To address the unmet education and training needs of medical responders who care for children in a disaster

Kandra Strauss-Riggs, MPH; David Siegel, MD, FAAP; Amy Costello, MD, FAAP

**Background**
The National Center for Disaster Medicine & Public Health (NCDMPH) was created in 2008 via Homeland Security Presidential Directive-21 (HSPD-21), with the task of serving as the nation’s academic center of excellence in disaster medicine and public health.

**Impetus & Objectives**
Children represent 75,000,000 members, 30%, of our population. It has been almost 10 years since 9/11 and the majority of our health care clinicians are unprepared to provide the necessary clinical support for children in the event of a disaster.

In fulfillment of a recommendation from the National Commission on Children and Disasters (NCCD) and the Federal Education and Training Interagency Group (FETIG) – approved NCDMPH strategic plan, a planning committee developed the following conference objectives:

- To initiate the development of the infrastructure and methodology needed to create a competency based pediatric disaster preparedness training program
- To demonstrate this approach by developing prioritized, role-specific education and training recommendations for select healthcare roles
- To demonstrate the capabilities of a public – private consortium for development of a disaster preparedness education and training program

**Methodology**
Teams conducted a literature review highlighting gaps in pediatric disaster education and training. Conference planners divided subject matter experts into 3 groups and sub-specialty teams:

- **Groups**
  - EMS/First Responder
  - ED/Hospital
  - Ambulatory

- **Sub-Specialties**
  - CBRNE
  - Public Health
  - Mental Health

<table>
<thead>
<tr>
<th>Topic</th>
<th>Emerg. Care Providers</th>
<th>Surgeon Providers</th>
<th>Disaster Leaders</th>
<th>Support Providers</th>
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<tbody>
<tr>
<td>Hospital Preparedness</td>
<td>A</td>
<td>A</td>
<td>E/P</td>
<td>A</td>
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<td>Identify &amp; coordinate regional ped specialty care capacity &amp; access</td>
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<td>A</td>
<td>E/P</td>
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<td>Work w/local PH authorities</td>
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<td>A</td>
<td>E/P</td>
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<td>Plan for unaccompanied minors</td>
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<td>E/P</td>
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<td>Hazard Vulnerability Analysis</td>
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<td>E/P</td>
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<td>Personal Preparedness Staff</td>
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<td>Patient/Family Preparedness</td>
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<td>E/P</td>
<td>F</td>
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<td>P</td>
<td>F</td>
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<td>Medical Reserve Corps, etc</td>
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<td>P</td>
<td>A</td>
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<tr>
<td>Evacuation (ALL)</td>
<td>P</td>
<td>P</td>
<td>E/P</td>
<td>P</td>
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</table>

| Strategic Communications (Media) | A | A | E/P | A |

**Codes for Performance Levels**

- F = Foundational (overview)
- A = Aware (understanding concepts)
- P = Proficient (capable of performing tasks)
- E = Expert (subject matter expert)

**Outputs**
The diverse and prominent consortium of stakeholders at the conference contributed to the robust, representative process and products of the meeting. Among them:

- Preliminary role-specific curriculum recommendations
- Identification of health care provider roles requiring training
- Priority of health care provider training
- Identification of training topics. See Table 1

**Next Steps**

- Develop the competency and topic recommendations into deliverable learning objects
- Make learning objects available to professionals

With a basis in presidential policy and broad interagency support, the NCDMPH will continue addressing disaster health training and education gaps such as in pediatrics.

**References**