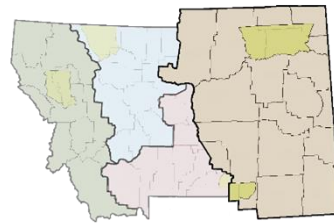
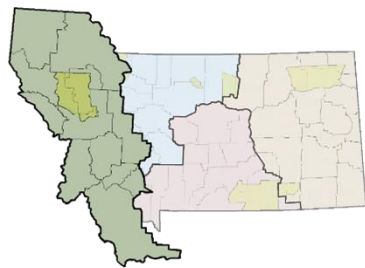
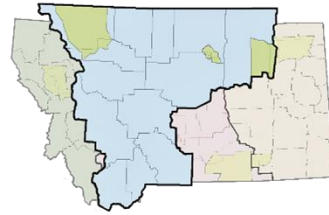
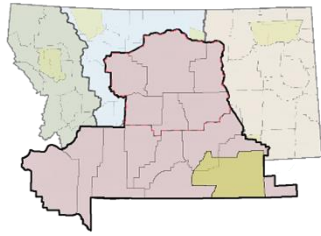


# WESTERN REGIONAL HEALTHCARE COALITION



## PEDIATRIC SURGE ANNEX TO THE WRHCC RESPONSE

June 2020  
Version 2



## PROMULGATION

The Western RHCC Executive Committee declares this Western RHCC Pediatric Surge Annex to the Response Plan to be in force and effective until superseded or rescinded and provides full authority to healthcare agencies and organizations within the Coalition to effectively plan for coordinated response to pediatric mass casualty occurrences within the Western Region of Montana.

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Michelle Kimball, Chair

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Date

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RJ Nelsen, Co-Chair

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Date

## RECORD OF CHANGE

Date	Description of Change	Initials
8/21/19	First Draft Development Version	DM
1/13/20	Second Draft Development Version	DM
1/24/20	Third Draft Development Version	DM
6/15/20	Fourth Draft Finalization	DM

# RECORD OF DISTRIBUTION

Upon approval of this plan annex, the Western Regional Healthcare Coalition will make an electronic copy available. To provide comments and suggestions for future revisions, email [dmcgiboney@mt.gov](mailto:dmcgiboney@mt.gov) or call 406-444-5942.

Date	Receiving Partner Agency/Organization

This annex provides the structure, format and criteria for reacting and providing emergency response support to a location experiencing a surge in pediatric patients.

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## SECTION I: PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

### Purpose

This annex applies to a mass casualty event with a large number of pediatric patients. It supports the WRHCC Response Plan by addressing specific needs of children and supporting appropriate pediatric medical care during a disaster. This plan is intended to support, not replace, any existing facility or agency policy or plan by providing uniform regional response actions in the case of an emergency that involves (or could involve) significant numbers of children.

### Scope

This Plan Annex is applicable to all healthcare entities within the Western Regional Healthcare Coalition. For the purposes of this plan, “children” will be all-inclusive if under the age of 18. This plan recognizes that medical protocols at facilities might define “children” differently.

### Situation

Emergency planning and response must include the whole community and address the access and functional needs of different populations. Civil rights protections and decisions, such as the Americans with Disabilities Act, Title VI and other case law (including several recent court decisions), must also be preserved in emergency planning and practices.

### ACCESS AND FUNCTIONAL NEEDS

Adequately addressing Access and Functional Needs, especially those of a specific group like children, in a response plan is challenging. Planning is more than giving the number of people in a jurisdiction with certain characteristics. Planning involves identifying how those community characteristics will affect response operations to ensure that people with diverse and functional needs access and benefit from the response and health care services that this coalition collectively provides.

### Assumptions

All facilities within the region have developed their own Pediatric Surge plans.

## SECTION II: CONCEPT OF OPERATIONS

### Activation Indicators (Triggers)

A facility either calls the DPHHS Duty Officer, the Regional HCC Coordinator, or creates an incident within eICS or EMResource.

- When a Pediatric Surge Response has been activated:
  - Gather Situational Awareness of impact of event on children, specialty transportation and inpatient needs.



- Document available local, state, and interstate resources and activation procedures (including inpatient and outpatient resources), including behavioral health support for patients, families, and staff.
- Ensure immediate access to local, regional, and national sub-specialty SMEs.
- Coordinate WRHCC members and other organizations involved in the pediatric response.
- Provide information to the DPHHS Duty Officer to support the development of an initial incident action plan that includes the pediatric response.

## Notification

The receiver the notification will assess the situation based on known information and advise the DPHHS Duty Officer. The DPHHS Duty Officer will notify the PHEP Supervisor and the HPP Supervisor. After assessing the known information, a decision will be made to contact the WRHCC Regional Coordinator or to standby.

## Logistics

Coordinate the movement of resource requests from the affected facility relevant to age(s) and prioritization provided by the affected facility.

## Staff

If a staff shortage, activate Montana Healthcare Mutual Aid System (MHMAS). Coordinate with the facility in need.

## Transportation

Coordinate Transportation Needs.

## Telemedicine

Can be utilized when a facility is not able to transfer the pediatric patient to a higher level of care; i.e. bad weather. See Appendix 4 for Telemedicine Contact Information.

## SECTION III: ROLES AND RESPONSIBILITIES

Region Coordinator: Coordinates regional resources

MT Hospital Association Coalition Coordinator: Assists the Regional Coordinator and Volunteer Management

DPHHS/ESF8: Assist with Mutual Aid and resource requests

EMS for Children: Contact a subject matter expert from DPHHS EMS for Children program.

## SECTION IV: MAINTENANCE & REVIEW

The WRHCC formally reviews all components of this preparedness plan on a five-year cycle. A preparedness planning review group, convened by the executive committee, offers advice and suggestions on appropriate emergency planning and construction of the document. This process allows the coalition to determine if it meets all essential factors, remains applicable, and affords the opportunity to update and change the plan as the coalition changes and grows.

Minor corrections, edits, updates, or adjustments in this document might occur on occasion without a formal review. Changes may also take place as part of improvement plans from exercise after action reports. All changes are tracked in a versioning method and in the Record of Change log.

### Training

Just in Time training for personnel involved with supporting the incident. Potential training venues will be provided on the HCC website.

### Exercises

This plan or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be run under simulated, but realistic, conditions to validate plans for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel). Exercises are conducted under no-fault pretenses.

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## Appendix 1 – Resources

Local Risks related to school events and transportation accidents

Age-Appropriate medical supplies

Mental Health and age-appropriate support resources

Pediatric/Neonatal Intensive Care Unit evacuation resources

Coordination mechanisms with dedicated Children’s Hospitals

Pregnant Women

## Appendix 2 – Job Action Sheet

### Sample HICS Job Action Sheet–Medical/Technical Specialist-Pediatric Care

**Mission:** Advise the Incident Commander or Operations Section Chief, as assigned, on issues related to pediatric emergency response.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initial: \_\_\_\_\_

Position Reports to: \_\_\_\_\_ Signature: \_\_\_\_\_

Hospital Command Center (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

Other Contact Info:

\_\_\_\_\_ Radio

Title: \_\_\_\_\_

#### Immediate (Operational Period 0-2 Hours)

Receive appointment and briefing from the Incident Commander or Operations Section Chief, as assigned.

Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.

Notify your usual supervisor of your HICS assignment.

Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.

Meet with the Command staff, Operations and Logistics Section Chiefs and the Medical Care Branch Director to plan for and project pediatric patient care needs.

Communicate with the Operations Section Chief to obtain:

- Type and Location of Incident
- Number and condition of expected pediatric patients
- Estimated arrival time to facility
- Unusual or hazardous environmental exposure

Request staffing assistance from the Labor Pool and Credentialing Unit Leader, as needed, to assist with rapid research as needed to determine hazard and safety information critical to treatment and decontamination concerns for the pediatric victims.

Provide pediatric care guidance to Operation Section Chief and Medical Care Branch Director based on incident scenario and response needs.

Ensure pediatric patient identification and tracking practices are being followed.

Communicate and coordinate with Logistics Section Chief to determine pediatric:

- Medical care equipment and supply needs
- Medications with pediatric dosing
- Transportation availability and needs (carts, cribs, wheelchairs, etc.)

Communicate with Planning Section Chief to determine pediatric:

- Bed availability
- Ventilators
- Trained medical staff (MD, RN, PA, NP, etc.)
- Additional short and long range pediatric response needs

Ensure that appropriate pediatric standards of care are being followed in all clinical areas.

## Appendix 3 – Transfer Agreements

### Coordination with Children’s Specialty Hospitals:

Shodair Children’s Hospital, Helena

Denver Children’s Hospital

University of Utah Primary Children’s Hospital

Seattle Children’s Hospital

Sacred Heart Children’s Hospital, Spokane

## Appendix 4 – Telemedicine Contact Information

## Appendix 5 – References

Provided by ASPR TRACIE

### American Academy of Pediatrics (AAP) Resources:

American Academy of Pediatrics. (2013). Pediatric Preparedness Resource Kit.

This kit allows pediatricians, public health leaders and other pediatric care providers to assess what is happening in their community or state, and help determine what needs to be done before an emergency or disaster (e.g., a pandemic). The kit also promotes collaborative discussions and decision making about pediatric preparedness planning.

American Academy of Pediatrics. (2013). Preparedness Checklist for Pediatric Practices.

This document offers checklists and steps that pediatricians or their practice staff can take to improve office preparedness. It allows for advanced preparedness planning that can mitigate risk, ensure financial stability, strengthen the medical home, and help promote the health of children in the community.

American Academy of Pediatrics. (2018). Pediatric and Public Health Preparedness Exercise Resource Kit.

This resource kit was developed through a collaboration between the American Academy of Pediatrics and the Centers for Disease Control and Prevention. Its purpose is to “provide the tools and templates to make it easier for states, communities, hospitals, or healthcare coalitions to conduct a pediatric tabletop exercise, which provides participants with the opportunity to discuss and assess preparedness plans and capabilities for a disaster that affects children.”

American Academy of Pediatrics. (2019). Children's Hospitals and Preparedness Webinar Series.

The AAP created this webinar series in collaboration with the Centers for Disease Control and Prevention to promote a dialogue among clinicians and disaster planners at children’s hospitals and to improve each hospital’s response plans and ability to care for children in an emergency.

American Academy of Pediatrics, in collaboration with Massachusetts General Hospital, Center for Disaster Medicine. (2018). Family Reunification Following Disasters: A Planning Tool for Health Care Facilities.

This planning tool was created to assist hospitals with their plans to provide information, support services, and safe reunification assistance to family members of patients who have experienced disasters. It provides potential solutions to reunification-related challenges, including: planning for the secure reception, tracking, and care of large numbers of children who may present to a hospital following a mass-casualty event; identifying injured and unaccompanied children in a disaster; tracking unaccompanied children during their hospital stay; and what legal authority a hospital has to administer care to minors when the parent/guardian is unavailable to participate in the informed consent process.

American Academy of Pediatrics, Needle, S. and Wright, J. (2015). Ensuring the Health of Children in Disasters. American Academy of Pediatrics. 136(5): e1407-e1417.



This policy statement addresses how pediatricians and others involved in the care and well-being of children can prepare for and mitigate the effects of disasters, encourage preparedness and resiliency among children and families and within communities, and ensure that children's needs, including those of children and youth with special healthcare needs, are not neglected in planning, response, and recovery efforts.

American Academy of Pediatrics, Remick, K., Gausche-Hill, M., Joseph, M.M., et al. (2018). Pediatric Readiness in the Emergency Department. *Pediatrics*. 142(5).

This Policy Statement defines the recommended resources Emergency Departments need to be prepared to treat pediatric patients.

Chung, S., Foltin, G., and Schonfeld, D.J. (2019). Pediatric Disaster Preparedness and Response Topical Collection: Emerging Infectious Diseases. American Academy of Pediatrics.

This chapter is included in the AAP Pediatric Disaster Preparedness and Response Topical Collection. The chapter describes the importance of being prepared to safely care for pediatric patients with highly hazardous communicable, as emerging and reemerging infectious diseases are a constant threat to pediatric health care worldwide.

Chung, S., Foltin, G., and Schonfeld, D.J. (2019). Pediatric Disaster Preparedness and Response Topical Collection: How Children are Different. American Academy of Pediatrics.

This chapter is included in the AAP Pediatric Disaster Preparedness and Response Topical Collection. The chapter describes the unique anatomic, physiologic, immunologic, developmental, and psychologic considerations that potentially affect children's vulnerability to injury and response in a disaster.

Chung, S., Foltin, G., and Schonfeld, D.J. (2019). Pediatric Disaster Preparedness and Response Topical Collection: Mental Health Issues. American Academy of Pediatrics.

This chapter is included in the AAP Pediatric Disaster Preparedness and Response Topical Collection. This chapter describes the roles that pediatricians and other health professionals that care for children will play in identifying and addressing the mental health needs of children and families in a disaster or terrorist event.

Chung, S., Foltin, G., and Schonfeld, D.J. (2019). Pediatric Disaster Preparedness and Response Topical Collection: Pediatric Preparedness Exercises. American Academy of Pediatrics.

This chapter is included in the AAP Pediatric Disaster Preparedness and Response Topical Collection. This chapter describes the many types of exercises that can be completed to help an organization test a hypothetical situation, such as a natural or man-made disaster, and evaluate the group's ability to cooperate and work together and to test their readiness to respond.

Davies, H. and Byington, C. (2016). Parental Presence During Treatment of Ebola or Other Highly Consequential Infection. *Pediatrics*. 138(3).

This clinical report from the American Academy of Pediatrics Committee on Infectious Diseases presents options for meeting the needs of patients and their families while posing the least risk to healthcare providers and facilities.

Disaster Preparedness Advisory Council. (2016). Medical Countermeasures for Children in Public Health Emergencies, Disasters, or Terrorism. *Pediatrics*. 137(2).

The Council shares that many medical countermeasures (MCM) are more likely to be approved for adult use and may not take the unique needs of children into account. They drafted this policy statement to suggest recommendations that address the gaps for the development and use of MCMs in children during public health emergencies or disasters.

Hinton, C.F., Davies, H.D., Hocevar, S.N., et al. (2016). Parental Presence at the Bedside of a Child with Suspected Ebola: An Expert Discussion. *Clinical Pediatric Emergency Medicine*. 17(1):81-86.

This article demonstrates the challenges and weighing of risks and benefits involved in the consideration of parental presence at the bedside of a child suspected of having Ebola.

Schonfeld, D.J., Demaria, T., and the Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. (2015). Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises. *Pediatrics*. 136(4):E1120-E1130.

The American Academy of Pediatrics released this clinical report urging pediatricians to look for common adjustment problems in children following a disaster or crisis, and to promote effective coping strategies to ease the impact of the event. The report stresses the importance of ensuring basic support services, psychological first aid, and professional self-care while working with patients and families in the wake of disaster.

### **HCC-Level Pediatric Plans**

National Capital Region. (2019). NCR Plan for Management of Pediatric Patients in an Emergency.

Stanislaus County. (2019). Healthcare Emergency Preparedness Coalition, Pediatric Disaster Surge Plan.

HCC Pediatric Planning Templates and Resources

DC Emergency Healthcare Coalition. (n.d.). Initial Management Guidelines for Pediatric Burn Patients.

These templates--part of the National Capital Region Burn Mass Casualty Incident Response Plan--can help healthcare providers care for pediatric burn patients.

Dodgen, D., Anderson, M., Edgerton, E., et al. (2013). Pediatric Preparedness for Healthcare Coalitions. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar provides an introduction to healthcare system preparedness for children, and a national perspective on preparedness for children in disasters. Presenters also cover improving the emergency care system for children, perspectives on creating a multi-state coalition for pediatric surge, and New York City Pediatric Disaster Coalition operational pediatric disaster planning.

Frogel, M., Flamm, A., Sagy, M., et al. (2017). Utilizing a Pediatric Disaster Coalition Model to Increase Pediatric Critical Care Surge Capacity in New York City. *Disaster Medicine and Public Health Preparedness*. 11(4): 473-478.

The authors describe the stepwise development of the NYC Pediatric Disaster Coalition as a model for other cities to replicate in planning for pediatric disaster patients. They also discuss how the coalition supported hospitals in planning for pediatric surge.

Hansen, C., Dodgen, D., Levine, C., et al. (2014). Pediatric Preparedness for Healthcare Coalitions: Part II. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews resources, strategies, and partnerships used by medical planners and healthcare coalitions to strengthen pediatric components of their jurisdiction's healthcare preparedness capabilities. Included are lessons learned from the response to Superstorm Sandy and the Alaska Shield/Hale Borealis exercise.

Minnesota Department of Health. (2014). Patient Care Strategies for Scarce Resource Situations Card Set.

This card set can be used as a decision support tool and was developed to facilitate a structured approach to resource shortfalls at a healthcare facility. Pediatrics Resource Cards and Pediatrics Triage Cards are provided in Section 10.

Schreiber, M., Pfefferbaum, B, and Sayegh L. (2012). Toward the Way Forward: The National Children's Disaster Mental Health Concept of Operations. (Abstract only.) *Disaster Medicine and Public Health Preparedness*. 6(2):174-81.

The authors identify critical gaps in pediatric triage and treatment strategies during disaster response. This report provides an outline for a triage-driven children's disaster mental health incident response strategy.

Schreiber, M., Shields, S., Formanski, S., et al. (2012). Code Triage: Integrating the National Children's Disaster Mental Health Concept of Operations Across Health Care Systems. *Academic Emergency Medicine*. 18:s59.

The authors identify three key concept of operations strategies that provide an integrated "disaster systems of care": (1) the PsySTART Disaster Mental Health Triage System, (2) a

childfocused Incident Action Plan, and (3) a continuum of risk stepped-care model that matches the level of evidence-based treatment interventions with the level of identified risk using a stepped-care framework.

### **Regional and State-Level Pediatric Plans and Resources**

Central Valley, CA. (2012). Regional Pediatric Disaster Surge Framework. California Hospital Association.

This document provides a framework for community collaboration to develop regional, comprehensive, integrated pediatric preparedness response plans.

Contra Costa Health Services Emergency Medical Services Agency. (2011). Contra Costa Pediatric/Neonatal Disaster and Medical Surge Plan and Preparedness Toolkit.

This toolkit was developed to facilitate disaster preparedness that involves the practice of including neonates and pediatrics in all county, provider agency, and hospital-based disaster exercises. It provides an example of implementing emergency medical services for children guidelines at the local level.

This plan provides a detailed framework for various stakeholders involved in an emergency response within the State of Illinois and surrounding states in order to protect children and provide appropriate pediatric medical care during a disaster. The plan can be used to guide a state-level response and provides local medical services guidance on the care of children, including patient movement, system decompression, recommendations for care, and resource allocation during a surge of pediatric patients. It includes several tools such as transfer forms and algorithms.

Los Angeles County Emergency Medical Services Agency. (2016). Los Angeles County Pediatric Surge Plan. California Hospital Association.

This plan provides details on how each hospital within Los Angeles County would support a pediatric surge of patients including surge targets, supplies, and patient type. This plan also includes parameters for transporting children from prehospital field operations to healthcare facilities and transferring of patients among hospitals.

Minnesota Department of Health. (2019). Minnesota Pediatric Surge Primer and Template Plan.

This customizable template is geared for small community hospitals that do not usually provide pediatric trauma or inpatient services. It provides guidance and templates that facilities and regions can follow to plan for pediatric patients in a mass casualty event.

Texas Trauma Service Area (TSA) B. (2016). Trauma Service Area -B (BRAC): Regional Pediatric Plan.

This plan provides prehospital and hospital providers with regional standardized procedures for the treatment of pediatric patients. It addresses various issues to include: prehospital triage,

helicopter activation, inter-hospital transfers, pediatric trauma triage/ transfer decision scheme, among others topics.

Western Region Homeland Security Advisory Council. (2017). Children in Disasters Emergency Preparedness: Family Reunification Plan Template.

This template can be used by any organization (e.g., hospitals, educational institutions, and day care centers) to develop a family reunification plan. It addresses information on topics including reunification protocols, legal authorities, terminology, methods of reunification, and coordination of efforts with key stakeholders.

### **Hospital/Healthcare Pediatric Plans and Resources**

Bradin, S., Lozon, M., Butler, A., et al. (2015). Planning for Children in Disasters: A Hospital Toolkit. Michigan Department of Health and Human Services.

This toolkit includes information to assist hospitals with planning for the needs of children through all stages of a disaster. Guidance covers medical surge and triggers; staffing plans; triage protocols; decontamination; transport of pediatric patients; chemical agents and antidotes; infection protection; family reunification; and psychological support.

Illinois Emergency Medical Services for Children. (2009). Neonatal Intensive Care Unit (NICU) Evacuation Guidelines.

These neonatal intensive care unit (NICU) evacuation guidelines were developed by professionals throughout Illinois. A multi-disciplinary committee was also convened to collate personal experiences, recommendations, and current literature on NICU evacuations. This guide is intended to assist healthcare providers assess pre-event vulnerabilities and plan for the evacuation of medically fragile Level III NICU patients while addressing core components of incident management, in conjunction with the promotion of patient safety and evacuation procedures based on lessons learned from past disasters and experiences.

NYC Pediatric Disaster Coalition. (2018). NYC Pediatric Disaster Healthcare Preparedness Toolkit – Hospitals.

This webpage includes links to guidelines and templates designed for pediatric providers to create disaster plans at their individual healthcare sites. It also offers comprehensive information on how to conduct exercises that can be used for plan revision and improvement within the context of overall disaster preparedness.

Rady Children's Hospital, San Diego. (2011). Pediatric Surge Planning: Train the Trainer.

This online course provides an in-depth overview of the special considerations associated with pediatric surge planning. The authors describe hospital incident command system activation, specific tools and actions linked to pediatric surge, and provide tips for developing a surge plan.

Seattle and King County Public Health Department. (2010). Hospital Guidelines for Management of Pediatric Patients in Disasters.

This toolkit is based on an earlier version developed by the New York City Department of Health and Mental Hygiene and includes considerations for staffing and training, resources, security, transportation, decontamination, hospital-based triage, and inpatient bed planning.

Abraham, H. (2014). Planning for Pediatrics in Disasters. *Journal of Emergency Medical Services*.

The author encourages emergency medical planners to account for children's' unique physical, psychological, and communication needs when drafting pre-hospital emergency response plans. She also shares pediatric-specific care tips for decontamination, triage, airway procedures, drug dosage and delivery, and psychological care.

American Academy of Pediatrics. (2013). Pediatric Preparedness Resource Kit.

This kit allows pediatricians, public health leaders and other pediatric care providers to assess what is happening in their community or state, and help determine what needs to be done before an emergency or disaster (e.g., a pandemic). The kit also promotes collaborative discussions and decision making about pediatric preparedness planning.

California Hospital Association. (2010). EMSC Pediatric Disaster Preparedness Guidelines: Hospitals.

This standards document is based on The Joint Commission and other national requirements for hospitals, tailored for pediatric issues.

EMSC. (n.d.). Checklist: Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies.

This Checklist is intended to be used as a tool to help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster policies. This publication is available in two versions: static pdf and interactive pdf.

Illinois Emergency Medical Services for Children. (2010). Hospital Pediatric Preparedness Checklist.

All hospitals need to assure that they are prepared to handle the unique needs of children in a disaster event. As hospitals develop their emergency operations plans, Illinois EMSC recommends the inclusion of pediatric components in several key areas. This checklist was designed to help hospitals identify their current level of pediatric preparedness and recognize additional opportunities for improvement.

Illinois Emergency Medical Services for Children. (2005). Pediatric Disaster Preparedness Guidelines

This document was created to promote awareness of children's unique vulnerabilities in a disaster or mass casualty incident and to guide organizations in integrating pediatric

considerations into their disaster plans. Implementing these recommendations and guidelines is only the first step in improving emergency and disaster preparedness for children.

National Advisory Committee on Children and Disasters. (2015). Healthcare Preparedness for Children in Disasters: A Report of the NACCD Healthcare Preparedness Working Group.

This report was developed in response to a tasking by the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) to assess the readiness to care for children affected by disasters. It focuses on three key areas: coalition building, workforce development, and medical countermeasure readiness.

National Association of State EMS Officials. (2014). Checklist Tool for Pediatric Disaster Preparedness.

Derived from the 2010 report of the National Commission on Children and Disasters, this document is a tool for State EMS Offices to establish standards for EMS providers and agencies.

### **Other Relevant Resources**

Committee for Tactical Emergency Casualty Care. (2015). Pediatric Tactical Emergency Casualty Care.

This resource provides guidelines for the immediate on-scene stabilization of victims, depending on whether or not there is an ongoing threat to safety.

Illinois Emergency Medical Services for Children. (2013). NICU/Nursery Evacuation Tabletop Exercise Toolkit.

This toolkit provides various resources and tools developed specifically for exercises, and offers guidance on planning, conducting, and evaluating tabletop exercises focused on the neonatal intensive care unit and nursery population.

Laraque, D., Jensen, P., and Schonfeld, D.J. (2006). Feelings Need Check-ups Too Toolkit. American Academy of Pediatrics.

This toolkit can help practitioners intervene effectively with children experiencing emotional distress related to catastrophic events. Various screening tools are demonstrated through case studies, and treatment options are described, along with information on accessing mental health resources for treatment referrals.

The National Child Traumatic Stress Network. (2018). For Teens: Coping after Mass Violence.

This fact sheet identifies emotions and reactions that teens might experience after witnessing and surviving a traumatic event. It also addresses expectations that others may have and challenges and opportunities for recovery. Self-care is emphasized in addition to connecting with community partners and locations that offer support.