

# Pediatric Triage and Transport In Mass Casualty Events

Pediatric Disaster Coalition

New York City Department of Health and Mental Hygiene

Citywide Conference on Children in Disasters

Baruch College, City University of New York

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# PDC Recommendations



*Note: These recommendations apply ONLY to triage and transport in MCEs!*

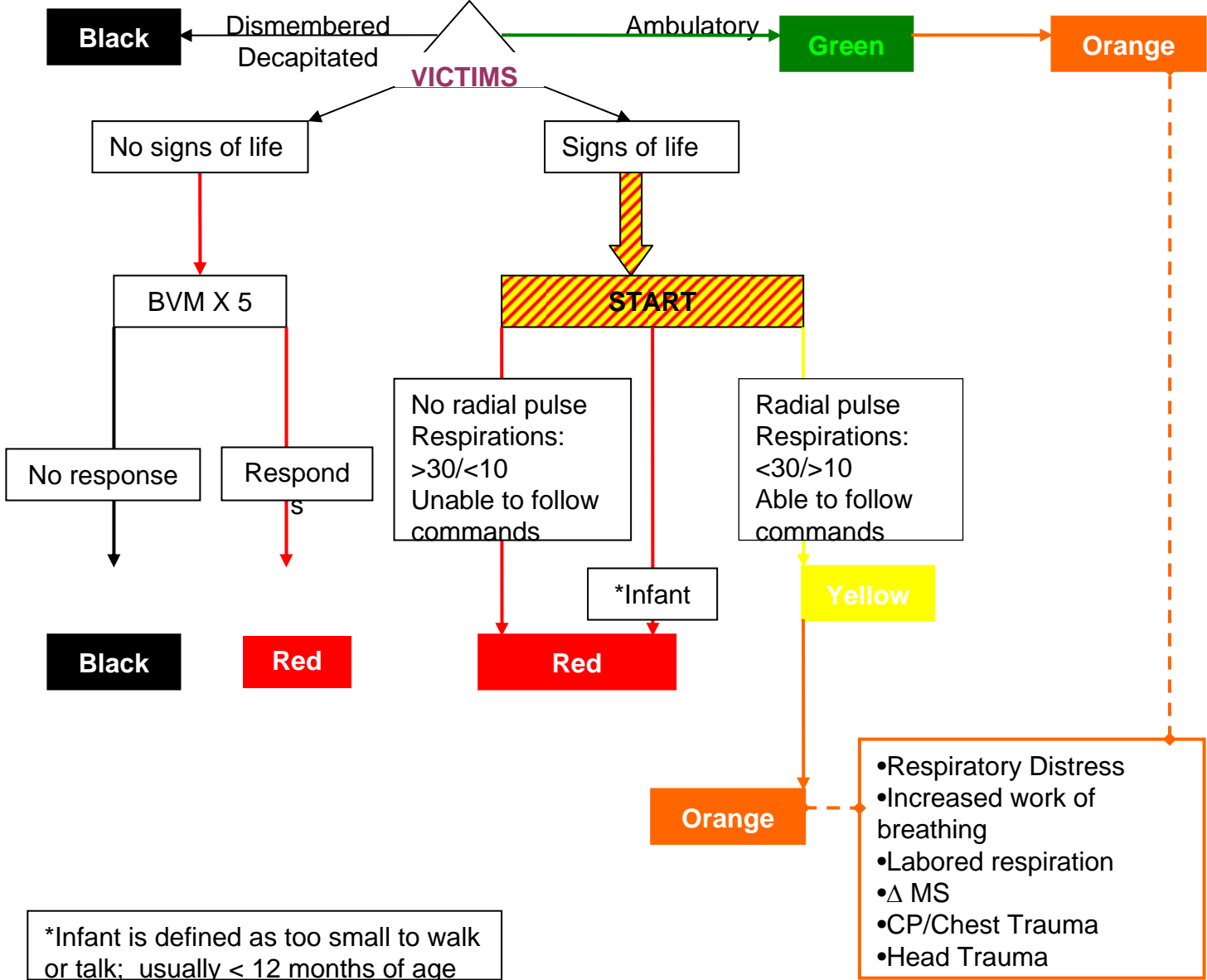
# PDC Recommends (1)

Apply pediatric specific field triage criteria  
in mass casualty events (MCEs)  
*(when possible and appropriate)*

# START Triage Grid Modified for Children

MCE Pediatric Triage Category	Hazardous SAR Area (HAZMAT/USAR Technicians)	Safe SAR Area OR Safe CCP Area (CFRs/EMTs/Paramedics)
Dead/Expectant (Black)	Decapitation, OR multiple or severe dismemberment with NO signs of life	NON-ambulatory, P + R absent, <b>NO response to 5 BVM breaths</b>
Immediate (Red)	NON-ambulatory, WITH signs of life present <b>or absent</b>  <b>("You're not dead until you're ventilated and STILL dead!")</b>	NON-ambulatory, P ± R present, WITH: <ul style="list-style-type: none"> <li>•Respiratory rate &gt; 30 or &lt; 10, <b>and if 0, DOES respond to 5 BVM breaths</b>, OR</li> <li>•UNable to follow simple commands, <b>OR</b></li> <li>•<b>Infant &lt; 12 mo</b></li> </ul>
Delayed (Yellow)	None	NON-ambulatory, P + R present, WITH: <ul style="list-style-type: none"> <li>•Respiratory rate &lt; 30 and &gt; 10, AND</li> <li>•ABLE to follow simple commands</li> </ul>
Minor (Green)	AMBULATORY + breathing or crying	AMBULATORY, P + R present, WITH: <ul style="list-style-type: none"> <li>•Respiratory rate &lt; 30 and &gt; 10, AND</li> <li>•ABLE to follow simple commands</li> </ul>
Urgent (Orange)	None	Child initially tagged Delayed (Yellow) OR Minor (Green) who later exhibits signs of: <ul style="list-style-type: none"> <li>•Respiratory distress or failure, OR</li> <li>•Altered mental status, OR</li> <li>•Major injury to torso or head</li> </ul>

# Pediatric Triage Proposal 8/04/09



\*Infant is defined as too small to walk or talk; usually < 12 months of age

## PDC Recommends (2)

Implement expedited procedures for rapid evacuation of pediatric patients in mass casualty events (MCEs)  
*(when possible and appropriate)*

## PDC Recommends (3)

Facilitate primary transport of pediatric patients to pediatric disaster receiving hospitals (PDRHs)

*(when possible and appropriate)*

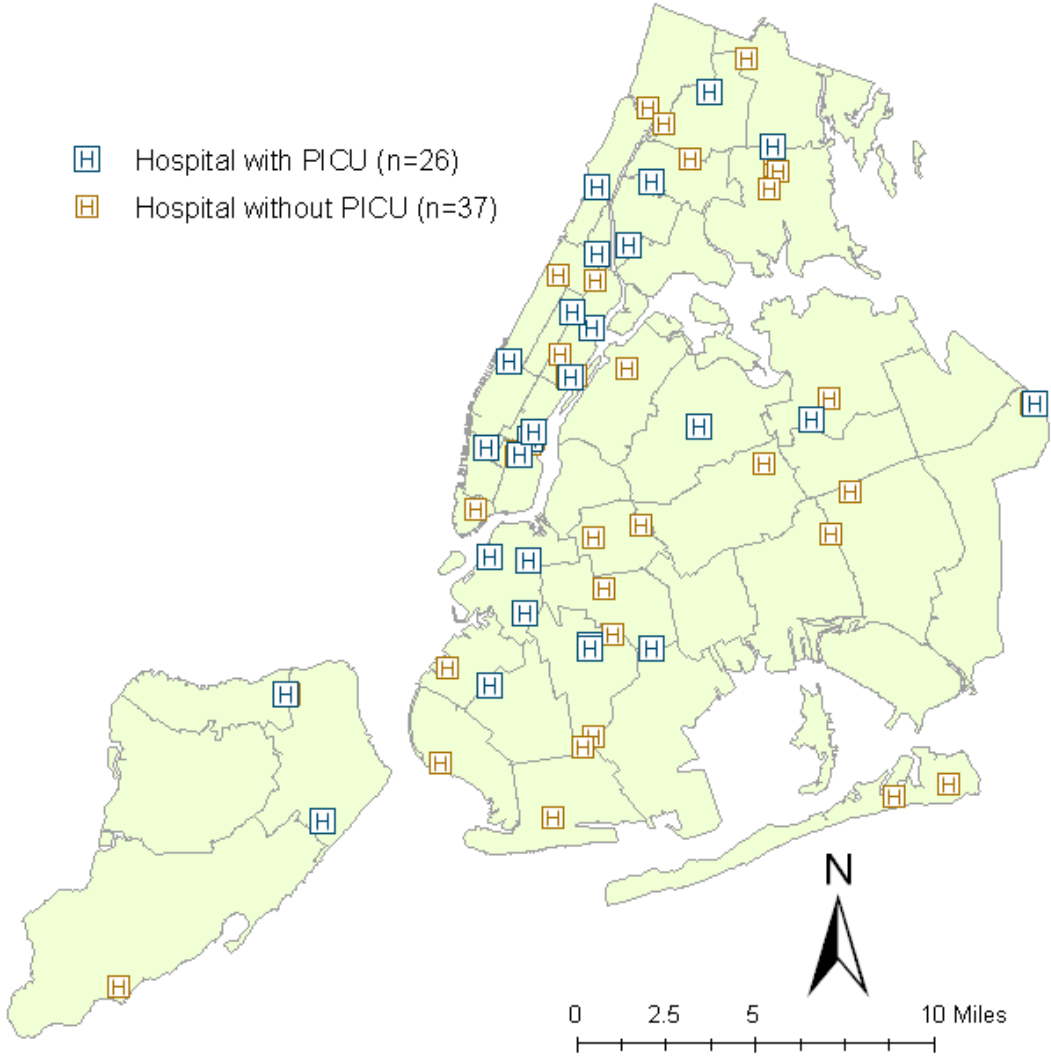
# Tier 1 - Pediatric Hospital (+ PICU)

- Intended to receive *red*, *orange*, *yellow* patients
  - Committed to subspecialty pediatric care
  - Pediatric surgical service
  - Pediatric intensive care unit
  - Pediatric emergency service
  - Comprehensive pediatric subspecialty support
  - Anesthesiology, neurosurgery, orthopaedic surgery with experience in management of children

# Tier 2 - Pediatric Hospital (- PICU)





- Intended to receive *green* patients
  - Committed to general pediatric care
  - Pediatric surgical consultants
  - Pediatric resuscitation capable ED
  - Pediatric transfer agreement

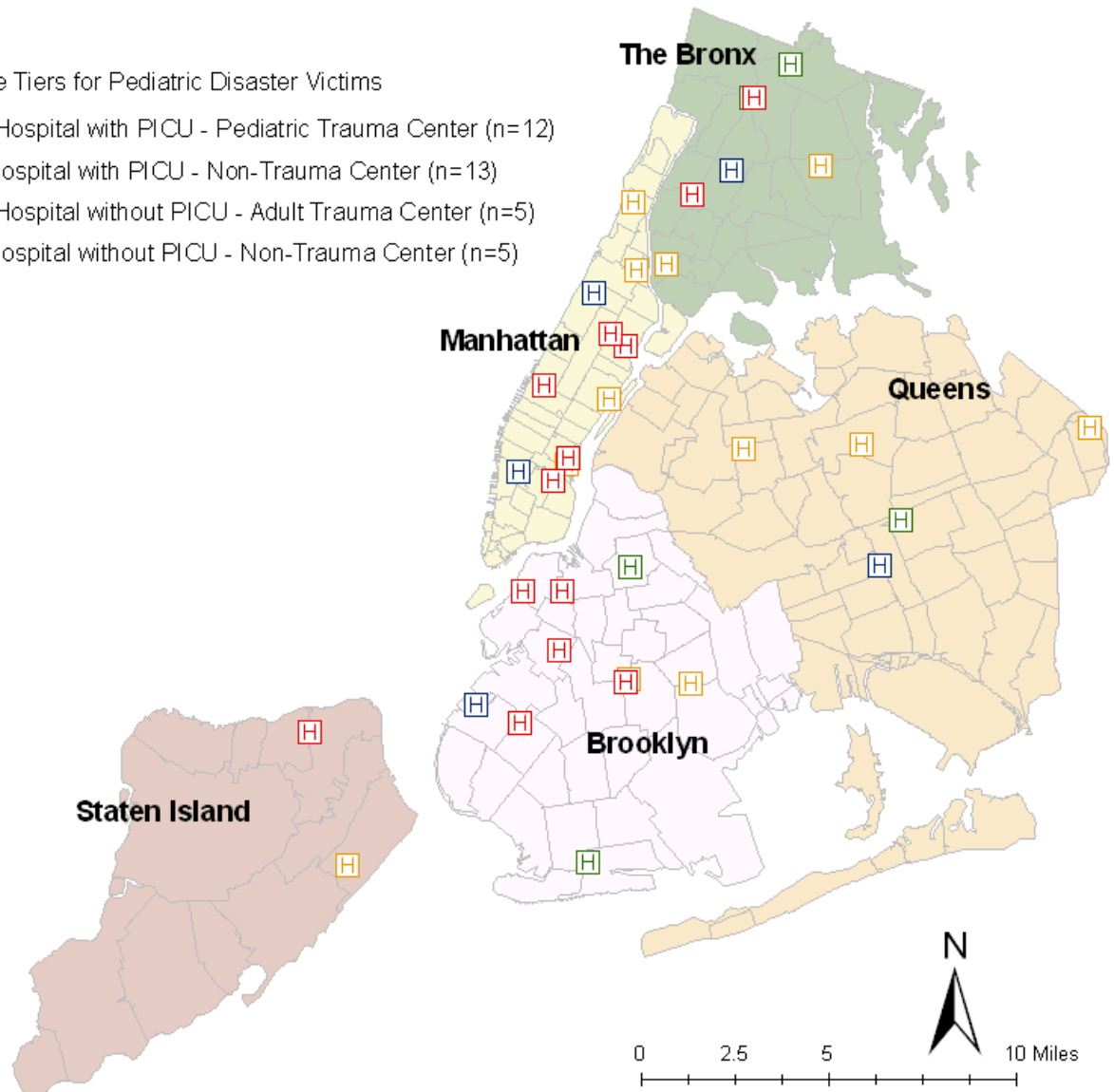
# New York City Hospitals (n=63)



# New York City Pediatric Hospitals (n = 35)





Proposed Hospital Triage Tiers for Pediatric Disaster Victims

-  Tier 1\*: Pediatric Hospital with PICU - Pediatric Trauma Center (n=12)
-  Tier 1: Pediatric Hospital with PICU - Non-Trauma Center (n=13)
-  Tier 2\*: Pediatric Hospital without PICU - Adult Trauma Center (n=5)
-  Tier 2: Pediatric Hospital without PICU - Non-Trauma Center (n=5)

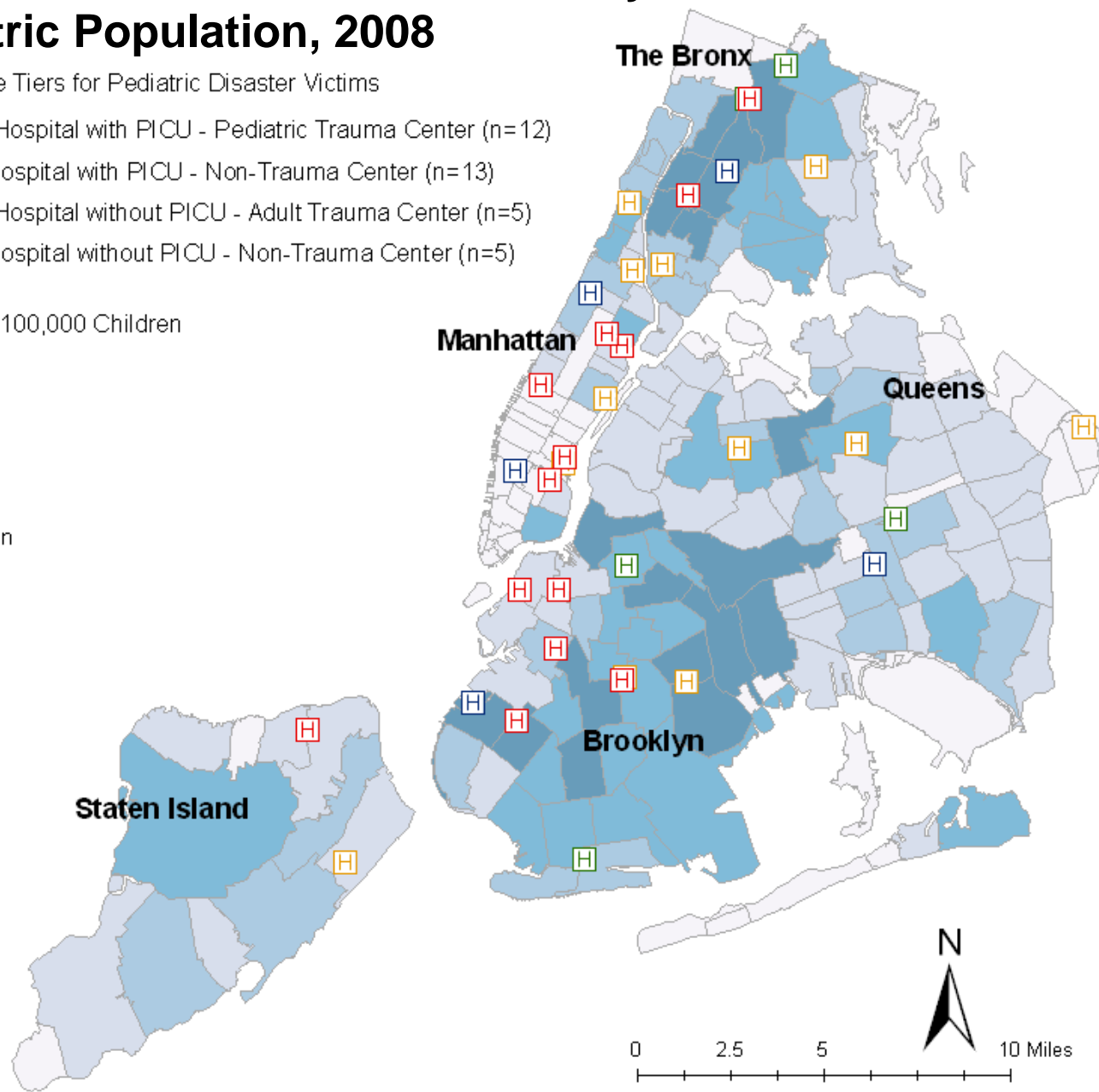
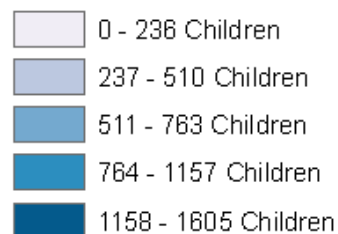


# Density per 100,000 Children of New York City Pediatric Population, 2008

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Pediatric Population per 100,000 Children










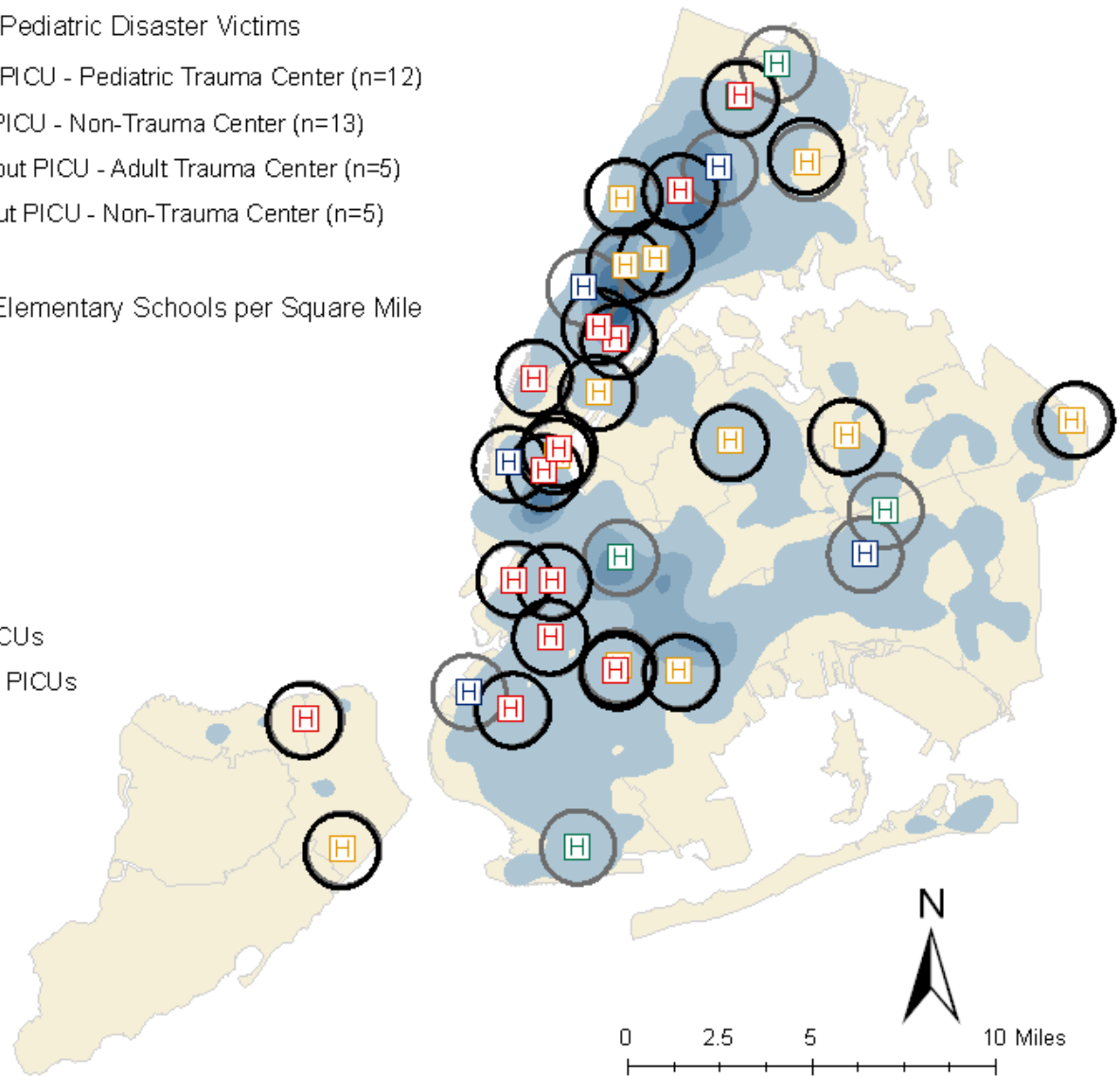
# Density per Square Mile of New York City Public Elementary Schools, 2008

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Estimated Number of NYC Public Elementary Schools per Square Mile

-  0.00 - 2.00
-  2.01 - 7.00
-  7.01-10.51
-  10.52 - 14.02
-  14.03 - 17.52
-  17.53 - 21.03
-  1 mile buffer: Hospitals with PICUs
-  1 mile buffer: Hospitals without PICUs



## PDC Recommends (4)

Establish a system for pediatric consultation and secondary transport of pediatric patients to pediatric disaster receiving hospitals (PDRHs)

*(when possible and appropriate)*

**PDC Thanks You !**



# Summary

- Most mass casualty events involve pediatric patients
- Children have special needs during mass casualty events
- Many 911 ambulance destinations have pediatric capabilities
- Pediatric patients should go there (*when possible and appropriate*)