

KENTUCKY DISASTER SURGE PLANNING

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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

KENTUCKY DISASTER 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**



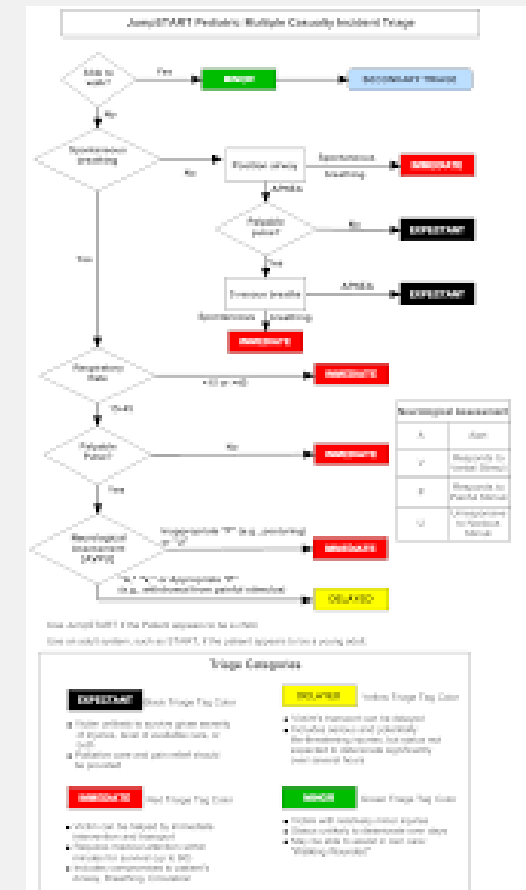
INITIAL RESPONSE

- 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>
- 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 I
- Neonatal and Pediatric Transport Service
- PICU – NICU – Inpatient
- Limited Burn Management

- Lexington, KY

NORTON CHILDREN'S HOSPITAL

- Trauma Level I
- 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



Kentucky Public Health
Prevent. Promote. Protect.



NORTON
Children's
Hospital

THANK YOU!

Questions?

