

# **San Joaquin Operational Area**



## **Healthcare Coalition Pediatric Surge Annex**

June 29, 2023

**San Joaquin County Emergency Medical Services Agency**  
P.O. Box 220, French Camp, California 95231

San Joaquin Operational Area  
Healthcare Coalition Pediatric Surge Annex

**Record of Changes**

| <b>Date</b> | <b>Changes</b>  | <b>By</b>               |
|-------------|---|-------------------------|
| 6/29/23     | Updated the definition of pediatric patients, in Section 1.2                                      | EPC TTX<br>Participants |
| 6/29/23     | Updated activation, Section 2.1   | EPC TTX<br>Participants |
| 6/29/23     | Updated MHOAC 24/7 notification information, Section 2.2  | EPC TTX<br>Participants |
| 6/29/23     | Added reference to the MHOAC program for mutual aid resource requests for supplies, Section 2.4.3 | EPC TTX<br>Participants |

San Joaquin Operational Area  
Healthcare Coalition Pediatric Surge Annex

TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>Table of Contents</b> .....                     | <b>2</b>  |
| <b>1 Introduction</b> .....                        | <b>4</b>  |
| 1.1. Purpose .....                                 | 4         |
| 1.2. Scope .....                                   | 4         |
| 1.3 Authority .....                                | 4         |
| 1.4 Overview/Background of HCC and Situation. .... | 4         |
| 1.5 Access and Functional Needs .....              | 8         |
| <b>2 Concept of Operations</b> .....               | <b>9</b>  |
| 2.1 Activation .....                               | 10        |
| 2.2 Notifications .....                            | 10        |
| 2.3 Role and Responsibilities .....                | 10        |
| 2.4 Logistics .....                                | 11        |
| 2.4.1 Space .....                                  | 11        |
| 2.4.2 Staff .....                                  | 12        |
| 2.4.3 Supplies .....                               | 12        |
| 2.5 Special Considerations .....                   | 12        |
| 2.5.1 Behavioral Health .....                      | 12        |
| 2.5.2 Decontamination .....                        | 13        |
| 2.5.3 Evacuation .....                             | 14        |
| 2.5.4 Infection Control .....                      | 15        |
| 2.5.5 Security .....                               | 15        |
| 2.6 Operations – Medical Care .....                | 15        |
| 2.6.1 Triage .....                                 | 15        |
| 2.6.2 Treatment .....                              | 15        |
| 2.7 Transportation .....                           | 15        |
| 2.8 Tracking .....                                 | 16        |
| 2.9 Reunification .....                            | 16        |
| 2.10 Deactivation and Recovery .....               | 18        |
| <b>3 Appendixes</b> .....                          | <b>19</b> |
| 3.1 Training .....                                 | 19        |
| 3.1.1 Pediatric Advanced Life Support (PALS) ..... | 19        |

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

|       |  |    |
|-------|--|----|
| 3.1.2 | Open Pediatrics – Training . . . . .   | 19 |
| 3.1.3 | PEDS Vitals . . . . .  | 19 |
| 3.2   | Pediatric Referral Resources . . . . .   | 19 |
| 3.2.1 | Pediatric Pandemic Network . . . . .   | 19 |
| 3.3   | Demographics . . . . .   | 19 |
| 3.3.1 | KidsData (San Joaquin County) . . . . .  | 19 |
| 3.4   | Behavioral Health Resources . . . . .  | 19 |
| 3.4.1 | American Psychological Association . . . . .   | 19 |
| 3.4.2 | Substance Abuse and Mental Health Services Administration . . . . .  | 19 |
| 3.4.3 | WRAP-EM Mental Health Resources for Children . . . . .   | 20 |
| 3.4.4 | Listen, Protect and Connect: PFA for Children and Parents . . . . .  | 20 |
| 3.4.5 | San Joaquin County Behavioral Health Services – Crisis Center . . . . .  | 20 |
| 3.4.6 | San Joaquin Area Critical Incident Support Team (SJACIST) . . . . .  | 20 |
| 3.4.7 | PsySTART® . . . . .  | 20 |
| 3.4.8 | ACS Screening and Treating Mental Health Disorders and<br>Substance Use and Misuse in the Acute Trauma Patient Guide . . . . . | 20 |
| 3.5   | Decontamination . . . . .  | 20 |
| 3.5.1 | Patient Decontamination in a Mass Chemical Exposure<br>Incident: National Planning Guidance for Communities . . . . .          | 21 |
| 3.5.2 | American Academy of Pediatrics – Decontamination:<br>Disaster Management Resources . . . . .                                   | 21 |
| 3.5.3 | The Decontamination of Children - Agency for Healthcare<br>Research and Quality (Video) . . . . .                              | 21 |
| 3.6   | NPRP – Emergency Department Toolkit . . . . .  | 21 |
| 3.6.1 | Pediatric Readiness Emergency Department Checklist . . . . .   | 21 |

# San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

## 1. Introduction

All San Joaquin County acute care receiving hospitals are prepared to receive, stabilize, and manage pediatric patients. However, given the limited number of Pediatric Intensive Care Unit (PICU) beds available in California Mutual Aid Region IV, an emergency affecting large numbers of children will require the activation of Multi-Casualty Incident (MCI) and trauma system policies<sup>1</sup> to ensure children are transported to appropriate trauma centers and hospitals.

### 1.1 Purpose

This annex applies to a multi casualty incident with a large number of pediatric patients. It supports the SJOA Healthcare Coalition Emergency Operations 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 response actions in the case of an emergency that involves (or could involve) significant numbers of children.

### 1.2 Scope

The San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex encompasses all participating healthcare facilities, providers, public and private medical and health agencies/organizations, pre-hospital care service providers, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

For this annex, a pediatric patient is defined as 13 years of age or younger, and not taller than a length based assessment tape (146.5 cm).

### 1.3 Authority

This annex is issued under the authority of the San Joaquin County Emergency Medical Services Agency Administrator, who serves as the Medical Health Operational Area *Coordinator (California Health and Safety Code, Division 2.5, Sections 1797.153 and 1797.220)*.

### 1.4 Overview/Background of HCC and Situation

1.4.1 The population of San Joaquin County is 793,229<sup>2</sup>

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<sup>1</sup> <https://www.sjgov.org/department/ems/policies>

<sup>2</sup> <https://www.census.gov/quickfacts/fact/table/sanjoaquincountycalifornia,CA/PST045222>

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

1.4.2 The pediatric population is 148,800<sup>3</sup>

| Ages  | Number |        |                |
|-------|--------|--------|----------------|
|       | Female | Male   | Total          |
| 0-2   | 13,682 | 15,081 | 28,763         |
| 3-5   | 15,705 | 15,528 | 31,233         |
| 6-10  | 26,781 | 27,872 | 54,653         |
| 11-13 | 16,670 | 17,481 | 34,151         |
| Total | 72,838 | 75,962 | <b>148,800</b> |

1.4.3 San Joaquin County has seven acute care receiving hospitals, including one level II trauma center<sup>4</sup>, and two Level III and one Level II Neonatal Intensive Care Units (NICU)<sup>5</sup>.

| Hospital                        | Address  | Trauma Center Designation | NICU Designation Level |
|---------------------------------|--|---------------------------|------------------------|
| Adventist Health Lodi Memorial  | 975 S. Fairmont Ave.<br>Lodi, CA 95240         | N/A                       | Level II               |
| Dameron Hospital                | 525 West Acacia St.<br>Stockton, CA 95203      | N/A                       | N/A                    |
| Doctor's Hospital of Manteca    | 1205 E. North St.<br>Manteca, CA 95336         | N/A                       | N/A                    |
| Kaiser Hospital Manteca         | 1777 W. Yosemite Ave.<br>Manteca, CA 95337     | N/A                       | N/A                    |
| San Joaquin General Hospital    | 500 West Hospital Rd.<br>French Camp, CA 95231 | Level II                  | Level III              |
| St. Joseph's Medical Center     | 1800 N. California St.<br>Stockton, CA 95204   | N/A                       | Level III              |
| Sutter Tracy Community Hospital | 1420 N. Tracy Blvd.<br>Tracy, CA 95376         | N/A                       | N/A                    |

1.4.4 There are three trauma centers designated to receive San Joaquin County pediatric trauma patients from MCIs<sup>6</sup>

| Hospital                     | Address  | Trauma Center Designation <sup>7</sup> | NICU Designation Level |
|------------------------------|--|--|------------------------|
| San Joaquin General Hospital | 500 West Hospital Rd.<br>French Camp, CA 95231 | Level II                               | N/A                    |

<sup>3</sup> Data Source: As cited on kidsdata.org, California Dept. of Finance, Population Estimates and Projections; U.S. Census Bureau, Population and Housing Unit Estimates (2021).

<sup>4</sup> American College of Surgeons <https://www.facs.org/quality-programs/trauma>

<sup>5</sup> <https://publications.aap.org/pediatrics/article/130/3/587/30212/Levels-of-Neonatal-Care?autologincheck=redirected>

<sup>6</sup> EMS Policy No. 4709 Trauma Center Service Areas

<sup>7</sup> American College of Surgeons <https://www.facs.org/quality-programs/trauma>

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

|                         |   |          |          |
|-------------------------|---|----------|----------|
| UC Davis Medical Center | 2315 Stockton Blvd.<br>Sacramento, CA 95817 | Level I  | Level IV |
| Kaiser South Sacramento | 6600 Bruceville Rd.<br>Sacramento, CA 95823 | Level II | N/A      |

### 1.4.5 California Children’s Services (CCS) approved Northern California Regional Neonatal Intensive Care Units<sup>8</sup> and Pediatric Intensive Care Units<sup>9</sup>

| <b>Hospital</b>                                | <b>Address</b>                                   | <b>NICU Designation Level</b> | <b>PICU Designation</b> |
|--|--|-------------------------------|-------------------------|
| California Pacific Medical Center - Van Ness   | 1101 Van Ness Avenue<br>San Francisco, CA 94109  | Level IV                      | Yes                     |
| Kaiser Permanente Oakland Medical Center       | 275 W Macarthur Boulevard<br>Oakland, CA 94611   | Level IV                      | Yes                     |
| Kaiser Permanente Roseville Medical Center     | 1600 Eureka Road<br>Roseville, CA 95661          | Level IV                      | Yes                     |
| Kaiser Permanente Santa Clara Medical Center   | 700 Lawrence Expressway<br>Santa Clara, CA 95051 | Level IV                      | Yes                     |
| Lucile Packard Children’s Hospital Stanford    | 725 Welch Road<br>Palo Alto, CA 94304            | Level IV                      | Yes                     |
| Santa Clara Valley Medical Center              | 2105 Forest Avenue<br>San Jose, CA 95128         | Level IV                      | Yes                     |
| Sutter Medical Center, Sacramento              | 2825 Capitol Avenue<br>Sacramento, CA 95816      | Level IV                      | Yes                     |
| UC Davis Medical Center                        | 2315 Stockton Blvd.<br>Sacramento, CA 95817      | Level IV                      | Yes                     |
| UCSF Benioff Children’s Hospital Oakland       | 747 52nd Street<br>Oakland, CA 94609             | Level IV                      | Yes                     |
| UCSF Benioff Children’s Hospital San Francisco | 505 Parnassus Avenue<br>San Francisco, CA 94143  | Level IV                      | Yes                     |
| Valley Children’s Hospital                     | 9300 Valley Children’s Place<br>Madera, CA 93636 | Level IV                      | Yes                     |

### 1.4.6 Surge Capacity

<sup>8</sup> <https://www.dhcs.ca.gov/services/ccs/scc/Pages/nicuregional.aspx>

<sup>9</sup> <https://www.dhcs.ca.gov/services/ccs/scc/Pages/PICU.aspx>

San Joaquin Operational Area  
Healthcare Coalition Pediatric Surge Annex

| Hospital                        | Licensed Beds | Ave Daily Census | Licensed Surge | Non Licensed Beds | Portable Medical Beds | Catastrophic Surge |
|---------------------------------|---------------|------------------|----------------|-------------------|-----------------------|--------------------|
| Adventist Health Lodi Memorial  | 194           | 95               | 99             | 32                | 119                   | 250                |
| Pediatric                       | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| Neonatal                        | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| Dameron Hospital*               | 202           | 50               | 152            | 32                | 70                    | 254                |
| Pediatric                       | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| Neonatal                        | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| Doctor's Hospital Manteca       | 73            | 40               | 33             | 6                 | 36                    | 75                 |
| Pediatric                       | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| Neonatal                        | 5             | 5                | 0              | 0                 | 0                     | 0                  |
| Kaiser Hospital Manteca         | 61            | 15               | 46             | 6                 | 44                    | 96                 |
| Pediatric                       | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| Neonatal                        | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| San Joaquin General Hospital    | 152           | 126              | 26             | 23                | 103                   | 152                |
| Pediatric                       | 8             | 3                | 5              | 0                 | 4                     | 9                  |
| Neonatal                        | 25            | 12               | 13             | 0                 | 0                     | 13                 |
| St. Joseph's Medical Center     | 355           | 202              | 153            | 20                | 529                   | 702                |
| Pediatric                       | 13            | 4                | 9              | 0                 | 0                     | 9                  |
| Neonatal                        | 30            | 24               | 6              | 0                 | 0                     | 6                  |
| Sutter Tracy Community Hospital | 77            | 42               | 35             | 39                | 49                    | 123                |
| Pediatric                       | 2             | 0                | 2              | 0                 | 0                     | 2                  |
| Neonatal                        | 0             | 0                | 0              | 0                 | 0                     | 0                  |
| <b>Totals</b>                   | <b>1197</b>   | <b>618</b>       | <b>579</b>     | <b>158</b>        | <b>954</b>            | <b>1691</b>        |

\* Dameron Hospital's licensed beds is 202; however due to staffing shortages the number of licensed beds being used is 70.



## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

### 1.4.7 Pediatric Risk

The most plausible scenarios for a pediatric multi-casualty incident would be a school bus accident or other school based disaster, such as an active shooter or hazardous materials release.

Pediatric Emergency Department Visits, by Primary Diagnosis (2020)<sup>10</sup>

| San Joaquin County                          | Percent |
|---|---------|
| Asthma/Bronchitis                           | 4.2%    |
| Burns                                       | 0.4%    |
| Diabetes                                    | 0.2%    |
| Fractures                                   | 3.6%    |
| Mental Diseases and Disorders               | 2.0%    |
| Metabolic/Nutritional Disorders             | 0.4%    |
| Pneumonia/Pleurisy                          | 2.8%    |
| Poisoning                                   | 0.6%    |
| Seizures/Headaches                          | 2.2%    |
| Traumatic Injuries                          | 11.4%   |
| Viral Illnesses or Fevers of Unknown Origin | 8.4%    |

### 1.5 Access and Functional Needs

#### 1.5.1 San Joaquin County children with major disabilities<sup>11</sup>

| 2019 | 2018 | 2017 | 2016 |
|------|------|------|------|
| 3.2% | 3.0% | 3.3% | 4.2% |

#### 1.5.2 Prevalence of Special Education Disabilities Among Students, by Disability Type (2020)<sup>12</sup>

| San Joaquin County    | Rate per 1,000 |
|-----------------------|----------------|
| Autism                | 20.8           |
| Deaf-Blindness        | S              |
| Emotional Disturbance | 4.2            |

<sup>10</sup> <https://www.kidsdata.org/topic/2212/emergency-visits-diagnosis/table#fmt=2754&loc=349&tf=110&ch=573,717,574,575,576,577,578,579,580,581,582&sortColumnId=0&sortType=asc>

<sup>11</sup>

<https://www.kidsdata.org/topic/92/disabilities/table#fmt=242&loc=349&tf=124,108,95,88&sortColumnId=0&sortType=asc>

<sup>12</sup> <https://www.kidsdata.org/topic/2222/special-education-disability-prevalence/table#fmt=2775&loc=349&tf=110&ch=206,208,209,1415,1599,212,211,214,216,217,218,213,215,220&sortColumnId=0&sortType=asc>

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

|                                |              |
|--------------------------------|--------------|
| Established Medical Disability | N/A          |
| Hard of Hearing/Deaf           | 1.7          |
| Intellectually Disability      | 7.5          |
| Learning Disability            | 46.8         |
| Orthopedic Impairment          | 1.0          |
| Speech or Language Impairment  | 31.7         |
| Traumatic Brain Injury         | 0.3          |
| Visual Impairment              | 0.6          |
| Multiple Disability            | 1.3          |
| Other Health Impairment        | 15.1         |
| <b>Total</b>                   | <b>130.9</b> |

### 2. Concept of Operations

The following EMS Agency policies<sup>13</sup> govern the management of multi-casualty incidents, patient destinations, trauma care, and transportation:

- EMS Policy No. 7010 MCI Field Operations
- EMS Policy No. 7020 MCI Control Facility Operations
- EMS Policy No. 7210 EMS Active Threat Plan
- EMS Policy No. 5700 Advanced Life Support Treatment Protocols
- EMS Policy No. 5215 Trauma Patient Destination
- EMS Policy No. 5210 Major Trauma Triage Criteria
- EMS Policy No. 5201 Medical Patient Destination
- EMS Policy No. 5108 Care of Minors in the Field
- EMS Policy No. 5001 Authority for Medical Emergency Management
- EMS Policy No. 4981 Receiving Hospital Status
- EMS Policy No. 4720 Trauma Team Activation
- EMS Policy No. 4712 Level II Trauma Center Standards
- EMS Policy No. 4709 Trauma Center Service Areas
- EMS Policy No. 4448 EMS Aircraft Utilization
- EMS Policy No. 4411 Authorization to Conduct Neonatal Transport

<sup>13</sup> <https://www.sigov.org/departments/ems/policies>

# San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

## 2.1 Activation

This annex will be activated by MHOAC, upon the request for surge assistance from one or more of the seven acute care receiving hospitals.

## 2.2 Notifications

- The Emergency Medical Services Agency Duty Officer is available on a 24/7 basis as the Medical Health Operational Area Coordinator.
  - Dispatch (209) 236-8339
- Multi-Casualty Incidents
  - Prehospital personnel notify the Disaster Control Facility (DCF), via the Med Net radio<sup>14</sup> or cell phone, of a MCI.
  - The DCF creates a MCI event in EMResource<sup>15</sup> to notify and poll receiving hospitals for the numbers of immediate, delays, and minor patients they can received.

## 2.3 Roles and Responsibilities

### 2.3.1 Prehospital

- Respond to incident
- Notify the Disaster Control Facility of a multi-casualty incident
- Manage Medical Branch or Group operations
- Ensure contaminated patients are decontaminated prior to transport
- Triage, treat and transport patients

### 2.3.2 Disaster Control Facility

- Create a MCI event in EMResource to notify and poll receiving hospitals for the numbers of immediate, delay, and minor patients they can received, as well as each hospital's ability to decontaminate patients.
- Provide patient destinations to the Patient Transportation Group Supervisor, in the field.

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<sup>14</sup> [https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-3000-communications/3400\\_med\\_net\\_radiocommunications\\_plan\\_3\\_1\\_22.pdf?sfvrsn=5661b5e6\\_4](https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-3000-communications/3400_med_net_radiocommunications_plan_3_1_22.pdf?sfvrsn=5661b5e6_4)

<sup>15</sup> <https://login.juware.com>

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

### 2.3.3 Receiving Hospitals and Trauma Centers

- Receive patients
- Decontaminate patients, as needed
- Provide patient care and treatment
- Transfer patients to a higher level of care, as needed
- Activate facility medical surge plan, as needed
- Activate family reunification plan, as needed
- Discharge patients
- Update the Hospital's Situation Report, in WebEOC, as the situation changes

### 2.3.4 Medical Health Operational Area Coordinator (MHOAC)

- Coordinate patient movement with Region IV, as needed.
- Establish and maintain situational awareness
- Submit Medical Health Situation Reports to Region IV and the state, as needed.
- Provide a list of hospitals that received pediatric patients from the multi-casualty incident to the San Joaquin County Office of Emergency Service to assist with family reunification, as needed.

## 2.4 Logistics

### 2.4.1 Space

Hospitals will use conventional patient care areas to treat pediatric patients. When necessary, hospitals will activate their medical surge plans to expand care into contingency spaces and/or implement alternate care sites.

Each hospital maintains 12 to 24 portable medical beds for rapid deployment to expand capacity. In addition, over 500 portable beds are maintained in the healthcare coalition cache, which are available upon request through the MHOAC program.

### 2.4.2 Staff

Hospitals manage their staffing needs by routinely calling back staff during periods of high census and/or medical surge, as well as hiring additional personnel through staffing agencies, in accordance with their surge plans. When necessary, hospitals can submit a staffing flexibility

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

request to the California Department of Public Health, Center for Health Care Quality<sup>16</sup> to address staffing shortages.

### 2.4.3 Supplies

All San Joaquin County acute care receiving hospitals are prepared to receive, stabilize, and manage pediatric patients. To ensure Emergency Departments are prepared for a sudden surge in pediatric patients, maintaining the supplies listed in the NPRP Pediatric Readiness in the Emergency Department Check List<sup>17</sup> is recommended. See Appendix 3.5.1

Refer to EMS Policy No. 4101: EMS Response Vehicle Medication and Equipment<sup>18</sup>, for a list and the par levels for the medication and equipment available on EMS response vehicles (ALS and BLS) in San Joaquin County.

Requests for mutual resource should be directed to the MHOAC program, via the WebEOC Resource Request and Deployment Module (RRDM).

## 2.5 Special Considerations

### 2.5.1 Behavioral Health

Given the nature and scope of a pediatric multi-casualty incident, it can be expected that a number of those who witnessed, were injured by, or responded to the event will experience some mental trauma in relation to the incident. Healthcare facilities should be prepared to identify and respond to these issues in their patients, patients' families, and their staff to the best of their ability.

In a large-scale disaster scenario, psychological first aid is an evidence informed approach, whose purpose (according to The American Psychological Association) is to "assess the immediate concerns and needs of an individual in the aftermath of a disaster". Psychological First Aid advocates that mental health clinicians and emergency response workers work to understand the victim's world view, project a sense of calm, normalize feelings and reactions, provide information needed to de-escalate acute distress and provide education to the individual or family regarding "next steps" to take.

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<sup>16</sup> <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000a.pdf>

<sup>17</sup> [https://media.emscimprovement.center/documents/NPRP\\_Checklist\\_Final\\_Apr2021\\_LEqgleE.pdf](https://media.emscimprovement.center/documents/NPRP_Checklist_Final_Apr2021_LEqgleE.pdf)

<sup>18</sup> [https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-4000-providers-and-facilities/4101---ems-vehicle-medication-and-equipment---effective-april-1-2023.pdf?sfvrsn=88905eb8\\_4](https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-4000-providers-and-facilities/4101---ems-vehicle-medication-and-equipment---effective-april-1-2023.pdf?sfvrsn=88905eb8_4)

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

Healthcare coalition organizations can request Psychological First Aid (PFA) assistance for patients and/or family members by contacting the San Joaquin County Behavioral Health Services Crisis Center<sup>19</sup>, any time, at 209-468-8686.

The San Joaquin Area Critical Incident Support Team (SJACIST) is a group of volunteer chaplains and peer support personnel, trained to assist and support victims, their friends and relatives, as well as healthcare workers, during time of crisis and stress. The team is available 24/7, at no cost.

According to the research partners at Nationwide Children's Hospital<sup>20</sup>, approximately 20-40% of children in the United States suffer from clinical post-traumatic stress disorder (PTSD) after acute trauma, including disasters, terrorism and traumatic injuries. Once PTSD has been fully manifested it becomes more difficult to treat. Identifying children that are at high risk of developing PTSD at the time of an incident helps mitigate this risk. A free online psychological triage tool, known as PsySTART<sup>®</sup>, is available to all San Joaquin County based hospitals and ambulance companies. The tool is designed to rapidly assess a child's exposure to psychological trauma, and identify high risk individuals in need of psychological intervention.

See Appendix 3.4 Behavioral Health Resources for more information

### 2.5.2 Decontamination

Decontamination is the removal or reduction of harmful substances from a patient's body. The goal of decontamination is to ensure that a toxic substance, whether chemical, biological or radiological, is no longer in direct contact with the patient. This prevents further absorption by the patient and will decrease the possibility of transfer of the toxic the toxic substance to health care workers.

Patients should be decontaminated in the field prior to transport to the hospital. However, hospital should expect to receive contaminated self-presenting patients. Therefore, all hospitals in San Joaquin County have trained personnel and personal protective equipment (PPE) to enable them to safely and competently decontaminate patients, in accordance with Cal OSHA regulations, [Title 8 §5192\(q\)](#).

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<sup>19</sup> [https://www.sjcbhs.org/crisis\\_intervention.aspx](https://www.sjcbhs.org/crisis_intervention.aspx)

<sup>20</sup> <https://www.nationwidechildrens.org/>

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

### Tips and Suggestions for Decontaminating Children<sup>21</sup>

- Staff helping with decontamination should receive training on the vulnerabilities of children and how to address these.
- Children should be prioritized before adults within the same decontamination priority group.
- Unless strictly contraindicated due to medical needs, families should undergo decontamination together. Children and parents may become upset if separated from family members during decontamination. Keeping children with their parents or caregivers may reduce psychological stress for all family members and decrease the need for additional assistance from responders or health care personnel.
- Children will take more time to disrobe and prepare (emotionally) for the decontamination. Parents may fear that the privacy, safety, and welfare of their children are not protected if they are cared for by responders of the opposite gender. Children of certain ages may become more anxious when asked to disrobe, and it is recommended to have both male and female personnel to assist children. A study sponsored by the HHS revealed that 99% of chemical contamination can be eliminated by carefully removing clothes and wiping skin with a paper towel or dry wipe.
- The risk of adverse consequences of water-based decontamination may be greater in children; warming measures will be necessary. The water temperature should be 98° to 110° F out of tap, and foil/metallic blankets should be used post decontamination for ease of use and disposal.
- Hospital personnel should take care to ensure each child's airway remains open and protected during decontamination.
- Low pressure shower systems should be used to decontaminate children.
- Infants and young children can be slippery when wet and will require a system to ensure their safety (e.g., hand spraying while on a stretcher, in a bassinet, or laundry basket with holes).

### 2.5.3 Evacuation

Refer to the San Joaquin County Hospital Evacuation Plan<sup>22</sup>

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<sup>21</sup> <https://www.aap.org/en/patient-care/disasters-and-children/disaster-management-resources-by-topic/decontamination/>

<sup>22</sup> [https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/preparedness/sjoahospitalevacplan.pdf?sfvrsn=c231d664\\_3](https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/preparedness/sjoahospitalevacplan.pdf?sfvrsn=c231d664_3)

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

### 2.5.4 Infection Control

Hospitals and pre-hospital service providers will follow their internal infection control policies during pediatric surge events.

### 2.5.5 Security

Security will play an integral role in any event requiring the activation of a hospital's family reunification plan. Many of these events could involve increased security risks, such as in the case of an active shooter scenario or terrorist activities. In addition, as families attempt to find their loved ones, crowds will form requiring an increased need for security personnel. As such, it is important to engage the institution's security leadership early in the planning process. At a minimum, the hospital family reunification plan should include the creation of a security leader within its command structure. Hospital security personnel can also assist with coordination of interface between the institution and outside law enforcement. There will need to be a security presence in the Hospital Family Reunification Center (HFRC) and the Pediatric Safe Area (PSA).

## 2.6 Operations – Medical Care

### 2.6.1 Triage

Patients from multi-casualty incidents will be triaged in accordance EMS Policy No. 5210 Major Trauma Triage Criteria.

### 2.6.2 Treatment

The prehospital treatment for patients in the field will be conducted in accordance with EMS Policy Section 5000 Prehospital Care<sup>23</sup>.

The course of treatment for pediatric patients, in a trauma center and/or acute care hospital, will be determined by the attending physician.

## 2.7 Transportation

Pediatric patients from a multi-casualty incident will be transported by Advanced Life Support (ALS) or air ambulance to the appropriate hospital, as directed by the Disaster Control Facility.

Inter-facility transfers will be transported by Basic Life Support (BLS), Advanced Life Support (ALS), Critical Care Transport (CCT), or air ambulance, as determined by the transferring physician.

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<sup>23</sup> <https://www.sigov.org/departments/ems/policies>



## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

The California Patient Movement Plan<sup>24</sup> and the California Perinatal, Neonatal, and Pediatric Surge Annex<sup>25</sup> will be activated, as needed, if a large number of pediatric patients require transportation outside of Mutual Aid Region IV.

### 2.8 Tracking

Pediatric patients from multi-casualty incidents will be tracked by the Disaster Control Facility (DCF) and Patient Transportation Group Supervisor.

Inter-facility transfers will be tracked by the transferring hospital.

### 2.9 Reunification

A list of hospitals that received pediatric patients from a multi-casualty incident will be compiled by MHOAC, or designee, and forwarded to the San Joaquin County Office of Emergency Service (OES) to make available to the public. Each hospital will follow their normal next of kin notification process and active their family reunification plans, as needed, to reunite pediatric patients with a parent or guardian.

The MHOAC, or designee, will work with the impacted school district superintendent and/or the San Joaquin County Officer of Education to assist with the reunification of students involved in a multi-casualty incident.

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<sup>24</sup> [https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan\\_Final-3-6-19.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf)

<sup>25</sup> <https://emsa.ca.gov/wp-content/uploads/sites/71/2022/11/CA-Pediatric-Surge-Annex-9.30.21.pdf>

# San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

## 2.9.1 Hospital Pediatric Patient Next of Kin Notification Process Example

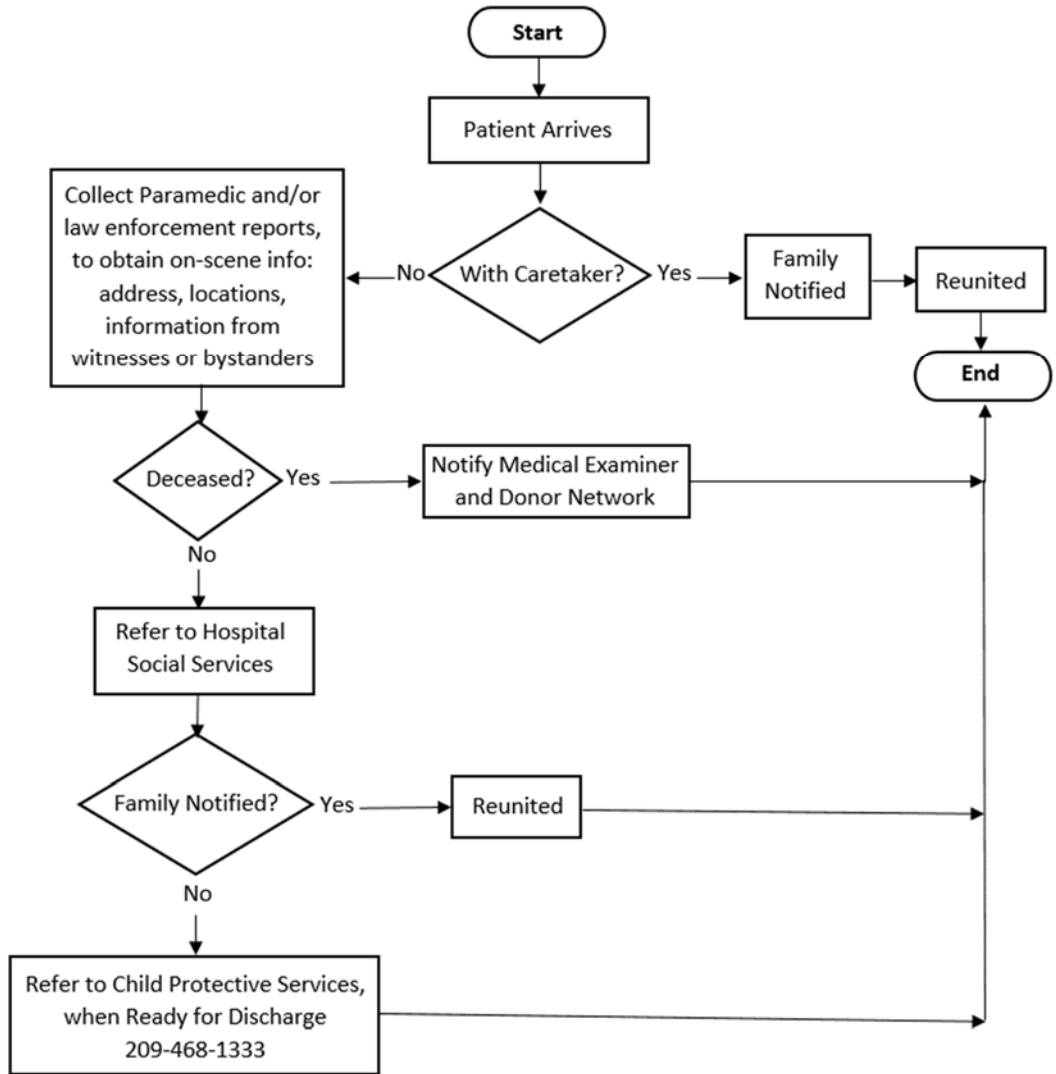


Figure 2.9.1

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

### 2.9.2 Hospital Family Reunification Plan Activation Process Example<sup>26</sup>

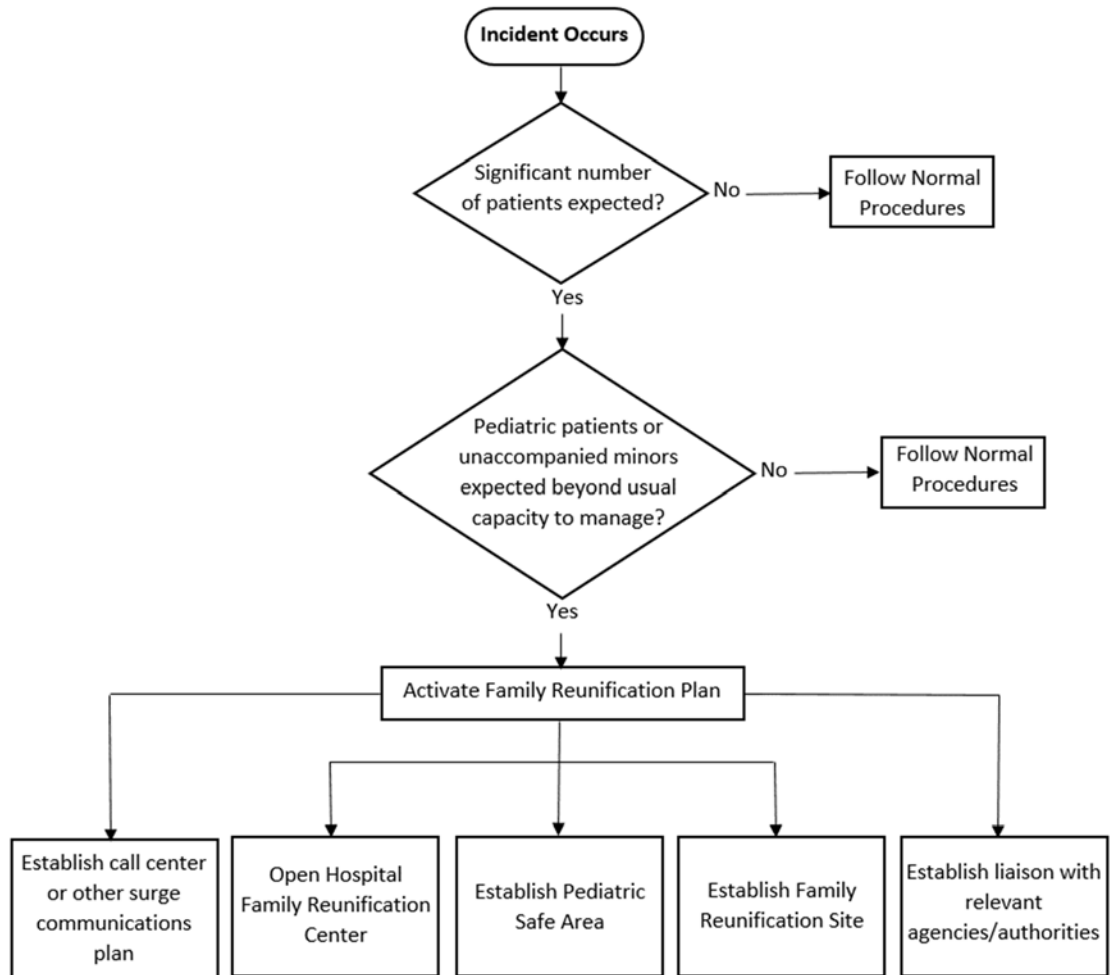


Figure 2.9.2

### 2.10 Deactivation and Recovery

MCI field operations will be terminated by the Medical Branch Director, after all patients have been transported off scene. The Patient Transportation Group Supervisor will notify the Disaster Control Facility (DCF) when the incident has ended. The DCF will end the MCI event in EMResource, which will notify the activated trauma centers and receiving hospitals, that field operations have been terminated. Hospitals will deactivate surge plans once the surge of patients has ended. The MHOAC, or designee, will deactivate once Operational Area and/or Regional coordination is no longer required.

Prehospital, hospital and MHOAC program personnel will conduct incident critiques or hot washes, after the incident, to identify strengths, areas for

<sup>26</sup> American Academy of Pediatrics, Family Reunification Following Disaster: A Planning Tools for Health Care Facilities, Version 1: July 2018

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

improvement, and if needed, corrective actions. Findings will be documented in After Action Reports.

### 3. Appendices

#### 3.1 Training

##### 3.1.1 Pediatric Advanced Life Support (PALS)

<https://elearning.heart.org/>

##### 3.1.2 Open Pediatrics – Training

<https://www.openpediatrics.org/>

- YouTube Channel:

[https://www.youtube.com/channel/UCyQ4ieAnEwDQs9iZLwH9H8w?view\\_as=subscriber](https://www.youtube.com/channel/UCyQ4ieAnEwDQs9iZLwH9H8w?view_as=subscriber)

##### 3.1.3 PEDS Vitals (Mobile Apps)

- App Store

[https://play.google.com/store/apps/details?id=com.aap.vitals.pediatric&hl=en\\_US&gl=US](https://play.google.com/store/apps/details?id=com.aap.vitals.pediatric&hl=en_US&gl=US)

- Google Play

[https://play.google.com/store/apps/details?id=com.aap.vitals.pediatric&hl=en\\_US&gl=US](https://play.google.com/store/apps/details?id=com.aap.vitals.pediatric&hl=en_US&gl=US)

#### 3.2 Pediatric Referral Resources

##### 3.2.1 Pediatric Pandemic Network

<https://pedspandemicnetwork.org/>

#### 3.3 Demographics

##### 3.3.1 KidsData (San Joaquin County Data)

<https://www.kidsdata.org/region/349/san-joaquin-county/summary#6/demographics>

#### 3.4 Behavioral Health Resources

##### 3.4.1 American Psychological Association

###### 3.4.1.1 Psychological First Aid Resources

<https://www.apa.org/practice/programs/dmhi/psychological-first-aid/resources>

##### 3.4.2 Substance Abuse and Mental Health Service Administration (SAMHSA)

<https://www.samhsa.gov/>

## San Joaquin Operational Area Healthcare Coalition Pediatric Surge Annex

3.4.2.1 SAMHSA Disaster Mobile App  
[https://store.samhsa.gov/product/samhsa-disaster?referer=from\\_search\\_result](https://store.samhsa.gov/product/samhsa-disaster?referer=from_search_result)

3.4.3 Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) Mental Health Resources for Children, Families, and Providers  
<https://wrap-em.org/index.php/mentalhealth>

3.4.4 Listen, Protect and Connect: Psychological First Aid for Children and Parents  
[http://ssetprogram.org/\\_static/tsa/uploads/files//pfa\\_parents\\_and\\_children.pdf](http://ssetprogram.org/_static/tsa/uploads/files//pfa_parents_and_children.pdf)

3.4.5 San Joaquin County Behavioral Health Services - Crisis Center  
[https://www.sjcbhs.org/crisis\\_intervention.aspx](https://www.sjcbhs.org/crisis_intervention.aspx)

Primary 24/7 Contact:  
209-468-8686

3.4.6 San Joaquin Area Critical Incident Support Team (SJACIST)  
<http://www.sjacist.com/>

Primary 24/7 Contact:  
209-373-3288

Secondary Contact:  
209-479-1414

3.4.7 PsySTART®  
[www4.psystart.net](http://www4.psystart.net)

Technical Support - 0800-1700 Hours (PST):  
[psystartoperations@gmail.com](mailto:psystartoperations@gmail.com)

24/7 Emergency Contact: (202) 630-5577

Additional Information: Dr. Merritt Schreiber, [m.schreiber@ucla.edu](mailto:m.schreiber@ucla.edu)

3.4.8 American College of Surgeons

Screening and Treating Mental Health Disorders and Substance Use and Misuse in the Acute Trauma Patient best practice guideline  
<https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf>

3.5 Decontamination

3.5.1 Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities

San Joaquin Operational Area  
Healthcare Coalition Pediatric Surge Annex

<https://www.phe.gov/Preparedness/responders/Documents/patient-decon-natl-plng-guide.pdf>

3.5.2 American Academy of Pediatrics – Decontamination: Disaster Management Resources

<https://www.aap.org/en/patient-care/disasters-and-children/disaster-management-resources-by-topic/decontamination/>

3.5.3 The Decontamination of Children - Agency for Healthcare Research and Quality (Video)

<https://www.youtube.com/watch?v=ctt6RJGMV9Y>

3.6 National Pediatric Readiness Project – Emergency Department Toolkit

<https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-toolkit-checklist/>

3.6.1 Pediatric Readiness Emergency Department Checklist

[https://media.emscimprovement.center/documents/NPRP\\_Checklist\\_Final\\_Apr2021\\_LEqgleE.pdf](https://media.emscimprovement.center/documents/NPRP_Checklist_Final_Apr2021_LEqgleE.pdf)