DISCLOSURES

I have no disclosures
OBJECTIVES

- Understand process behind KY Medical Surge Plan
- Understand goals of Surge Plan
- Understand community next steps for Surge Plan
Planning for a medical surge incident where an unusual event overwhelms local or regional health systems

State resources are requested to support response

- Local agencies will focus on assessment, plan, training and evaluation for all-hazard incidents
  - Large, unexpected and potentially life-threatening incidents involving pediatric populations
  - Expect that local facilities have exhausted all typical resources
- Does NOT include pandemic events
PROCESS TO GENERATE PLAN

• Thanks to Angela Kik, Grant Gillion, Jasie Logsdon!
  • This team met monthly for 6-8 months to develop the KY Surge Plan
  • Helped to connect plan with healthcare coalitions
  • Reviewed numerous plans from around US and in the Region

• Thanks to Morgan Scaggs
  • Helped to connect plan with EMS regions
KEY POINTS

• All hazard events are included in the plan
  • Large population areas have increased risk
  • Events or locations with large pediatric populations are key

• Healthcare Coalitions implement plans to expand capacity in response to a medical surge event
  • Regional Centers and Pediatric Hospitals alerted to need for surge care

• Children with complex healthcare needs must be considered

• Address need for familial reunification
PREPAREDNESS PHASE

• Local facilities inventory equipment and supplies
  • Updated list of equipment provided in plan
  • Position supplies in critical areas

• Participate in planning and exercises
  • DISASTER TABLE TOP – MAY 14, 2020
Local level event requiring state-level public health and medical support

Major Components of response include:
- Alert/notification
- Activation
- Resource management
- Medical evaluation
- Patient tracking
- Public information
MEDICAL STABILIZATION

- Triage following START method
  - Green – minor, yellow – urgent, red – immediate, black – dead
  - Consider decon in children and special temperature/modesty issues
  - [https://chemm.nlm.nih.gov/startpediatric.htm](https://chemm.nlm.nih.gov/startpediatric.htm)

- Assure stabilization in most immediate setting
- Transfer for higher care as needed

- Medical Care Complete?
  - Family reunification
PEDIATRIC STABILIZATION AND TRANSFER

• Key Principles -
  • Airway is primary – goal is good oxygenation
  • IO access – goal is some method to give fluids/drugs
  • Access to basic drugs will go a long way – albuterol, epi
  • Save advanced imaging or labs for destination

Initiate transfer early
KENTUCKY PEDIATRIC HOSPITALS

KENTUCKY CHILDREN’S HOSPITAL

- Trauma Level 1
- Neonatal and Pediatric Transport Service
- PICU – NICU – Inpatient
- Limited Burn Management
- Lexington, KY

NORTON CHILDREN’S HOSPITAL

- Trauma Level 1
- Neonatal and Pediatric Transport Service
- PICU – NICU – Inpatient
- Limited Burn Management
- Louisville, KY
OTHER PEDIATRIC CONSIDERATIONS

• Patient identification and family reunification
  • Preverbal and preschool children will need 1:1 caregivers in the ED and identification
  • School-age children will need close monitoring in ED
  • Who will maintain roster of children and manage legally appropriate reunification?

• Medically-dependent children
  • Child who require electricity for life-sustaining care
  • Chronic medical conditions requiring daily medications

• Pregnant pediatric patients
  • Visibly pregnant pediatric patients should be managed by ADULT ED and Hospitals with Obstetric capabilities
GENERAL QUESTIONS TO ASK

- What types of events are we least able to care for when they occur?
- What are specific risk factors in our community to consider?
- How will we focus on stabilization and transfer?
CRITICAL EVENTS

• What events stress your local system?
  • Trauma? Burn? Exposures?

• What resources are limited in these events?
  • Medical equipment? Training knowledge?

• How do you manage patient flow?
LOCAL CONSIDERATIONS

Questions to ask about your community

• Local geography and utility resources
  • Does hazardous weather impact ability to manage patient flow?
  • Do pediatric members of your community rely on utility resources for life-sustaining care?

• Local hospital resources
  • Is your hospital pediatric ready? What pediatric training has been done locally?

• Local pediatric event or attraction populations
STATE RESOURCES
THANK YOU!

Questions?