



DISASTER RESPONSE COLLABORATIVE

*Focus Area Option
Pediatric Evacuation
February 4, 2025; 1:00 to 2:30 CT*

Acknowledgements & Disclaimer

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Learner Notification

Disclosure of Conflict of Interest

The planning committee and presenters have no identified conflicts of interest.

Acknowledgement of Commercial Support

No financial commercial support was received for this educational activity.

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CAPCE: This CE activity is accredited by the Commission on Accreditation for Prehospital Continuing Education for 1 Advanced CEH.

Requirements to Claim Continuing Education (CE) Credit:

- You must attend the entire live session to receive credit.
- Ensure you complete the session evaluation to receive credit.
- Ensure your name is on the session registration. If not, add your name to the chat.
- Follow the instructions at the end of the session to claim your credits in the PPN CE Portal.

Instructions to claim CE will be provided at the end of the session.



Announcements



We are very pleased that you have joined us; For CE purposes, if desired put name and type of credit you are seeking in the chat box!



This session is being recorded. The recording and slides will be shared as soon as possible.



Please add questions in the Q & A chat box (to be answered during the session and discussion time)

CE MOC Part IV (physicians), also CE for physicians (CME), nurses, social workers, and EMTs

Focus Area Selection: The Time is Now!

With next month's session, teams will begin to meet by focus area. Identifying a focus area is a critical component of DRC participation, and conducting a Tabletop Exercise is highly recommended to efficiently improve your disaster plan in the area chosen. **For active participation in the DRC, all hospitals should declare their focus area by February 15, 2025.**



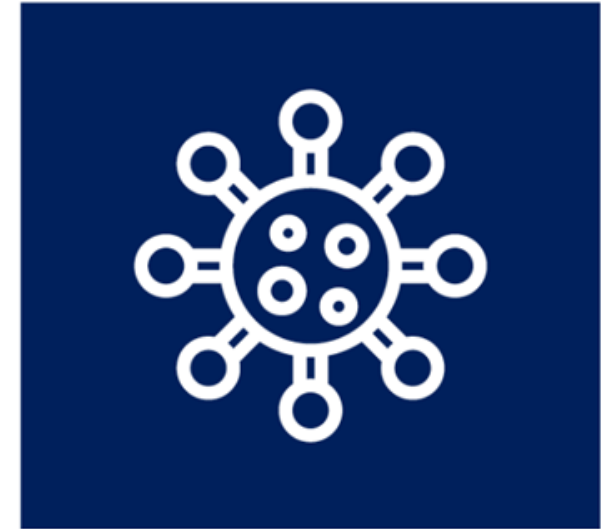
Evacuation



Family Reunification



Surge Capacity



Triage/Decontamination



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Virtual Tabletop Exercise Opportunities

Virtual Tabletop Exercise Checklist

- Task One:** Identify someone within your DRC team or institution to serve as a:
- Exercise Facilitator (main point of contact; facilitates discussions in breakout session)
 - Exercise Evaluator (observer/notetaker)
- Task Two:** Select a date for both the Facilitator and Evaluator to attend a Virtual Tabletop Exercise (VTTX) training session
- Task Three:** Identify the primary focus area for your DRC team to improve upon (evacuation, reunification, surge, triage, infection control, decontamination) and compile relevant disaster plans and policies
- Task Four:** The Facilitator should identify and invite internal stakeholders to the VTTX (external participants optional, as the focus of this VTTX is on internal facility disaster plans and protocols.
- Task Five:** Coordinate VTTX topic/date selection and registration

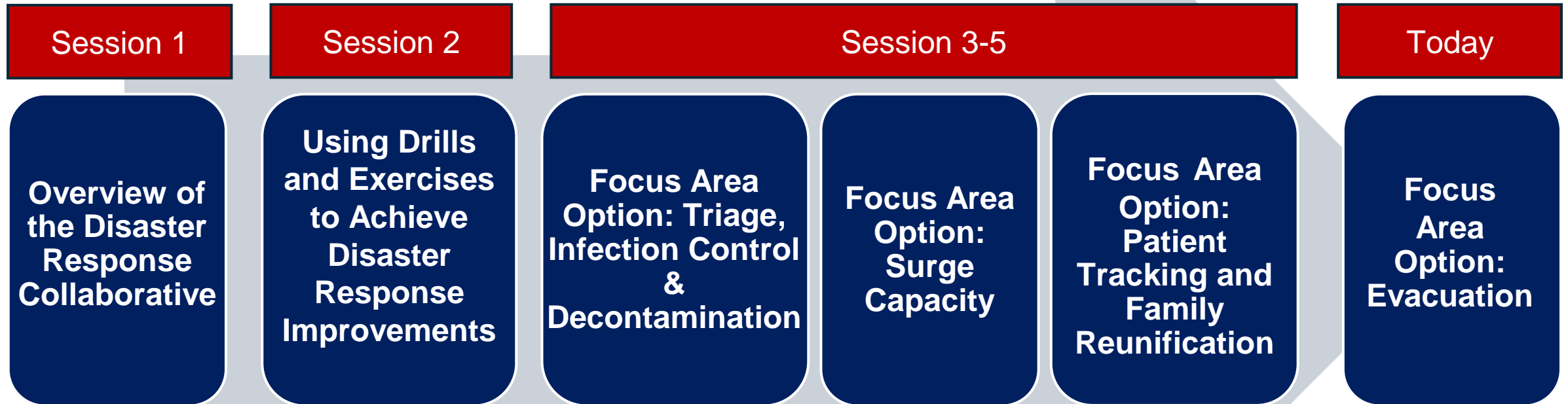
Focus Area	Date 1	Date 2	Date 3	Date 4
Triage, Infection Control & Decontamination	March 11, 2025	April 8, 2025	April 29, 2025	June 4, 2025
Pediatric Surge Capacity	March 13, 2025	April 10, 2025	May 1, 2025	June 5, 2025
Peds Patient Tracking & Family Reunification	March 18, 2025	April 15, 2025	May 13, 2025	Jun 10, 2025
Evacuation	March 20, 2025	April 17, 2025	May 15, 2025	June 12, 2025

Survey sent to team leaders to compile information – Deadline February 15, 2025



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DRC RECAP



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Pediatric Evacuation Focus Area Oversight Group

- **Abby Bailey, NR-Paramedic; Norton Children's Hospital**
- **Patricia Frost, RN, PHN, MS, PNP; National Pediatric Disaster Coalition**
- **Shana Godfred-Cato, DO; Primary Children's Hospital**
- **Kathy Lehman-Huskamp, MD; Medical University of South Carolina**
- **Chris McCarthy; Emergency Preparedness Solutions, LLC**
- **David McCarthy; Emergency Preparedness Solutions, LLC**
- **Annette Newman (Matherly), MS, RN, CCRN; Pediatric Pandemic Network**
- **Kate Remick, MD; Dell Medical Center**
- **Cathy Shanahan, MD; Lurie Children's Hospital**
- **Julie Shelton, MPH, CPHQ; Pediatric Pandemic Network**

Pediatric Evacuation



Presenters

- **Annette Newman (Matherly), MS, RN, CCRN**
- **Abby Bailey, NR-Paramedic**
- **Julianne Ehlers, MA, CEM, MEP, CHEC-II**
- **Kathy Lehman-Huskamp, MD, FAAP, FACEP**

Agenda

- Evacuation Overview
- Intermountain Children's Health-
Lessons Learned from an
Earthquake Exercise & Findings
- MUSC Children's Hospital-
Evacuation Plan in Action
- Breakout Sessions

Objectives

- List the benefits of selecting the evacuation focus area for a DRC improvement project
- Explain why it is important to have pediatric evacuation protocols in your hospital's disaster plan
- Understand the need to include various approaches to evacuation in disaster planning

POLL QUESTION #1

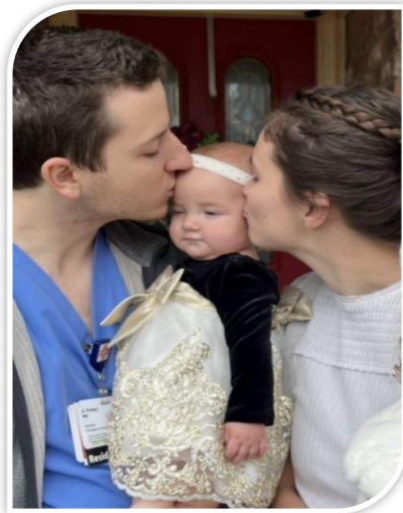
POLL QUESTION #2



Pediatric Hospital Evacuation: The Last Resort

- Hospitals are built to be resilient, often remaining operational even when systems fail.
- Evacuation is a **last resort** decision made when safety or care continuity cannot be ensured otherwise.

Ensuring the safety of our youngest and most vulnerable



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Why Pediatric Evacuation Plans Matter

- **Children are not small adults:** Unique physiological, developmental, and emotional needs.
- **Specialized care requirements:** NICU, PICU, and pediatric-specific equipment.
- **Higher vulnerability:** Limited ability to communicate or self-advocate in emergencies.
- **Risk of resource gaps:** Limited pediatric-trained staff and evacuation equipment.

Challenges of Pediatric Evacuation

- **Complexity of care:** Managing ventilators, ECMO, and special equipment.
- **Coordination hurdles:** Ensuring continuity of care across multiple systems.
- **Timing constraints:** Balancing emergent needs with safe, effective evacuation strategies.
- **Ethical dilemmas:** Prioritizing care during crises.

Foundation of Preparedness:

4 S's Staff, Stuff, Space, Systems

- Staff:** Well-trained personnel with clear evacuation roles.
- Stuff:** Availability of pediatric-specific resources, equipment.
- Space:** Identifying internal and external locations for safe patient relocation.
- Systems:** Reliable communication, transportation, and resource tracking to maintain care continuity.

Key Elements of a Pediatric Evacuation Plan

- Align evacuation plans with Continuity of Operations Planning (COOP).
- Establish regional partnerships to track pediatric-capable resources.
- Train staff for pediatric-specific needs.
- Identify spaces for vertical, horizontal, and external relocation.

The Human Impact

“Everybody has a plan until they get punched in the face.”

-Mike Tyson



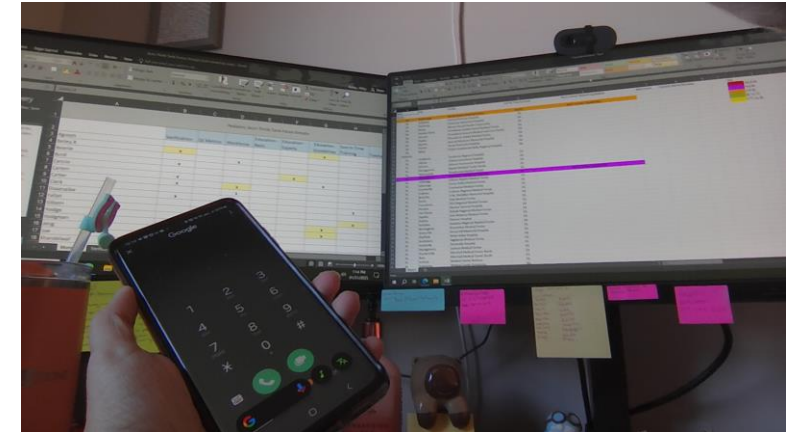
pixabay.com

EMS Perspective: Supporting Pediatric Evacuations



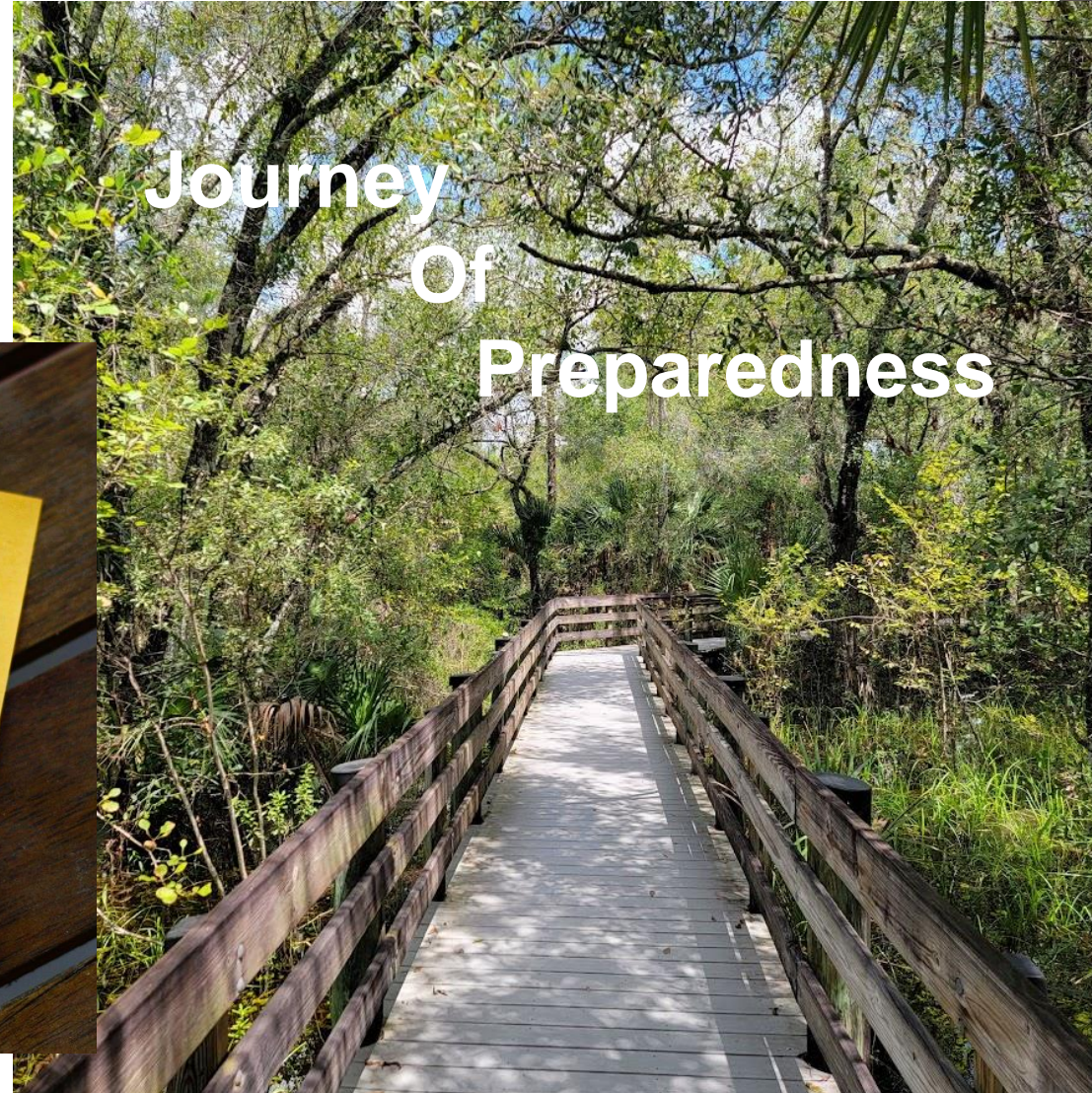
**Safe and Timely
Transport**

**Relationships and Plans
with ALL local agencies**



**Communications,
Tracking, and Continuity
of Care**

Preparing for the Future



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From Simulation to Reality: Leveraging Lessons from Hospital Disaster Drills in Real Emergencies

Julianne Ehlers, MA, CEM[®], MEP, CHEC-II
Intermountain Children's Health Emergency Management



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Primary Children's Hospital – Salt Lake City

Level 1 Pediatric Trauma Center

287 beds

6 states

400,000 sq miles



Just a Saturday Night

Power Surge

Automatic Transfer Switch

Day Tank Float Valve



Practice Like You Play

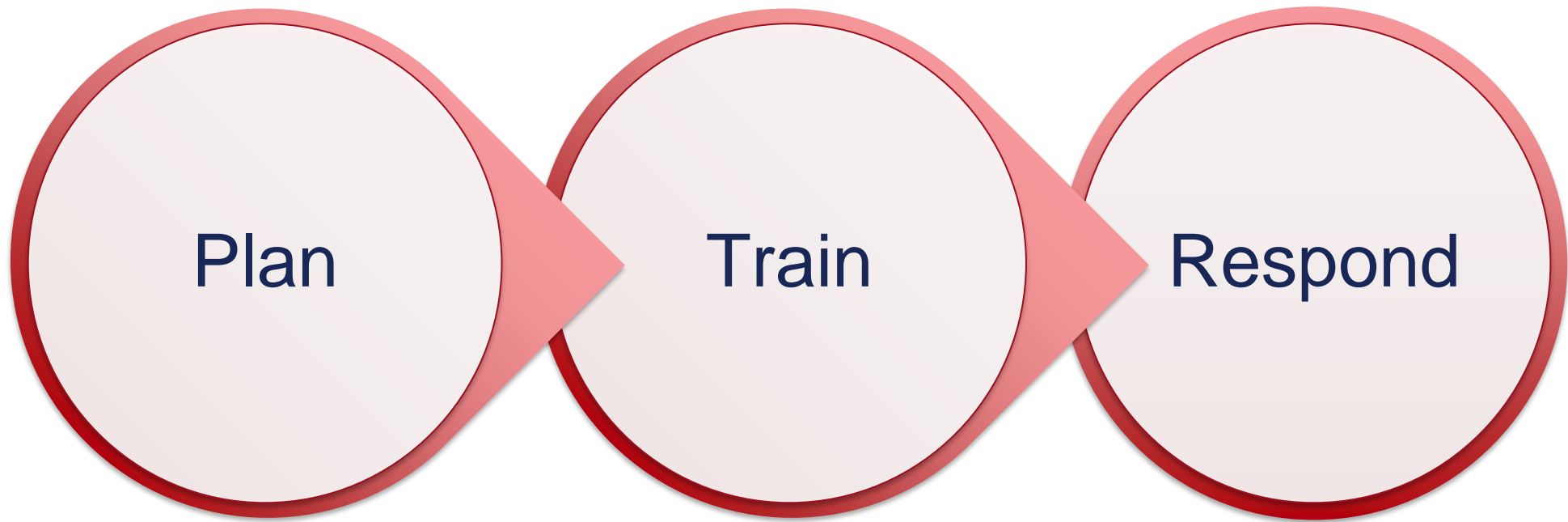
Training

- Relocation Sites
- Evacuation Equipment
- Patient Tracking System

Exercises

- NICU Evacuation TTX
- NICU Evacuation FSE
- Catastrophic Earthquake
- FSE

Application





Experience Gained

- Every training
- Every exercise
- Every incident
- Make it actionable



pixabay.com

PICU Evacuation

Kathy Lehman-Huskamp, MD
Medical University of South Carolina

Introduction

- Medical University of South Carolina
 - Main Hospital built in 1955
- Charleston, South Carolina
- Historical Peninsula
- Coastal City

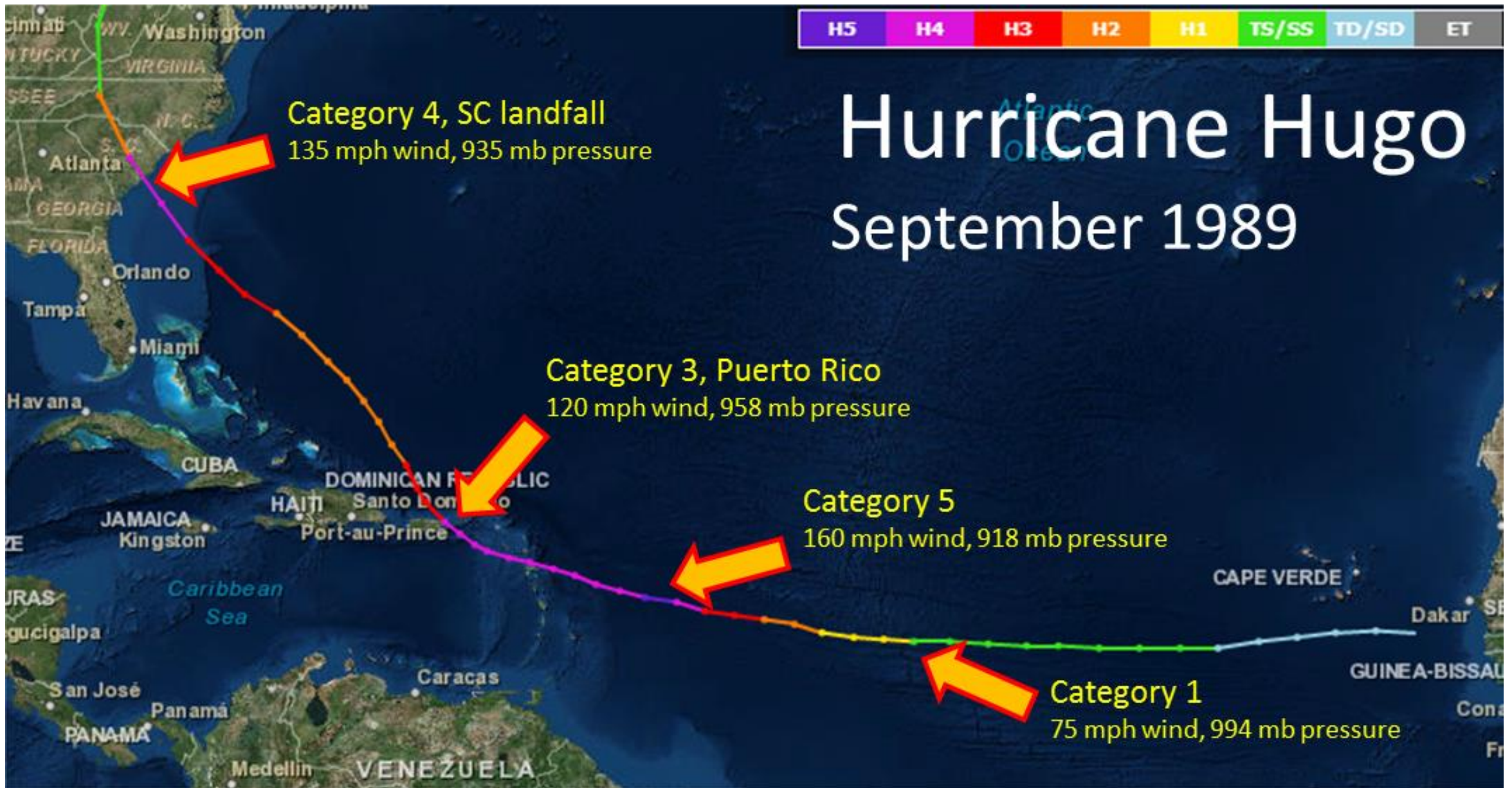


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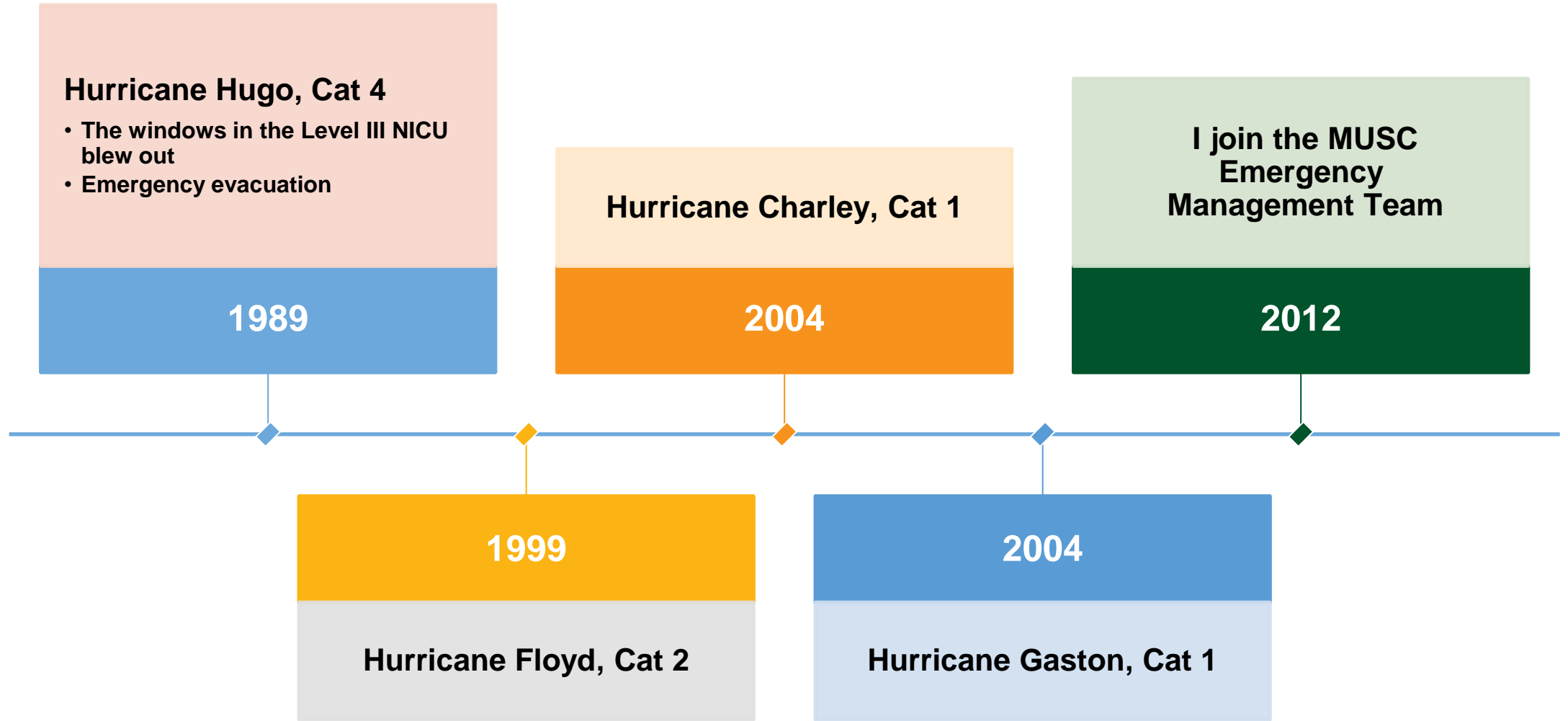
The Charleston Peninsula



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Background



Hospital Support Functions



- MUSC follows an Emergency Operations Center format with its Incident Command
- Emergency Support Functions
- After Action Reports utilize HSF's

2015 – The Storm Pipe Breaks

- September 24, 2015
- Friday, 10:45 am
- Foul, dirty water began rushing through the ceiling hitting the centralized monitoring station
- 8th Floor, PICU (12 bed unit)
- 12 patients
 - 2 NICU babies

And the Move Began...

- **Phone a friend!**
 - House Supervisor
 - NICU
- **Rally Point – “Beyond the Fire Drill”**
 - Pediatric Procedural Area/PPA (5th Floor)
- **The Phone Tree**
 - Space – PPA
 - Stuff – Equipment, Wi-Fi phones
 - Staff – Extra Pediatric resident sent, staff member assigned to call families
 - Systems – Emergency Management?



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HSF – 5 Emergency Management

- No Incident Assessment Team (IAT) call was done
- No official disaster/incident; minor declaration
- The staff were not sure who the Administrator On-call (AOC) was, their go-to response was always the House Supervisor
- A small Incident Command was set up in a PICU conference room

HSF 2 – Communication

- (+) A person was assigned to call all family members
 - (+) PICU Phone numbers were forwarded to the PPA
 - (+) Communication Center was updated for code calls
 - (+) Blood Bank, Lab, Radiology were notified
 - (+) A “Telemedicine Unit” was set up for the NICU babies
 - (+) Rapid communication to PICU staff occurred through a private FaceBook page
-
- The Incident Command System was not initially activated
 - The Wi-Fi phones went down briefly in the PICU and PPA, but then came back up
 - Radios were not used
 - The patients were not shown as being moved in EPIC

HSF – 1 Transportation

- 8th Floor to 5th Floor
 - Initial confusion on who had the keys to the elevators (EVS)
- Medicare assisted in the moving of patients
- **HSF – 4 Fire Fighting Support:**
Fire doors were left open (system override)
- **HSF – 13 Security:**
Hospital Security cleared hallways
 - Put red arrows in the hallways
- 1st patient transport took 1 ½ hours



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HSF – 7 Resource Support

- Pyxis
- Accudose
- Med Fridge
- PPA had an IStat Central Bay docking system with a glucometer
- NO centralized monitors
- Respiratory Therapy had extra “Y” adaptors, but people were initially unaware where the tank room was located
- All PICU equipment was labelled and inventoried

HSF – 8 Medical Care

- No PICU diversion required; still able to take ECMO patients
- No surgeries or procedures cancelled
- 1 critical airway patient; ENT fellow present with transport
- No adverse events
- Patients were moved back the next morning beginning at 6:30 am; the most critical patient moved first

Lessons Learned

1. Always activate the system!
2. Checklist needed
 - i. HSF – 1 Transportation
 - ii. HSF – 2 Communications
 - iii. HSF – 3 Facilities
3. EPIC transitions
4. Desktop notifications
5. Emergency Supply Cabinets ☐
Unit stickers and bed template sheets
6. Unit Orientation Sheets
7. Online Emergency Management module changes



Future Events



2016 – Institute of Psychiatry

2018 – Rutledge Tower (Outpatient)

2017

2019

2016

2018

2017 – Special Care Nursery

**Moved to a brand-new building
(Shawn Jenkins Children's Hospital)**



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Thank You!

Breakout Groups

- If you have experienced a pediatric hospital evacuation previously, what were some of the operational, staffing, and communication challenges you faced?
- What triggers or criteria initiate an evacuation, and who was involved in their development?
- What resources (e.g., EMS, community shelters, nearby hospitals) and external partnerships are critical to a successful pediatric evacuation?

Return from Breakout Groups





DISCUSSION: Questions and Comments?

POLL QUESTION #3

Mental Health Considerations

- Delayed evacuation can increase risk for PTSD (depression, anxiety, prolonged grief disorder) in children.
- Prior trauma/loss history, concurrent psychiatric diagnoses including autism spectrum disorder, being separated from all caregivers, direct life threat to self/family, extreme panic—inc risk
- Ensure there are trained providers to perform mental health triage and provide initial support. Link higher risk, evacuated pediatric patients with MH providers
- Consider use of a trauma-informed approach including use of [PPN PsySTART Triage System](#) for a continuum of psychological interventions – and prioritize the highest risk children for timely, higher intensity mental health interventions.
- Consider use of the [National Children's Disaster Mental Health CONOPS \(NCDMH CONOPS\)](#) for both individual patient and population level response, gap planning, and recovery operations.
- Preparedness: Pre-define mental health “mutual aid” linkages for children (continuum of care), provide basic psychological first aid training for all staff engaged in direct disaster patient contact, and plan for the evacuation of mental health in-patients – particularly those of acute danger to self or others. [Plan broadly for pediatric mental health needs](#) and encourage [personal/family preparedness for evacuation planning](#) with patients.



A podcast from the
Pediatric Pandemic Network

Ready. Prep. Go! is available wherever you get your podcasts or
visit

www.PedsPandemicNetwork.org/Ready-Prep-Go



**“Everything Must Go” Part Two release date
Tuesday, June 18**

As Hurricane Ian was bearing down on Florida,
Golisano Children’s Hospital was right in its path.
Learn how **Niki Shimko, MSN** and her team
successfully evacuated 81 patients, including 62
neonates, as the storm unleashed.

FIRESIDE CHAT

*February 18, 2025:
1:00 pm – 1:45 pm CT*

*Tabletop Exercise Toolkit
learn to use a practical toolkit to:*

- *Adapt template materials*
- *Run your own TTX*
- *Simulate emergency scenarios*
- *Identify gaps*
- *Strengthen teamwork*
- *Enhance pediatric response plans*

Register Here



PPN Pediatric Disaster Preparedness Self-Assessment for Children's Hospitals (PDPACH)

- A recurring inaugural national **assessment** to establish a baseline to measure pediatric emergency, disaster, and pandemic preparedness among children's hospitals.
- Serves as a **baseline** for DRC and focus group areas.
- DRC team leaders will receive a copy of **questions and instructions** later this month.
- **Options** are available to identify who (from within the children's hospital) has the understanding and knowledge to fill out each of the topical areas; once all sections are complete an emergency manager, medical director, leader can review and submit.
- Teams will have **one to two months** to complete.
- Assessment analytics will be provided to guide DRC focus areas.
- Future assessments (1-2 years from now) can guide improvements over time.

DRC Upcoming Sessions

March 4, 2025
Focus Group Sessions

1:00-2:15 pm CT

Surge Capacity

Triage/Infection Control/Decontamination

2:30-3:45 pm CT

Evacuation

Pediatric Patient Tracking and Family Reunification

April 1, 2025
Focus Group Sessions

May 6, 2025
Collaborative Session



Disaster Response Collaborative

Calendar of Events

2025

JANUARY							FEBRUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
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19	20	21	22	23	24	25	16	17	18	19	20	21	22
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MARCH							APRIL						
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30													

IMPORTANT DATES

LEARNING SESSIONS		1:00-2:30pm CT
FOCUS AREA SESSIONS		Times listed below
1/7/2025	Pediatric Patient Tracking and Family Reunification Overview	
2/4/2025	Evacuation Overview	
3/4/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
4/1/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
5/6/2025	Collaborative Learning Session	
6/3/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
7/1/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
8/5/2025	Collaborative Learning Session	
9/2/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
10/7/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
11/4/2025	Collaborative Learning Session	
12/2/2025	Focus Area Oversight Group meetings TICD, Surge- 1:00pm; Reunification, Evacuation 2:30pm	
Virtual TTX Dates		1:00-4:00pm CT
TICD	3/11/2025	4/8/2025
Surge	3/13/2025	4/10/2025
Reunification	3/18/2025	4/15/2025
Evacuation	3/20/2025	4/17/2025
VTTX Facilitator & Evaluator Training Session		
2/5/2025	1:00-2:00pm CT	
4/3/2025	3:00-4:00pm CT	

Disaster Response Collaborative Calendar of Events



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PPN Continuing Education

Physicians, Nurses, Social Workers, EMS professionals

Instructions for claiming credit for the Disaster Response Collaborative

To claim credit, text **NEQDEP** to 216-412-9068 or go to <https://ce.pedspandemicnetwork.org/code> and enter the session code: **NEQDEP**. You must be logged in to your PPN CE Portal account to claim credit.

The code will be active 45 mins after the session starts, and valid until 60 days after the session to claim CE.

You must create an account on the PPN Continuing Education Portal to claim credit. If you are not yet registered, you will be prompted to do so when claiming credit.

To create an account:

1. Go to <https://ce.pedspandemicnetwork.org>
2. Click Register on the top right corner on the webpage.
3. Click "Create new visitor account" and follow the prompts to create an account and complete your profile.

Users may view their previously claimed credit by going to My Account > My Activities > Completed Activities.



Pediatric Pandemic Network
Continuing Education

CONTACT US

Email

DNCPPN@austin.utexas.edu

Stay in touch with PPN.

Sign Up for Updates



[Pediatric Pandemic Network | \(pedspandemicnetwork.org\)](https://pedspandemicnetwork.org)



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