

Camp Chaos: A Pediatric Surge Tabletop Exercise

Region 3 Healthcare Coalition Alliance

After-Action Report/Improvement Plan: August 25,
2023

Exercise: July 25, 2023

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	Camp Chaos: Region 3 Healthcare Coalition Alliance Pediatric Surge Tabletop Exercise
Exercise Date	Tuesday, July 25, 2023, 1:00 PM ET
Scope	This in person tabletop exercise was planned for up to 4 hours, to include a 30-minute Hot Wash. Exercise play was limited to Region 3 Healthcare Coalition Alliance members and stakeholders.
Mission Area(s)	Response and Recovery
Hospital Preparedness Program (HPP) Capabilities	<ul style="list-style-type: none"> ● Capability 2: Health Care and Medical Response Coordination ● Capability 4: Medical Surge
Objectives	<ol style="list-style-type: none"> 1. Assess the ability of the Region 3 Healthcare Coalition Alliance region to manage an incident resulting in a pediatric medical surge. 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps. 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident. 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.
Threat or Hazard	Pediatric Mass Casualty Incident
Scenario	A tornado damages a summer camp with multiple pediatric patients.
Sponsor	Region 3 Healthcare Coalition Alliance
Participating Jurisdictions/Organizations	For a full list of registered participants, please see Appendix B .

Point of Contact	<p>Leigh Wilsey Healthcare Coalition Program Manager Northeast Florida Regional Council lwilsey@nefrc.org</p> <p>Ginny Schwartzer, MEP CEO All Clear Emergency Management Group GinnyS@AllClearEMG.com</p>
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ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Table 1: Summary of HPP Capability Performance

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Assess the ability of the Region 3 Healthcare Coalition Alliance region to manage an incident resulting in a pediatric medical surge.	Capability 4: Medical Surge		S		
2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps	Capability 2: Health Care and Medical Response Coordination Capability 4: Medical Surge	P			
3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Capability 4: Medical Surge		S		

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Capability 2: Health Care and Medical Response Coordination		S		

Rating Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

Objective 1: Assess the ability of the Region 3 Healthcare Coalition Alliance region to manage an incident resulting in a pediatric medical surge.

Strengths

This partial capability level can be attributed to the following strengths:

Strength 1.1

The Alliance region is a united group bound together by strong relationships, with good teamwork, coordination and communication. They demonstrate the ability to work well together through lots of practice.

Strength 1.2

Across the State of Florida, there is standardized use of disaster language and processes (triage system and tags, MCI levels, MCI training and education).

Strength 1.3

Florida Division of Emergency Management has a mutual aid agreement, which is utilized daily.

Strength 1.4

The region has a robust incident management team/network, allowing them to quickly ramp up for an incident. Each county can be activated quickly.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1.1

Additional pediatric training could be helpful for agencies to give staff a higher comfort level when working with pediatric patients.

Analysis:

During the exercise, some EMS agencies stated that because they do not see pediatric patients frequently, additional training could be beneficial. All EMS members reported being trained in Prehospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS), Pediatric Advance Life Support (PALS) or Pediatric Education for Prehospital Professionals (PEPP), as well as Critical Care for Pediatrics (CCP).

Recommendation:

- The Alliance should look to provide members with more practice on case-based scenarios, education with real time interactive cases, as opposed to lectures.
- The Alliance should look to provide EMS with pediatric modules (including all didactics) that can be delivered to the stations for hands on experience.
- MCI training courses are required only for officer promotions. Recommend making this training required and expand the audience.
- It was recommended that interested participants join the listserv of the National Pediatric Disaster Coalition (npdcoalition.org) to keep informed about new pediatric resources and tools available.

Area for Improvement 1.2

Many current EMS and Hospital MCI plans do not contain pediatric specific information.

Analysis:

According to the EMS for Children (EMS-C) Medical Director, incorporating pediatrics into MCI planning is a new national performance measure and goal to work towards in the future. Other EMS agencies across Florida have plans that may be helpful to review.

The Florida Department of Health (FL DOH) Healthcare Coalition Plan also contains some helpful information on pediatrics including pediatric safe areas and other statewide resources.

Recommendation:

- Identify MCI plans in Florida that have already incorporated pediatric considerations into them for review and incorporation into the Alliance plans.

Objective 2: Evaluate the pediatric capabilities of the region and coalition members and identify gaps.

Strengths

This full capability level can be attributed to the following strengths:

Strength 2.1

UF Shands would implement census reduction practices, allowing them to accommodate the surge of red and yellow patients. They would coordinate with other local hospitals to determine who could handle the green patients.

Strength 2.2

The region has plentiful modes of medical transport to include rescue units, aircraft and MCI buses.

Strength 2.3

EMS stated they could handle the numbers of patients provided in the exercise and that every EMS unit has pediatric equipment onboard (especially for school-aged children).

Strength 2.4

Law enforcement is assigned to work scene management, keeping parents from arriving to retrieve their children (and potentially into harm's way) and can send them to another location where reunification may occur.

Strength 2.5

The region has many free-standing emergency departments. This helps to free up some space in the big hospitals and allows EMS to get back into action faster for the next call (as they are closer). They have dedicated EMS transport vehicles and patients are delivered to them in some scenarios.

Areas for Improvement

There were no areas for improvement identified for this objective.

Objective 3: Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.

Strengths

This partial capability level can be attributed to the following strengths:

Strength 3.1

The 311 Hotline is available, if needed, to allow the public to call and ask questions.

Strength 3.2

EMS does a great job communicating with hospitals from the scene regarding which patients the hospital can handle.

Strength 3.3

EMS members from different counties have built strong relationships and communication lines.

Strength 3.4

UF Shands has a strong PIO team that can assist with the external messaging components related to the incident. The team has a working relationship with the media and has developed multiple templates to assist with message development to be used to inform the public and family members.

Strength 3.5

UF Shands Care coordinates with EMS across the region. As a result, they can gather situational awareness on the acuity and types of injuries while enroute to the hospital.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 3.1

Need to create a media strategy/plan around how parents should respond to the incident.

Analysis:

Participants discussed the potential ways communication would be managed especially to parents of the children involved. Mass text messaging could be available if the situation was large enough.

Recommendation:

- Additional discussion should take place to create a media strategy and plan for similar incidents.
- Include local camps and schools in the planning process.

Area for Improvement 3.2

Currently no document or system exists that shows real-time how many of each type of patient a hospital could take during an incident.

Analysis:

The current process is for transport officers to call each hospital to determine what type and how many patients could be transported. No system currently exists that shows all hospital bed data in one view or at near real-time for dispatch or EMS in the field to utilize for hospital location determination.

Recommendation:

- Determine if a technology solution could provide the ability to request a bed poll during an incident.

Objective 4: Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.**Strengths**

This partial capability level can be attributed to the following strengths:

Strength 4.1

The region has predetermined locations for reunification centers at city-owned sites.

Strength 4.2

Alliance members understand the space needed within a reunification center to make it successful.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 4.1

Request for additional training on reunification centers.

Analysis:

Participants stated they would like more practice on setting up and running patients through a mock reunification center.

Recommendation:

- Utilize patient cards and actors playing the roles of patients walking through the center. Determine what rooms are needed (include admin and first responder break rooms), then which space will work best for each need, then you can have the reunification center layout all determined ahead of time. This can be either a planning workshop or a full-scale exercise.

Area for Improvement 4.2

Standardized tracking process for patients does not exist across hospital systems.

Analysis:

EMS starts the tracking process on paper then is done electronically on FireComm. Updates on patients are made in this system and hospitals have access to this information if they call for access to the system (however not all have requested access).

Recommendation:

- Identify a patient tracking platform that can be shared between hospital systems, as centralized patient sharing is important. Ready Op is expected to come to the area shortly and has the ability to take pictures of patients at the scene to assist in identification, tracking and reunification processes.

Area for Improvement 4.3

Coordinate with County EOC on family reunification processes.

Analysis:

The County EOC has begun work on the development of a family reunification plan, making this an opportune time to begin planning together and informing the development of their plan.

Recommendation:

- Partner with the County EOC on development of their family reunification plan, including determining the specifics regarding parking, security and access. Follow up with training and exercise on the plan specifics together.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan was developed specifically for Region 3 Healthcare Coalition Alliance based on the results of the TTX which was held on July 25, 2023. The highlighted sections are to be completed by the Region 3 Healthcare Coalition Alliance.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 2: Health Care and Medical Response Coordination	4.1 Request for additional training on reunification centers.	Utilize patient cards and actors playing the roles of patients walking through the center. Determine what rooms are needed (include admin and first responder break rooms), then which space will work best for each need, then you can have the reunification center layout all determined ahead of time. This can be either a planning workshop or a full-scale exercise.	Training/ Exercise	Hospital Partners			
	4.2 Standardized tracking process for patients does not exist across hospital systems.	Identify a patient tracking platform that can be shared between hospital systems, as centralized patient sharing is important. Ready Op is expected to come to the area shortly and has the ability to take pictures of patients at the scene to assist in identification, tracking and reunification processes.	Equipment	HCC, Hospital & EMS Partners			

¹ Planning, Organization, Equipment, Training, or Exercise

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	4.3 Coordinate with County EOC on family reunification processes.	Partner with the County EOC on development of their family reunification plan, including determining the specifics regarding parking, security and access. Follow up with training and exercise on the plan specifics together.	Planning/ Training/ Exercise	Hospital Partners			
Capability 4: Medical Surge	1.1 Additional pediatric training could be helpful for agencies to make staff feel more comfortable working with pediatric patients.	The Alliance should look to provide members with more practice on case-based scenarios, education with real time interactive cases, as opposed to lectures.	Training	HCC			
		The Alliance should look to provide EMS with pediatric training equipment (including all didactics) that can be delivered to the stations for hands on experience.	Equipment	HCC			
		MCI training courses are required only for officer promotions. Recommend making this training required and expand the audience.	Training	EMS			
		It was recommended that interested participants join the listserv of the National Pediatric Disaster Coalition (npdcoalition.org) to keep	Organization	ALL			

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		informed about new pediatric resources and tools available.					
	1.2 Many current EMS and Hospital MCI plans do not contain pediatric specific information.	Identify MCI plans in Florida that have already incorporated pediatric considerations into them for review and incorporation into the Alliance plans.	Planning	HCC			
	3.1 Need to create a media strategy/plan around how parents should respond to the incident.	Additional discussion should take place to create a media strategy and plan for similar incidents. Include local camps and schools in the planning process.	Planning	Emergency Management & Hospital Partners			
	3.2 Currently no document or system exists that shows real-time how many of each type of patient a hospital could take during an incident.	Determine if a technology solution could provide the ability to request a bed poll during an incident.	Equipment	ALL			

APPENDIX B: EXERCISE PARTICIPANTS

Participant Name	Organization
Alli Presnell	UF Health Shands Gainesville (Hospital)
Amy Berger	UF Health Shands Gainesville (Hospital)
Andrew Powell	Florida Department of Health (Public Health)
Anna Michelle Brandt	UF Health Shands Gainesville (Hospital)
Bob Snell	St. Johns County Fire Rescue (EMS)
Brandy Olsen	UF Health Shands Gainesville (Hospital)
Camille Jefferson	UF Health Shands Gainesville (Hospital)
Chante Goode	Baptist Medical Center Clay (Hospital)
Christine Heath	HCA Florida Putnam Hospital (Hospital)
Courtney Connor	Baptist Medical Center Beaches (Hospital)
Dallas Cooke	COJ/JFRD EPD Emergency Management
Daniel Delaney	Baptist Health (Hospital)
Danielle James	UF Health Shands Gainesville (Hospital)
Ebbin Spellman	UF Health Shands Gainesville (Hospital)
Fedelene Camille	UF Health Shands Gainesville (Hospital)
Freda Vaughn	Florida Department of Health (Public Health)
Gavin Butler	St. Johns County Emergency Management
Halle Mitchell	City of Jacksonville (JFRD) EPD, Emergency Management
Irene Alexaitis	UF Health Shands Gainesville (Hospital)
Jacqueline Bennett	UFH Baymeadows (Hospital)
Jass Summer	UF Health Shands Gainesville (Hospital)
Jennifer Cook	Jacksonville Fire and Rescue (EMS)
Jennifer Silvey-Cason	UF Health Jacksonville (Hospital)
Katelyn Perl	UF College of Medicine - Jacksonville
Kathline Hudson	UF Health (Hospital)
Kethon Colbert	HCA Lake City/Putnam Hospital (Hospital)
Kevin Kotsis	Ascension Saint Vincent's (Hospital)
Kimberly Jaimes	UF Health Shands Gainesville (Hospital)
Kynda Hancock	Florida Department of Health (Public Health)
Lakotah Friedman	UF Health Jacksonville (Hospital)

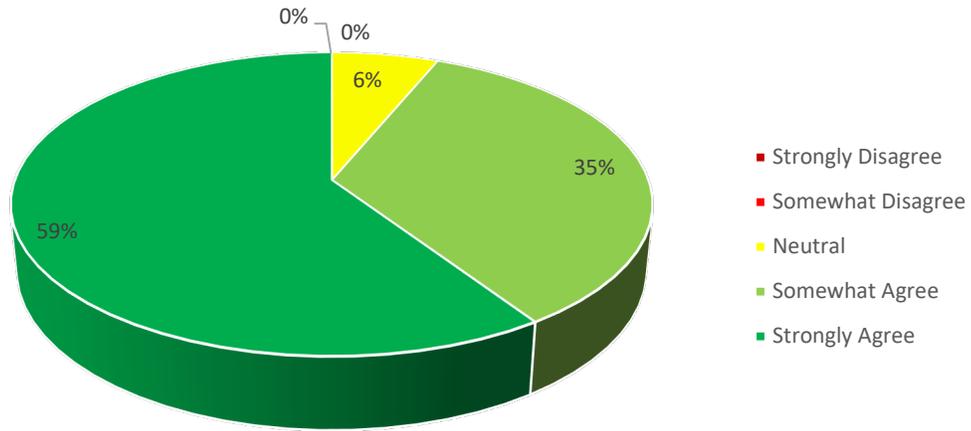
Participant Name	Organization
Libunoa Rommel	UF Health Shands Gainesville (Hospital)
Lisa Nichols	Wolfson Children's Hospital (Hospital)
Phyllis Hendry	University of Florida COM Jacksonville Dept of EM
Rebecca Warner	FDOH (Public Health)
Rochelle Civil	Department of Health in Duval (Public Health)
Sandra Blocker	UF Health Shands Gainesville (Hospital)
Shelby Steadman	UF Health (Hospital)
Suzanne Phillips	UF Health Shands Gainesville (Hospital)
Tiara Davidson	UF Health Jacksonville (Hospital)
Tiffany Rizzo	FDOH (Public Health)
TJ Cooper	UF Health (Hospital)
Cynthia Mapulanga	FDLE (Local public safety agencies)
Tony Hayes	TraumaOne (Hospital/EMS)
Tori Ryan	UF Health Jacksonville (Hospital)
Chelsea Foster	Angels of Care Pediatrics (Home Health)
Rachel Mitchell	Angels of Care Pediatrics (Home Health)
Joshua Saunders	FDEM (Emergency Management)
Erin Wade	Angels of Care Pediatrics (Home Health)
Katy Sawyer	Baptist/Wolfson's (Hospital)
Pam Bergstrom	FDEM (Emergency Management)
Katherine Jones	FDOH (Public Health)
Laurel Barwick	UF Health Shands Gainesville (Hospital)

APPENDIX C: PARTICIPANT FEEDBACK

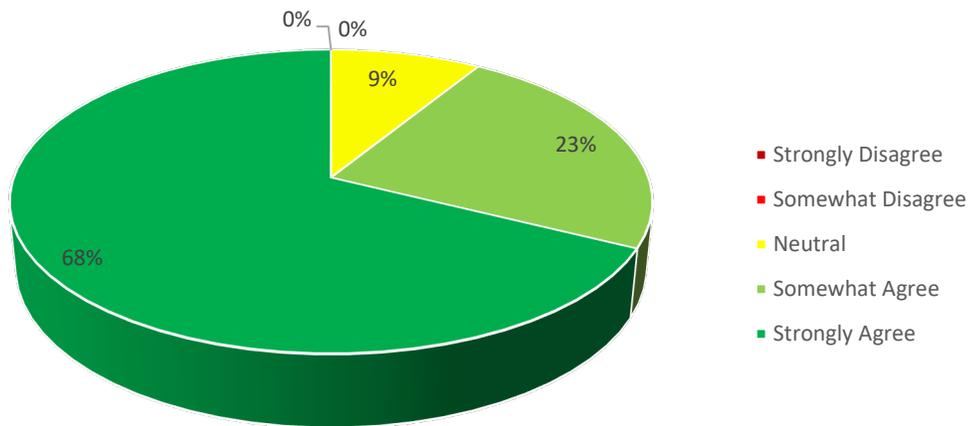
Part I: Exercise Design

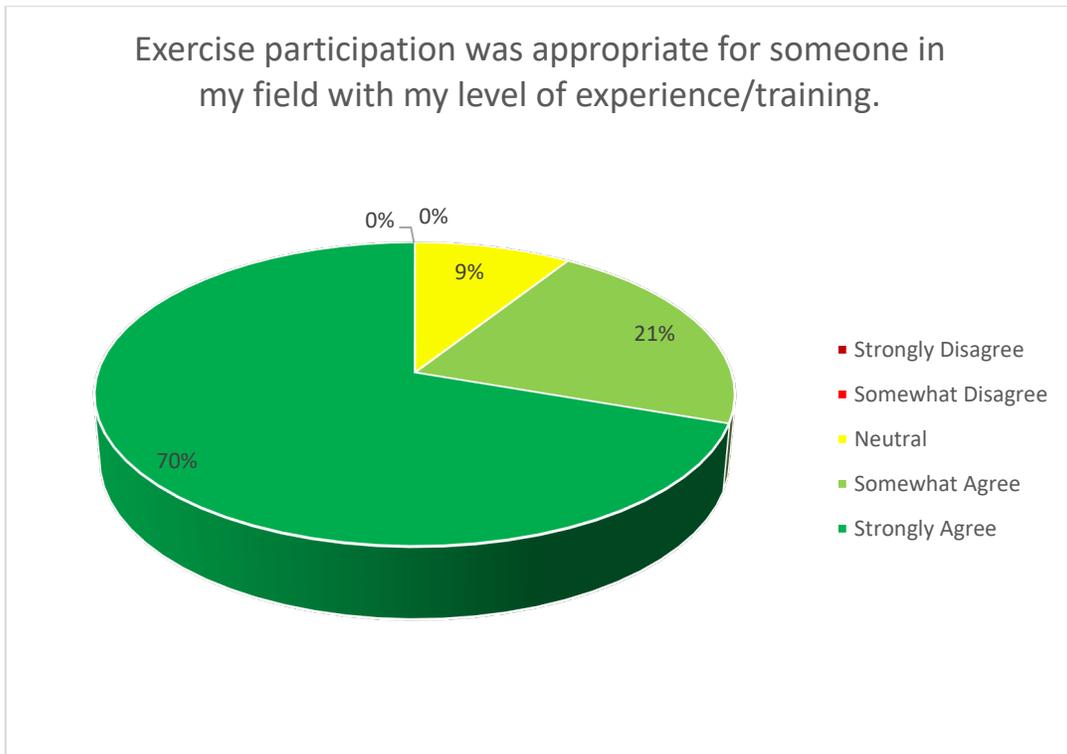
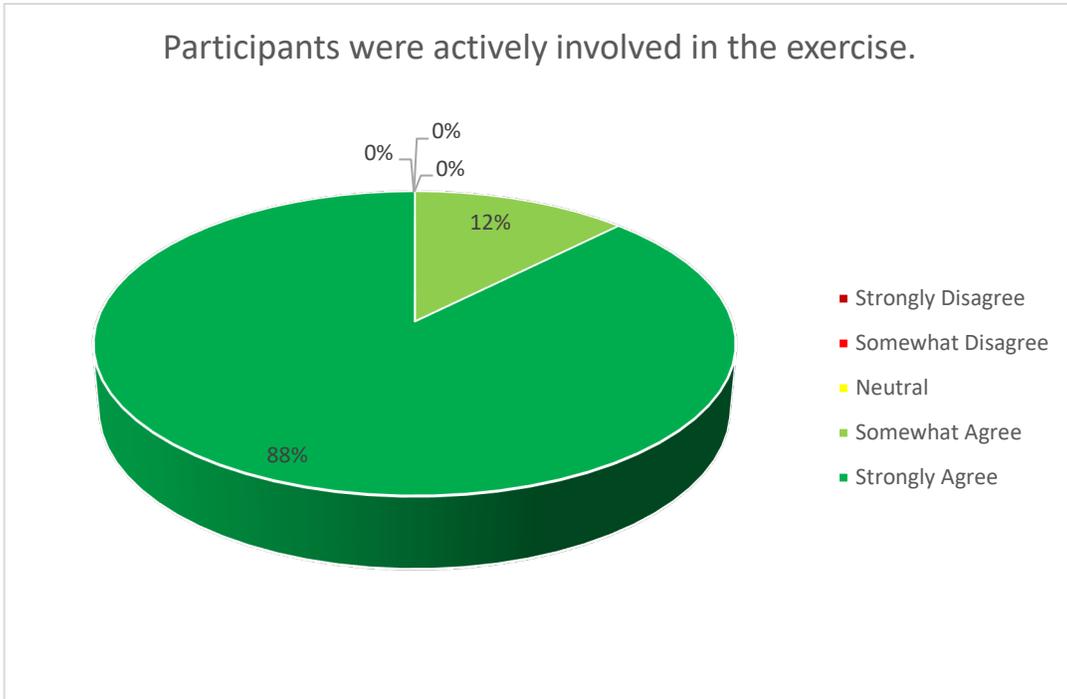
<u>Assessment Factor</u>	Rating of Satisfaction				
	Strongly Disagree 1	Somewhat Disagree 2	Neutral 3	Somewhat Agree 4	Strongly Agree 5
Pre-exercise briefings were informative and provided the necessary information for my role in the exercise.	0	0	2	11	19
Exercise participants included the right people in terms of level and mix of disciplines.	0	0	3	8	21
Participants were actively involved in the exercise.	0	0	0	4	28
Exercise participation was appropriate for someone in my field with my level of experience/training.	0	0	3	7	22
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	0	0	2	9	21
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	0	0	2	9	21
After this exercise, I am better prepared to deal with capabilities and hazards addressed.	0	0	1	14	17

Pre-exercise briefings were informative and provided the necessary information for my role in the exercise.

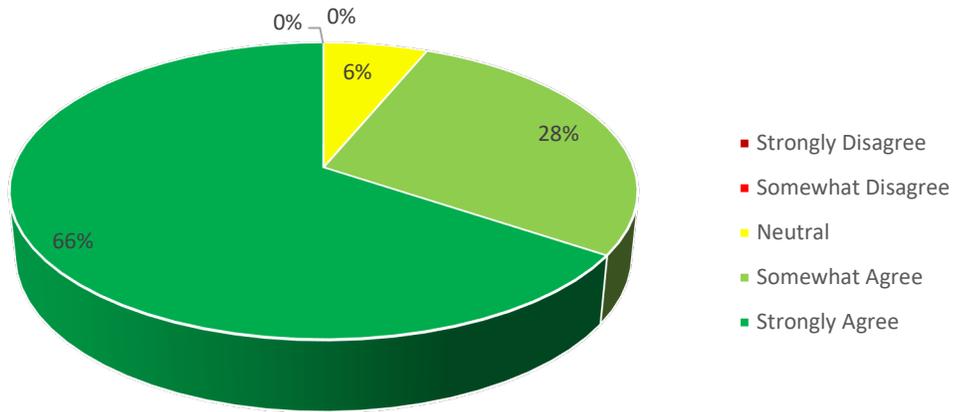


Exercise participants included the right people in terms of level and mix of disciplines.

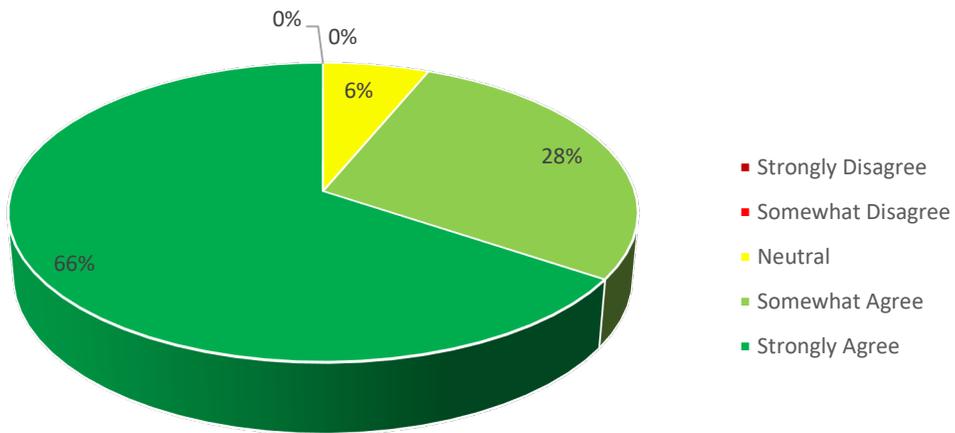


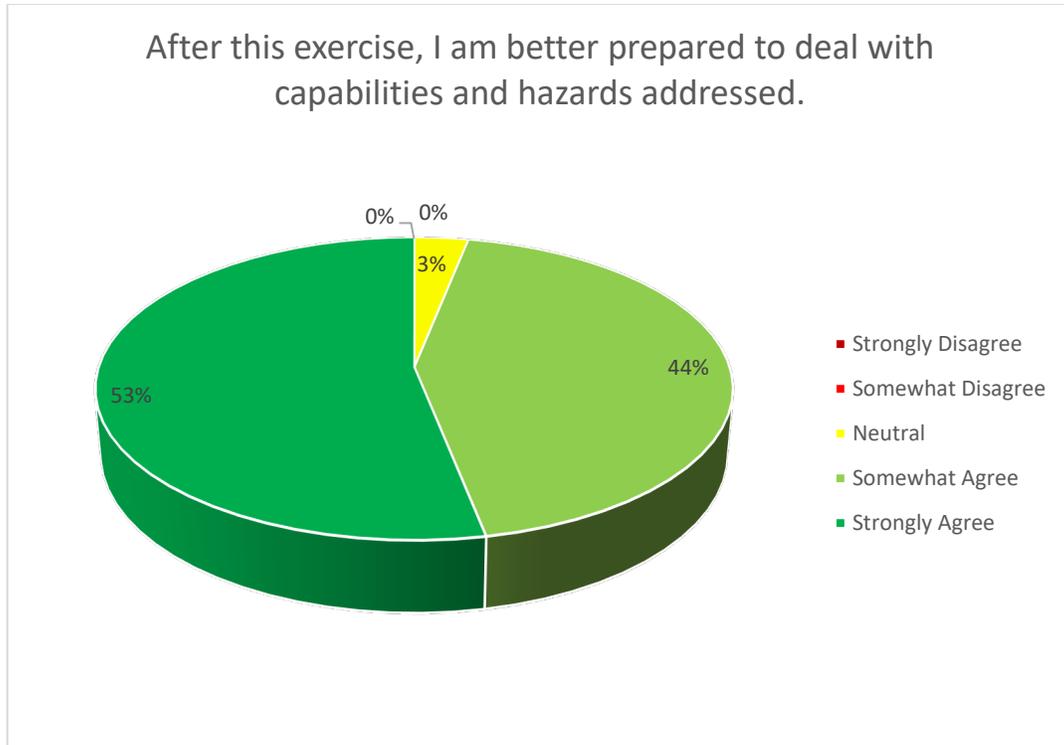


The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.



The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.





- I observed the following STRENGTHS related to each objective being met during this exercise: Indicate the element(s) contributing to the strength by checking the related box.

Strength	Objective	Element
I thought all the steps were thought out well and it was organized well	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Exercise
Lots of resources available were discussed	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Planning
Community Resources	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Organization
Communication	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate	Exercise

Strength	Objective	Element
	critical information during a pediatric surge incident.	
Great region abilities and relationships. Strong HCC.	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Training
Many resources at our fingertips/experience	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Organization
ICS trainings	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Training
Communication	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Equipment
Participant feedback	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Exercise
Resources	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Equipment
Coordination among hospitals and EOC	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Planning
Collaboration among all organizations	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Planning
Great partnership	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Organization
Everyone participated	Objective 1. Assess the ability of the Region 3 Healthcare Coalition	Planning

Strength	Objective	Element
	Alliance to manage an incident resulting in a pediatric medical surge.	
Collaboration	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Planning
Resource rich area	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Equipment
Communication between agencies (hospitals, EMS, EM)	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Planning
Great Conversations and experiences	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Planning
Resources	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Equipment
Communication	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	None
Thorough assessment of situation and potential needs.	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Planning
Capabilities	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	None
Lots of collaboration between agencies.	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Planning

Strength	Objective	Element
Identifying opportunities	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
We have many resources and have made plans for these events	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Planning
Basic plans in place, with only minor needs for improvement	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Plans in place to meet pediatric surge needs clinically	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Planning

Other Comments
Thank you.
Communication between counties. Same terminology. City of Jax EM notifications.
Good baseline conversation for me. Had limited knowledge of the areas resources prior to today so this helped me better understand Florida resources.
Great class.

2. I observed the following AREAS OF IMPROVEMENT related to each objective being met during this exercise: Indicate the element(s) contributing to the area of improvement by checking the related box.

Area for Improvement	Objective	Element
I am brand new to EM and I would have liked basic acronyms and words defined to a very basic level	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Exercise
Family reunification is not coordinated well yet	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to	Organization

Area for Improvement	Objective	Element
	coordinate reunification of affected children and their guardians.	
Patient tracking	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Reunification	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Patient tracking	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Reunification Process	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Training
Patient tracking	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Training
More exercises	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Exercise
Moves fast	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Exercise
Patient tracking	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Planning
Patient tracking	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance	Planning

Area for Improvement	Objective	Element
	members' ability to communicate critical information during a pediatric surge incident.	
Patient tracking and reunification between hospitals	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Open up to wider community	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Organization
Better plan in place for parent communication	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Patient tracking	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Organization
Training	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	Training
Patient tracking	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Organization
Education	Objective 1. Assess the ability of the Region 3 Healthcare Coalition Alliance to manage an incident resulting in a pediatric medical surge.	None
Reunification	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Patient tracking	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to	Planning

Area for Improvement	Objective	Element
	coordinate reunification of affected children and their guardians.	
Reunification	Objective 4. Evaluate the ability of members of the Region 3 Healthcare Coalition Alliance region to coordinate reunification of affected children and their guardians.	Planning
Reunification	Objective 3. Evaluate the Region 3 Healthcare Coalition Alliance members' ability to communicate critical information during a pediatric surge incident.	Planning
Reunification	Objective 2. Evaluate the pediatric capabilities of the region and coalition members and identify gaps.	Planning

Other Comments
Overall was good. Got to the point and wasn't too long but met goals.
Sounds like more work to be done in organizing a true family reunification system for the region.
Much needed patient tracking system for family reunification.
There needs to be a known phone number or resource for parents or loved ones to know where their loved one is. In any traumatic experience, knowing what to do is always peaceful.
Excellent training. Hope it helps with regional planning and capabilities.
Thank you!

APPENDIX D: ACRONYMS

Acronym	Term
AAR/IP	After-Action Report/Improvement Plan
EMS	Emergency Medical Services
EMS-C	EMS for Children
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FL DOH	Florida Department of Health
ICS	Incident Command System
ITLS	International Trauma Life Support
MCI	Mass Casualty Incident
PALS	Pediatric Advance Life Support
PEPP	Pediatric Education for Prehospital Providers
PHEP	Public Health Emergency Preparedness
PHTLS	Prehospital Trauma Life Support
PIO	Public Information Officer
SitMan	Situation Manual
TTX	Tabletop Exercise
UF	University of Florida