procedures related to MCIs. Fire Rescue/EMS agencies are well integrated within the Coalition and are often time trigger points for MCI events; Flash

	reports from the PBC Division of Emergency Management can also trigger MCI incidents. The Coalition has conducted numerous MCI exercises over the past several years with LE and Fire (including three 3 Heatshield Exercises) with gaps identified and improvement plans generated after each.

Mass Population Surges

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources
Palm Beach - HERC	Palm Beach County hospitals include 5 Tenet, 3 HCA, 3 Baptist, 1 UHS, two other not-for-profit acute care facilities and a VA facility. Each facility has their own unique protocols and procedures related to MCIs. Nevertheless, a flash report from the PBC Division of Emergency Management activating the emergency support functions (ESFs) including ESF8 (Health & Medical) would initiate a medical surge response coordination for the entire healthcare coalition. Whenever the Health & Medical Unit is activated, HERC is activated and the Coalition Members are notified of this via multiple communication platforms.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Steven Schultz, MD	610-529-1348	St. Mary's Medical Center	Pediatric Critical Care
Melvin Karp, MD	954-608-9356	Delray Medical Center	Pediatric Surgeon

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Mental Health America	561-832-3755	Mental Health America
Palm Health Foundation	561-833-6333	Palm Health Foundation

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**

Each hospital has their own cache of supplies pertaining to their own patient care needs.	Work collaboratively with County and Regional, State partners

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
Hospital Beds: Total Electric & Pediatric Respiratory Suction Pumps, Wheelchairs & Accessories: Standard Manual (e.g. Pediatrics), Wheelchairs & Accessories: Standard Power (e.g. Pediatrics and custom cushions)	Medical Supply Depot 7239 W Atlantic Ave, Delray Beach, Florida 33446	561-499-8181
IV Supplies	Wolf Medical Supply 13951 NW 8th St. Sunrise, FL 33325	954-835-2300
Blood	One Blood 1224 Royal Palm Beach Blvd #26, Royal Palm Beach, FL 33411	561-472-3939

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
SafeKids Coalition PBC	Kathryn Wall 561-628-7897
PBC Fire Rescue	Capt. Bob Smallacombe 561-616-7000

Identified **unique risks** for pediatric-specific mass casualty incidents/events (e.g., evacuation of a pediatric hospital, etc.) by County.

County	Risk	Number of Potential Patients	Gaps
Palm Beach	Evacuation of a pediatric hospital	223	Lack of pediatric receiving facilities based on their capability
Palm Beach	Pediatric equipment	223	Insufficient onsite pediatric surge equipment and supplies

FDOH – ESF-8 Pediatric Surge Annex

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	City	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
BETHESDA HOSPITAL EAST			BOYNTON BEACH	401	347		12	6	18	15	15	St Mary's	West Boca	Miami Children's
BETHESDA HOSPITAL WEST			BOYNTON BEACH	80	80				0	0	5	St Mary's	West Boca	Miami Children's
BOCA RATON REGIONAL HOSPITAL			BOCA RATON	400	390		10		10	0	0	Joe DiMaggio	Joe DiMaggio	Joe DiMaggio
DELRAY MEDICAL CENTER		Level I, Pediatric	DELRAY BEACH	536	380				0	10	6	WBMC, SMMC	WBMC, SMMC	receiving facility
GOOD SAMARITAN MEDICAL CENTER			WEST PALM BEACH	333	326		7		7	0	10	St Mary's	St Mary's	St Mary's
JFK MEDICAL CENTER			ATLANTIS	558	527				0					
JFK MEDICAL CENTER NORTH CAMPUS			WEST PALM BEACH	245	157	27			0	0	10	Palms West, St. Mary's	Palms West, St. Mary's	ST. Mary's
JUPITER MEDICAL CENTER			JUPITER	207	207				0	18	8	Wellington Regional / St. Mary's	St. Mary's	St. Mary's
LAKESIDE MEDICAL CENTER			BELLE GLADE	70	70				0	10	6	SMMC, WRMC	SMMC, PWH	SMMC
PALM BEACH GARDENS MEDICAL CENTER			PALM BEACH GARDENS	199	199				0	0	10	SMMC, Good Sam	SMMC	SMMC
PALMS WEST HOSPITAL			LOXAHAT CHEE	204	194		10		10					
ST MARY'S MEDICAL CENTER	Palm Beach Children's Hospital	Level I, Pediatric	WEST PALM BEACH	460	325		25	20	45	78	22	none	none	none
WELLINGTON REGIONAL MEDICAL CENTER			WELLINGTON	233	208		10	15	25	0	0		Palms West/ St Mary's	Palms West / St Mary's
WEST BOCA MEDICAL CENTER			BOCA RATON	195	161		14	20	34					

3.12 Region 7 (Broward)- Broward County Health Care Coalition

Contact Information:

Name	Phone #	Email
Reshena Clark	305-724-3785	rclark@sfhha.com
Kelly Keys	954-712-3931	kkeys@browardhealth.org

Demographics/ Description of the Health Care Coalition (HCC)
Region 7: The Broward County Health Care (BCHC) Coalition is located southeastern Florida. Broward County lies along a 25-mile stretch of the southeastern Florida coastline between Palm Beach County on the north, and Miami-Dade County on the south. From its eastern border on the Atlantic, the County extends westward some 50 miles to the Collier and Hendry County lines. The highest populated city is Fort Lauderdale, FL.

Region 7 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Broward	110,689	246,589	357,278	1,903,210	19%
Miami-Dade	161,747	343,340	505,087	2,804,160	18%
Monroe	3,545	6,888	10,433	76,534	14%
Palm Beach	74,185	170,616	244,801	1,442,281	17%
Total:	**350,166**	**767,433**	**1,117,599**	**6,226,185**	**17%**

Description of Health Care System
The Region 7 BCHC Coalition has 16 health care facilities designated as Acute Care Hospitals and three (3) free-standing Emergency Departments; all of these facilities provide 24-hour emergency care services. The Coalition has three (3) pediatric trauma centers.

Some hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are six (6) hospitals within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide medical care services to pediatric populations, three (3) of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU) and three (3) offer Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Broward	Broward hospitals include five (5) South Broward Hospital District facilities, four (4) North Broward Hospital District facilities, four (4) HCA facilities, one (1) Cleveland clinic facility, one (1) Holy Cross facility,

	and one (1) Tenet facility. All have separate protocols and procedures related to triggers, however, all do participate in ESF-8 call outs. The BCHC assists ESF-8 by setting up a conference call to bring members together. The Pedi SMEs are already embedded in the BCHC.

Biological Disease Outbreaks

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Broward	Broward hospitals include five (5) South Broward Hospital District facilities, four (4) North Broward Hospital District facilities, four (4) HCA facilities, one (1) Cleveland clinic facility, one (1) Holy Cross facility, one (1) Tenet facility. All have separate protocols and procedures related to Biological outbreaks.

Conventional Terrorism

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Broward	Broward hospitals include five (5) South Broward Hospital District facilities, four (4) North Broward Hospital District facilities, four (4) HCA facilities, one (1) Cleveland clinic facility, one (1) Holy Cross facility, one (1) Tenet facility. All have separate protocols and procedures related to terrorism.

Mass Casualty Incidents

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Broward	Broward hospitals include five (5) South Broward Hospital District facilities, four (4) North Broward Hospital District facilities, four (4) HCA facilities, one (1) Cleveland clinic facility, one (1) Holy Cross facility, one (1) Tenet facility. All have separate protocols and procedures related to MCIs. All participate in MCI drills and practice together - however, it is up to the parent organization to determine policies.

Mass Population Surges

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Broward	Broward hospitals include five (5) South Broward Hospital District facilities, four (4) North Broward Hospital District facilities, four (4) HCA

	facilities, one (1) Cleveland clinic facility, one (1) Holy Cross facility, one (1) Tenet facility. All have separate protocols and procedures related to mass population surge.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Lussette Dantinor	ldantinor@mhs.net 954-265-5324	Joe DiMaggio Children's Hospital	Pediatric ER Director

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster/emergency and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Lussette Dantinor	ldantinor@mhs.net 954-265-5324	Joe DiMaggio Children's Hospital

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Each hospital has their own cache of supplies pertaining to their own patient care needs.	N/A

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
Oxygen, Nebulizers, Apnea monitors and supplies, Pulse Oximeters, Suction Pumps, Tracheostomy Supplies, Cough Assistance, Cpap/Bipap	PediPec, Broward County, 6738 West Sunrise Boulevard #107 Plantation, FL 33313	PediPec, Broward County 954-587-1210
Hospital Beds: Total Electric & Pediatric Respiratory Suction Pumps, Wheelchairs & Accessories: Standard Manual (e.g. Pediatrics), Wheelchairs & Accessories: Standard Power (e.g. Pediatrics and custom cushions)	Medical Supply Depot 7239 W Atlantic Ave, Delray Beach, Florida 33446	561-499-8181
IV Supplies	Wolf Medical Supply 13951 NW 8th St.	954-835-2300

	Sunrise, FL 33325	

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Broward Healthy Start Coalition, Inc.	Anne Corbett 954-563-7583

Identified **unique risks** for pediatric-specific mass casualty incidents/events (e.g., evacuation of a pediatric hospital, etc.) by County.

County	Risk	Number of Potential Patients	Gaps
Broward	Evacuation of a pediatric hospital	540	Lack of pediatric receiving facilities, based on their capability.
Broward	Pediatric equipment (medical/non-medical supply)	540	Insufficient onsite pediatric surge equipment and supplies.

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list, as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	City	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
BROWARD HEALTH CORAL SPRINGS			CORAL SPRINGS	250	240		10		10	12		Salah Foundation Children's Hospital at Broward Health	Salah Foundation Children's Hospital at Broward Health	Salah Foundation Children's Hospital at Broward Health
BROWARD HEALTH IMPERIAL POINT			FORT LAUDERDALE	204	157				0	0	0	Salah Foundation Children's Hospital at Broward Health	Salah Foundation Children's Hospital at Broward Health	Salah Foundation Children's Hospital at Broward Health
BROWARD HEALTH MEDICAL CENTER	Salah Foundation Children's Hospital at Broward Health	Level I	FORT LAUDERDALE	716	570		40	28	68	28		-	-	-
BROWARD HEALTH NORTH		Level II	POMPANO BEACH	409	379				0	0	5	Salah Foundation Children's Hospital at Broward Health	Salah Foundation Children's Hospital at Broward Health	Salah Foundation Children's Hospital at Broward Health
CLEVELAND CLINIC HOSPITAL			WESTON	206	206				0	0	0	-	-	
FLORIDA MEDICAL CENTER - A CAMPUS OF NORTH SHORE			LAUDERDALE LAKES	459	385				0	0	0	Plantation General Hospital/Broward Health	Plantation General Hospital/Broward Health	Joe DiMaggio Children's Hospital
HOLY CROSS HOSPITAL			FORT LAUDERDALE	557	500		9		9					
MEMORIAL HOSPITAL MIRAMAR			MIRAMAR	178	162		16		16	0	22	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital
MEMORIAL HOSPITAL PEMBROKE			PEMBROKE PINES	301	301				0	0	0	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital
MEMORIAL HOSPITAL WEST			PEMBROKE PINES	486	466		20		20	0	14	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital
MEMORIAL REGIONAL HOSPITAL	Joe DiMaggio Children's Hospital	Level I	HOLLYWOOD	797	641	12	22	62	84	224	47	-	-	Jackson Memorial Hospital for Burns.
MEMORIAL REGIONAL HOSPITAL SOUTH			HOLLYWOOD	216	127				0	0	0	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital
NORTHWEST MEDICAL CENTER			MARGATE	283	272		6	5	11					

PLANTATION GENERAL HOSPITAL			PLANTATION	264	209		13	18	31				
UNIVERSITY HOSPITAL AND MEDICAL CENTER			TAMARAC	317	257	8			0				
WESTSIDE REGIONAL MEDICAL CENTER			PLANTATION	250	250				0				

3.13 Region 7 (Miami-Dade) - Miami-Dade County Health Care Preparedness Coalition

Contact Information:

Name	Phone #	Email
Marilia van Keeken	786-424-0481	Marilia.vankeeken@smrt7.onmicrosoft.com
Jose Lopez	305-470-6936	Jose.lopez@flhealth.gov

Demographics/ Description of the Health Care Coalition (HCC)
The Miami-Dade County Health Care Preparedness Coalition is located entirely within the borders of Miami-Dade County in southeastern Florida. It is bordered to the South and West by Monroe County, to the North by Broward County, to the West by Collier County, and to the East by the Atlantic Ocean.

Region 7 breakdown by age (2018):

County	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Broward	110,689	246,589	357,278	1,903,210	19%
Miami-Dade	161,747	343,340	505,087	2,804,160	18%
Monroe	3,545	6,888	10,433	76,534	14%
Palm Beach	74,185	170,616	244,801	1,442,281	17%
Total:	**350,166**	**767,433**	**1,117,599**	**6,226,185**	**17%**

Description of Health Care System
The Reg 7- Miami- Dade County Health Care Coalition has 32 health care facilities designated as Acute Care Hospitals and three (3) free-standing Emergency Departments; all of these facilities provide 24-hour emergency care services. The Coalition has two (2) pediatric trauma centers.

Some hospitals within the Coalition have limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There are 20 hospitals within the HCC that have limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide care services to pediatric populations, three (3) of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU) and eleven (11) offer Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Miami-Dade	A high category (3 or up) storm could potentially trigger a pediatric surge event - in the case of heavy storm damage to homes. Another surge event could be triggered should one of the larger pediatric-

	serving facilities lose power due to storm damage and failure of a backup generator. Should a pediatric surge event occur due to a hurricane/tropical storm, the HCC would be absorbed by ESF-8 and the proper transportation protocol would be to establish/set up with county and city fire rescue/EMS. HCC SME could be asked to assist with proper protocols to ensure life safety and transfer of patients in surge.

Biological Disease Outbreaks

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Miami-Dade	In the event of a biological disease outbreak, the county will activate its medical countermeasure (MCM) plan and points of dispensing will be opened to provide MCM to the population, including pediatrics. Some gaps could include transportation for minors to the Points of Dispensing (PODs), lack of parental supervision, behavior or mental health. SMEs have been identified for behavioral/mental health and could potentially be called upon to assist in education of POD staff.

Conventional Terrorism

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Miami-Dade	In the occurrence of a conventional terrorism incident, the county may experience gaps in behavioral and mental health, and bed availability. As identified in the surge tool exercise, beds will be a limiting factor and the county would potentially have to look outside of the county for bed availability. SMEs will help identifying appropriate location for pediatrics. SMEs have been identified for behavioral/mental health and could potentially be called upon to assist with psychological first aid and other programs.

Mass Casualty Incidents

County	**Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.**
Miami-Dade	In the occurrence of a conventional terrorism incident, the county may experience gaps in behavioral and mental health, and bed availability. As identified in the surge tool exercise, beds will be a limiting factor

	and the county would potentially have to look outside of the county for bed availability.

Mass Population Surges

County	Action by HCC: Communication, information sharing, work with county Emergency Manager to share information on resources, assist with connecting partners and resources.
Miami-Dade	According to the County's Mass Migration plan, 500+ immigrants per day for three (3) days would trigger activation of the plan. The gap would start once there is a surge of 20 percent to pediatric facilities. Should this number be reached, the county may call on facilities that have limited pediatric capabilities to treat incoming patients. SMEs will help identifying appropriate location for pediatrics. SMEs have been identified for behavioral/mental health and could potentially be called upon to assist with psychological first aid and other programs.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	Contact Information	Associated Agency	Specialty
Vernon Jones	305-669-6478	Nicklaus Children's Hospital	Emergency Management and Preparedness
Balagangadhar Totapally, MD	305-663-6838	Nicklaus Children's Hospital (NCH)	Pediatric ICU
Magaly Diaz-Barbosa, MD	786-624-4097	NCH	NICU
Remesh Sachdeva, MD	786-624-2020	NCH	Pediatrics
Carolyn Domina, CNO	786-268-1870	NCH	Pediatric Hospital
Dr. Ignacio A. Zabaleta	305-674-2727	Private Practice	NICU/Neonatology
Dr. Jose Adams	305-674-2727	Private Practice	NICU/Neonatology
Dr. Dario Lirman	305-532-3378	Pediatric Associates	Pediatrics
Dr. Diana Sredni	305-682-9877	Pediatric Associates	Pediatrics
Dr. Luz Pages	305-532-3378	Pediatric Associates	Pediatrics

Dr. Manuel Pedroso	305-674-0654	Pediatric Associates	Pediatrics
Dr. Susan Leitner	305-532-3378	Pediatric Associates	Pediatrics
Dr. Abdul Memon	305-355-4787	Jackson Health System	Emergency Management and Preparedness
Michael Nares, MD Director of PICU Pediatric ICU Chief	305-585-5687 PICU 305-585-6051 Office 305-978-6814 Cell	Holtz Children's Hospital	Pediatric Critical Care
Shanaz Duara, MD Director of NICU NICU Chief	305-585-6408 Office 305-585-5140 Unit	Holtz Children's Hospital	Neonatology
Barry Gelman, MD Chief of Pediatrics	305-585-6051 Office 305-333-4449 Cell	Holtz Children's Hospital	Pediatric Critical Care
Sheila Smith, RN Chief Nursing Officer CNO of Pediatric Hospitals	305-585-6238 Office 434-964-6343 Cell	Holtz Children's Hospital	Pediatric Clinical Care

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster/emergency and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Jose Roza Social Service Chief	305-479-5213	Nicklaus Children's Hospital (NCH)
Hadson Solis Pastoral Chief	786-624-4472	NCH
Americo Padilla, MD Pediatric Mental Health Chief	786-624-3538	NCH
Americo Padilla, MD Psychiatric Chief	786-624-3538	NCH
Janet Rosen, PsyD Psychologist Chief	786-624-2450	NCH
Chelsey Behar, Director of Social Work Catherine Cipullo Director of Case Management	305-585-3676 Office 305-585-6725	Jackson Health System
Jacqueline Kelley, Ph.D. Director of Pastoral Chief	305-585-2529 Office 205-482-2803 Cell	Jackson Health System
Patricia Ares-Romero, CMO, BHH	305-355-8234 Office	Jackson Health System

Pediatric Mental Health Chief		
Patricia Ares-Romero, CMO, BHH Psychiatric Chief	305-355-8234 Office	Jackson Health System
Dr. Thomas Robertson Psychologist Chief	305-355-8202 Office	Jackson Health System

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Car Seats	Potentially negotiate with car rental companies that have a limited supply on hand.

Identified **external caches or (re)supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
Miami-Dade Fire Rescue Cache	Various	Dr. Gerard Job, Gerard.job@miamidade.gov

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Nicklaus Children's Hospital - Car Seat Safety Contact	Malvina Duncan 305-663-6800 or 786-624-4104

Identified **unique risks** for pediatric-specific mass casualty incidents/events (e.g., evacuation of a pediatric hospital, etc.) by county.

County	Risk	Number of Potential Patients	Gaps
Miami-Dade	Evacuation of a pediatric hospital		Limitation with bed availability
Miami-Dade	Lack of pediatric specialists during an incident/emergency		Limitation of specialists in pediatrics. Some specialists work at multiple facilities and would be limited in their ability to see patients at multiple sites.

FDOH – ESF-8 Pediatric Surge Annex

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list, as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	City	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
MERCY HOSPITAL, A CAMPUS OF PLANTATION GENERAL HOSPITAL			MIAMI	488	435		6		6	1		Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
KENDALL REGIONAL MEDICAL CENTER		Level I	MIAMI	417	381		8	5	13	3		Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
MOUNT SINAI MEDICAL CENTER			MIAMI BEACH	672	502		8	5	13	3		Nicklaus Children's Hospital / Jackson Memorial Hospital	Nicklaus Children's Hospital / Jackson Memorial Hospital	Nicklaus Children's Hospital / Jackson Memorial Hospital
NORTH SHORE MEDICAL CENTER			MIAMI	337	279		8	10	18	4		Nicklaus Children's Hospital / Jackson Memorial Hospital	Nicklaus Children's Hospital / Jackson Memorial Hospital	Nicklaus Children's Hospital / Jackson Memorial Hospital
HIALEAH HOSPITAL			HIALEAH	366	356		10		10	2		Nicklaus Children's Hospital / Jackson Memorial Hospital	Nicklaus Children's Hospital / Jackson Memorial Hospital	Nicklaus Children's Hospital / Jackson Memorial Hospital
JACKSON NORTH MEDICAL CENTER			NORTH MIAMI BEACH	382	360		10		10	2		Holtz Children's Hospital	Holtz Children's Hospital	Holtz Children's Hospital
PALMETTO GENERAL HOSPITAL			HIALEAH	368	305		15		15	3		Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
BAPTIST HOSPITAL OF MIAMI	Baptist Children's Hospital		MIAMI	728	669		22	14	36	7		Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
SOUTH MIAMI HOSPITAL			MIAMI	436	374		47	15	62	12		Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
JACKSON MEMORIAL HOSPITAL	Holtz Children's Hospital	Level I	MIAMI	1493	1048	44	60	66	126	25		Holtz Children's Hospital	Holtz Children's Hospital	Holtz Children's Hospital
AVENTURA HOSPITAL AND MEDICAL CENTER		Level II	AVENTURA	407	351				0			Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital	Joe DiMaggio Children's Hospital
CORAL GABLES HOSPITAL			CORAL GABLES	245	245				0	20% surge capacity		N/A	N/A	N/A
DOCTORS HOSPITAL			CORAL GABLES	281	281				0			N/A	N/A	N/A
DOUGLAS GARDENS HOSPITAL			MIAMI	32	32				0			N/A	N/A	N/A
HOMESTEAD HOSPITAL			HOMESTEAD	147	124				0			Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital

JACKSON SOUTH MEDICAL CENTER		Level II	MIAMI	262	234				0			Holtz Children's Hospital	Holtz Children's Hospital	Holtz Children's Hospital
LARKIN COMMUNITY HOSPITAL			SOUTH MIAMI	146	100	10			0			N/A	N/A	N/A
LARKIN COMMUNITY HOSPITAL PALM SPRINGS CAMPUS			HIALEAH	247	247				0			N/A	N/A	N/A
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-UHEALTH TOWER			MIAMI	560	456				0			Holtz Children's Hospital	Holtz Children's Hospital	Holtz Children's Hospital
VARIETY CHILDREN'S HOSPITAL - now Nicklaus Children's Hospital	Nicklaus Children's Hospital	Level 1	MIAMI	69	240		13	40	53			Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
WEST KENDALL BAPTIST HOSPITAL			MIAMI	133	133				0			Nicklaus Children's Hospital	Nicklaus Children's Hospital	Nicklaus Children's Hospital
WESTCHESTER GENERAL HOSPITAL			MIAMI	125	98				0			N/A	N/A	N/A

3.14 Region 7 (Monroe) - The Keys Health Ready Coalition

Contact Information:

Name	Phone #	Email
Cyna Wright	305-587-7526	Admin@keysready.org

Demographics/ Description of the Health Care Coalition (HCC)
The Keys Health Ready Coalition is located in the southernmost portion of Florida, consisting of an island chain within Monroe County with more than 40 bridges over a single highway. The total population is under 78,000 full-time residents, with more than one (1) million visitors annually. The highest populated city is Key West.

Region 7 breakdown by age (2018):

Region 7	0-4	5-15	0- 15	All Age Totals	% Pedi Pop (0-15)
Broward	110,689	246,589	357,278	1,903,210	19%
Miami-Dade	161,747	343,340	505,087	2,804,160	18%
Monroe	3,545	6,888	10,433	76,534	14%
Palm Beach	74,185	170,616	244,801	1,442,281	17%
Total:	**350,166**	**767,433**	**1,117,599**	**6,226,185**	**17%**

Description of Health Care System
The Keys Health Ready Coalition has two (2) healthcare facilities designated as Acute Care Hospitals and one (1) free-standing Emergency Departments; each these facilities provide 24-hour emergency care services. The Coalition has no pediatric trauma centers.

All hospitals within the Coalition have extremely limited capability to provide comprehensive medical care to pediatric populations with traumatic injuries. There is one (1) within the HCC that has limited capability to provide comprehensive medical care to some pediatric populations. While some hospitals may provide care services to pediatric populations, none of the acute care hospitals in the Coalition have the capability of a Pediatric Intensive Care Unit (PICU) and none offer Neonatal Intensive Care Units (NICU).

Identified **triggers, gaps, capabilities, and processes** by County and hazard type that could lead to a pediatric surge emergency:

Hurricanes/ Tropical Storms

County	**Actions the HCC's SME can take are requests through the county EOC resource request in WEBEOC. Additionally, video conferencing can take place through eight (8) different ambulance systems, and telephonic conferencing through air transport helicopters.**
Monroe	**Capability**: 1. Air transport and out-of-county facilities that currently are in place and provide services for any pediatric situations under normal conditions.

	Gap: 1. Lack of any specialized facilities for pediatric needs in area; nearest facilities are located 45 miles from closest Monroe facility in Tavernier.

Biological Disease Outbreaks

County	**Actions the HCC's SME can take are requests through the county EOC resource request in WEBEOC. Additionally, video conferencing can take place through eight (8) different ambulance systems, and telephonic conferencing through air transport helicopters.**
Monroe	**Capabilities**: 1. Air transport and out-of-county facilities that currently are in place and provide services for any pediatric situations. 2. The Florida Department of Health is available for surveillance assistances and limited testing through state labs on the mainland. **Gap:** 1. Lack of any specialized facilities for pediatric needs in area, nearest laboratory processing is in Homestead, which is between 45 and 130 miles from the respective facilities.

Conventional Terrorism

County	**Actions that the HCC's SME can take are requests through the county EOC resource request in WEBEOC. Additionally, video conferencing can take place through eight (8) different ambulance systems, and telephonic conferencing through air transport helicopter. Additional resources could include requests to the Naval Air Station for medical, operations and transport assistance under certain approved scenarios.**
Monroe	**Capability:** 1. Air transport and out-of-county facilities that currently are in place and provide services for any pediatric situations under normal conditions. **Gap**: 1. Lack of any specialized facilities for pediatric needs in area, nearest facilities are located 45 miles from closest Monroe facility in Tavernier and 135 miles from facilities in Key West.

Mass Casualty Incidents

County	**Actions the HCC's SME can take are requests through the county EOC resource request in WEBEOC. Additionally, video conferencing can take place through eight (8) different**

	ambulance systems, and telephonic conferencing through air transport helicopters for in-flight trauma treatment.
Monroe	**Capabilities:** 1. Air transport and out of county facilities that currently are in place and provide services for any pediatric situations under normal conditions. These capabilities are capped at three air transports with capacity of three pediatric patients each. Round trips are at least 45 minutes. Air transports outside of area can be requested from hospitals and EMS groups through interagency agreements currently in place. **Gap**: 1. Lack of any specialized facilities for pediatric needs in area, nearest facilities are located 45 miles from closest Monroe facility in Tavernier and 130 miles from Key West.

Mass Population Surges

County	**Actions the HCC's SME can take are requests through the county EOC resource request in WEBEOC. Additionally, video conferencing can take place through eight (8) different ambulance systems, and telephonic conferencing through air transport helicopters. Plans in place through the county Emergency Management can be requested by SME and activated as needed.**
Monroe	**Capability:** 1. Air transport and out-of-county facilities that currently are in place and provide services for any pediatric situations under normal conditions. **Gap**: 1. Lack of any specialized facilities for pediatric needs in area, nearest facilities are located 45 miles from closest Monroe facility in Tavernier.

Local individuals or organizations within the HCC's that can act as a Coalition **pediatric subject matter expert** in the event of a pediatric surge (e.g., local pediatrician and nursing staff, pediatric home health nurses, etc.).

Pediatric SME	**Contact Information**	**Associated Agency**	**Specialty**
TalleyAnne Reeb	305-293-7500	Florida Dept of Health- Monroe	School Health/Vaccinations
Melanie Youschak MD	305-293-4233	Keys Pediatrics	Pediatrician
Michael Hernandez, MD	305-743-2323	Florida Keys Pediatrics	Pediatrician
Stanley Zuba, MD	305-853-0558	Florida Keys Pediatrics	Peds/Adolescents

Local individuals or organizations within the HCC's that can act as a **mental health subject matter expert** in the event of a pediatric disaster/emergency and subsequent surge.

Mental Health SME	Contact Information	Associated Agency
Amy Gertz, MA	305-780-7500	None
Tom Narhsted	305-296-4033	Red Cross

Identified **gaps in equipment/ supplies** for the categories listed above for each of the 24-hour emergency care hospitals in the Coalition. Includes the most commonly deficient items and the identified strategies to address them:

SUPPLY/ EQUIPMENT GAPS	
Supply / Equipment	**Strategies to fill gaps**
Pediatric Broselow bags, traction splints and carts for Key West location	Discuss best practices for filling gaps at HCC meetings, identify best method and request funding from RDSTF and/or HCC funding.
Mechanical ventilators	Identify parent company resources from hospitals.

Identified **external caches or (re) supply points** within the HCC that would be available in the event of a pediatric surge.

Contents/ Supplies	Location	Point of Contact & Info
All needed supplies	Baptist Health, Miami, FL	James Muro 561-368-2745
All Needed supplies	Community Health Systems, Tennessee	James Dunscomb 631-241-6481

Local sources to approach for **car seats** during a disaster/emergency.

Name/ Business/ Agency/ Organization	Contact Person & Phone #
Healthy Start- Department of Health	Jessica Lariz 305-293-7500

Identified **unique risks** for pediatric-specific mass casualty emergencies/events (e.g., evacuation of a pediatric hospital, etc.) by County.

County	Risk	Number of Potential Patients	Gaps
Monroe	Bridge/road failure	100	Lack of ability to move patients out of area
Monroe	High winds precluding air transport	100	Lack of ability to move patients out of area
Monroe	Staff availability	100	Staffing not currently present

The table below outlines the hospital's number of pediatric in-patient beds that can be expanded out to; total number of pediatric beds ED's can expand out to; and the transfer hospitals for NICU, PICU, and trauma patients. This is not an exhaustive list as details change often.

FDOH – ESF-8 Pediatric Surge Annex

Provider Name	Onsite Children's Hospital	Trauma Center Designation	City	Total Capacity	Acute Care	Child Psych	NICU Level 2	NICU Level 3	Total NICU Beds	Pediatric In-Patient Bed Surge	Pediatric ER Bed Surge Number	List NICU Transfer Hospital(s)	List PICU Transfer Hospital(s)	List Pediatric Trauma Center Transfer Hospital(s)
DEPOO HOSPITAL			KEY WEST	49	4				0	0	0	Jackson Memorial	Nicklaus Children's Hospital	Nicklaus Children's Center
FISHERMEN'S COMMUNITY HOSPITAL			MARATHON	4	4				0	0	0	Jackson Memorial	Nicklaus Children's Center	Nicklaus Children's Center
LOWER KEYS MEDICAL CENTER			KEY WEST	118	103				0	0	0	Jackson Memorial	Nicklaus Children's Hospital	Nicklaus Children's Hospital
MARINERS HOSPITAL			TAVERNIER	25	25				0	0	0	South Miami Hospital	Baptist Children's Hospital	Nicklaus Children's Hospital