

Health Care Coalition Pediatric Surge Annex Template

Updated July 2026

The [FY 2024-2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity](#) (NOFO) requires Health Care Coalitions (HCCs) to perform specific core functions to include specialty care planning. The development of a complementary coalition-level **Pediatric Surge Annex** supplements the coalition's base medical surge/trauma mass casualty response plan to improve capacity and capability for management of children during a medical surge incident.¹

This pediatric-focused operational annex template is a high-level response plan that can help identify the experts and specialized resources within an HCC and new partners and solutions since many HCCs do not include children's hospitals. Additionally, there are specific mechanisms and processes that can be used to determine specialty patient transfer needs and number of children each facility should be prepared to receive.

Each facility is encouraged to develop a more detailed plan that supports their individual operations as that level of detail is not included in this regional annex.

This template provides the general headers and descriptions needed to develop a sample HCC Pediatric Surge Annex. The resources used to develop this template include sample HCC plans and [Health Care Preparedness and Response Capabilities for Health Care Coalitions](#) guidance. The matrix on the following pages includes:

- Sample plan headings/sub-headings
- Descriptions and considerations
- Sample resources/plans/templates that may provide additional guidance to assist HCCs in their planning efforts. Please note: there is no guarantee the resource(s) listed directly will apply to the unique circumstances of the HCC.

A sample annex outline can be found in [Appendix A](#).

¹ Pediatric patients are generally those less than 15 years of age, though 16 or 18 years may also be used as a threshold. Particular attention should be paid in planning for those ages 8 and below and those with complex or congenital conditions.

While developing this annex, it is important to note that health care organizations respond to emergent patient care needs daily and prepare for and simultaneously respond to emerging threats that might impact the public's health. The FY 2024-2028 HPP NOFO states, "In addition to the usual information management and resource coordination functions, each specialty surge annex should be similarly formatted and emphasize the following core elements:

- Indicators/triggers and alerting/notifications of a specialty incident.
- Initial coordination mechanism and information gathering to determine impact and specialty needs.
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources²).
- Access to subject matter experts (SMEs)– local, regional, and national.
- Prioritization method for specialty patient transfers (e.g., which patients will benefit most from transfer to a specialty facility).
- Relevant baseline or just-in-time training to support specialty care.
- Evaluation and exercise plan for the specialty function."

The FY 2024-2028 NOFO also states that the pediatric annex must consider:

- Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents).
- Age-appropriate medical supplies.
- Pediatric/Neonatal Intensive Care Unit evacuation resources and coalition plan.
- Developing plans to collaborate with partners such as [Pediatric Disaster Centers of Excellence \(PDCOE\)](#)s or dedicated children's hospitals to conduct planning and coordination.

Prior to developing any emergency response plan, HCCs should work with jurisdictional emergency management to complete a new risk assessment and should conduct a hazard vulnerability assessment (HVA) for their state or jurisdiction. Within that gap assessment,

² While some resources may not be located within the health care coalition itself, the availability of resources can vary and effective response efforts may require coordination with entities both within and beyond the coalition's geographic region.

consideration for non-medical supplies and planning for emergency situations that might occur in areas where children routinely spend time separated from their parents, such as early education, childcare facilities, or camps.

NOTE TO COALITIONS: Although jurisdictions are not required to use this template or follow its format, they are encouraged to do so as the planning process for caring for children in disasters is critical and complex. While there are many acceptable planning methods and document formats, this template specifically considers coalition and jurisdictional needs that promote operational planning and capability response during a medical surge/mass trauma casualty incident. It is also structured to address the necessary elements of the FY 2024-2028 NOFO as previously outlined.

Additional templates and resources developed by ASPR TRACIE to support HCCs can be found on their [Health Care Coalitions Resource Page](https://asprtracie.hhs.gov). For more information, visit <https://asprtracie.hhs.gov> or contact our Assistance Center at 1-844-5-TRACIE or askasprtracie@hhs.gov.

Acknowledgements

Contributors and reviewers of this document are listed alphabetically and include: **Julie Bulson**, DNP, MPA, RN, NE-BC, HcEM-M, Director, Business Assurance, Corewell Health; **Susan Sutton Clawson**, PhD, MPH, Field Officer- Region 3 and Interim Region 1, HHS ASPR; **Deena Dahl Grove**, MD, UH Rainbow Babies and Children's Hospital, Region V for Kids; **Craig DeAtley**, PA-C, Director, Institute for Public Health Emergency Readiness, MedStar Washington Hospital Center; **John Hick**, MD, ASPR TRACIE and Hennepin Healthcare; **Richard Hunt**, MD, FACEP; **Christopher Newton, MD**, UCSF Benioff Children's Hospital, WRAP-EM, Pediatric Pandemic Network; Representatives from **Region V for Kids Surge Group**.

1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the Pediatric Surge Annex will address and the HCC goals and objectives for this annex. Sample language: This annex applies to a medical surge/trauma mass casualty response with a large number of pediatric patients. It supports the HCC 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 response actions during an emergency that involves (or could involve) a significant number of children.	American Academy of Pediatrics (AAP) Pediatric Readiness in the Emergency Department AAP Professional Resources for Disaster Preparedness ASPR TRACIE Pediatric/Children Topic Collection ASPR TRACIE Populations with Access and Functional Needs Topic Collection: Population-Specific Resources- Children Pediatric Disaster Checklist for Every Hospital Emergency Medical Services for Children (EMSC)-IIC National Pediatric Readiness Project EMSC-IIC Pediatric Hazard Vulnerability Analysis Template Illinois Department of Public Health ESF 8 Plan: Pediatric and Neonatal Surge Annex
1.2 Scope	This section should include: - Involved coalition and jurisdictional partners, - General coordination structure and communication protocols, and - Any necessary disclaimers about the plan- not superseding authorities of the participating entities. This section may also describe elements not addressed in the plan and refer the reader to the relevant organizational document and provide the age groups used to define the pediatric population.	
1.3 Overview/ Background of HCC and Situation	This section should include a brief overview of the HCC, including: - Members - Demographics and geography	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Health care facilities, including regional pediatric transfer facilities and surge capacity • Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents) • Pediatric resources or capabilities represented in the coalition such as: • Pediatric Specialty Hospital Centers with pediatric intensive care units (PICUs) • Hospitals with pediatric inpatient (no PICU) • Pediatric or Adult Trauma Centers with PICU/neonatal intensive care units (NICU) • Acute care hospitals with no dedicated pediatric services that are willing to take older/less complicated pediatric patients as overflow • Pediatric urgent care/clinics • Other services that support the care and well-being of children to include behavioral health • Available resources external to the coalition (e.g., regional pediatric referral centers, pediatric sub-specialists [e.g., pediatric surgery, pediatric psychiatry, pediatric transplant, telemedicine capabilities, etc.] • Patient transport resources for inter-facility transfer of patients < 8 years of age and NICU patients. • Note: NICU issues should be covered in a separate section, to include level of nursery and number of beds, as well as NICU partners external to the coalition that may need to be engaged in planning or evacuations. This can be listed here or referred to in the “Resources” section of the document. This section may also include comparisons of health care facilities’ inpatient projected capacity under normal conditions and projections under surge conditions.	Illinois Emergency Medical Services for Children- Pediatric Disaster Preparedness Guidelines for Hospitals Los Angeles County Pediatric Surge Template Minnesota Pediatric Surge Primer National Child Traumatic Stress Network Stanislaus County Healthcare Emergency Preparedness Coalition, Pediatric Disaster Surge Plan

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	HCCs may consider conducting planning and coordination efforts (e.g., exercises) with partners, such as PDCOE, dedicated children’s hospitals, and/or pediatric transport services.	
1.4 Access and Functional Needs	This section should include background information on pediatric demographics within the HCC (e.g., emPOWER data, children and youth with disabilities, special education enrollment, number of children with serious emotional disturbances currently receiving services, or other relevant community/regional factors). This section should also identify, locate, and include the population of children using durable medical equipment, or that are technology-dependent, and other known groups of children or youth with special health care needs. In addition to planning to support these residents during a surge event, information on specialty agencies and transportation that relates to children and youth with special health care needs may also be mentioned in this section.	

2. Concept of Operations

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.1 Activation	This section should include information related to indicators and triggers that activate the annex, including a specific number of pediatric patients, types of illnesses or injuries, and the circumstances involved (e.g., childcare, camp, or school-related mass casualty incident). Additionally, if the annex is intended for use during seasonal pediatric patient surges or other operational challenges, these scenarios should be clearly described to ensure appropriate and timely activation.	AAP Disasters and Children ASPR TRACIE Resources Crisis Standards of Care Resources Page



Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.2 Notifications	This section should include the alerting/notification mechanisms and protocols related to a pediatric response. It should include steps for activation and notification of health care organizations and partners, including specialty children’s hospitals that may be located outside the coalition area. It should also list designated emergency response channels and who will be notified, by whom, and how.	• Pediatric/Children Topic Collection, Plans, Tools, and Templates • Pediatric Surge Resources Page Illinois Department of Public Health ESF 8 Plan: Pediatric and Neonatal Surge Annex
2.3 Roles and Responsibilities	This section should provide an outline of roles and responsibilities under the annex for applicable HCC members and partners. This should include the expected capabilities of each facility for pediatric care and define a specific institution or agency to coordinate the response if not handled by the HCC. This may be the same as for an all-hazards plan or may designate a pediatric-specific entity to assist or provide primary coordination for pediatric care. Any pediatric-specific entities coordinating transfers must be integrated with an all-hazards/adult process approach since many situations will require integrated destination decision-making across all hospitals (e.g., caring for older pediatric patients in adult facilities to ensure the youngest and most complex patients receive limited specialty care resources). Designate pediatric SMEs (e.g., physicians/facilities with specialists in pediatric critical care, pediatric emergency medicine, children’s mental and behavioral health, neonatology, and surgery) that may be local, or reachable via telemedicine/telephone. Any assistance to be provided (e.g., pediatric transfer prioritization, and/or in-place medical care advice) should be specified in the plan.³	 Illinois Emergency Medical Services for Children- Pediatric Disaster Preparedness Guidelines for Hospitals Los Angeles County Pediatric Surge Template Minnesota Pediatric Surge Primer Planning for Children in Disasters: A Hospital Toolkit Stanislaus County Healthcare Emergency Preparedness Coalition, Pediatric Disaster Surge Plan

³ Organizations and entities that can help identify SMEs include, for example, the American Academy of Pediatrics, Centers for Disease Control and Prevention Children’s Preparedness Unit, children’s/pediatric hospitals, Emergency Medical Services for Children Innovation and Improvement Center, ASPR’s PDCOE’s, Pediatric Pandemic Network (PPN), Association of Maternal & Child Health Programs, state and local Emergency Medical Services for Children programs, and Pediatric Environmental Health Specialty Units. Linkages with primary care/medical home provider groups and medical systems that employ pediatric care providers can also be helpful. Many state-level plans offer significant assistance with setting expectations for equipment, minimum numbers of pediatric casualties to prepare for, regional planning processes, and other location-specific information.



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	This section should also emphasize and discuss coordination with community partners such as pediatric primary care providers who may be actively involved in supporting community-level medical surge, and local Poison Control Centers. Coalitions should identify these partners and their contact information prior to an event and include experts from both within and outside the community that would be available to support a response or provide consultation. This section should also detail: • How pediatric expertise would be obtained and integrated into longer-term incidents requiring proactive decision-making including prioritization of transfers and developing guidance for allocation decisions (e.g., if selected treatments were in shortage). The policy development and decision-making process should be consistent with any state crisis standards of care (CSC) plans. • How initial coordination mechanisms and information gathering plans are in place to determine impact and specialty transportation/inpatient needs. This should cover essential elements of information to be gathered on all patients, including child's name, age, weight, injuries/diagnosis, care requirements for transport (e.g., IV drip medications, oxygen/vent support), and whether the pediatric patient has identified parents or a guardian. • Systems at the local, state, and interstate level that can support a pediatric specialty response to include key local resource gaps that may require external support. This should include behavioral health support for patients, families, and staff.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.4 Logistics	This section should outline strategies for how HCC and member facilities will ensure adequate facility resources and address any shortages and allocation needs. This will include how supplies will be requested and potential vendors for pediatric-specific resources such as transportation, supplies, and caches. This should also include a mechanism for prioritizing resource allocations when supplies are inadequate to meet demands consistent with the HCC and state CSC plans.	
2.4.1 Space	This section can include space strategies and regulatory considerations. Spaces conducive to pediatric care should be identified and further categorized as: <i>Conventional spaces:</i> areas where such care is normally provided (e.g., pediatric inpatient beds). <i>Contingency spaces:</i> Areas where care could be provided at a level functionally equivalent to usual care (e.g., adult rooms used as pediatric rooms, closed units). <i>Crisis spaces:</i> Areas where sufficient care could be provided when usual resources are overwhelmed. This might involve non-pediatric providers and/or ambulatory care pediatric providers supervising inpatient care, temporary intensive care/ventilator support areas for patients who cannot be moved, or alternate spaces.	

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2.4.2 Staff	This section should include strategies for increasing/maintaining staffing levels during a mass surge event. Pediatric-trained staff may be assigned to a larger number of patients, younger patients (e.g., younger than 8), or more critically injured/ill patients to closely monitor fluids, medications, and other specific care needs. For this section consider how: • Non-pediatric nursing, physicians, and/or other staff could provide care for patients that require less precise management, often with pediatric-trained providers acting in a supervisory role. • Just-in-time training may be implemented to expand pediatric expertise, as the response timeframe allows. • Telemedicine may be used as an adjunct for in-person staff and consultations among health care providers. • Actions taken to augment or increase pediatric staffing can be aligned with the existing HCC staff surge plans. • Pediatric nurses and physicians should also be prepared to provide care for adult patients in a disaster response. • To engage and collaborate with pediatric home health organizations to expand home-based care services for children. • This section could also include details on how to engage and use primary care providers; or how to provide care for children in their homes, especially in disasters involving slowly evolving infectious diseases or other scenarios where diversion from hospitals is possible.	ASPR TRACIE Resources • Pediatric/Children Topic Collection, Surge Capacity Category • Pediatric Surge Resource Page • Disaster Available Supplies in Hospitals (DASH) Tool EMSC-IIC Pediatric Readiness Roadmap Toolkit



Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.4.3 Supplies	This section should document the coalition-level equipment and supply needs and expectations of member health care facilities relevant to a pediatric surge event. This includes age-appropriate medical and non-medical supplies, strategies for providing medical countermeasures to children considering that children need appropriate formulations (e.g., liquids), delivery devices (e.g., pediatric auto-injectors), and age or size-based dosing considerations. Each facility should consider having adequate supplies to manage pediatric patients according to their role in the plan and the hazards in the community. This section may also include coalition-level pharmacy and dietary considerations and information on any regional pediatric caches of materials needed to respond to a mass casualty incident.	
2.5 Special Considerations		
2.5.1 Behavioral Health	This section should include considerations for access to the continuum of stepped care in mental health services for children, caregivers, and providers. Consideration should include sub-sections based on age of the child and those which list regional and extra-regional resources for augmentation of pediatric behavioral health services (e.g., use of “strike teams”). As appropriate, detail strategies to access social workers, counselors, school and childcare personnel, and/or other resources to ensure ongoing behavioral health support and safety of children.	AAP Helping Children Cope and Adjust After a Disaster ASPR TRACIE Pediatric Topic Collection: Mental and Behavioral Health National Child Traumatic Stress Network

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.5.2 Decontamination	This section should include specific decontamination capabilities available at pediatric-capable facilities with emphasis that ALL facilities should be prepared to decontaminate children and adults. Provisions under this capability should include: • Age-appropriate carry/immobilization devices. • The ability to decontaminate parents and children together. • Strategies for escorting unaccompanied children. • The use of child-friendly soaps and non-abrasive cloths. • The option for dry decontamination (clothing control plus body wipes). • Links to recommendations/considerations for facilitating decontamination of children presenting at hospitals during a disaster. HCCs should work with ALL hospitals to ensure that pediatric decontamination issues are addressed in hospital plans and equipment considerations.	ASPR TRACIE Hospital Patient Decontamination Topic Collection: Pediatric ASPR TRACIE Pre-Hospital Patient Decontamination Topic Collection: Pediatric Considerations Pediatric Pandemic Network (PPN) Disaster Response Collaborative



Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.5.3 Evacuation	This section should address evacuation coordination procedures for pediatric patients, including: • PICU/NICU evacuation resources and specific coalition-level plans and strategies. • Plans for patient movement in coordination with pediatric specialty and referral partners outside coalition boundaries. • Receiving facilities internal and external to the coalition. • How transfer information will be shared. • Strategies for bed prioritization. • Plans if wider coordination is needed beyond the region. This section should be consistent with any general HCC level evacuation and patient movement plans already in place.	ASPR TRACIE Healthcare Facility Evacuation/ Sheltering Topic Collection: Special Populations- Pediatric, NICU, and OB/GYN Related Resources ASPR TRACIE VHF-Ebola Topic Collection: Pediatric Issues Pediatric Surge Planning: Train the Trainer Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) Pediatric Surge Playbook
2.5.4 Special Pathogens	This section should address coalition plans to manage care for children with infections (or suspected infections) due to special pathogens (including how to minimize exposure to others such as caregivers and health care personnel in the care process). Plans should align with the existing or future HCC Infectious Disease Surge Annex. They should discuss key partners and stakeholders involved in response activities, including National Special Pathogen System partners, referral plans for pediatric transport to a Regional Emerging Special Pathogen Treatment Center (RESPTC), and any specific care and behavioral considerations.	
2.6 Operations-Medical Care		



Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.6.1 Triage	This section should include considerations for triage of pediatric patients and expectations for hospital transport, to include initial EMS allocation by number of patients, age, and severity. For example, if there is a children’s hospital, the most critically ill/injured, youngest, or those with complex or congenital conditions should generally be prioritized for transport to that facility. Priorities may vary depending on severity and type of incident and/or age and illness/injury (e.g., a teenaged patient with critical trauma may go to the nearest appropriate trauma center). Where possible or dictated by state and local transport protocols, consider triage and transport to freestanding EDs, urgent care centers, or referrals to primary care as appropriate to decompress emergency departments. After medical triage and stabilization, planning for psychological triage should be included using evidence-based triage protocols to link high-risk children to timely assessment and care.	Pediatric Emergency Quick Reference Guide Pediatric Surge Quick Reference Guide Pediatric Surge Pocket Guide Substance Abuse and Mental Health Services Administration (SAMHSA) Stronger Together: An In-Depth Look at Selected Community-Level Approaches to Disaster Behavioral Health National Children’s Disaster Mental Health Concept of Operations Code Triage: Integrating the National Children's Disaster Mental Health Concept of Operations Across Health Care Systems

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.6.2 Treatment	This section should detail considerations for treatment of pediatric patients during a medical surge event, including how: • Patient treatment information will be shared. • Transfers will be prioritized if demand for specialty services and/or transport needs exceed supply. • Pediatric specialty consultation will be obtained by clinicians temporarily caring for complex patients and/or large number of pediatric patients (e.g., use of telemedicine, or in some cases bringing in specialty providers from a referral facility). Planners may also consider establishing a process for how regional-level information from SMEs, Poison Control Centers, and other specialists can be shared with hospitals, community clinicians, medical transport providers, or others during an incident to aid in caring for children throughout the affected area.	
2.7 Transportation	This section should include considerations for safe inter-facility transport of stable, unstable, and potentially unstable pediatric patients, to include prioritization methods for patients who require specialized critical care transport. This plan should involve pediatric SMEs with knowledge of children requiring transfer and specialized transport units certified in pediatric critical care as well as general EMS units that may require supplemental equipment and/or staffing. Coalition/state plans for a Medical Operations Coordination Center (MOCC) should be considered and referenced to determine how pediatric expertise and transfers are integrated into the MOCC.	ASPR TRACIE MOCC Toolkit (Appendix C: Pediatric Considerations for MOCCs) ASPR TRACIE Pediatric Surge Resource Page
2.8 Tracking	This section should include coalition-level strategies for patient tracking (such as tagging or regional registration systems) and may also address accompanied, unaccompanied and/or displaced children.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.9 Reunification	This section should detail coalition strategies for reunification of children and families during a medical surge event, including: - Supporting hospital Family Support Centers, and community Family Reception and Family Assistance Centers. - Using local and state social services to coordinate family assistance if available. - Communicating with the local Emergency Operations Center (EOC)/sharing information through the PIO. - Outlining policies on the process and documentation needed to release a child to family. - Facilitating interface/information exchange between hospital Family Support Center(s) with the community Family Assistance Center. HCCs should ensure health care facilities and community sites have plans in place to supervise children in care areas, pediatric safe areas, or hospital family information/support centers (for unaccompanied children who have concluded their medical care or those who have parents that are ill or injured and unable to care for them). Plans should incorporate staffing to support these operations. Special preparation may be required for children in foster care and/or juvenile justice facilities who may be impacted by a mass casualty incident.	ASPR TRACIE Resources Family Support Family Reunification and Support Topic Collection Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident Region V for Kids Ethical Framework for Family Reunification

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.10 Deactivation and Recovery	This section should include considerations for: • Deactivation of the annex. • Continuity in recovery efforts. • The after-action report process. • Analysis and archiving incident documentation to ensure pediatric perspective and issues are addressed. • Support for those with long-term sequelae, both non-behavioral and behavioral. • Roles and responsibilities for continued pediatric and school behavioral health support. Assistance with reimbursements as applicable.	National Capital Region Plan for Management of Pediatric Patients in an Emergency

3. Appendices

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.1 Training and Exercises	This section should include relevant baseline or just-in-time training plans needed to support pediatric surge care and Medical Response and Surge Exercise (MRSE) plans for conducting a pediatric mass casualty response with members and partners. An after-action report should be completed and documented following the exercise.	ASPR TRACIE Pediatric Topic Collection: Education and Training



3.2 Legal Authorities	This section should list applicable legal authorities and/or regulatory or policy related information specific to a pediatric population. It may include issues related to a mass casualty incident, such as care of unaccompanied/displaced children; Health Insurance Portability and Accountability Act (HIPAA) rules (specifically noting that information released to facilitate reunification is <i>not</i> subject to HIPAA regulation); rules related to the release of children to caregivers; general rules regarding protection of children while in medical custody; and legal protections for provider prioritization decisions and advice.	ASPR TRACIE Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy Topic Collection Region V for Kids Legal and Ethics
3.3 Pediatric Referral Resources	This section should list any applicable resources and contact information related to referral partners noted in the plan.	
3.4 Additional Resources/ References	This section should include any applicable plans, tools, templates, and/or resources that were used to develop the HCC Pediatric Surge Annex or that serve as reference material (e.g., a patient reunification annex that contains details which do not need to be repeated in the pediatric annex).	



Appendix A: Health Care Coalition Pediatric Surge Annex Outline Example

1. Introduction

- 1.1 Purpose
- 1.2 Scope
- 1.3 Overview/ Background of HCC and Situation
- 1.4 Access and Functional Needs

2. Concept of Operations

- 2.1 Activation
- 2.2 Notifications
- 2.3 Roles and Responsibilities
- 2.4 Logistics
 - 2.4.1 Space
 - 2.4.2 Staff
 - 2.4.3 Supplies
- 2.5 Special Considerations
 - 2.5.1 Behavioral Health
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 - 2.5.3 Evacuation
 - 2.5.4 Special Pathogens
- 2.6 Operations-Medical Care
 - 2.6.1 Triage
 - 2.6.2 Treatment
- 2.7 Transportation
- 2.8 Tracking
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- 2.10 Deactivation and Recovery

3. Appendices

- 3.1 Training and Exercises
- 3.2 Legal Authorities
- 3.3 Pediatric Referral Resources
- 3.4 Additional Resources/ References