

**STATE AND MULTI-JURISDICTION ICS (EOC; MOCC; PCCC)
 PEDIATRIC SURGE SME ADVISOR
 MEDICAL-TECHNICAL SPECIALIST (Functional Tool)
 – DISCUSSION DRAFT ONLY - 6/10/22**

Objective: The Pediatric Surge SME makes data-and stakeholder-informed decisions to balance patient load and ensure high-quality care. decisions may direct the movement of pediatric patients (and potentially other resources) from one facility to another, or re-direct referrals that would usually go to an overwhelmed facility or system to one with capacity.

Mission: Advise the Incident Commander or Section Chief, as assigned, on issues related to pediatric care, pediatric transport, and surge response. The **objective priorities** include:

- Collecting, analyzing, and disseminating pediatric healthcare information
- Acting as a single point of contact (POC) for pediatric referral requests exceeding a state’s or regions capacity
- Integrate pediatric patient transfer operations and healthcare system monitoring / information management as a function of the state or regional response

Position Reports to: Incident Commander		Command Location: _____
Position Contact Information: Phone: (_____) - _____ ; Email _____		
Radio Channel: _____		
State or Multi-Jurisdiction ICS Command Center Phone: (_____) - _____ Fax: (_____) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Obtain a briefing from the State and/or Regional Incident Commander on: <ul style="list-style-type: none"> ○ Size, location (s) and complexity of the pediatric incident (s) ○ Expectations of the Incident Commander ○ Incident objectives ○ Involvement of state, regional outside agencies, Health Officer, stakeholders, regional health systems, transfer centers, and other organizations ○ The situation, incident activities, and any special concerns • Assume the role of Medical-Technical Specialist: Pediatric Surge Advisor SME • Review this Job Action Sheet • Put on position identification (e.g., position vest). Position may be in the State/Regional EOC, MOCC, and or PCCC or from a remote virtual location • Notify WRAP-EM, PPN, and your usual supervisor of your assignment 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Assess/monitor state and/or multi-jurisdiction pediatric situation status and capabilities <ul style="list-style-type: none"> ○ Hospitals ○ Pediatric Specialty Centers ○ Health System Hubs ○ Transfer Centers ○ Transport Availability and Resources ○ EMS • Review information as available: 		

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<ul style="list-style-type: none"> ○ Communication and Information Management Systems (ie ReddiNet / EM / Juvari / Other reports ○ Flash reports ○ IAPs ○ Health Officer Load leveling orders - requirements and policies. ● Provide information and recommendations to the Incident Commander regarding the pediatric situation and needs. ● Consider pediatric sub-specialty SMEs, telehealth, and other staff. Monitor situation including pediatric capabilities, resource needs, and identify issues / limitations. Identify pediatric surge priority needs. 		
<p>Activities</p> <ul style="list-style-type: none"> ● Meet with the Incident Commander, Operations and Planning Section Chiefs, and the Operations Section Medical Care Branch Director to plan for and project pediatric patient care needs. ● Identify the pediatric surge operational course of action as needed. ● Verify with the situation status with leadership ● Gather intel and report the following to the Incident Commander: <ul style="list-style-type: none"> ○ Type and location of pediatric incident (s) ○ Number and condition of expected pediatric patients at each site (hospitals, primary sites in the field). ○ Identify pediatric destinations. ○ Estimate number of patients needing transport and patient movement priority decisions. ○ Resource needs for transport, hospital expansion and decompression ○ Any unusual or hazardous environmental exposure ● Provide pediatric care guidance to Operations Section Chief and Medical Care Branch Director based on incident scenario and pediatric response needs. ● Ensure pediatric patient movement, patient <ul style="list-style-type: none"> ○ Transport Priority ○ Identification ○ Tracking Procedures, ○ Telehealth, ○ Behavioral Health Support Are Considered And Implemented ● Communicate and coordinate with the Logistics Section Chief to determine pediatric needs: <ul style="list-style-type: none"> ○ Medical pediatric transport needs. Consider Transfer Centers ○ Medical care equipment and supply needs ○ Medications with pediatric dosing ○ EMS Transportation availability and needs (EMS 911; EMS IFT/CCT) and other cribs, wheel chairs, etc.) ○ Additional Pediatric SME (s) and other Pediatric Teams ● Communicate with the Planning and Logistics Section Chiefs to determine overarching pediatric capability: <ul style="list-style-type: none"> ○ Regional Hospital Bed availability ○ Ventilators ○ Pediatric Trained medical sub-specialty SME needs (Pediatric Intensivists, MD, RN, PA, NP, PIRT, etc.) ○ Additional short- and long-range pediatric response needs ● Ensure that appropriate pediatric standards of care are being followed in all clinical areas. Evaluate need for contingency and crisis standards of care ● Collaborate with the Public Information Officer to develop media and public information messages specific to pediatric surge and care recommendations and treatment ● Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), MAC, as requested 		

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Documentation <ul style="list-style-type: none"> • 213: Document all communications on a General Message Form • 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis 		
Communication <i>State and/or Regional ICS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		

Intermediate Response (2 – 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> • Transfer the Pediatric Care Medical-Technical Specialist role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure appropriate personnel are properly briefed on response issues and objectives (see ICS Forms 203, 204, 214, and 215A) • Assist the Operations Section Medical Care Branch Director to determine those pediatric patients that are best served by pediatric specialty centers, specialty units and those that should be considered for transfer to other areas of the hospital or other hospitals • Assist the Staging Manager and Liaison Officer to prioritize the transfer for selected pediatric patients as required, including coordination with destination hospitals and transportation resources for optimal care • Continue to communicate and coordinate with the Logistics Section Chief on the availability of pediatric equipment and supplies including but not limited to isolettes, beds, nutrition, supplies, and medications • Seek, if applicable, treatment guidance for how pediatric patients with specialty needs can be cared for pending transfer • Coordinate with the Logistics and Planning Section Chiefs to expand or create a pediatric patient care area, if needed • Establish a meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational and pediatric needs • Maintain regular communications with the Operations Section Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas 		
Documentation <ul style="list-style-type: none"> • 213: Document all communications on a General Message Form • 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis 		
Communication <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		

Extended Response (greater than 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> • Transfer the Pediatric Care Medical-Technical Specialist role, if appropriate 		

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Extended Response (greater than 12 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see forms 203, 204, 214 and 215A) ● Ensure the provision of resources for pediatric behavioral health and appropriate event education for children and families ● Continue to ensure pediatric-related response issues are identified and effectively managed ● Meet regularly with the Incident Commander or Operations Section Chief to update them on the current status and conditions 		
Documentation <ul style="list-style-type: none"> ● 213: Document all communications on a General Message Form ● 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis 		
Communication <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		

Demobilization/System Recovery	Time	Initial
Activities <ul style="list-style-type: none"> ● Transfer the Pediatric Care Medical-Technical Specialist role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see ICS Forms 203, 204, 214, and 215A) ● Participate in other briefings and meetings as required ● Submit comments to the Incident Commander on lessons learned and procedural or equipment changes needed ● Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: <ul style="list-style-type: none"> ○ Review of pertinent position activities and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues ● Participate in stress management and after action debriefings 		
Documentation <ul style="list-style-type: none"> ● 221: Demobilization Check-Out ● Ensure all documentation is submitted to the Planning Section Documentation Unit 		

Documents and Tools
<input type="checkbox"/> 203 – Organization Assignment List (State and/or Multi-Jurisdiction)

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Documents and Tools

- 204 - Assignment List
- 213 - General Message Form
- 214 - Activity Log
- 215A - Incident Action Plan (IAP) Safety Analysis
- 221 - Demobilization Check-Out
- ICS Emergency Operations Plan
- Incident Specific Plans or Annexes
- Pediatric Surge Plan guidelines
- State Organization Chart
- State Patient Movement and Pediatric Surge Plan
- State and Regional Pediatric Capability Mapped Assets
- State, Regional Hospital (Hubs) organization chart
- State and/or Multi-Jurisdiction Communications Plan
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication
- WRAP-EM State & Regional Pediatric Surge PLAYBOOK with Internal "Universally Generalized" Standard Operating Procedure (SOP) for MOCC, PCCC, or EOC