REGION 2 HOSPITAL PREPAREDNESS PROGRAM

PEDIATRIC SURGE ANNEX

June 2020

Table of Contents Acronyms/Definitions

Attachments

1.0: INTRODUCTION

1.1 PURPOSE

The purpose of this Pediatric Surge Annex is to support the Iowa Department of Public Health (IDPH) ESF-8 Plan, by providing a functional annex for all stakeholders involved in an emergency response within the state of Iowa and/or adjacent states in order to protect children and to provide appropriate pediatric medical care during a disaster. This annex guides the regional level response and gives local medical services guidance on the care of children, including patient movement, system decompression, recommendations for care, and resource allocation during a surge of pediatric patients that overwhelms the local health care system. This annex is intended to support, not replace, any agencies' existing policies or plans by providing uniform response actions in the case of pediatric emergency.

1.2 ASSUMPTIONS

1.2.1 The Regional and/or IDPH ESF-8 Plan has been activated, either partially or fully at the discretion of director.

1.2.2 The Public Health and Healthcare Coalition serve as the primary regional geographical organizational structure for the ESF-8 Plan and the Pediatric Surge Annex response.

1.2.3 The local health care system has exhausted its capacity to care for pediatric patients and has implemented and exhausted any mutual aid agreements, therefore requiring assistance from the other regions and/or the state.

1.2.4 Requests for assistance with medical consultation, system decompression and coordination of pediatric patient movement will be considered once a request for medical resources has been made to the regional hospital coordinating center.

1.2.5 In the initial stages of a mass casualty event that includes large numbers of ill and/or injured children, all hospitals may have to provide care to pediatric patients until adequate resources become available to allow for transport to pediatric tertiary care centers/pediatric specialty care centers.

1.2.6 The age range for children that meet the definition of a pediatric patient in this annex is birth through 18 years of age. Since children within this age range comprise approximately a third of the population within Iowa, it should be assumed children may comprise approximately a third of the victims during a disaster.

1.3 SCOPE

The Pediatric Surge Annex is designed to provide the command structure, communication protocols, processes, and the procedures for inter-regional and interstate transfer as related to pediatric patients. The Pediatric Surge Annex is designed to:

1. Enable safe pediatric transfer decision making
2. Implement standardized care guidelines as needed
3. Ensure associated communications processes are in place
4. Support the tracking of pediatric patients throughout the incident

5. Assist with the coordination of transferring acutely ill/injured pediatric patients to tertiary care centers/pediatric specialty care centers
6. Assist with the decompression from pediatric tertiary care centers/pediatric specialty care centers to make additional critical care beds available for acutely ill/injured pediatric patients

The Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) capabilities addressed in this annex include, but are not limited to:

1. Health care system preparedness
2. Emergency operations coordination
3. Medical surge

1.4 SITUATION

The Regional ESF-8 Plan and its corresponding annexes are activated when the Emergency Operations Center is activated and/or at the discretion of the IDPH director when circumstances dictate. It can be partially or fully implemented in the context of a threat, in anticipation of a significant event or in response to an incident. Scalable implementation allows for appropriate levels of coordination.

1.5 AUTHORITIES

1.5.1 Within Iowa, the overall authority for direction and control of the response to an emergency medical incident rests with the governor.

1.5.2 IDPH is the lead agency for all public health and medical response operations in Iowa. IDPH is responsible for coordinating regional, state, and federal health and medical disaster response resources and assets to local operations

1.5.3 All requests for health and medical assistance with the care of children during emergency events will be routed through the Emergency Operations Center (EOC). The request will then be directed by the EOC manager to the IDPH SEOC liaison to address. IDPH will determine the best resources from the health and medical standpoint to deploy to fulfill the request.

1.5.4 The overall authority for direction and control of IDPH's resources to respond to an emergency medical incident is the Department's director. The line of succession at IDPH extends from the director to the assistant director, forward to the appropriate deputy directors of the IDPH offices.

1.5.5 The overall authority for coordinating the resources of the disaster Region 2 Hospital(s) that respond to an emergency medical incident is the Emergency Medical Services (EMS) medical director or designee.

2.0. CONCEPT OF OPERATIONS

2.1 GENERAL

2.1.1 Throughout the response and recovery periods, the Regional ESF-8 Plan: Pediatric Surge Annex will provide the framework to evaluate and to analyze information regarding medical, health, and public health assistance requests for response; develop and update assessments of medical and public health status in the impact area; and provide contingency planning to meet anticipated demands as they relate to children.

2.1.2 When an incident affects large numbers of children, subject matter expertise will be provided to advise and/or to direct operations as it pertains to pediatric patient movement, system decompression, care guidelines and resource allocation within the context of the Incident Command System structure. Pediatric subject matter experts throughout the state and surrounding border states will be utilized.

2.1.3 Incidents that could prompt the activation of the Pediatric Surge Annex include, but are not limited to:

1. Activation of the Regional ESF-8 Plan
2. Overwhelming influx or surge of pediatric and neonatal patients
3. Inadequate pediatric hospital resources
4. Damage or threats to hospital(s)
5. Staffing limitations
6. Activation of hospital(s) disaster plan when surge capacity for pediatric patients has been exceeded
7. Requests from border regions to assist with a surge of pediatric patients

2.1.4 This annex can be activated based on any of the following circumstances:

2.1.4.1 Type 2 or Type 1 Health and Medical Emergency Event that involves pediatric casualties

A. Immediate Event
Large, unexpected, potentially life-threatening incident involving the pediatric population (e.g., explosion). While appropriate and established communication and/or notification processes during an incident is important, providing emergency medical care to pediatric patients initially takes priority over any external bed authorization, communication and/or notification processes. Once the incident and patients become more stabilized, hospitals must communicate with IDPH to relay what processes occurred.

B. Controlled Event
Slow, gradually building, or preplanned incident (e.g., epidemic, pandemic, partial or full planned evacuation). Necessary and established external authorization and communication processes must occur as indicated in this annex and the ESF-8 Plan.

2.1.5 Regardless of the pathway to activation of the Pediatric Surge Annex, the health care entities involved with the incident function independently and may activate the necessary internal resources and policies to successfully respond to the needs of the pediatric patient.

2.1.6 Within the ESF-8 Plan, multiple annexes exist that address the needs of specialty populations (i.e., pediatric and neonatal patients, burn patients). Depending on the scope of the disaster, multiple annexes or components of each may need to be activated simultaneously in order to thoroughly address the specific needs of the victims (e.g., pediatric burn patients). Efforts have been made to ensure consistency between annexes that address the needs of specialty populations.

2.2 NOTIFICATION

2.2.1 Upon the activation of the Pediatric Surge Annex, the Pediatric Medical Incident Report Form will be utilized to communicate necessary information about the annex activation with affected entities and those entities that may be called upon to assist during the incident.

2.2.2 Affected entities and those entities that may be called upon to assist during the incident must have the ability to communicate pertinent information internally and externally from their facility. Information should be shared in the preferred and most expected method. However, depending on the type of incident, the typical alert and messaging systems may or may not be available and alternate methods will be utilized to communication. Some of the possible established methods for communication that can be used include:

1. Telephone (landline)
2. Telephone (cellular)
3. Radio systems
4. E-mail
5. HAv-BED Tracking System
6. WebEOC
7. Social media

2.2.3 Communication during an incident that involves large numbers of children is vital and information sharing needs to occur with health care facilities/agencies and non-health care entities where children are typically located. A report form should be utilized to assist with ensuring consistent communication between stakeholders and to provide a mechanism to request pediatric medical resources and identify availability of resources at a facility.

1. Hospitals
2. County Emergency Management Agencies
3. Local health departments
4. Local Emergency Medical Services (EMS) agencies
5. Iowa Department of Public Health (IDPH)
6. Iowa Emergency Management Agency
7. Long-term Care Facilities for Under Age 22 Years
8. Iowa State Board of Education and Area Offices of Education.
9. Health care coalitions
10. Any alternate treatment sites, alternate care sites and/or temporary medical treatment stations that have been established during the incident

2.3. ORGANIZATION

2.3.1 Hospital Response Structure During a mass casualty with significant number of pediatric casualties, resources at hospitals with pediatric critical care capabilities will quickly become

exhausted. Therefore, developing a system that outlines how all hospitals can assist with providing care to children is crucial to the response. Dividing the hospitals into categories based on their pre-event pediatric and neonatal capabilities can assist with decompressing pediatric specialty care centers during an event to ensure children are treated at the best possible facility:

Category 1: Pediatric Specialty Centers
Category 2: Community Hospitals with Some Pediatric Services
Category 3: Community Hospitals with no Pediatric/Neonatal Services
Category 4: Community Hospitals with Level I or II nurseries

2.3.2 Regional Response Structure Each region will respond as indicated within its regional ESF-8 plan.

2.3.3 State Response Structure

State emergency management officials will activate the SEOC to coordinate state and/or federal support to local jurisdictions. In the event of a large number of pediatric casualties, pediatric subject matter experts will be integrated into the incident command structure to fill the Pediatric Care Medical Specialist role and will allow for an appropriate, coordinated and timely response to the needs of children during the incident.

When this annex is activated, the request for pediatric specific medical resources by a hospital, hospital or regionally based alternate care site, hospital or regionally based alternate treatment site, and/or temporary medical treatment station will follow the same pathway as the request for other medical resources as outlined in the ESF-8 Plan. These pediatric resources can include, but are not limited to:

1. Pediatric equipment, supplies and medications
2. Medical consultation
3. Placement of pediatric patients in tertiary care centers/pediatric specialty care centers or hospitals with pediatric services
4. System decompression processes outlined in this annex

The Region 2 EMS Coordinators will assist with the communication between IDPH, Pediatric Care Medical Specialist, and other coalition partners. The EMS Coordinators should be involved in the situational awareness briefings throughout the which will provide updates on interactions/ communication with hospitals and their medical consultation and transfer coordination requests. The EMS Coordinators should then relay this information to their coalition partners to assure loop closure and awareness of the response activities within their region.

Service Area 2 will develop and maintain this annex and accompanying operational guidelines that govern response actions related to large scale events involving children. However, support agencies may develop and maintain their own operational guidelines for internal use, which must be compatible with and in support of this Annex.

2.3.4 Multi-Region/State Response Structure

The incident may require accessing pediatric resources that exist outside of Service Area 2 and Iowa. The Service Area may consider requesting additional resources through normal request

patterns, methods indicated within this annex and the IDPH ESF-8 Plan, and/or mutual aid agreements.

2.4. PEDIATRIC PATIENT CARE AND MOVEMENT

The Pediatric Surge Annex is designed to help coordinate the following components of care as related to children during an incident:

2.4.1 Pediatric Care Medical Specialist

1. Definition: Pediatric experts from Iowa and its border states who volunteer to be called upon during a large scale event in which there are numerous pediatric casualties leading to the activation of this annex. These volunteers will function as subject matter experts for the state by providing guidance on the coordination of care and medical consultation for pediatric patients.
2. Types There are three types of Pediatric Care Medical Specialists
   Group 1 Specialists: Includes pediatric intensivists, pediatric emergency physicians and/or pediatric physicians with transport expertise who will be called upon during all events in which the annex is activated to assist with patient triage, coordination of transfers and system decompression.
   Group 2 Specialists: Includes pediatric specialty physicians, primary care physicians and neonatal subspecialists who will be activated to serve in a medical consultation role based on the specific needs of the event and the affected population.
   Group 3 Specialists: Includes pediatric specialty advanced practice providers (e.g., nurse practitioners) and support resources (e.g., child life specialists, pediatric Pharm D/pharmacists) that will be activated to serve in a consultation role based on the specific needs of the event and the affected population.

3. Roles and Responsibilities
   1. Triage pediatric patients to pediatric specialty hospitals utilizing the information submitted by non-pediatric specialty hospitals
   2. Assist with system decompression as requested from tertiary care centers
   3. Address requests for medical consultation from hospitals
   4. Assist with coordination of pediatric transport needs
   5. Document all coordinated pediatric patient transfers

2.4.2 Pediatric Patient Tracking

As pediatric patient movement occurs throughout the region, both for the acutely ill/injured being transported to tertiary care centers/pediatric specialty care centers and for those patients being decompressed from tertiary care centers/pediatric specialty care centers, tracking the location of the pediatric patient is crucial in aiding in the reunification of these children with their families. Electronic patient tracking may be available in certain regions. Manual tracking of patient movement through the methods listed below will be necessary until all regions have electronic systems.

1. *Patient Identification Tracking Form*
   Purpose: To assist in identifying, tracking, and reunification of pediatric patients during a disaster.

Responsibility: The primary physician and/or nurse at every health care facility.
Instructions: This form will be completed to the best of the ability given the information/resources available on ALL pediatric patients who arrive at a health care treatment facility, regardless if they are accompanied by a parent/guardian.

2. *Pediatric Patient Tracking Log*
   Purpose: To assist with tracking pediatric patients during a disaster.
   Responsibility: Pediatric subject matter expert who is assisting with the coordination of patient movement.
   Instructions: This form will be completed by the pediatric representative when they assist with transfer coordination of pediatric patients between health care facilities.
3. *Additional Pediatric Patient Tracking Resources*
   American Red Cross (ARC) Patient Connection Program and the Patient Connection Program may be available during a large-scale event.

2.4.3 Pediatric Patient Triaging and Transfer Coordination During MCIs with significant numbers of pediatric casualties, resources at hospitals with pediatric critical care capabilities will quickly become exhausted.

1. Purpose: To provide guidance to the transferring facility during statewide triage of patients to identify the most appropriate facility to transfer pediatric patients.
2. Responsibility: The physician responsible for the care of the pediatric patient at the originating hospital, and who has identified that a higher level of care is needed than what can be provided at the current location.
3. Instructions: The transferring facility will use these guidelines to triage their pediatric patients based on the criteria, including interventions, conditions, and perinatal considerations. The criteria list within the guidelines is not inclusive and does not replace clinical judgment. Once the transferring provider has determined what triage category the pediatric patient(s) are, this information should be communicated.

2.4.4 Pediatric Transport The transportation needs during a large-scale incident involving children may be quite extensive. The sending physician and staff, other pediatric representative, and accepting/receiving physician will work together to identify the resources needed to transport the pediatric patient(s) in the most efficient and safe manner available at the time. The pediatric representative can assist hospitals in identifying known transport companies that have pediatric capabilities, and available alternative methods for transporting pediatric patients.

2.4.5 Pediatric Care Guidelines During a large-scale incident, normal interfacility transfer patterns may be disrupted. Hospitals that typically transfer their acutely ill/injured pediatric patients or children with special health care needs to tertiary care centers/pediatric specialty care centers may need to care for these patients for longer periods of time until they are able to transfer these patients to a higher level of care. The pediatric representative can be accessed for medical consultation. In addition, Pediatric Care Guidelines are available as an adjunct to this annex for common pediatric medical issues, such as respiratory; shock; burn injury; trauma and blast injury; pandemic; newborn care; premature newborn care; obstetrical (OB) care; radiation exposure; and inpatient treatment and monitoring interventions.

1. Purpose: To provide guidance to practitioners caring for pediatric patients during a disaster.

2. Responsibility: These guidelines are not meant to be all inclusive, replace an existing policy, and procedure at a hospital or substitute for clinical judgment. These guidelines may be modified at the discretion of the health care provider.
3. Instructions: Practitioners may use the Guidelines as a reference and to assist with care of pediatric patients during a disaster.

2.4.6 System Decompression In a large scale incident that leads to a significant number of ill or injured children, the need for pediatric critical care resources may exceed what is available. If this occurs or any other trigger occurs, pediatric and/or tertiary care centers/pediatric specialty care centers will need to decompress their less critically ill/injured pediatric/neonatal patients to other health care facilities that have the capabilities to care for them in order to have space to accept and treat more acutely ill or injured children. Ideally, facilities should decompress to a similar or higher level of care facility. However, in a large scale disaster, this may not be possible. If there is a need to decompress to another health care facility, the following categories for hospitals that outline pediatric/neonatal capabilities should be considered:

Category 1: Specialty Centers (pediatric intensive care unit and/or neonatal intensive care unit) (includes Pediatric Critical Care Centers) able to provide complex pediatric care to ages 0 through 15 years.
Category 2: Community Hospitals with Some Pediatric Services (includes Emergency Departments Approved for Pediatrics) and accepts 0-12 year-old patients.
Category 3: Community Hospitals with no Pediatric/Neonatal Services (can include Standby Emergency Departments Approved for Pediatrics) and accepts 12 year of age or older.
Category 4: Community Hospitals with Level I, II, and/or II

2.4.7 Resource Allocation In a large scale event involving significant numbers of pediatric casualties, resources (e.g., equipment, medications, trained staff, and available space) needed to care for pediatric patients may quickly be depleted. This could lead to health care providers having to adapt normal standards of care and to implement resource allocation strategies or crisis standards of care for those seeking or currently receiving care at their facility.

3.0 ROLES, RESPONSIBILITIES AND RESOURCE REQUIREMENTS

3.1 PRIMARY AGENCY

3.1.1 IOWA DEPARTMENT OF PUBLIC HEALTH

3.1.1.1. Role and Responsibility

1. Provide leadership in directing, coordinating, and integrating overall state efforts to provide public health and medical assistance to affected areas and the pediatric populations within those areas.
2. Coordinate and direct the activation and deployment of this Pediatric Surge Annex as part of the ESF-8 Plan either partially or in its entirety as indicated by the pediatric needs following an incident.
3. Collaborate with EMAs for pediatric specific resources from hospitals, public health departments, alternate care sites, alternate treatment sites, and temporary medical treatment stations.

3.2 SUPPORT AGENCIES/FACILITIES/ORGANIZATIONS

3.2.1 IOWA EMERGENCY MANAGEMENT AGENCY

3.2.1.1 Role and Responsibility

1. Work with specific agency(ies) within jurisdiction(s) to gain a situational awareness of the incident.
2. Collaborate with IDPH regarding pediatric specific resources from hospitals, public health departments, alternate care sites, alternate treatment sites and temporary medical treatment stations.
3. Collaborate with IDPH to fulfill the request for activating iServ.
4. Proceed with established procedures for requesting disaster declaration (state and federal) as indicated.
5. Proceed with established procedures for facilitating requests as indicated.

3.2.2 IOWA EMERGENCY MEDICAL SERVICES

3.2.2.1 Role and Responsibility

1. Assist with the notification of coalition partners listed in the Pediatric Surge Annex during the activation of the annex.
2. Assist with revising and maintaining the Pediatric Surge Annex in accordance with timelines defined by IDPH.
3. Assist in maintaining the contact database.
4. Maintain and update the Pediatric Guidelines associated with this annex to ensure compliance with current treatment recommendations.
5. Continue to develop materials to assist in the education of health care providers regarding the care of pediatric patients.

3.2.3 IOWA MEDICAL EMERGENCY RESPONSE TEAM

3.2.3.1 Role and Responsibility Maintain a team of pediatric experts that can be deployed and serve when this annex is activated.

3.2.4 REGIONAL HOSPITAL COORDINATING CENTER

3.2.4.1 Role and Responsibility

1. Provide care for pediatric patients and children with special health care needs that arrive at the facility to the best of the facility and practitioners' ability.
2. Provide patients' families with information about the event and education about components of the annex that may involve their child's care.
3. Provide necessary situational awareness communications to/from the affected and/or assisting hospital(s) within the region and to/from IDPH and coalition partners.
4. Inform IDPH, as appropriate, when Regional ESF-8 Plan has been activated.
5. Inform IDPH, as appropriate, when regional pediatric resources have been depleted.
6. Assist with the communication for pediatric specific resources as indicated in this annex.
7. Assist hospitals with accessing iServ.
8. Function as a liaison between IDPH, EMAs, hospitals, and EMS providers within the region.

3.2.5 REGIONAL HOSPITALS

3.2.5.1 Role and Responsibility

1. Provide care for pediatric patients and children with special health care needs that arrive at the facility to the best of the facility and practitioners' ability.
2. Provide patients' families with information about the event and education about components of the annex that may involve their child's care (e.g., system decompression, coordination of care statewide and transfer processes).
3. Assist with the communication for pediatric specific resources as indicated in the Regional ESF-8 Plan.
4. Function as a liaison between the EMS associate and participating hospitals within their region, and the subject matter experts.
5. Assist with the communication with EMS providers within their EMS system.

3.2.6 ALL OTHER HOSPITALS

3.2.6.1 Role and Responsibility

1. Provide care for pediatric patients and children with special health care needs that arrive at the facility to the best of the facility and practitioners' ability.
2. Provide patients' families with information about the event and education about components of the annex that may involve their child's care (e.g., system decompression, coordination of care statewide and transfer processes).

3. Communicate available pediatric resources as necessary as indicated in the Regional ESF-8 Plan, the IDPH ESF-8 Plan and in this annex.

3.2.7 LOCAL HEALTH DEPARTMENTS

3.2.7.1 Role and Responsibility

1. Assist hospitals in obtaining supplies from the Strategic National Stockpile (SNS), specific to pediatrics, as requested, through the processes that are currently identified and incorporated into their existing plans.
2. Maintain communication and provide situational awareness updates, specific to pediatrics, to hospitals and to IDPH, as indicated.

3.2.8 BORDER REGIONS

3.2.8.1 Roles

1. Function as subject matter experts to the state of Iowa (IDPH and/or IEMA) providing guidance on triaging pediatric patients to tertiary care centers/pediatric specialty care centers when the Pediatric Surge Annex is activated during a regional or statewide disaster.
2. Provide medical consultation to those hospitals caring for pediatric patients waiting to be transferred to tertiary care centers/pediatric specialty care centers.
3. Assist with the coordination of system decompression as members of Pediatric Care Medical Specialist Team

3.2.8.2 Responsibility

Serve in a consultant capacity to provide advice in the areas of pediatric emergency, surgical, medical, psychological, neonatal, and transport care per their training, qualifications and within their scope of practice.

3.2.9 LONG-TERM CARE FACILITIES for Under Age 22 Years (U-22)

3.2.9.1 Role and Responsibility

1. Iowa has skilled pediatric long-term care facilities that have the capabilities to provide extensive medical care to children under the age of 22 with chronic medical and behavioral conditions. Two agencies within Iowa oversee and regulate these types of facilities: IDPH Office of Health care Regulation and the Iowa Department of Human Services (DHS). During a large scale incident in which the annex is activated, these facilities can assist hospitals with system decompression and early discharge for children who are less acutely ill or injured, but still require medical care.
2. To access facilities regulated by the IDPH, Office of Health care Regulation, the duty officer will contact the Long-term Care (LTC) bureau chief who can assist with sharing information about the event with facilities and identifying facilities able to assist with system decompression. After the initial contact with the Long-term Care bureau chief by the duty officer, the SMEs will work closely with IDPH through a designee on the coordination of patient transfers.

3. To access facilities associated with the DHS, the pediatric representative can contact DHS to obtain a list of facilities with capacity to assist with system decompression.

3.2.10 IOWA CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS (ICAAP)

3.2.10.1 Role and Responsibility:

1. Assist with the pre-activation recruitment of Subject Matter Experts, including, but not limited to:
    a) pediatric intensivists
    b) emergency physicians with pediatric expertise
    c) pediatric surgeons
    d) neonatologists
    e) pediatric psychologists/psychiatrists
    f) pediatric physicians with transport experience
2. Provide a method to communicate information with its members about the incident and recommendations for care and action.

3.2.11 IOWA ISERV

The Volunteer Health Professionals system for Iowa supports the preregistration, management, and mobilization of clinical and non-clinical volunteers to help in responding to all types of disasters. The volunteer management system is part of a nationwide effort to ensure that volunteer professionals can be quickly identified and their credentials checked so that they can be properly utilized in response to a disaster.

3.2.11.1 Role and Responsibility Provide a method to track credentials, qualifications, certifications, contact information and training of the SMEs throughout the state.

3.2.12 IOWA DEPARTMENT OF HUMAN SERVICES

3.2.12.1 Role and Responsibility

1. Assist regional hospitals with:
    a) Securing placement for non-injured/ill children who have been unable to be reunited with their families.
    b) Providing consent for treatment for those children in need of medical care who are wards of the state.
    c) Providing consent for patient transfer during the decompression process for those children who are wards of the state.
    d) Verifying guardianship of unaccompanied minors who are in the DHS database.
2. Report any missing children/youth whom the department is legally responsible for to the local law enforcement agency, the child's case manager and the Child Intake and Recovery Unit
3. The Child Intake Recovery Unit provides child specific information and advocacy intervention services to law enforcement officials, the National Center for Missing and Exploited Children, childcare workers and supervisors, and assistance to any child whom the department has legal responsibility for.

4. Regional Hospitals can contact the DHS Hotline for questions and/or concerns about unaccompanied minors and children who are wards of the State or to report suspected abuse or neglect.

3.2.13 IOWA DEPARTMENT OF HUMAN SERVICES (DHS)

3.2.13.1 Role and responsibility:

To assist IDPH and healthcare coalition partners in their communication with day care centers/childcare centers throughout the state.