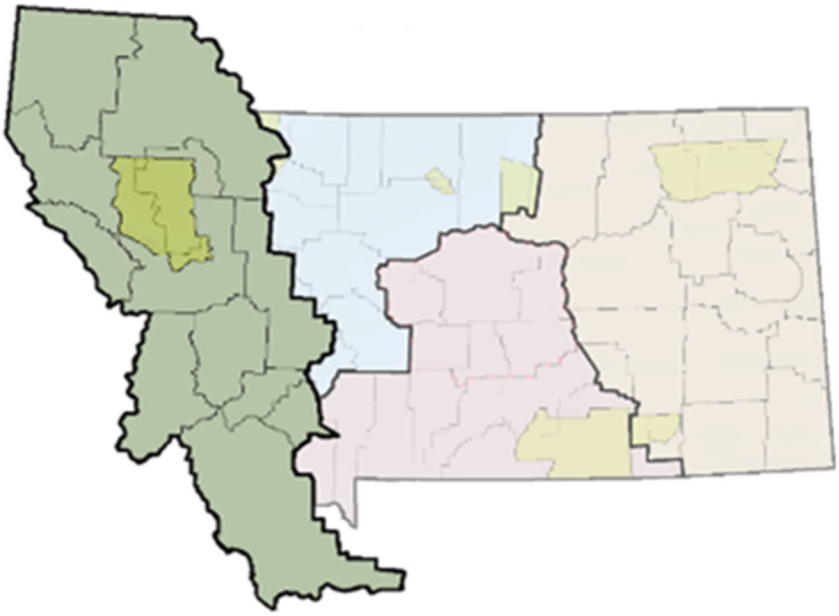
WESTERN MONTANA HEALTH CARE COALITION



PEDIATRIC MASS CASUALTY INCIDENT SURGE ANNEX

June 2025
Version 4.1

PROMULGATION

The Executive Committee of the Western Montana Health Care Coalition supports and provides this planning tool to aid the healthcare communities within the boundaries of the Western Montana Health Care Coalition.

Western Montana Health Care Coalition (WMHCC)
Memo for Record

To: File
From: Gary Zimmerman, Readiness & Response Specialist
Date: June 20, 2025

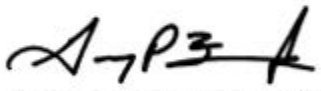
Subject: Executive Committee Approval of the WMHCC Pediatric Mass Casualty Incident Surge Annex

This memorandum serves as official documentation that the Western Montana Health Care Coalition Executive Committee reviewed and approved the **WMHCC Pediatric Mass Casualty Incident Surge Annex** during its regular meeting held on **June 18, 2025**.

The approval was granted by consensus of the Executive Committee members in attendance and is recorded in the official meeting minutes maintained by the Coalition.

This memo serves in lieu of individual member signatures on the plan's promulgation page.

Approved:
Western Montana Health Care Coalition Executive Committee Meeting
Date: June 18, 2025
Reference: Executive Committee Meeting Minutes



Gary Zimmerman, Readiness & Response Specialist
Western Montana Health Care Coalition

RECORD OF CHANGE

Date	Description of Change	Initials

RECORD OF REVIEW

Date	Reviewed by Name & Title	Organization

RECORD OF DISTRIBUTION

Date	Receiving Partner Agency/Organization

TABLE OF CONTENTS

SECTION I: PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

1.1 Purpose

A pediatric mass casualty incident (MCI) is defined as an event where the number of child casualties exceeds the available resources to provide timely and adequate care using routine procedures. This annex applies to a mass casualty event with multiple pediatric patients. It supports the WMHCC 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.

1.2 Scope

This Annex is applicable to all healthcare entities within the Western Montana Health Care 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.

1.3 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.

Health Care Facilities

Any healthcare facility in Montana could encounter a pediatric surge situation. However, not all facilities might have adequate capabilities to provide optimal and safe care for that patient. Facilities should be aware of trauma referral patters. The primary medical provider will determine the need and options for patient transfer if they are presented with significantly impacted pediatric patients.

In this Western Region there are:

- 3 Hospitals
- 10 Critical Access Hospitals
- 2 Tribal/IHS Hospitals
- 1 Veteran's Affairs Hospital
- 1 Children's Specialty Hospital
- 1 Intensive Behavior Center
- 29 Clinics
- 30 EMS
- 12 Long-Term Care Facilities
- 13 Public Health Departments
- Approximately 16 Inpatient Pediatric Beds and 16 Pediatric ICU Beds

1.3.1 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.

1.4 Assumptions

The following are the planning assumptions for the purposes of this framework:

- All facilities within the region have developed their own Pediatric Surge plans.
- All hospitals providing emergency care may receive pediatric patients and should be able to provide initial assessment and stabilization before transferring to a higher level of care.
- Although there are adequately certified healthcare professionals, there are few pediatric and NICU beds within the state of Montana.
- An incident triggering the activation of the WMHCC Pediatric Surge Annex will happen with little or no warning.
- Initially, all local hospitals will follow the facility's organizational protocols when faced with pediatric patients.

SECTION 2: CONCEPT OF OPERATIONS

2.1 Activation Indicators (Triggers)

Activation of this plan will occur upon the request for assistance from any healthcare entity within the region.

The initial response to a pediatric patient surge will be the responsibility of the local EMS and healthcare organizations. These entities will partner with local emergency management agencies, public health, law enforcement, and other response agencies as needed, utilizing all available local resources. Existing protocols for incident command, coordination of resources, and distribution of patients will be adhered to. However, local efforts may quickly become exhausted and require external resources, care, and coordination assistance.

The WMHCC would fulfill a support role during any pediatric surge event. The following steps outline the potential flow of activations and response:

1. Mass casualty incident involving pediatric patients occurs;
2. Local EMS begins notifications, patient triage, and distribution from the incident scene per existing protocols and procedures. Local facilities may notify the WMHCC to assist with coordination and resource sharing as needed;
3. If local response agencies are overwhelmed, the WMHCC may assist in contacting regional and state resources as well as other partners;

4. The WMHCC will work with the facility for situational awareness, existing telemedicine programs, and available patient transfer agencies to help facilitate transfer to appropriate definitive care.

Alternately, if facility resources are overwhelmed, requests are made to the State Emergency Coordination Center (SECC), operated by DES, and to PHEP/HPP through the DPHHS Duty Officer (DO). The WMHCC may be notified through PHEP/HPP of the need for assistance.

2.2 Notification

Notification will be the responsibility of the responding agencies and participating healthcare facilities. The WMHCC will assist with communication and resource needs as requested.

2.3 Roles and Responsibilities

Local organizations and agencies within the impacted jurisdiction will have primary responsibility for response, including initial triage and casualty distribution.

The roles and responsibilities of the responding agencies and participating healthcare facilities will be determined by each individual entity. It is the responsibility of the entities to acquire and provide appropriate education and training. The WMHCC does not have the authority to dictate or recommend roles and responsibilities but will provide education and training related to best practices.

2.4 Logistics

Logistics for space, staff, and supplies are the responsibility of the responding agencies and participating healthcare facilities. The WMHCC will assist with resource needs as able.

2.4.1 SPACE

Each hospital should follow its own protocols for treating, holding, transporting, and transferring care regarding pediatric patients.

2.4.2 STAFF

Facilities are encouraged to utilize Montana Health Care Mutual Aid System (MHMAS) to request trained staff as needed. Facilities are also encouraged to utilize the DPHHS EMS for Children (EMS-C) program as subject matter experts in pediatric care.

2.4.3 SUPPLIES

The WMHCC may assist with facilitating mutual aid to find supplies and resources, including transportation. This may include utilizing EMResource, existing MOUs, volunteer registry, and access to supply vendors to address resource shortages.

2.4.4 TELEMEDICINE

Telemedicine or other telecommunication technology may be utilized when a facility is not able to transfer the pediatric patient to a higher level of care; i.e. bad weather.

2.5 Special Considerations

2.5.1 BEHAVIORAL HEALTH

In coordination with direct medical care, behavioral health care may be necessary to support patients and families impacted by a pediatric surge event. Plans should be enacted early in a pediatric response to address and plan for behavioral health care needs as appropriate. Additionally, due to the impact of treating pediatric patients, plans may be required to support a surge in behavioral health needs of patients, family members, community members, healthcare staff, and employees. Healthcare organizations should work together to facilitate information coordination and standardization of resources provided to address behavioral health concerns based on the incident. Behavioral health response may need to continue long after a response is demobilized.

2.5.2 DECONTAMINATION, EVACUATION, SPECIAL PATHOGENS AND SECURITY

With regard to decontamination, evacuation, special pathogens and security; each agency should follow its own protocols and be apprised of industry best practices.

2.6 Operations – Medical Care

Operations for all responders providing medical care are the responsibility of the health care entity. The WMHCC cannot assume the responsibility of providing guidance and/or protocol for medical care.

2.6.1 TRIAGE

The impacted healthcare organizations will immediately begin triage and treatment according to local protocols. During triage, EMS and primary receiving facilities should consider patient allocation by number of patients, age, and severity priority for pediatric patients. As stated, all hospitals providing emergency care may receive pediatric patients and should be able to provide initial assessment and stabilization before transferring to a higher level of care. Secondary triage of patients to an appropriate center for continued care will be critical. Hospitals may rely on telehealth to assess these patients based on available resources within the facility.

2.6.2 TREATMENT

Treatment of pediatric patients, including how information will be shared and how pediatric care specialty consultation will be obtained by the impacted facilities and responding agencies and their approach to patient care should align with best practice protocols.

2.7 Transportation

Considerations for safe inter-facility transport, including prioritization of stable, unstable, and potentially unstable pediatric patients will be at the discretion of the sending and receiving facilities in concert with the transporting agency.

The decision to transfer a patient to another facility for definitive care is complex, and relies on consideration of a number of factors to determine which patient is transported to which facility, and when.

2.8 Tracking

Healthcare facilities will follow routine and/or disaster protocols for tracking patient movement within their hospital system. More uncommon patient movement, including transfers from a facility to a destination facility outside of the hospital system or state, may occur.

2.9 Reunification

Facilities should utilize existing plans and protocols for providing appropriate patient supervision in a pediatric safe area and hospital family information center/support center.

2.10 Deactivation and Recovery

Triggers for incident conclusion include decreased patient volumes and near-normal levels of hospital staffing and supplies. When these triggers occur, demobilization efforts will be activated at the discretion of participating agencies with all appropriate stand-down measures initiated as needed. The WMHCC will provide guidance and support as able.

SECTION 3: MAINTENANCE & REVIEW

The WMHCC formally reviews all components of this annex annually. 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.

3.1 Training

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

3.2 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.

APPENDICES

Appendix 1: Transfer Agreements

Inpatient facilities should follow established transfer protocols to higher levels of care. The closest pediatric specialty care facilities are listed below and healthcare agencies are encouraged to have transfer agreements in place with at least one organization.

Shodair Children's Hospital, Helena

Logan Health Children's, Hospital, Kalispell

Denver Children's Hospital, Denver

University of Utah Primary Children's Hospital, Salt Lake City

Seattle Children's Hospital, Seattle

Sacred Heart Children's Hospital, Spokane

Children's Hospital Colorado Burn Center

Appendix 2: Resources

- EMSC Pediatric Equipment Toolkit
- ASPR TRACIE - Engage, Calm, Distract – Understanding and Responding to Children in Crisis