



Eastern Great Lakes Pediatric Consortium for Disaster Response



Pediatric Disaster Preparedness Quality Collaborative

Module 3: Tabletop Exercise

August 12-25, 2020

Module 3: Tabletop Exercise

Objective:

3.1: To conduct a pediatric-focused tabletop exercise to test inter-departmental communication and coordination strategies.

Introduction

Pre-planning inventory of available resources and access to pediatric-specific equipment and professionals should be part of every hospital's disaster plan. Regular testing of this plan—whether in the form of a large, regional drill or a simple tabletop exercise—is essential to identify and address non-obvious gaps when developing or improving a disaster plan that includes pediatric-specific considerations. Tabletop exercises are oftentimes very effective in identifying areas for improvement because there is more time for discussion and/or re-focusing the objectives.

The goal of this tabletop exercise is to enhance coordination between separate clinical areas that will be activated in the event of pediatric disaster. Often exercises only involve the emergency department or emergency operations center. For this tabletop exercise, include not only key clinical areas but also clinical support areas such as radiology, laboratory services, the blood bank and pharmacy as well as other support personnel security, social work, administration, and media relations. The aim is to identify the barriers exist to mobilizing these resources in a true event. Example objectives for this drill may include:

**This does not have to be a functional exercise. You can choose could limit this exercise to a simple communication exercise between departments.*

- Availability of staff on a given day
- Identify functional roles for staff
- Communication/ Hand-off methods between clinical areas
- Locating pediatric-specific equipment, supplies and medications
- Space utilization-particularly a supervised, safe space for well children

For more information on planning and conducting a pediatric preparedness exercise see the “Example Policies, Practices and Templates” section of the EIIC’s [Pediatric Disaster Preparedness Toolkit](#) or the [American Academy of Pediatrics Topical Collection: Chapter 6: Pediatric Preparedness Exercises](#).

For this module, each hospital will be asked to complete a pediatric-focused tabletop exercise. We have offered several scenarios to choose from below. However, you may also use your own scenario provided it is pediatric-focused. If you have already conducted a *pediatric-focused* drill or exercise in the past year, you may reuse it. This may/will likely be a virtual tabletop exercise at this time. For tips on how to successfully conduct a virtual tabletop exercise, see So et al. Upon completion of the exercise, please complete the attached After-Action Report (see Appendix I) and upload it to REDCap here: <https://redcap.dellmed.utexas.edu/surveys/?s=NWT3DMTFYY>

The purpose of the After-Action Report is to identify areas for improvement. The first part of our August 25th Learning Session is devoted to debriefing the tabletop exercises and collaboratively addressing areas for improvement. If you prefer not to discuss your questions with the larger group, the collaborative subject matter experts will be available to help you through email or phone.

Scenarios

***Children's Hospitals / High Pediatric Volume Centers:** this scenario has occurred near one of your regional hospitals. Many of these children are critical and exceed their local capabilities. They have asked for your expertise in stabilizing these patients and preparing them for transfer to your institution.

SCENARIO #1: SCHOOL BUS ACCIDENT

A school bus transporting elementary school children has been involved in a roll-over accident semi-truck. It is 4 PM during rush hour on a rainy day in April. The accident occurred 10 miles from the hospital. There are multiple injured children. Several are in critical condition. Ambulances are currently at the scene stabilizing and preparing patients for transport. Media has just picked up the story and they will likely arrive to the ED seeking information on injuries sustained during the incident. ETA of the first ambulance is 15 minutes.

SCENARIO #2: ACTIVE SHOOTER

A breaking story on the local news station discloses that shots have been fired at a local junior high school. It is midafternoon on a Friday. Your hospital is the closest to the school. The hospital has started receiving calls from terrified parents seeking information about their children. There are reports that some children have escaped the building with penetrating injuries. The number of those injured is currently unknown. The ETA of any injured arrivals is also unknown.

SCENARIO #3 - LARGER STORM/FLOODING

Your local area is currently under a flash flood warning due to a large thunderstorm. It is currently 2 AM on a Sunday night in December. There are reports of a nearby dam breaking causing a sudden influx of flooding in a highly populated area. A call comes in that EMS has been called to help multiple victims with concern for drowning, near drowning, and hypothermia. You are the nearest hospital to the dam break and are expected to receive the majority of the patients involved.

SCENARIO #4 - BOMB

An explosion has occurred at a local high school during a busy Wednesday morning. The cause is currently unknown, but a large area of the three-story building has collapsed. First responders are currently at the scene and have extracted some of the victims from the debris, but it is unknown how many are trapped. You are the nearest hospital and expected to receive the majority of the injured victims.

SCENARIO #5 - FIRE

There has been an inbound call from EMS bringing pediatric patients involved in a fire. According to EMS, a 3-alarm fire is active at a nearby in-home daycare. There are at least three critically injured children

under 3 years of age with large areas of burns. The number of children at the daycare at the time of the fire is currently unknown. There were two daycare workers on site at the time, one is severely injured and the other has minor injuries but is hysterical and unable to focus to answer questions.

SCENARIO #6 - CARBON MONOXIDE POISONING

It is 8 PM on a cold night in January and a man has called EMS for help after coming home to find his wife and children ill. Their youngest child is 18 months old, unconscious, and unarousable. The older five children range in age from 3 to 12 years. These children and his wife have been complaining of nausea, dizziness, and difficulty breathing. There are two ambulances in route to your hospital with the patients.

Tasks

Please answer the following questions in REDCap here:

<https://redcap.dellmed.utexas.edu/surveys/?s=NWT3DMTFYY>

1. Complete After-Action Report Form and upload to REDCap.
2. Are there any areas of weakness that you would like assistance in addressing? (Y/N)
3. If yes, please specify the areas that you would like to address.
4. How you would prefer to receive assistance?
 - a. Open discussion on the August 25th Learning Session
 - b. Email discussion to the PDPQC ListServ
 - c. Specific 1:1 (via email or phone call) advice from our subject matter experts.

References and Further Reading

AAP Pediatric Disaster Preparedness and Response Topical Collection: Chapter 6-Pediatric Preparedness Exercises. Chung, S., Foltin, G., Schonfeld, DJ. January 2019.

<https://downloads.aap.org/DOCHW/Topical-Collection-Chapter-6.pdf>

AAP Pediatric and Preparedness Exercise Resource Kit. https://www.aap.org/en-us/Documents/Tabletop_Exercise_Resource_Kit.pdf

Centers for Disease Control and Prevention (CDC). "Planning for Kids: Preparedness and Pediatrics". March 7, 2016. <https://blogs.cdc.gov/publichealthmatters/2016/03/preparedness-and-pediatrics/>

Chung et al. "Addressing Children's Needs in Disasters: A Regional Pediatric Tabletop Exercise". *Disaster Medicine and Public Health Preparedness*. October 2018. Volume 12 Issue 5. Pp 582-586.

<https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/addressing-childrens-needs-in-disasters-a-regional-pediatric-tabletop-exercise/EC4FF759A0119768D355D5C475F1AAC1>

So et al. "Extending the Reach of Pediatric Emergency Preparedness: A Virtual Tabletop Exercise Targeting Children's Needs" *Public Health Reports*. 2019. Volume: 134 issue: 4, page(s): 344-353.

<https://journals.sagepub.com/doi/full/10.1177/0033354919849880>

Cicero, MX and Baum, CR. "Pediatric Disaster Preparedness: Best Planning for the Worst-Case Scenario" I: [July 2008 - Volume 24 - Issue 7 - p 478-481](#)
doi: 10.1097/PEC.0b013e31817e2f2d. https://journals.lww.com/pec-online/Abstract/2008/07000/Pediatric_Disaster_Preparedness_Best_Planning_for.15.aspx

Gauche-Hill, M." Pediatric disaster preparedness: are we really prepared?" *The Journal of Trauma*. 2009. Vol. 67(2 Suppl) ppS73-S76. <https://pubmed.ncbi.nlm.nih.gov/19667856/>

Appendix I



Pediatric Disaster Preparedness Quality Collaborative After-Action Report Form

This form summarizes important information about emergencies and collects identified areas of weakness as well as any recommendations for improving overall emergency management.

| Date(s) of Event | | Timeframe | | | Location | | | |
|---|--------|-----------------------------|----------|------|----------------------------------|------------|------------|-------|
| Date | | | | | | | | |
| Type of Event (circle one) | | Event Response (circle one) | | | Type of Exercise (if applicable) | | | |
| Exercise | Actual | Internal | External | Both | Tabletop | Functional | Full Scale | Drill |
| Event Point-of-Contact | | Department and Title | | | Contact Information | | | |
| | | | | | | | | |
| Reporting Individual | | Department and Title | | | Contact Information | | | |
| | | | | | | | | |
| Key Participants – Attach list or sign-in sheet with individuals, departments, and agencies involved. | | | | | | | | |
| Event Description – Provide brief overview of the emergency. If needed, attach supporting documents. | | | | | | | | |
| Scenario: | | | | | | | | |
| Exercise Objectives: | | | | | | | | |
| | | | | | | | | |
| Areas of Strength – List any areas of strength identified during management of the emergency. | | | | | | | | |
| <ul style="list-style-type: none"> • | | | | | | | | |

Areas for Improvement– List any areas for improvement identified during management of the emergency.

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Recommended Actions:

| Action: | Assigned To: | Due Date: | Prioritization:* |
|---------|--------------|-----------|------------------|
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| | | | |

***Prioritization Definitions:**

Critical: items that could pose a direct threat to life, significantly compromise our ability to respond in an emergency or relate to legal and regulatory requirements. Must be done as soon as possible.

Urgent: items that are not critical, but still sufficiently important to warrant completion within a calendar year. Other priorities may be adjusted to allow sufficient resources to complete. Must be done within 12 months of approval by EMC.

Preferred: items may be "best practices" and "nice to have", but are not critical or urgent. These will only be done as resources allow, may be put on hold for a significant period of time and at some point closed without action upon approval by EMC.

Exercise: items related to changes in exercise design or development.