Integrating Pediatric Needs into Hospital Disaster Preparedness Policies

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Health Resources and Services Administration (HRSA)

Tony Gilchrest, MPA, EMT-P
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Children’s National Health System
Division of Emergency Medicine
Disclaimer

The views expressed are those of the authors and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States Government.
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Disclosures

- The speakers have no relevant financial relationships with the manufacturers of any commercial products and/or providers of commercial services discussed in this presentation.

- The speakers do not intend to discuss an unapproved or investigative use of a commercial product or device in this presentation.
Acknowledgement of Funding

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Objectives

• Discuss the background leading to development of the Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies,

• Explain the process of creating and disseminating the Checklist,

• Take a tour of the Checklist, and

• Identify key resources for implementation
Are Hospitals Prepared?

• 2008 National Hospital Ambulatory Medical Care Survey
  - Tracking system for children (43%)
  - Reunification of children and families (34%)
  - Increasing pediatric surge capacity (32%)
  - Plan for supplies/sheltering of children (29%)
  - Pediatric victims included in drills (45%)
    - Median # of ‘victims’ in the drill: 1 of 16
Moving Forward…

• 2010: “Deficiencies in every functional area of pediatric disaster preparedness” †

• 2013: “State and local disaster plans don’t include children and families”‡

National Pediatric Readiness Project

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ENNA®
EMERGENCY NURSES ASSOCIATION
SAFE PRACTICE, SAFE CARE

http://www.pediatricreadiness.org/
National Pediatric Readiness Project

• Based on the joint policy statement: Guidelines for Care of Children in the Emergency Department

• Six domains for establishing an environment for optimal care:
  • Administration and Coordination
  • Physicians, Nurses, and Other ED Staff
  • QI/PI in the ED
  • Pediatric Patient Safety
  • Policies, Procedures, and Protocols
  • Equipment, Supplies, and Medications
Peds Ready Hospital Preparedness

2013: “Less than half of all U.S. hospitals have written disaster plans addressing issues specific to the care of children”†

CURRENT PEDIATRIC DISASTER PREPAREDNESS

Children Comprise 26% of the U.S. Population

- 74%
- 26%

- >5 yrs
- 5–9 yrs
- 10–14 yrs
- 15-19 yrs

Half of U.S. Hospitals Don’t Have Disaster Plans that Incorporate Issues Specific to the Care of Children

- 50%

90% of Children are Seen in a Local General Hospital vs Pediatric Specialty Center

69% of Children are Cared for in Facilities that See <15 Children/Day

- 67%
- 52%
- 46%
- 38%

Lower Volume Hospitals are Significantly Less Likely to Have Disaster Plans that Incorporate Issues Specific to the Care of Children

- < 5 children/day
- 5 - 14 children/day
Response to Peds Ready

- Initial results evaluated
- Multi-disciplinary workgroup convened
- Focused on developing a tool to assist hospitals to incorporate children into disaster plans

http://www.pediatricreadiness.org/
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Patricia Pettis, MS, APRN, PNP-BC
Diane Pilkey, RN, MPH
Peki Prince, PhD(c), CCEMT-P, MI FirE, CFO
Jean Randolph, RN, MPA
Katherine Remick, MD, FAAP
Ellen Schenk, MPH
David Schonfeld, MD FAAP
Workgroup Affiliations

- HRSA — EMSC
- ASPR-HPP
- AAP
- ACEP
- NYC-Pediatric Disaster Coalition

- NCSCB
- CDC
- HCA
- GA-DOH: EMS Emergency Preparedness
Project Goals

• Build on existing resources
• Focus on best practice guidelines and checklists from local regions
• Develop consensus on essential pediatric domains and considerations
Hospital Disaster Preparedness Self-Assessment Tool

Best Practices for Hospital Preparedness

As has unraveled tremendously in the past decade, frequent grant programs and conceptual attention to the key tenets of hospital preparedness is a must and that hospital planning must be conducted at all levels, public health, clinics, emergency medical services, and other governmental and non-governmental site. The checklist is designed to help hospitals identify the current status of their preparedness and recognize areas for improvement.

This checklist is also used during HPCP Pediatric Plan Review as a tool to obtain a general sense of emergency preparedness in the hospital. This checklist is designed to help hospitals identify the types of technical assistance and resource that may be needed.

Hospital Guidelines for Management of Pediatric Patients in Disasters

Hospital All-Hazards Self-Assessment

Pediatric/Neonatal Disaster Reference Guide

Resources to aid in the development of emergency plans for children's hospitals.
Building Surge Capacity

- All-hazard approach to pediatric hospital preparedness
- Rapid onset surge planning and response
- Specific references and resources provided for each domain
Introduction

Domains 1-10

Domain 1: Staff coordinator to champion pediatric disaster coordination and response - roles and responsibilities

Pediatric Specifics to Consider/Discuss

<table>
<thead>
<tr>
<th>Degrees of Specificity</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals with pediatric training in medical content and disaster response, or willing to learn about disaster response (e.g., Incident Command System courses)</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-pediatric professionals who could advocate for and integrate the needs of children in planning and impact pediatric disaster response (e.g., neurosurgeon, trauma surgeon, other surgical subspecialists, infectious disease, adult emergency medicine physicians, etc.)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Formal designation of advocates with defined roles/responsibilities/authority, including:

- Incorporates pediatric-specific considerations within the hazard vulnerability analysis and planning goals
- Plans and coordinates disaster drills that include pediatric patients
- Serves as liaisons for pediatric patients/concerns on hospital committees (e.g., medical, trauma, disaster, etc.)
- Assures pediatric considerations and priorities are included in all staff disaster education and training
- Assures pediatric considerations and priorities are included in disaster education for prehospital providers
- Assists with development and review of the hospital disaster policies, ensuring that pediatric needs are addressed
- Serves as a liaison representing children to regional facilities, EMS agencies, healthcare coalitions, and organizations to promote community disaster preparedness inclusive of children
- Collaborates with disaster program managers
- Promotes pediatric disaster awareness in the community

Notes/Implementation Plan

References and Resources By Domain


University of Massachusetts Medical School, Interprofessional Center for Experiential Learning and Simulation. Pediatric Disaster Life Support from http://www.umassmed.edu/cels/certification-courses/

Adaptable to Local Needs

• Pediatric considerations should be well integrated into plan
  • Can supplement HPP capabilities
  • Unique to each facility/community
  • Collaboration with local and regional coalitions and partners highly encouraged
Pilot Testing: General Hospitals

- Floyd Medical Center—Georgia
  - 304 beds/Population 36,303
- Sutton County Hospital District—Texas
  - 12 bed CAH/Pop 3,950
- Lakeview Hospital—Utah
  - 120 beds/Pop 42,898
Pilot Testing: Peds Facilities

• Dell Children’s Medical Center-Texas
  • 176 beds/Pop 842,592 (over 46 counties)

• Rocky Mountain Hospital for Children at Presbyterian St. Lukes
  • 53 bed pediatrics/84 bed NICU/20 bed PICU/pop 634,265
Pilot Feedback

- Overwhelmingly positive.
- Resources well received
- Liked order and flow
- Asked for clarity for how to use
- Everyone learned something new
- CAH hadn’t considered pediatrics in disaster planning
Resulting Changes

• Rephrased introduction for clarity about how to use tool
• Sheltering in place added
• Reworded some considerations for clarity
• Maintaining appropriate level of security for existing patients
Perceived Implementation Barriers

- Large systems slow to change
- Getting in the right hands
- Smaller hospitals may not see need
- Resistance to focusing on special populations
- Costs
Developing the Domains

- Literature and resources reviewed
- Common themes identified
- Themes grouped into domains
- Domains and considerations refined
- Draft reviewed, piloted and edited
- Published October 2014
The Domains

1. Physician/Staff coordinator
2. Partnership building
3. Essential resources
4. Family tracking and reunification
5. Triage, infection control, decontamination
6. Legal/ethical issues
7. Behavioral health
8. Children with special health care needs
9. Staffing, exercises, drills, and training
10. Recovery and resiliency
# Let's Take a Tour

Domain 1: Staff coordinator to champion pediatric disaster coordination and response - roles and responsibilities

<table>
<thead>
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<td></td>
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<td>- incorporates pediatric-specific considerations within the hazard vulnerability analysis and planning goals</td>
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</table>
User Instructions

Please note that this version of the checklist is an interactive pdf file for use on desktop or laptop computers. An interactive pdf allows you to enter and save data and navigate the document more easily.

Desktop or Laptop Users

- **Navigating:** At the top of each page, users can click on the "Previous Page" or "Next Page" arrows to move backward or forward in the document. At the bottom of each page are tabs that when clicked will jump users to a specific section in the document. Under the Domains 1-10 section is another set of tabs allowing users to navigate between the 10 domains.
- **Entering Information:** On each Domain page, users can click either the "Yes" or "No" boxes and enter text into each "Notes/Implementation Plan" box.
- **Saving the Document:** Adobe Acrobat Standard users can click "File, Save as." Rename the file, then click "Save." This will save a new copy of the form with your entered data. Adobe Acrobat Pro users can click "Save" and all data entered will be saved automatically.

Tablet Users

- **Orientation:** If viewing this document on a tablet, please view in horizontal orientation.
- **Navigating:** Tablet users may or may not see the interactive elements depending on the type of tablet used. Note that the "Previous Page" and "Next Page" arrows, and the navigation tabs at the bottom of each page will not work on a tablet device. Instead, use your finger to navigate through the document by scrolling up/down on the screen.
- **Entering Information:** Tablet users also will not be able to enter text directly into the document under the Domains 1-10 section. Users can, however, download the domains separately as a Word file (click the "Download Form in Word" button), and use a free document app (such as Apple’s Pages or Google Docs) to view the document and input text. If you have one of these apps already installed on your tablet, users will automatically be prompted to open the document within the app.
Introduction

Children have unique, often complex physiological, psychosocial and psychological needs that differ from adults, especially during disaster situations; and unfortunately children are often involved when disasters occur. This Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies is intended as a tool to help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster policies.

- What it is designed to do: This tool was designed to complement and augment existing disaster resources, both pediatric-specific and general, rather than to serve solely as a stand-alone document. Users may find the entire checklist useful or may focus on specific domains, depending on their unique needs and resources. The relative importance assigned to any given consideration is unique to each facility based on their specific risk assessments.
- What it is not designed to do: This is not a step-by-step guide to implementing policies. Instead, resources are provided for each domain to provide more details and help implement the considerations.

It is the consensus of national subject matter experts that the pediatric domains and considerations in this checklist be well integrated into existing all-hazards hospital disaster preparedness policies or guidelines. For example, this checklist can be used to supplement the eight healthcare preparedness capabilities so that the pediatric domains are addressed by healthcare coalitions funded by the Hospital Preparedness Program (http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf). Furthermore, hospital disaster plans are unique to each facility and community; hence hospital administrators and managers are encouraged to work closely with their local, regional, and state healthcare systems and healthcare and/or disaster coalitions, national disaster partners, and their corresponding local chapters to adapt recommendations to their local needs, strategies, and resource availability. References to specific resources are included at the end of the document to assist users in finding relevant literature and best practices. Additionally, a comprehensive compendium of pediatric disaster resources and searchable databases is now available from the National Library of Medicine Disaster Information Management Research Center’s Health Resources About Children in Disaster and Emergencies at http://disaster.nlm.nih.gov/dimrc/children.html.

Questions about or feedback on this checklist are greatly appreciated. To provide us your comments, please complete the Online Feedback Form at http://emscnrc.org/EMSC_Resources/Feedback_and_Evaluation_Forms/Hospital_Disaster_Preparedness_Checklist.aspx.

The Checklist of Essential Pediatric Domains and Considerations for Every Hospital Disaster Preparedness Policies is funded by a grant through the Health Resources and Services Administration, Maternal and Child Health Bureau, Emergency Medical Services for Children (EMSC) Program. Cooperative agreement number # U07MC09174-05-02: EMSC National Resource Center at Children’s National Health System, Washington, D.C.
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Background

Children comprise 27% of the U.S. population1 and account for about 20% of all hospital emergency department visits.2 In 2006, the Institute of Medicine’s (IOM) Future of Emergency Care series reported that medical care for pediatric patients in the emergency setting continues to be uneven. The report noted deficiencies in the availability of pediatric equipment, supplies and medications, training for medical staff, and policies incorporating the unique needs of children. Furthermore, in the wake of Hurricane Katrina, the report noted that such deficiencies in everyday operational readiness are exacerbated during a disaster, calling the nation’s emergency care system “poorly prepared for disasters.”3

While there have been marked improvements in many areas of pediatric emergency care over the past decade,4 in 2010 the National Commission on Children and Disasters reported persistent deficiencies in every functional area of pediatric disaster preparedness.5 This report was followed in 2013 by the Preparedness, Response, and Recovery Considerations for Children and Families, a workshop convened by the IOM Forum on Medical and Public Health Preparedness for Catastrophic Events. Opening statements posited that “current state and local disaster plans often do not include specific considerations for children and families.”6 The workshop highlighted nine major events that occurred during a seven-month period from October 24, 2012 and May 31, 2013 in which there were 176 fatalities, including 46 children (26%), and discussed the numerous near-misses that could have further increased pediatric casualties.

In 2013, the American Academy of Pediatrics, the American College of Emergency Physicians, the Emergency Nurses Association, and the EMSC Program collaborated jointly on a quality improvement initiative, the National Pediatric Readiness Project. The project initiated an assessment of more than 5,000 U.S. emergency departments and more than 4,100 facilities responded (83%).7 Preliminary results illustrated that less than half of all U.S. hospitals reported having written disaster plans addressing issues specific to the care of children. Based on these findings, the National Pediatric Readiness Project stakeholder group recommended convening a multidisciplinary workgroup to develop a tool to assist hospitals to assure pediatric considerations are included in existing or future disaster plans.

The primary goal of the workgroup was to build on existing resources, with a particular focus on best practice guidelines and checklists from local geographic regions, to come to consensus on essential domains of pediatric considerations that should be incorporated into disaster policies for all hospital types in the United States. While this checklist takes an all-hazards approach to pediatric hospital preparedness, it is designed primarily to identify the personnel, resources, equipment, and supplies that will be useful for rapid onset pediatric surge planning, as well as for disaster response involving pediatric patients. Specific references and links to more robust resources for disaster and pandemic events for each domain are provided at the end of the document.
Domains 1-10...

This section of the checklist is divided into ten domains as listed below. Users can click on each Domain to navigate to that specific domain. Desktop and laptop users can click on the “Domains 1-10” button at the bottom of each page to return to this page listing. Tablet users must scroll backward/forward to this page listing.

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Domain 6: Legal/ethical issues ...................................................................................... 13
Domain 7: Behavioral health ......................................................................................... 14
Domain 8: Children with special health care needs ....................................................... 15
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Domain 10: Recovery and resiliency .............................................................................. 17
**Domain 1: Staff coordinator to champion pediatric disaster coordination and response - roles and responsibilities**

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<tr>
<td>• Collaborates with disaster program manager</td>
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<tr>
<td>• Promotes pediatric disaster awareness in the community</td>
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</table>
## Domain 2: Partnership building to facilitate surge capacity

<table>
<thead>
<tr>
<th>Pediatric Specifics to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
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</thead>
<tbody>
<tr>
<td>Coalition-building and relationships (pact among hospitals and other healthcare facilities) with hospital and non-hospital stakeholders (e.g., primary care, churches, medical homes, EMS, schools, daycare centers, Red Cross, etc.) to support pediatric care and families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process/plan to measure, prioritize, and expand pediatric surge capacity and capabilities based on resource availability</td>
<td></td>
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<tr>
<td>Process to facilitate the triage of patients including children for transport from the prehospital setting to the appropriate destination</td>
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<td></td>
</tr>
<tr>
<td>Defined pediatric transfer processes, i.e., agreements and guidelines to facilitate movement of children needing pediatric specialty facilities as well as those more stable children needing to be moved to increase surge capacity of specialty centers</td>
<td></td>
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</tr>
<tr>
<td>Telemedicine/telephone consultation agreements, processes, and equipment to facilitate provision of pediatric care in facilities not typically caring for children</td>
<td></td>
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<tr>
<td>Method to integrate facility disaster policy with community and regional disaster plans, including prehospital systems of care</td>
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</tbody>
</table>
## Domain 3: Essential resources necessary for building pediatric surge capacity

<table>
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<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan for expanded and alternative space for pediatric surge for key services:</td>
<td></td>
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<tr>
<td>• Alternative care sites (including sites for the provision of general inpatient and outpatient overflow and specialty care, such as critical care, technology dependent care, surgery, etc.)</td>
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<td></td>
</tr>
<tr>
<td>• Decontamination showers and mass decon areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family staging/waiting</td>
<td></td>
<td></td>
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<tr>
<td>Pediatric equipment (e.g. ventilators, isolettes; consider equipment and supplies to support children with special health care needs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. in facility:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. in neighboring facilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memorandum of Understandings (MOUs) to obtain additional equipment for surge</td>
<td></td>
<td></td>
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<tr>
<td>Pharmaceutical needs and drug administration aides (pediatric appropriate drugs, dosing, and administration guidelines including specific pediatric antidote dosing requirements for exposure to chemical/biological agents, access to pharmaceutical caches and stockpiles, Broselow tapes, kilogram scales, etc.)</td>
<td></td>
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</tr>
<tr>
<td>Dietary needs: regular formula, special formula (non-dairy, lactose free), infant foods, and equipment (bottles, feeding tubes) to meet surge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and accommodations (e.g. cribs, diapers, recliner for parents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. in facility:</td>
<td></td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>MOUs to obtain additional supplies for surge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs for prolonged patient stays in your facility when transfer not immediately possible (shelter in place)</td>
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</tbody>
</table>
### Domain 4: Triage, infection control, and decontamination

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Pediatric disaster triage processes that include defined process when infectious disease or exposure is suspected</td>
<td></td>
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<tr>
<td>Temperature- and pressure-regulated water controls for pediatric decontamination, especially for small children</td>
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<tr>
<td>Process for keeping families together during decontamination</td>
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<tr>
<td>Disposable pediatric-sized face masks</td>
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<tr>
<td>Pediatric isolation capabilities (e.g., contact, airborne)</td>
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<td></td>
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<tr>
<td>Process for disinfection of communally available toys in the facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter in place and evacuation procedures for children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Domain 5: Family tracking, security, support, and reunification

<table>
<thead>
<tr>
<th>Pediatric Specifics to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child identification (ID) forms and ID bands for all children arriving at the hospital listing information available from verbal children (name, age, parent name, address/phone, and possibly allergies) and identifying characteristics and intake source (where did they arrive from and who brought them in) of nonverbal children</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Central transfer/tracking tool with capacity to record children’s photos/ID information. This should include digital camera and photo printing capabilities</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Processes defined to support family togetherness and reunification during triage, care, and post disaster</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Procedures/staff/volunteers to care for unattended children brought in to the hospital</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Process for maintaining or increasing adequate security for existing pediatric patients in all areas of the hospital in addition to the emergency department</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Specialized, separate spaces for injured/ill and non-injured/non-ill unaccompanied children with security guard and appropriate staff</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Defined security, support, and reunification processes for non-verbal children</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>OB/GYN – the unique considerations of disasters on pregnant women, delivery, breastfeeding, and care of newborns</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A plan to establish a Family Information and Support Center (which could include staffing by volunteers)</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
**Domain 6: Legal/ethical issues**

<table>
<thead>
<tr>
<th>Pediatric Specifics to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and education regarding assents/consents for pediatric assessment, testing, or treatment with or without a parent in a disaster situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and understand ability to require vaccination, testing, or treatment notwithstanding parental or other consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate with credentialing bodies for healthcare personnel and understand scope of practice for all healthcare providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures/staff/volunteers to care for unattended children brought in to the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process for rapid credential verification and privileges. Does the state participate in the volunteer license reciprocity programs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting of pediatric adverse events, including maltreatment/violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan addressing allocation of scarce resources for children and adolescents (e.g., mechanical ventilators and pumps, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the process for obtaining and impact of a waiver of Emergency Medical Treatment and Labor Act (EMTALA), State Children’s Health Insurance Program (SCHIP), or other federal or state laws during declared emergencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal requirements to plan and prepare for pediatric needs during emergencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability and protections related to the implementation of crisis standards of care during declared emergencies/disasters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Domain 7: Behavioral Health

<table>
<thead>
<tr>
<th>Pediatric Specifics to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric psychological first aid protocols and training for all responders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting area and discharge information sheets with tips for pediatric mental health/stress responses and resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health professionals incorporated into pediatric care-review process (PI/QI/AAR/CAP)</td>
<td></td>
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</tr>
<tr>
<td>Pediatric mental health screening procedures and staff education to identify at-risk individuals based on nature and degree of exposures potentially needing additional behavioral health services and follow-up (e.g., death of family member)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment and identification of pediatric mental health resource availability in the facility and the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death notification and bereavement support</td>
<td></td>
<td></td>
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<tr>
<td>Policies and processes to reduce unnecessary exposure of children (and caregivers) to television and other potentially sensitizing stimuli (e.g., curtains to reduce exposure to injured patients and other traumatic images)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid access to urgent evaluation and treatment services when indicated</td>
<td></td>
<td></td>
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</tbody>
</table>
## Domain 8: Children with special health care needs

<table>
<thead>
<tr>
<th>Pediatric Specifc to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care considerations specific to neonates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care considerations specific to children with developmental disabilities and/or physical limitations and disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized equipment (e.g., wheelchairs, ventilators, pediatric feeding tubes, pediatric suction catheters, trachs, portable source of electricity, etc.) or MOUs to obtain (see Domain 2: Resources)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications and related dietary needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process to estimate hospital surge demands for children with special health care needs (CSHCN). Consider:</td>
<td></td>
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</tr>
<tr>
<td>• An estimate of the number of CSHCN in community (may want to work with state to identify number and types of special needs in catchment area to assure they can be addressed in a disaster; for example: Supplemental Assistance Nutrition Program in Delaware)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resource availability (e.g., special equipment, facilities)</td>
<td></td>
<td></td>
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<tr>
<td>• Healthcare professionals and other potential caretakers with which to partner (e.g., prehospital personnel, home health, and parent support organizations, such as Family Voices)</td>
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<td></td>
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</tbody>
</table>
## Domain 9: Staffing, exercises, drills, and training

<table>
<thead>
<tr>
<th>Pediatric Specifics to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric victims are incorporated into regular exercises that test the system’s ability to handle a surge in or evacuation of a variety of pediatric patients (e.g., infants, special needs). Lessons learned, after action reports, and improvement plans are incorporated into and drive improvement of hospital policy.</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing needs during disasters and identification/prioritization of pediatric staff/expertise to care for children or pediatric champions within institution</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage protocols and training to identify patients to be considered for immediate transfer (critically ill/injured or those sufficiently stable to move to another care center) and transferring patients with appropriate pediatric specific equipment and personnel</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric care-review process (Process Improvement, Quality Improvement, After Action Report, Corrective Action Plans, etc.)</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculums and training opportunities that address gaps and increase skills specific to pediatric patients</td>
<td>[ ] Yes</td>
<td></td>
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<tr>
<td>[ ] No</td>
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</tbody>
</table>
# Domain 10: Recovery and Resiliency

<table>
<thead>
<tr>
<th>Pediatric Specifics to Consider/Discuss</th>
<th>YES/NO</th>
<th>Notes/Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge disposition of children (including a tracking process and tool to assure that providers can readily communicate when and where children have been discharged or transferred to other facilities)</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
<tr>
<td>Short- and long-term mental health assessment and continuity of care for children’s behavioral health needs</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
<tr>
<td>Culturally tailored and developmentally-focused user-friendly parent information sheets</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
<tr>
<td>Partnerships with primary care and community medical homes to promote pediatric resiliency</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
<tr>
<td>Bereavement support</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
<tr>
<td>Professional self-care</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
<tr>
<td>Partnerships with community sites, such as child care centers, schools, preschools, etc., where services can be provided, including screening, primary prevention, and treatment</td>
<td><img src="image" alt="Yes" /> <img src="image" alt="No" /></td>
<td></td>
</tr>
</tbody>
</table>
Resources and References By Domain

This section includes resources and references for each of the ten domains listed on the previous pages. Users can click on each Domain to navigate to the resources and reference for that specific domain. Desktop and laptop users can click on the "Resources" button at the bottom of each page to return to this page listing. Tablet users must scroll backward/forward to this page listing.

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References and Resources By Domain

Domain 1: Staff coordinator to champion pediatric disaster coordination and response - roles and responsibilities


University of Massachusetts Medical School, Interprofessional Center for Experiential Learning and Simulation. Pediatric Disaster Life Support from [http://www.umassmed.edu/icels/certification-courses/](http://www.umassmed.edu/icels/certification-courses/).

References and Resources By Domain

Domain 1: Staff coordinator to champion pediatric disaster coordination and response - roles and responsibilities


University of Massachusetts Medical School, Interprofessional Center for Experiential Learning and Simulation. Pediatric Disaster Life Support from http://www.umassmed.edu/icsels/certification-courses/.

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Interactive or PDF

http://www.emscnrc.org/EMSC_Resources/Publications.aspx
Next Steps

- Identify physician and nurse champions
Next Steps

• Download the checklist
• Review hospital disaster plan
• Work with Disaster Preparedness Committee or emergency management coordinator
• Identify others to include
Get the Conversation Started

• Start a dialogue
• Identify priorities and set benchmarks
• Will be a stepwise process
EMSC Program Resources

- EMSC Program
- EMSC State Partnership
- Targeted Issue Grant
  - Mark Cicero, MD 2010-2013
  - Sarita Chung, MD 2008-2011
  - Flaura Winston, MD, PhD 2005-2008

More Resources

• Health Resources on Children in Disasters and Emergencies

• State and national professional organizations
  • AAP
  • ACEP
  • ENA

• Hospital Preparedness Program
For More Information

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