

# DRC Surge Capacity Focus Area Session

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Strengthening Surge Capacity: Integration,  
Exercises, and Sustainable Collaboration



April 7, 2026

# Acknowledgements & Disclaimer

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U11MC43532 and U11MC45814 with 0 percent financed with nongovernmental sources.

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# Learner Notification

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The planning committee and presenters have no relevant financial relationships with ineligible companies.

## Financial and In-Kind Commercial Support

No financial nor in-kind commercial support was received for this education activity.

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## **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.

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



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# Announcements



We are pleased you have joined us!

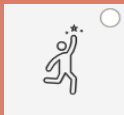


This session is being recorded. The recording and slides will be posted online.



Please add questions in the Q & A chat box or regular chat box.

**CE** Available for physicians (CME), nurses, and social workers; MOC IV available for physicians



Current priorities: Drill 1 Data Collection Survey, Drill #2, and Drill 2 Data Collection Survey

# Agenda

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4 min	<b>Box Breathing</b>	<i>Julie</i>
5 min	<b>Welcome/Intro</b>	<i>Liz Foster</i>
5 min	<b>Pediatric Surge All Hospitals Handbook</b>	<i>Liz Foster</i>
15 min	<b>Decontamination and Surge</b>	<i>Nichole Davis</i>
15 min	<b>Reunification and Surge</b>	<i>Sarita Chung</i>
15 min	<b>Breakout Session</b>	
7 min	<b>Closing/Next Steps</b>	<i>Julie Shelton</i>

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# Objectives

- 1. Identify the relationships** between surge capacity planning and other areas of disaster planning, including decontamination and family reunification.
- 2. Discuss strategies, lessons learned, and barriers** associated with using tabletop exercises and drills to enhance preparedness and responses capabilities during surge events.
- 3. Define concrete next steps** to sustain surge capacity planning and collaboration beyond the DRC, including identifying responsible roles, needed resources, leadership engagement strategies, and opportunities for continued community collaboration.

# Pediatric Surge All Hospitals Handbook

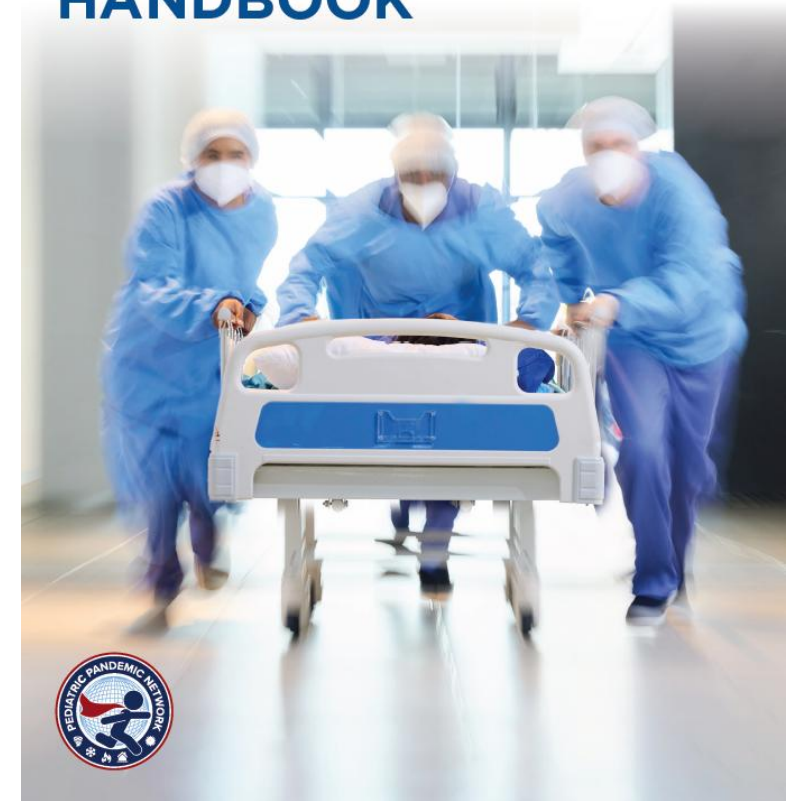
## Audience:

- All hospital disaster and emergency planners
- Health care coalitions
- Medical Operations Coordination Cell (MOCC)
- Pediatric Disaster Champions

## Includes sections on:

- Pediatric Foundational Concepts in Space, Staff and Supplies
- Organizational Strategies
- Hospital Incident Command Systems
- Communication
- External Supports and Resources
- Considerations Regarding Vulnerable Populations
- Pediatric Triage
- Decontamination
- Pediatric Emergency Areas
- Trauma
- Burn Surge
- Pediatric Inpatient/ ICU Hospital Surge
- Interfacility Transfer
- Hospital Family Reunification Planning
- Mental and Behavioral Health Surge

## PEDIATRIC SURGE ALL HOSPITALS HANDBOOK



Baylor  
College of  
Medicine

DEPARTMENT OF  
PEDIATRICS



# Pediatric Considerations for Decontamination

Nichole R. Davis, MD, MEd

April 7<sup>th</sup>, 2026



# Goal of Decontamination

- To ensure that a toxic substance is no longer in direct contact with the patient
  - Prevents further absorption by the patient
  - Decrease possibility of transfer to HCW
- Toxic substances can be:
  - Chemical
  - Biological
  - Radiological



Photo by New York National Guard (CC BY 2.0) via Flickr

# Children are not just “little adults”

- Greater exposure:
  - Increased permeability of skin in babies
  - Larger skin surface-to-body mass ratio
  - Higher respiratory rate
  - Some toxins are in higher concentration closer to the ground
- Increased susceptibility:
  - Less mature immune systems
  - Incomplete vaccination
- Greater risk:
  - Acute radiation sickness due to rapidly dividing cells
  - Long-term malignancy due to years left in their lifespan
  - Hypovolemic shock from GI losses
  - Hypothermic from less ability to regulate temperature



Used with permission from Texas Children's Hospital

# Wet decontamination vs dry decontamination



US Army – Defense Visual Information Distribution Service

- 99% of chemical contamination can be eliminated by carefully removing clothes and wiping skin with a paper towel or dry wipe
- Limitations of dry decontamination:
  - Less effective for a patient's hair (especially oily substances)
  - Less effective for particulates (ex: asbestos, resins, potassium cyanide, heavy metal dust)
  - Less effective for highly viscous/sticky/adhesive materials (ex: thick lubricants, glue, cement)

# Procedures must be augmented for children

- Within the same triage category, prioritize children
- Preserve family units and ensure patient tracking
- Do not carry children
- Many will be hesitant or fearful of disrobing and of the shower



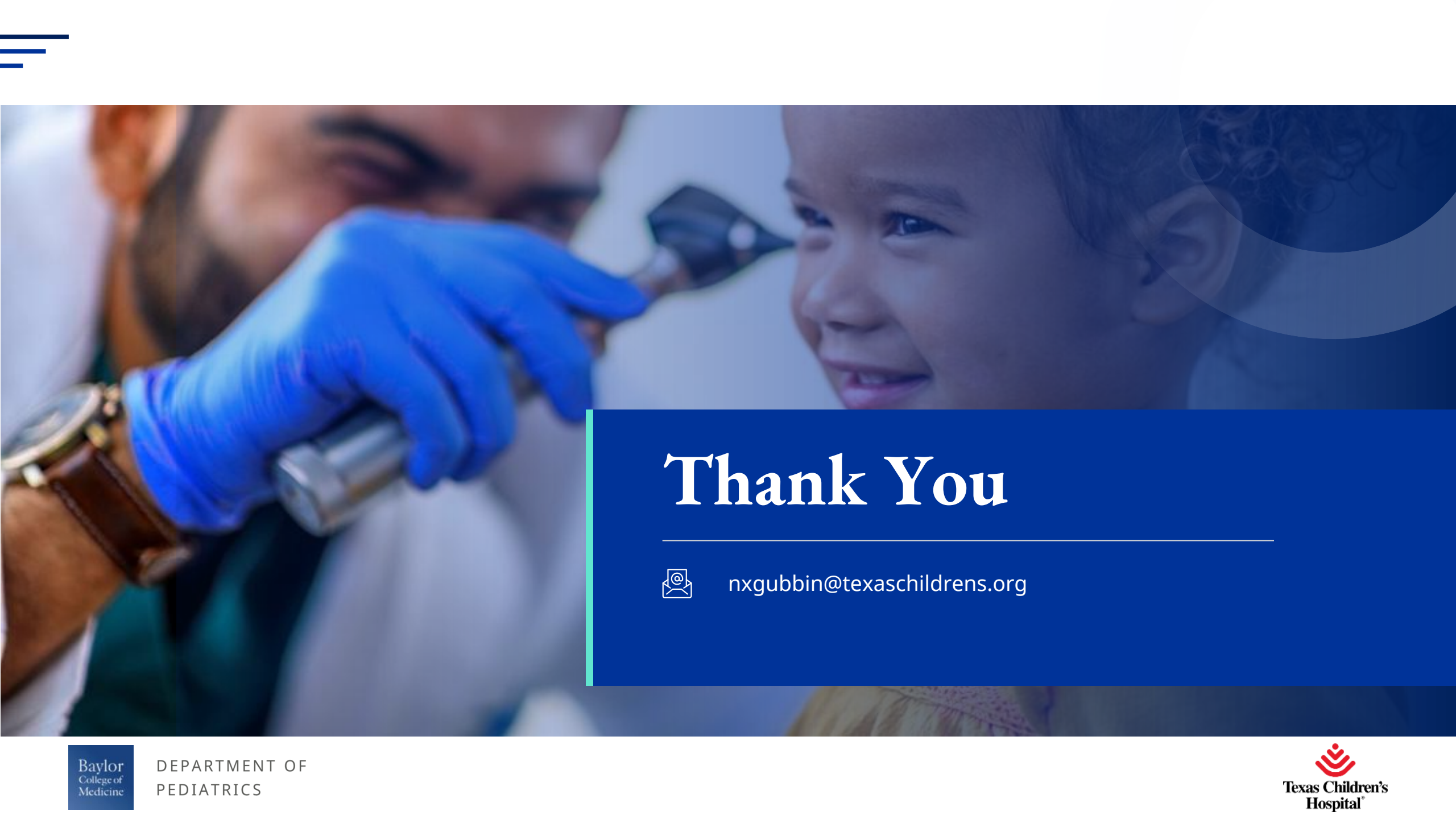
Used with permission from Texas Children's Hospital

# Equipment Considerations

- Low pressure ( $\leq 60$  psi), high volume systems
- Handheld systems are better
- Water or mild soap only
- Water temp: 98-110F
- Have prompt access to sheets/blankets/mylar
- Stretcher, bassinet, laundry basket with drainage holes



Illinois EMSC, Caring for Children During Disasters: Decontamination, 12/2018



# Thank You

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[nxgubbin@texaschildrens.org](mailto:nxgubbin@texaschildrens.org)

# Family Reunification after Disasters

Sarita Chung MD, FAAP

April 7, 2026

# Challenges of children regarding reunification

- Developmental
  - May not self-identify -Immature Cognitive Skills
  - Lack of identifying items (cell/ID)
  - May self- identify but don't know parents' info
- Safety
  - Child safety and protection
  - Escalation of staffing
- Legal
  - Confirmation of guardianship

**Delayed Reunification: Increase Mortality and Hospital Costs**



# Hospital Reunification Planning

HOME / NEWS / LOCAL / MASSACHUSETTS

The Boston Globe

## Boston hospitals confronted challenges in identifying patients after Marathon bombing

Chief among concerns: accurately identifying patients amid chaos



**MAYOR'S 24-HOUR Hotline • 617-635-4500**

2013 Boston Bombing Infographic

**21,583  
CALLS  
ANSWERED**

April 15 - 26

**2,498**

CALLS LOOKING for  
LOVED ONES

(April 15-16)

45-66% Hospitals have a hospital written reunification plan

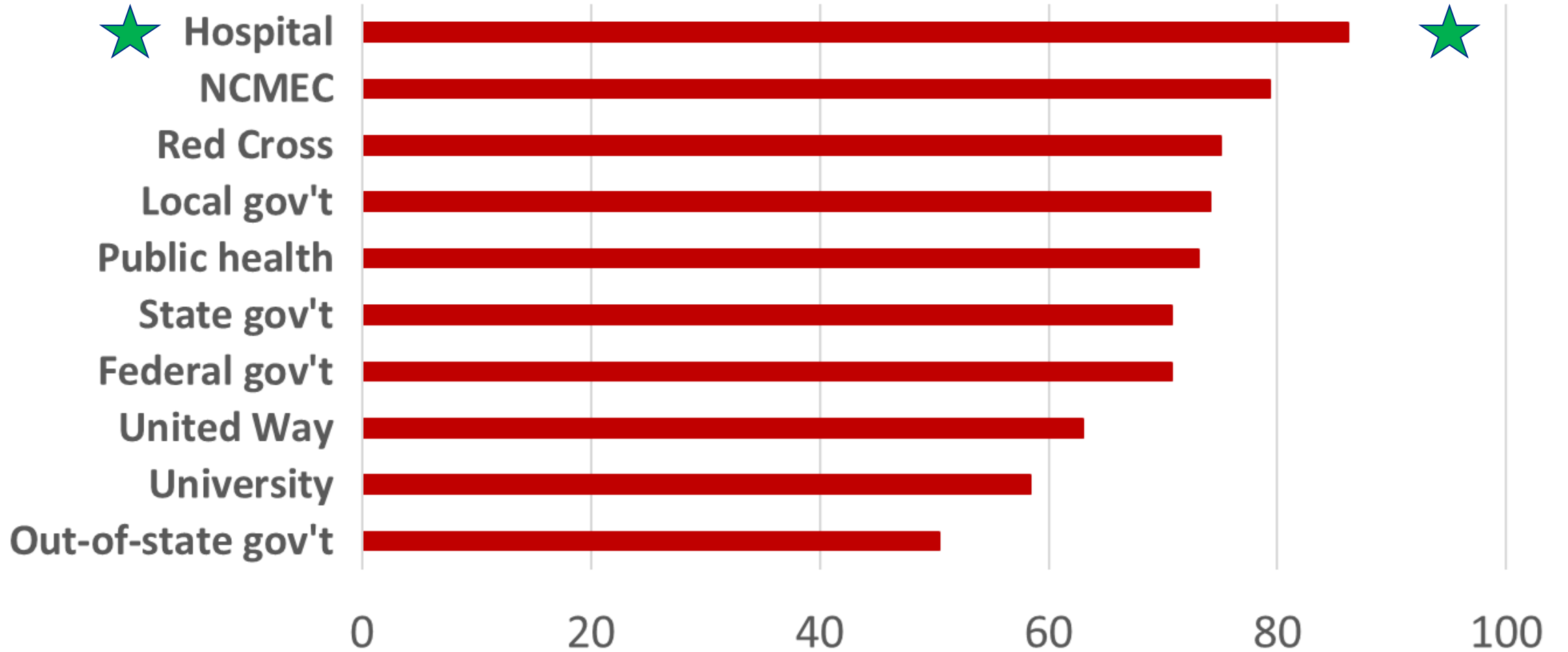
Predictors of preparedness

- Pediatrician on the hospital disaster committee
- Conducting a Family Reunification Drill
- Implementing the 2018 American Academy of Pediatrics and MGH Center for Disaster Medicine Healthcare Reunification Planning Tool

Li J, et al. Pediatrics. 2023 Apr 1;151(4):e2022059459

Rebmann T et al. Health Secur. 2021 Mar-Apr;19(2):183-194

## Parental Trust in Agencies and Organizations (%)



# Family Expectations



- Families will obey evacuation instructions
- Families expect all hospitals have a plan to reunite families
- Families expect immediate identification and reunification of all survivors
- 63% Families would disregard evacuation instructions
- Peds Ready Data:
  - Only 47% EDs report having a disaster plan that address children
- Hospitals will not have that information

<https://academiccommons.columbia.edu/doi/10.7916/D8NG50CK>

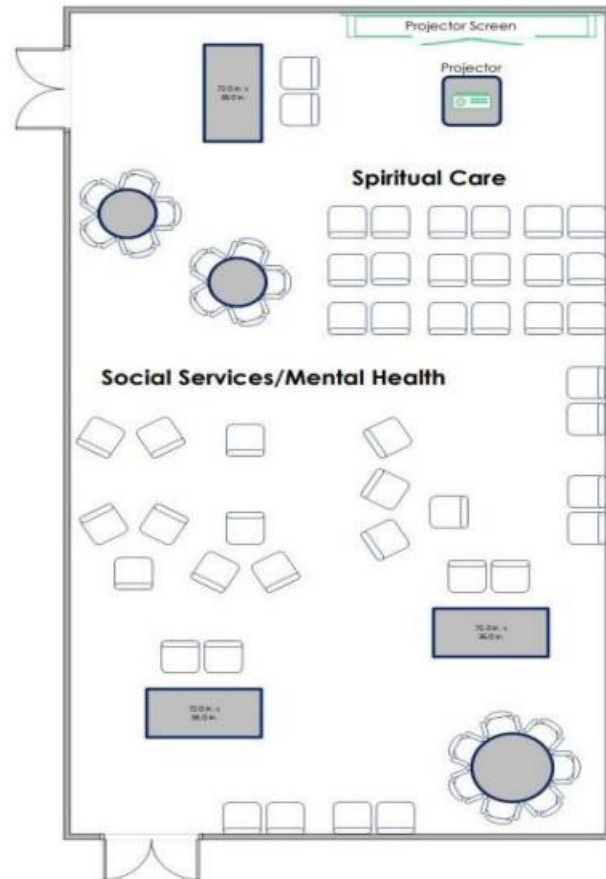
*Gausche – Hill, JAMA Pediatr. 2015;169(6):527-534*

# Hospital Expectations



- My hospital will not be affected- we are not a trauma center
- My community has a family reunification plan
- My hospital already has a plan
- Scope and Run
  - “Siri”
- Families will head to hospitals first
  - Community family assistance centers take time to set up
- That’s great - but make your spaces bigger. Drill to failure.

# Hospital Space Planning



Sample Reception/Family Waiting Area

Set up four distinct areas

- Pediatric Safe Area
- Family Assistance Center/Hospital Reception Site
- Family Reunification Area
- Media area
- Incident command/Leader for each area and for patient tracking

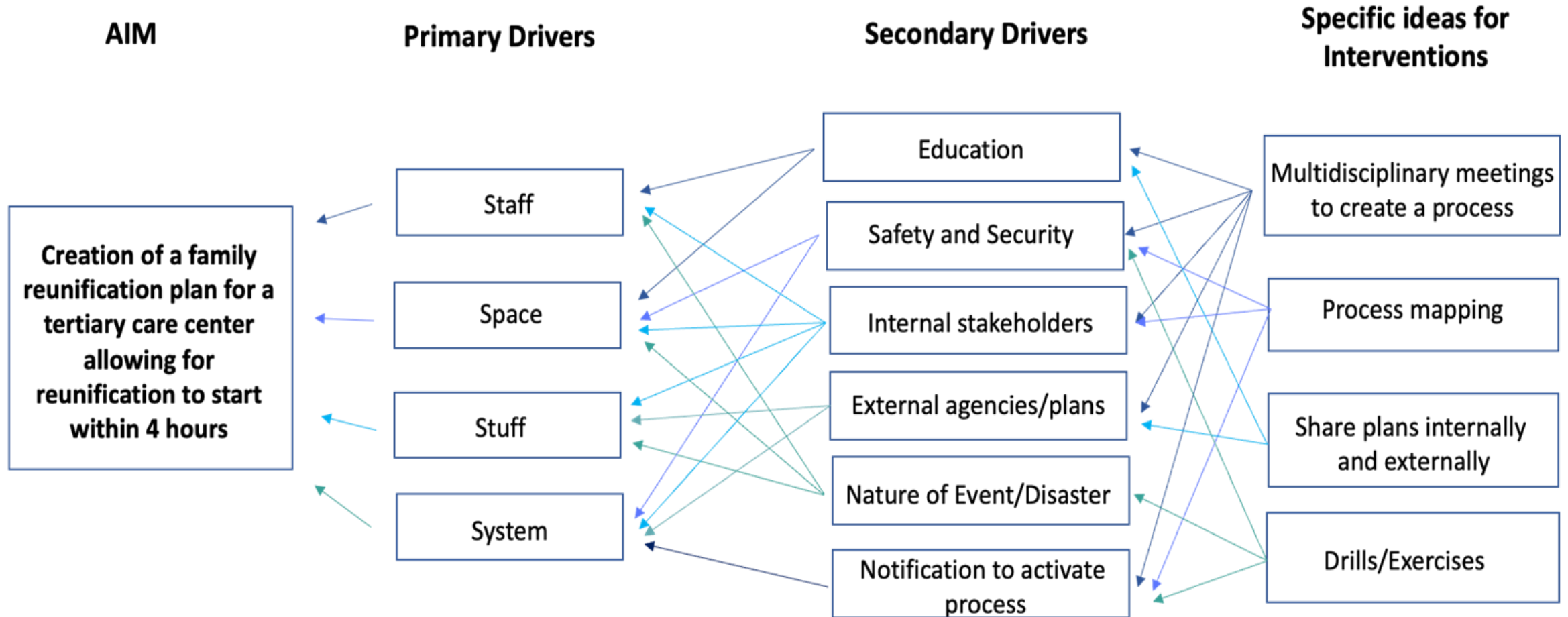


# Pediatric Safe Area

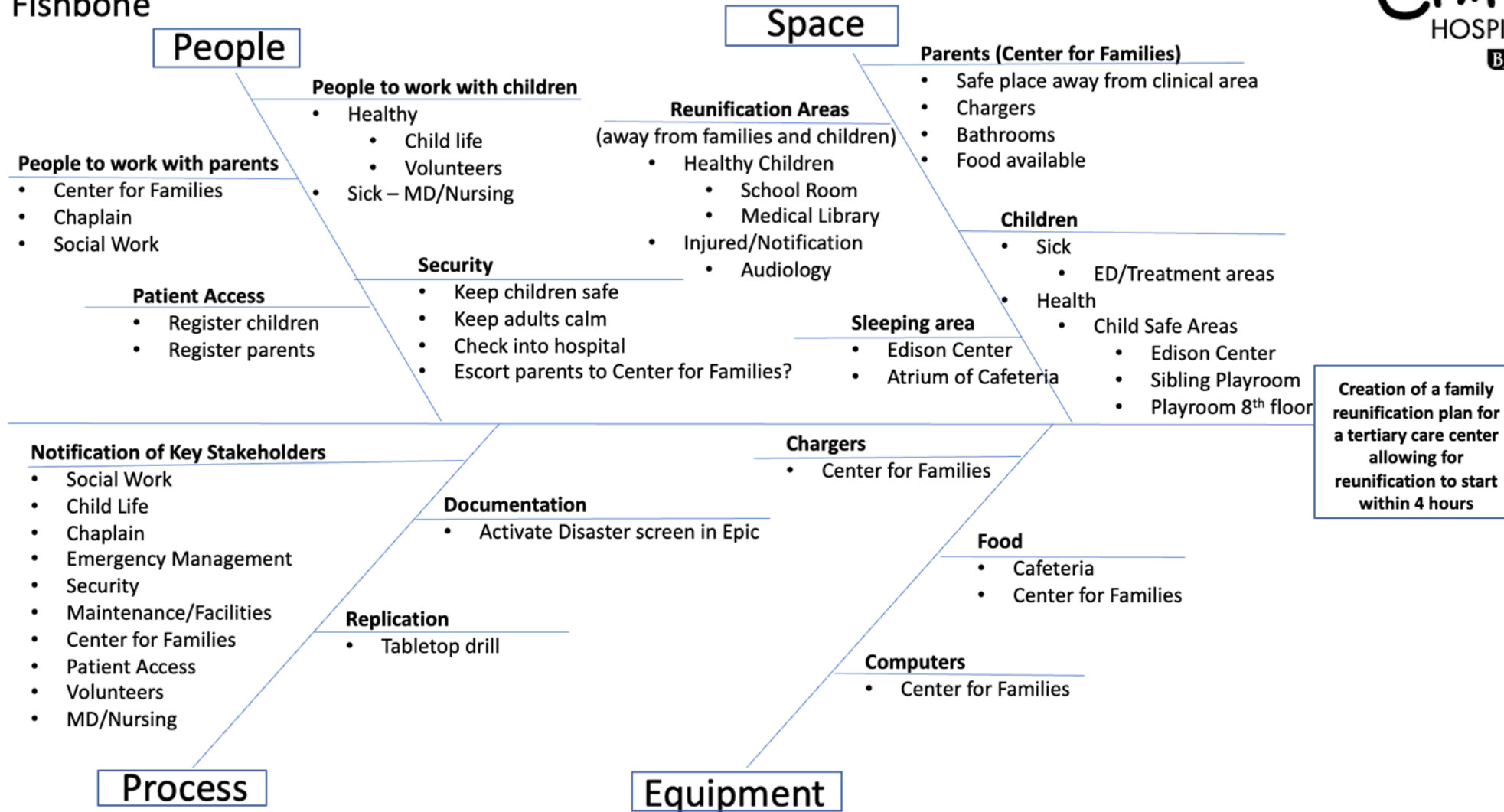
- Controlled, supervised space where medically cleared children can wait safely and securely cleared children can wait safely and securely
- Process to register and track any unaccompanied minors
- Have an intake to gather info about each child
- Clear visual indication of unaccompanied minor status such as bright colored bands



# Driver Diagram



**Fishbone**



# Family Vetting Forms

Contact number:	
Family's address:	
Child's Name(s) and MR# (or Drill ID#):	RENATA SHEN CAUDER SHEN
Patient Identifiers: Hair Color	BLACK
Eye Color	BROWN
Clothing	T. SHIRT/SHORTS - RENATA
Shoes	KIDS DRESS - CAUDER
Jewelry	NONE
Other	RENATA WEARS GLASSES CAUDER HAS A DBL BRAID
Name of School and/or Grade:	DRISCOLL SCHOOL K-8 RENATA 3RD (GOING ON 4TH) CAUDER (GOING ON TO KINDERGARTEN)
Name of Teacher:	PHOENIX JONES ALEX CAMPBELL
Pets - Type of Animal(s) and Name(s):	

Vetting Form: To be completed by staff member interviewing child.

Name	
Medical record number	
Birth date	
Age (or approximate age)	
Parent 1's name	
Parent 2's name	
Sibling name(s) and age(s)	
Address (or street/town name)	
Name of school / grade	
Each teacher's name	
Each pet's name and the type of animal(s)	

# PPN DRC- Family Reunification




**Family Reunification**

Welcome to the Padlet for 3/3/2026 ...

PPN Reunification  
2 months ago

Welcome to the DRC Family Reunification Padlet for March 3, 2026 Pre-Session Materials



The main objective for pre-session materials is to share resources and allow for our DRC Reunification Participants to share with each other.

1 🗨️

+ Add comment

Materials from 1/6/2026 ...

PPN Reunification  
2 months ago

Real World Event

Panel Participants

- Lessons learned from real events
- Space, Supplies, Staff, Systems for Pediatric Patient Tracking & Family Reunification
- Building an Effective Reunification Team
- Communications and Information Sharing
- QI and Patient Tracking
- Medical-Legal Issues in Reunification and more!

THANK YOU



Boston Children's Hospital



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# Open Discussion

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**DISASTER  
RESPONSE  
COLLABORATIVE**

# Discussion

- How will you sustain this work within your facilities?
- What barriers do you expect to face?
- Who are your partners now? Who is missing?

# DRC and PPN Updates

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Julie Shelton, CPHQ, MPH  
[julie.shelton@austin.utexas.edu](mailto:julie.shelton@austin.utexas.edu)  
[dncppn@austin.utexas.edu](mailto:dncppn@austin.utexas.edu)



# Drill Data Collection Survey

Look for email in your inbox. Complete one survey for each drill.



# DRC Upcoming Sessions

**May 5 and June 2, 2026**  
**Full Collaborative Sessions**

**1:00-2:30 pm CT**



**Register on the  
Collaborative Sessions Webpage:**



# PEDIATRIC PREPAREDNESS PLAYBACK SERIES

On-demand training for pediatric disaster preparedness



LEARN MORE AND REGISTER ONLINE

- 10 educational modules from leading disaster experts
- Practical strategies to advance pediatric preparedness
- Earn CME or CE credits
- Printable completion certificate



# Option to Access DRC Dashboard in PPN Portal



## The Disaster Response Collaborative

Data last refreshed on March 30, 2026 12:24 PM EST

Your Progress	Site Characteristics	Tabletop Exercise	Drills	Session Attendance
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# of Members on Your Team

6

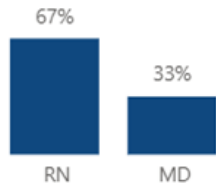
Intake Survey Completion Rate

50%

Completed PDPACH Survey

Yes

Distribution of Credentials on Your Team (Self - Reported)



Your Region

Your Hospital Type:  
Free standing children's hospital (operationally free standing)

Annual Pediatric Volume  
High: >10,000 pediatric patients (average of 27 or more patients per day)

### The DRC

Avg. Collaborative Team Size

5

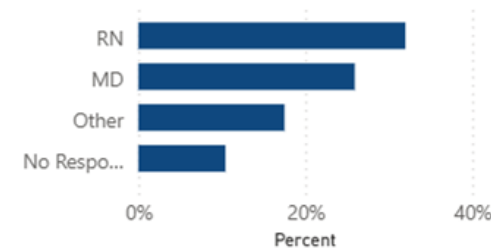
Intake Survey Completion Rate

49%

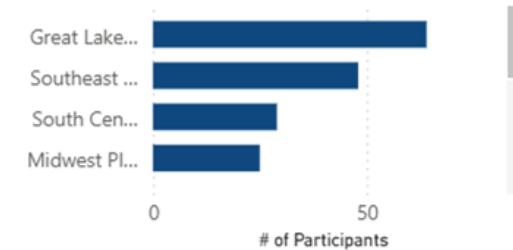
PDPACH Survey Completion Rate

82%

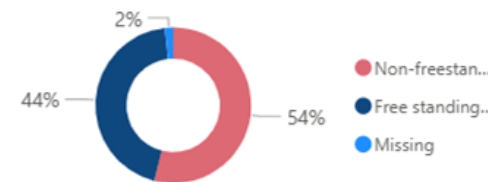
Distribution of Credentials (Self - Reported)



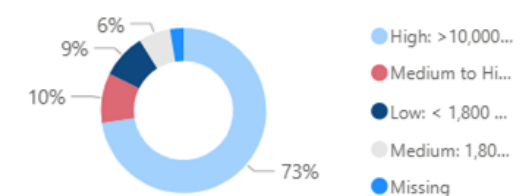
# of Participants by Regions



Distribution of Hospital Types



Distribution of Hospital Size by Peds Volume



Note: Regions are based on HHS historical definition.

# Stay Informed

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Share with your  
communities!**



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**PPN:** <https://pedspandemicnetwork.org/>

**PPN Education:**

<https://pedspandemicnetwork.org/education/>

**DRC:**

<https://pedspandemicnetwork.org/disaster-response-collaborative/>

**DRC Resources:** Go to focus area page or

<https://pedspandemicnetwork.org/disaster-response-collaborative/drc-resources/childrens-hospital-resources/>

**QI Collaboratives Staff Email:**  
[dncppn@austin.utexas.edu](mailto:dncppn@austin.utexas.edu)





# PPN Disaster Response Community of Practice



Stay  
connected



Share  
progress



Tackle  
new  
challenges



Keep  
momentum  
until the next  
collaborative  
in 2027

**Proposed sessions:**  
**August 2026 | October 2026 | January 2027**

# Session Evaluation



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**Heading off to new horizons!**

**Scan the QR code or use link to complete today's session evaluation:**



# PPN Continuing Education

## Physicians, Nurses, Social Workers

### Instructions for claiming credit for the Disaster Response Collaborative April 7, 2026: Surge Capacity Focus Area

To claim credit, text **YUHDAP** to 216-412-9068 or go to <https://ce.pedspandemicnetwork.org/code> and enter the session code: **YUHDAP**. 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 Log in on the top right corner on the webpage.
3. Select a PPN sign-in option and follow the prompts to log in or create an account on OpenPPN, the PPN's single sign-on app.
4. After logging in to the PPN CE portal, follow the prompts to create an account and complete your profile.

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



Pediatric Pandemic Network  
**Continuing Education**



# Thank You

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Questions?

Email: [dncppn@austin.utexas.edu](mailto:dncppn@austin.utexas.edu)

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