PAEDIATRIC ANNEX to AUSTRAUMAPLAN

1 INTRODUCTION

1.1 The *Paediatric Annex* is Annex B of AUSTRAUMAPLAN (the *Domestic Response Plan for Mass Casualty Incidents of National Consequence*) and as such should be read in conjunction with that plan, as well as Annex A, the *Severe Burn Injury Annex* and Annex C, the *Criminal and Terrorism Incident Annex.*

1.2 The primary responsibility for managing the impacts of Mass Casualty Incidents (MCI) within their respective state and territory lies with the state and territory governments. If an MCI overwhelms state or territory health resources it may transition into a Mass Casualty Incident of National Consequence (MCINC). A MCINC is defined as a MCI that requires consideration of national level policy, strategy and public messaging or inter-state and/or territory assistance. AUSTRAUMAPLAN will operate when a MCINC occurs.

1.3 AUSTRAUMAPLAN acknowledges that major trauma injuries may occur as a result of a MCINC. The coordinated national response to management of paediatric casualties resulting from a MCINC requires specific considerations, as outlined in this Annex. These considerations will enable the provision of optimal care to affected individuals and their families, as well as to minimise the impact on children in the community and the wider health system.

1.4 For the purposes of this document, the term 'Paediatric casualty' refers to an infant, child or adolescent who seeks or requires medical care following a MCINC. Decisions regarding management of casualties as either 'paediatric' or 'adult', require consideration of the needs and preferences of the individuals, as well as the demands on, and capabilities of the affected health system. Classification of casualty type can be scaled in order to increase surge capacity. [1]

1.5 Where appropriate, children should be cared for as close to home as possible. Ideally children should be treated in the same hospital as their parents/guardians where an appropriate level of care can be provided outside of a tertiary facility.[2]

[1] M Hill, M Pawsey, A Culter, J Holt & S Goldfeld (2011). "Consensus standards for the care of children and adolescents in Australian health services." The Medical Journal of Australia 194(2): 78-82.

[2] AWCH (1999). "Health Care Policy Relating to Children and Their Families."

2 AIM

2.1 The aim of the *Paediatric Annex* is to detail the special considerations in the national planning, preparedness, response and recovery arrangements when AUSTRAUMAPLAN is implemented in response to a mass casualty incident involving a significant number of paediatric casualties.

3 SCOPE

3.1 The scope of the *Paediatric Annex* of AUSTRAUMAPLAN is to outline the strategies to be implemented when national coordination of a MCINC with significant paediatric casualties is required within Australia or overseas, when the incident affects Australian interests, Australian
nationals or other designated persons.

3.2 This Annex is intended to be activated in conjunction with AUSTRAUMAPLAN.

4 ACTIVATION OF THE ANNEX

4.1 Activation Authority

4.1.1 Authority to activate and stand down AUSTRAUMAPLAN, and the *Paediatric Annex*, rests with the Chair of the Australian Health Protection Principal Committee (AHPPC) (or nominated delegate).

4.2 Triggers

4.2.1 Key triggers for use of the *Paediatric Annex* under the AUSTRAUMAPLAN may include:

- the occurrence of a domestic MCI resulting in a significant number of paediatric casualties;
- a request by an affected jurisdiction for assistance to manage paediatric casualties of the MCI; and/or
- other circumstances as deemed necessary by the AHPPC.

4.2.2 It is worth noting that a state or territory's capacity may be overwhelmed by an incident that involves a lesser number of paediatric casualties than an incident primarily involving adult casualties.

4.2.3 Other Annexes of AUSTRAUMAPLAN, such as the *Severe Burn Injury Annex*, may be activated as required.

4.3 Execution

4.3.1 As detailed under section 4.3 of AUSTRAUMAPLAN.

4.3.2 The AHPPC will co-opt relevant clinicians and/or specialist paediatric advisers as required.

4.4 Linkages to National Level Plans

4.4.1 The *Paediatric Annex*, as Annex B of AUSTRAUMAPLAN, operates under the auspices of the National Health Emergency Response Arrangements (NatHealth Arrangements) 2009.

5 PREVENTION

5.1 Prevention of a MCINC involving paediatric casualties is not within the scope of this Annex.

6 PREPAREDNESS

6.1 Preparedness

6.1.1 As outlined at clause 7.2 of AUSTRAUMAPLAN, the majority of preparedness activities for MCIs, including those involving significant paediatric casualties, lie with the respective state and/or territory. These activities should include specific planning and preparedness training to respond to such an incident. Additional activities specific to the *Paediatric Annex* include:

- Collation and maintenance of state and territory assets and facility registers, including: paediatric beds; Paediatric Intensive Care Unit (PICU); Neonatal Intensive Care Unit (NICU); burns; aeromedical services; surgical and anaesthetic capability; and surge capacity;
- Maintenance of deployable state and territory and Commonwealth assets, specifically paediatric assets;
- Promotion of paediatric specific MCI plans including those for hospitals; for non-physically injured, but displaced minors, who may or may not be identifiable; and for management of the deceased;
- The conduct of regular training and exercises on the health aspects of MCIs involving paediatric casualties disproportionate to the population;
- Consideration of a paediatric appropriate mass triage tool to be used in a MCINC;
- Maintenance of relationships with agencies relevant to a MCI including statutory children's service providers and retrieval services;
- Ensuring familiarisation with specific multi-jurisdictional arrangements for reunification of children with their families and frameworks for discharge of children with family members if legal guardians cannot be located; and
- Ensure familiarisation with paediatric specific credentialing requirements and ensure these are met if medical personnel are required to deploy across jurisdictions.

7 RESPONSE

7.1 Paediatric Annex Readiness Phases and Activation

7.1.1 AUSTRAUMAPLAN Section 5 outlines the actions of the readiness and activation phases. Actions to complement those in AUSTRAUMAPLAN relating specifically to a MCI resulting in significant paediatric casualties are as follows:

STANDBY PHASE

*As per AUSTRAUMAPLAN with specific reference to paediatric needs and response capabilities

- National Incident Room (NIR) alerts of a potential or confirmed Mass Casualty Incident (MCI) in which the number of paediatric casualties is known or expected to be significant
- AHPPC to co-opt specialist paediatric adviser/s as appropriate

RESPONSE PHASE

* As per AUSTRAUMAPLAN with specific reference to paediatric needs and response capabilities

Response is divided into an initial surge phase, where jurisdictions will deal with an acute increase in demand, followed by a redistribution phase, where national and other state and territory assistance is required.

Considerations during the surge phase include:

- Use of a consistent paediatric appropriate primary triage tool across jurisdictions
- Provision of health care providers with paediatric expertise

Considerations during the redistribution phase include:

- Coordination of arrangements, including bed availability, workforce sustainability and specialist facilities.In a large scale paediatric incident, the response may benefit from an additional medical assistance team with paediatric module
- Coordination of secondary aero-medical transport from the affected state or territory or overseas to other paediatric centres
- Minimisation of separation of parents/guardians and children where possible by providing treatment in the same facility

STANDDOWN PHASE

*As per AUSTRAUMAPLAN with specific reference to paediatric needs and response capabilities

- Facilitation of ongoing health recovery processes to reconstruct the psycho-social and health components of the casualties and their families, as well as health care workers, first responders and the wider community

8 RECOVERY

8.1 Recovery following MCI is covered in AUSTRAUMAPLAN, clause 7.3.1.

8.2 Specific activities that need to be considered include psycho-social support for significant emotive reactions of the community, to injuries of paediatric casualties and fatalities.

9 MEDIA MANAGEMENT

9.1 Media management is covered in AUSTRAUMAPLAN clause 8.1.

9.2 The Australian Government and the governments of the states and territories will coordinate release of public information on the MCINC with significant paediatric casualties. Media releases will aim to reduce the potential for mixed messages and to ensure a common, national message to victims, their families and the general public.

10 ROLES AND RESPONSIBILITIES BY AGENCY

10.1 Australian Government

10.1.1 Appendix 1 of AUSTRAUMAPLAN summarises the potential roles and responsibilities of committees, agencies and other bodies during each stage of the plan's activation. The following table summarises responsibilities of committees and agencies specific to AUSTRAUMAPLAN activation in response to an MCINC with significant paediatric casualties.

10.1.2 All activities undertaken by committees and agencies and other bodies during each stage of activation should be conducted in accordance with specific protocols for privacy and consent in relation to minors.

Committees	Title	Role
Australian Health Protection Principal Committee	AHPPC	As per AUSTRAUMAPLAN Provide high level strategic and clinical advice on health and medical requirements and capabilities, and on coordination of national health response to a MCINC involving paediatric casualties. Advice on the requirements in regard to hospital beds, specialised equipment, paediatricians, paediatric emergency physicians, paediatric surgeons and other paediatric workforce, critical care management and operating suite availability.
National Mental Health Disaster Response Committee	NMHDRC	Provide advice and national coordination of a mental health response, with a particular focus on paediatric mental health services, as part of the recovery process.
Australian Medical Transport Coordination Group	AMTCG	Plan for and coordinate medical transport in response to a mass casualty event for the best possible patient outcomes, and engage with private providers to ensure air assets are available when needed.

Agency	Title	Role
Department of Social Services	DSS	Participate in the Australian Government Disaster Recovery Committee (AGDRC) and in partnership with other government and non-government organisations, support communities and families to resume their economic and social participation.
Department of Education	DoE	Provide assistance under Section 9 ('Media Management'), as appropriate and necessary, to support consistent and effective communication to early childhood service providers and school authorities. Within the recovery phase, provision of short term emergency assistance and student welfare support services could be made available to support schools, students and families.
Department of Immigration and Border Protection	DIBP	Provide advice on matters relating to immigration issues. Assist with the identification of clients and reissuing of documentation. Assist with the issuing of visas to facilitate the arrival of parents/guardians of paediatric casualties.
Department of Foreign Affairs and Trade	DFAT	Coordinate advice and briefings to foreign diplomatic missions and consular posts in Australia regarding the MCINC. Enable the fulfilment of Australia's obligations as a host state under the Vienna Convention on Consular Relations. Facilitate briefing to Australian missions overseas to brief foreign governments on the MCINC as required.
Department of Human Services	DHS	Deliver Department of Human Services, Australian Government and state or territory jurisdictional payments and services, including income support payments, disaster payments and child support services. Deploy teams of social workers to provide personal support and counselling services to victims and the families of victims. Activate National Emergency Call Centre Surge Capability where other call centre facilities are unable to meet demand.

10.2 **State and Territory Agencies**

Agency	Title	Role
State and territory Health Departments		Advise on clinical management of paediatric casualties resulting from a MCI. Maintain awareness of the availability of paediatric medical services including hospital beds, specialised equipment, paediatricians and other paediatric workforce, critical care management and operating suite – both in routine circumstances and with surge capacity.
Ambulance Services		Provide initial paediatric specific triage, treatment and transportation of patients, take measures to reduce the likelihood of parent-child separation, and provide clear documentation where this has occurred to assist in re-unification.
State and territory Police		Assist in the protection of vulnerable groups, including unaccompanied children.
State and territory Children's Services Providers		Organise crisis accommodation and care for displaced children.

11 PLAN TESTING

11.1 The AUSTRAUMAPLAN *Paediatric Annex* should be tested every two years either via inclusion in a national exercise and/or inclusion in AHPPC exercises and drills.

12 PLAN REVIEW

12.1 The *Paediatric Annex* must be reviewed every five years based on exercise outcomes, review of operations and events that require the plan to be implemented.

Appendix 1

RESOURCES:

Web pages:

"Paediatric Disaster Resource and Training Center." Retrieved 10 September, 2013, from http://www.chladisastercenter.org/.

Journal Articles:

Adirim, T. (2009). "Protecting Children During Disasters: The Federal View." Clinical Pediatric Emergency Medicine 10(3): 164-172.

Kristin Lyle, T. T. J. G. (2009). "Pediatric Mass Casualty: Triage and Planning for the Prehospital Provider." Clinical Pediatric Emergency Medicine 10(3): 123-125.

Wallis, L. A. (2006). "Comparison of paediatric major incident primary triage tools." Emergency Medicine Journal 23(6): 475-478.

Weiner, D. (2009). "Lessons Learned From Disasters Affecting Children." Clinical Pediatric Emergency Medicine 10(3): 149-152.

Government Documents:

CBPPPediatricTaskForce (2006). Hospital Guidelines for Pediatrics in Disasters. T. N. Y. D. o. Health.