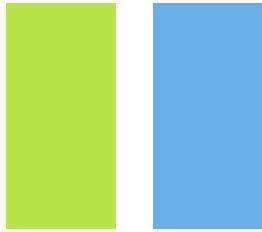


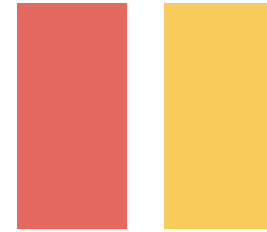


Closing the Gap Pediatric Disaster Planning

Niki Shimko, MSN CCRN CPN C-NPT



CONTENTS

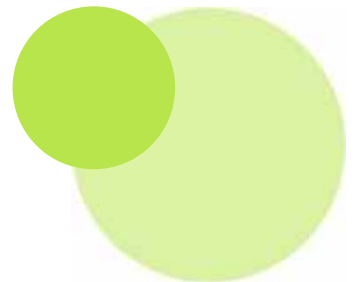
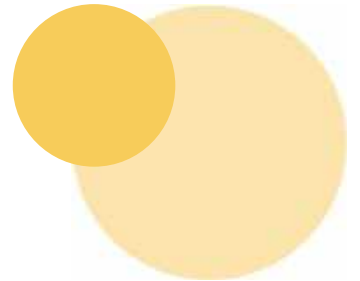


1

Identify critical elements of Pediatric preparedness and response relative to emergency disaster planning.

2

Learn to incorporate vulnerable population considerations in policies and protocols.



ONE



WHO is here?



slido



Do you have a PECC?

① Start presenting to display the poll results on this slide.

slido



What are your identified gaps in pediatric disaster preparedness?

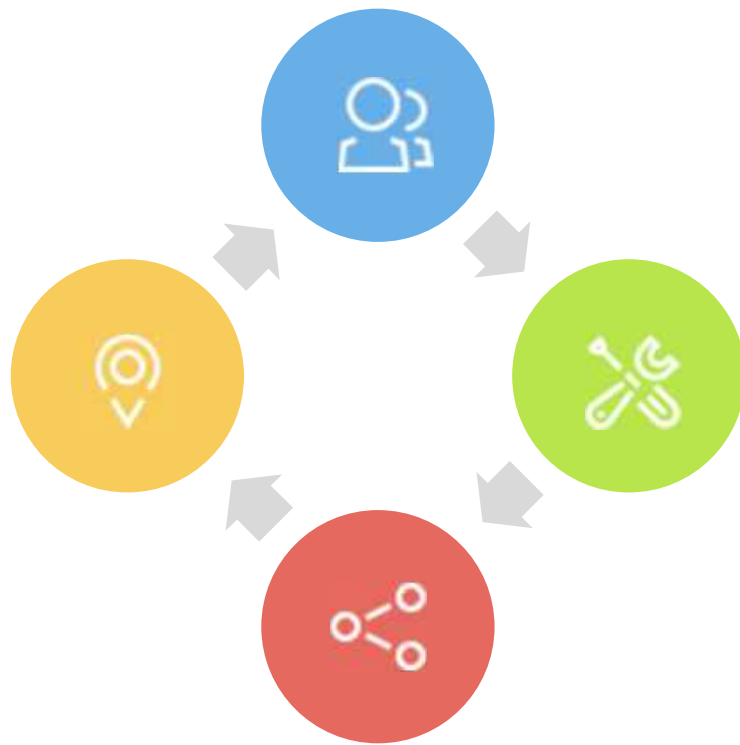
① Start presenting to display the poll results on this slide.

TWO



WHY prepare for
kids?

Why peds specifically?



- 1 Physical and emotional differences
- 2 Adult Dependent
- 3 25% of the population
- 4 Many not prepared nationally

Children As (Partial Listing)

- 1838 Blaauks River, South Africa
- 1974 Maalot School occupation
- 1995 Murrah Building, Oklahoma
- 1998 Elementary school, Jonesboro
- 1999 Columbine High School, Colorado
- 2000- Intifada, Israel
- 2003 Jerusalem Children's Bus
- 2004 Baghdad US troops giving
- 2004 Beslan, Russia (186 dead, 200 children)
- 2006 Platte Canyon High School, Colorado
- 2011 Norway (69/77 dead, 5 children)
- 2012 France Ozar Hatorah Toulouse
- 2012 - Sandy Hook Elementary School (20 children), 27 adults
- 2014 Syria: Chemical Weapons
- 2015 Nigeria, Pakistan Schools
- 2015 IRAQ/Syria: Killings, Slavery
- 2015 Paris Theatre (89)
- 2016 Truck Attack France
- 2017 Concert attack England
- Mass Shooting Nevada
- 2023 Middle East Conflict

And the list goes on...

Parkland

14 children, 3 adults

Boston Marathon

11 children, 54 adults

Newtown

20 children, 6 adults

Asiana Crash

26 children, 27 adults

Haiti Earthquake

~53% of patients were children

>Half a million children impacted



National GAP

SILOS

Numerous silos among community partners in planning, training, exercise, and response

Lack of Resources

For community physicians to build confidence in their care.



Training

Deficits in training and capabilities for transporting pediatric patients among emergency and non-emergency ambulance providers

Lack of PECC

Lack of designated pediatric champion in the emergency departments and among EMS providers

Other Gaps



Children and
Youth with special
needs

Family
Reunification
Plans



Decon

Decon standards for
Children are
different.

No Peds Disaster
Response
Pediatric disaster
specialty capable
teams are no longer
present in the
National Disaster
Medical System.



Gaps in Pediatric Disaster Preparedness (source materials)

2015 National Pediatric Disaster Conference Arizona

Chest Consensus: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement

<http://journal.publications.chestnet.org/> on 03/23/2015

e90S:Evidence-Based Medicine [146#4 CHEST OCTOBER 2014 SUPPLEMENT

AJPH: American Journal of Public Health:

Child's Health Is the Public's Health: Progress and Gaps in Addressing Pediatric Needs in Public Health Emergencies

National Pediatric Disaster Conference: Arizona 2022

New York City Pediatric Disaster Coalition:
Pediatric Disaster Surge Plan Gap Analysis 2023





Florida 2021 National Pediatric Readiness State Summary

2021 Pediatric Readiness Response Rate

Numerator: **170**
 Denominator: **295**
 Response Rate: **58%**

2013-14 Pediatric Readiness Response Rate

Numerator: **127**
 Denominator: **209**
 Response Rate: **61%**

2021 Average State Score

75

State AVERAGE Hospital Score out of 100 (n=170)

2021 Median State Score

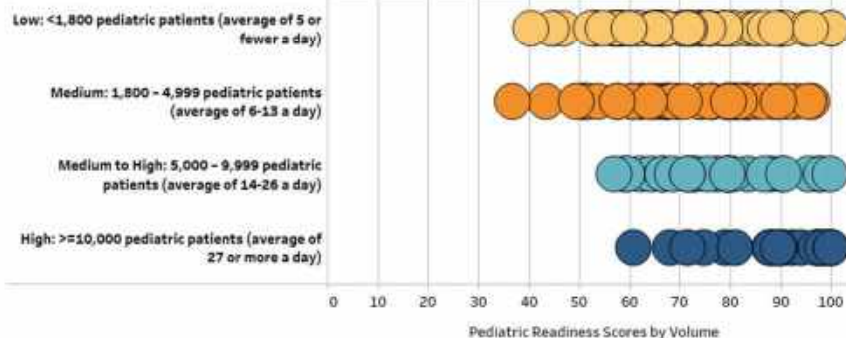
76

State MEDIAN Hospital Score out of 100 (n=170)

The overall 2021 National Pediatric Readiness scores (based on the 2018 Joint Policy Guidelines) are not directly comparable with the 2013-14 state scores (based on the 2009 Joint Policy Guidelines). These were two unique assessments based on two different published sets of guidelines. Questions were added/removed and point values changed based on the new guidelines. Although the overall scores are not comparable, several individual questions remained the same and these components can be compared over time.

Filter chart below by urbanicity:
 All

2021 Distribution of Scores by Volume



2021 National Pediatric Readiness Gap Report

2021 National Pediatric Readiness Response Rate

Numerator: **3,647**
 Denominator: **5,150**
 Response Rate: **70.8%**

2013-14 National Pediatric Readiness Response Rate

Numerator: **4,150**
 Denominator: **5,017**
 Response Rate: **82.7%**

2021 Average National Score

71

National AVERAGE Hospital Score out of 100 (n=3,647)

2021 Median National Score

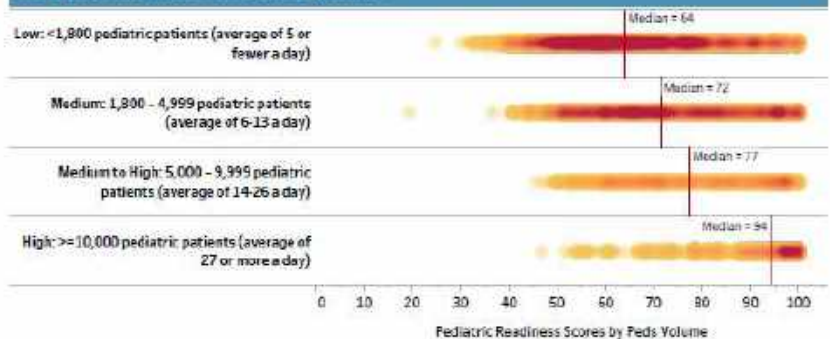
70

National MEDIAN Hospital Score out of 100 (n=3,647)

The overall 2021 National Pediatric Readiness scores (based on the 2018 Joint Policy Guidelines) are not directly comparable with the 2013-14 national scores (based on the 2009 Joint Policy Guidelines). These were two unique assessments based on two different published sets of guidelines. Questions were added/removed and point values changed based on the new guidelines. Although the overall scores are not comparable, several individual questions remained the same and these components can be compared over time.

NOTE: There are 89 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

2021 Distribution of National Scores by Volume



Breakdown of Scores by Volume Type:

Urbanicity: All					
Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low: <1,800 pediatric patients (average of 5 or fewer a day)	63	70	68	40	100
Medium: 1,800 - 4,999 pediatric patients (average of 6-13 a day)	56	73	76	37	96
Medium to High: 5,000 - 9,999 pediatric patients (average of 14-26 a day)	28	78	79	57	100
High: >=10,000 pediatric patients (average of 27 or more a day)	23	89	91	61	100
Grand Total	170	75	76	37	100

Breakdown of Scores by Trauma Designation



Average Scores By Section

Section	Missing Records	Avg Section Score	Possible Score
Guidelines for Administration and Coordination of the ED for the Care of Children (19 pts)	0	7.8	19
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)	0	6.2	10
Guidelines Q/PI in the ED (7 pts)	0	3.0	7
Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)	0	13.5	14
Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)	0	12.1	17
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)	0	32.3	33

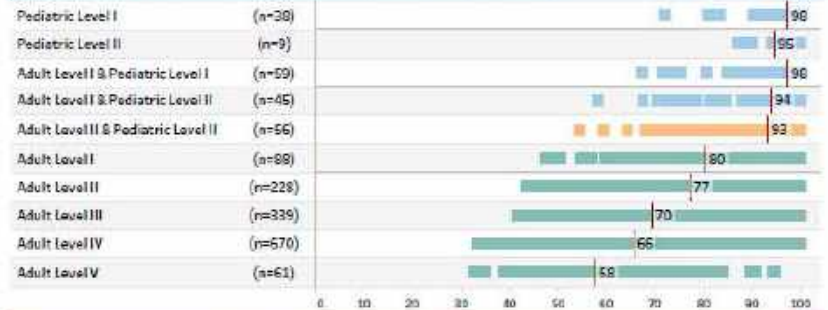
NOTE: If there are missing values from any of the assessments (specifically from PDF assessments), they are shown in the "Missing Records" column. This indicates records that were missing scored questions and could not be included in the calculation of the average section score.

Breakdown of National Scores by Volume Type

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low: <1,800 pediatric patients (average of 5 or fewer a day)	1,806	66	64	25	100
Medium: 1,800 - 4,999 pediatric patients (average of 6-13 a day)	1,103	73	72	20	100
Medium to High: 5,000 - 9,999 pediatric patients (average of 14-26 a day)	367	77	77	46	100
High: >=10,000 pediatric patients (average of 27 or more a day)	281	90	94	47	100
Grand Total	3,557	71	70	20	100

NOTE: There are 89 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

Distribution of Trauma Designation by Score (Median Score Red Line)



National Average Scores By Section

Section	Missing Responses	Avg Section Score	Possible Score
Guidelines for Administration and Coordination of the ED for the Care of Children (19 pts)	3	7.0	19
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)	31	5.6	10
Guidelines Q/PI in the ED (7 pts)	11	2.9	7
Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)	7	12.7	14
Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)	36	11.2	17
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)	41	31.8	33

NOTE: If there are missing values from any of the assessments (specifically from PDF assessments), they are shown in the "Missing Responses" column. This indicates records that were missing scored questions and could not be included in the calculation of the average section score.

Guidelines for Policies, Procedures, and Protocols for the ED (17 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Involving families and caregivers in medication safety processes	▲	118/170 (Missing = 0)	69.4%		
Family and guardian presence during all aspects of emergency care, including resuscitation	▲	123/170 (Missing = 0)	72.4%		
Education of the patient, family, and caregivers on treatment plan and disposition	▲	124/170 (Missing = 0)	72.9%		
Bereavement counseling	◆	98/170 (Missing = 0)	57.6%		
Disaster plan includes availability of medications, vaccines, equipment, supplies, and appropriately trained providers	◆	73/170 (Missing = 0)	42.9%		
Disaster plan includes decontamination, isolation, and quarantine of families and children	◆	75/170 (Missing = 0)	44.1%		
Disaster plan includes minimization of parent-child separation and methods for reuniting separated children with their families	◆	75/170 (Missing = 0)	44.1%		
All disaster drills include pediatric patients	◆	70/170 (Missing = 0)	41.2%		
Disaster plan includes pediatric surge capacity for both injured and non-injured children	◆	70/170 (Missing = 0)	41.2%		
Disaster plan includes access to behavioral health resources for children	◆	65/170 (Missing = 0)	38.2%		
Disaster plan includes care of children with special health care needs	◆	69/170 (Missing = 0)	40.6%		
Written inter-facility transfer guidelines	●	136/170 (Missing = 0)	80.0%	86.5%	-6.5% ▼

Guidelines for Policies, Procedures, and Protocols for the ED (17 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Involving families and caregivers in medication safety processes	◆	2,060/3,636 (Missing = 10)	56.7%		
Family and guardian presence during all aspects of emergency care, including resuscitation	◆	2,131/3,636 (Missing = 10)	58.6%		
Education of the patient, family, and caregivers on treatment plan and disposition	▲	2,228/3,636 (Missing = 10)	61.3%		
Bereavement counseling	◆	1,672/3,635 (Missing = 11)	46.0%		
Disaster plan includes availability of medications, vaccines, equipment, supplies, and appropriately trained providers	◆	1,556/3,635 (Missing = 11)	42.8%		
Disaster plan includes decontamination, isolation, and quarantine of families and children	◆	1,616/3,635 (Missing = 11)	44.5%		
Disaster plan includes minimization of parent-child separation and methods for reuniting separated children with their families	◆	1,580/3,636 (Missing = 10)	43.5%		
All disaster drills include pediatric patients	◆	1,359/3,636 (Missing = 10)	37.4%		
Disaster plan includes pediatric surge capacity for both injured and non-injured children	◆	1,457/3,636 (Missing = 10)	40.1%		
Disaster plan includes access to behavioral health resources for children	◆	1,400/3,637 (Missing = 9)	38.5%		
Disaster plan includes care of children with special health care needs	◆	1,368/3,636 (Missing = 10)	37.6%		
Written inter-facility transfer guidelines	▲	2,603/3,639 (Missing = 7)	71.5%	70.5%	1.0% ▲



**Would you be
prepared?**

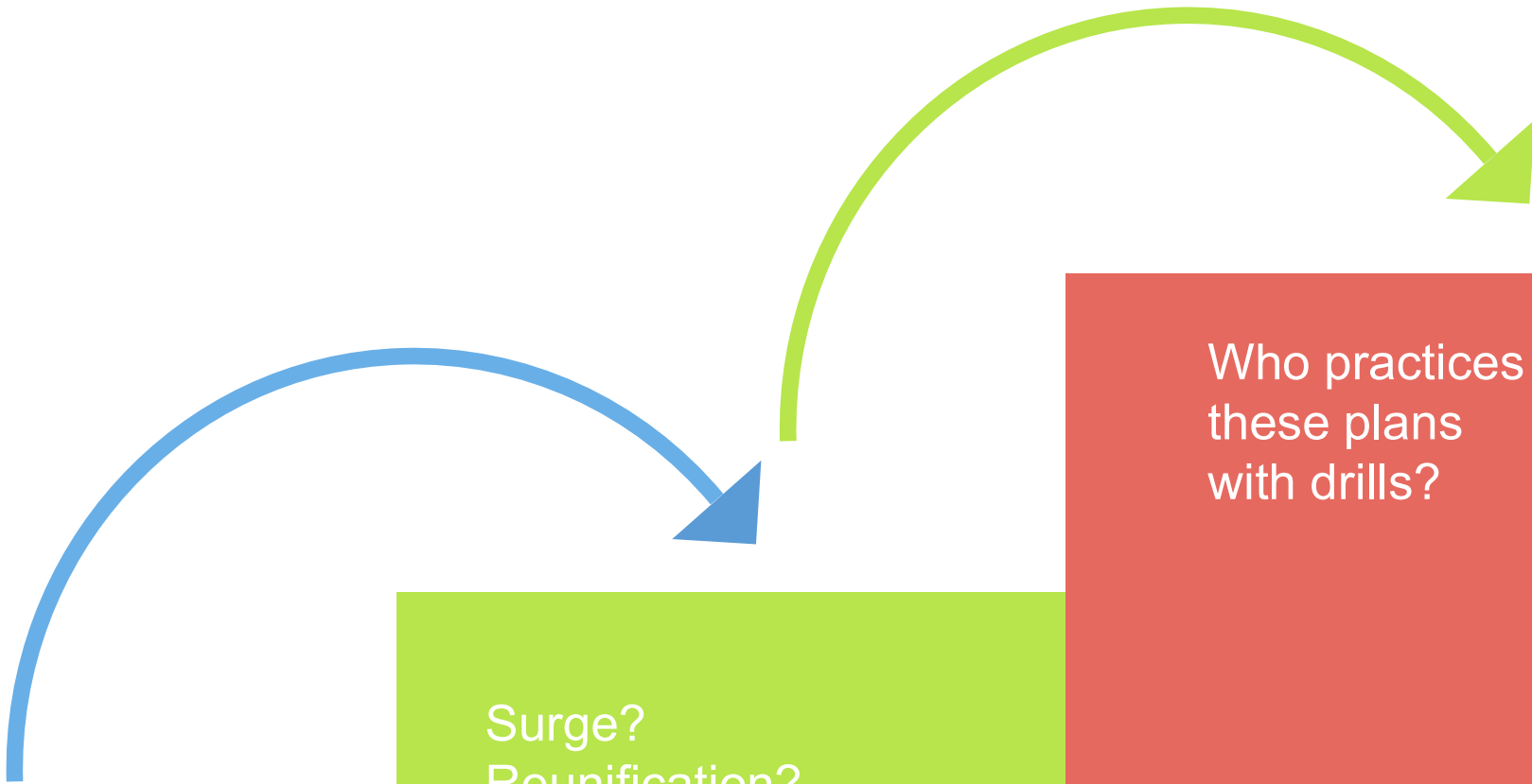


Pediatric Disaster

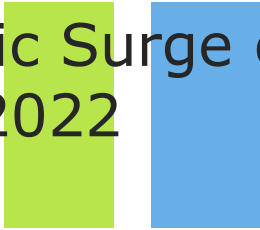
Who has
pediatric
disaster plans?

Surge?
Reunification?
Decontamination?
Special Needs?

Who practices
these plans
with drills?



Pediatric Surge of 2022



Tripledemic

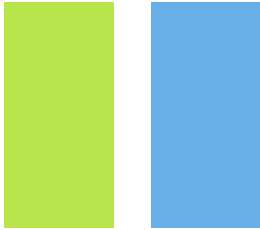
RSV, Flu, Covid

Consolidation of Pediatric Services over the years

Children's Hospitals were at Capacity

Community Hospitals with less capability, limited equipment, limited peds nurses, no inpatient services, and increased anxiety





Staff
Telehealth options
Buddy system experience paired up with non-pediatric staff



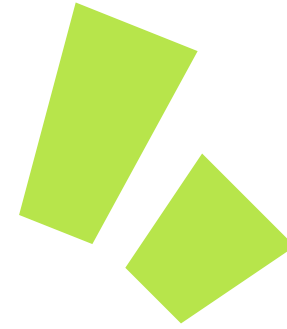
Space
Lack of space at community hospitals



System
Develop a Pediatric Medical Coordinating Call
Identify gaps in the region
Training



Surge



Short term surge

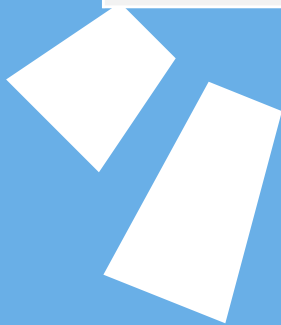
Do you have a plan for uninjured, unaccompanied children?

What team members do you need to add?

Pediatric safe room?

Have you drilled?

How long do you keep them?



Decon



Water pressure
Water temperature

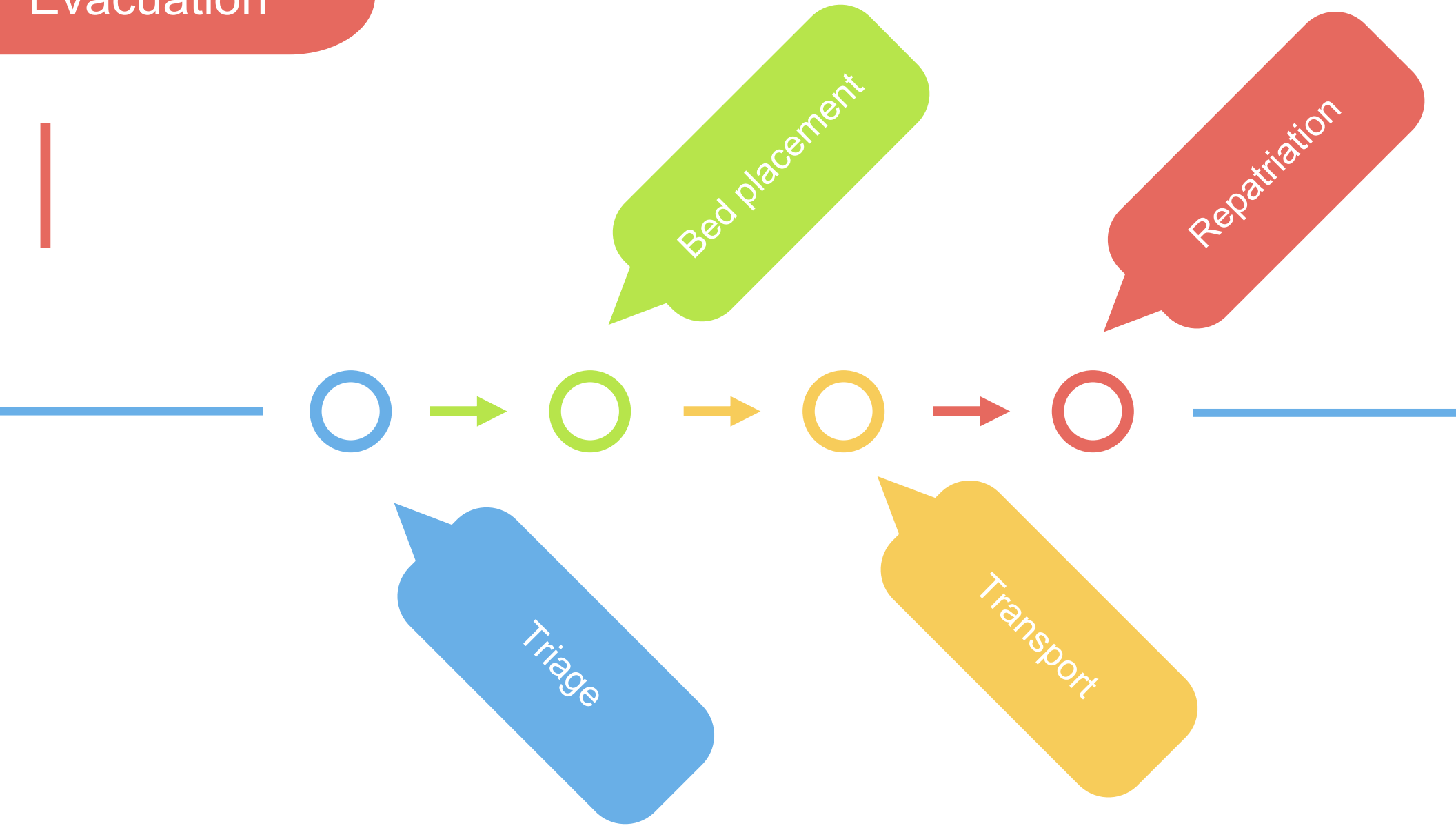


Age
considerations

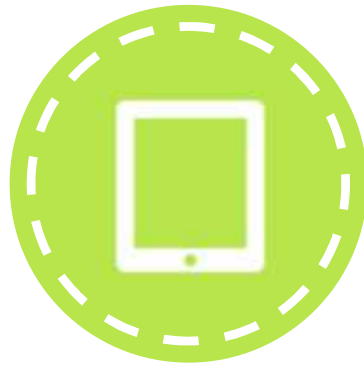
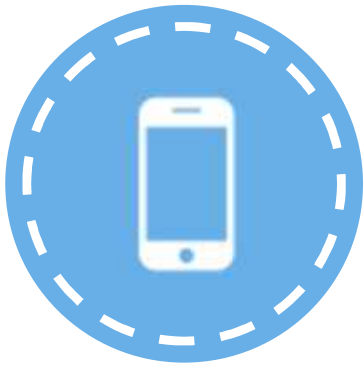
Airway



Evacuation



Reunification



What resources do you have?
What form of ID is acceptable?
School system?

Mental Health



What resources do you have?

What resources do you need?

What if a bus full of autistic children?

What about special needs kids?

What extra resources do you need?

slido



What have you learned that is a new gap identified? Or what will you take away from here to work on?

① Start presenting to display the poll results on this slide.

WITH THREE



Resources

Organizations



National Pediatric Disaster Coalition

American
Academy of
Pediatrics
Disaster and
Children



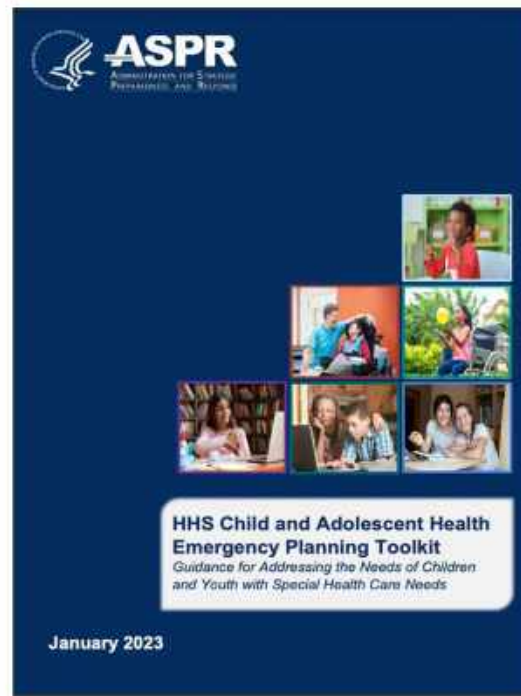


Administration for Strategic Preparedness and Response (ASPR)
Health and Human Services (HHS)
Child & Adolescent Health Emergency Planning Toolkit

Comprehensive
Guidance &
Resource

Compendium of
Resources for all
phases

6-page list of trusted
national, federal and
state organizations



<https://aspr.hhs.gov/at-risk/Documents/HHS-Child-Adolescent-Health-Emergency-Planning-Toolkit-7Feb2023.pdf>

New Disaster *Response* Collaborative



- [Recording](#) and [slides](#) from the Disaster Response Collaborative launch webinar held on March 18, 2024 now available
- Each team leader for a children's hospital may register a team of 2 or more participants. Only one registration per hospital is needed.
- Learn more and register [today](#)



**DISASTER
RESPONSE
COLLABORATIVE**

One Page Overview



FLORIDA EMSC

A STATE PARTNERSHIP PROGRAM

NATIONAL PERFORMANCE MEASURES



PEDIATRIC READINESS



DISASTER PREPAREDNESS



FAMILY PARTNERSHIPS



Mission

Partnering with EDs, EMS agencies, disaster preparedness organizations, and families in the care of ill and injured children to enhance pediatric readiness across the continuum of care

- PEDReady@jax.ufl.edu
- 904-244-4986
- flemsc.emergency.medjax.ufl.edu/
- [@floridamsforchildren](https://www.facebook.com/floridamsforchildren)
- [@flmsforchildren](https://www.instagram.com/flmsforchildren)



Program Manager:
Katelyn Per, MS, CHES®

Program and Medical Director:
Phyllis Handry, MD, FAAP, FACEP

Resources Flyer (updated)



Updated 03/27/2024



Partnering with Florida emergency departments, emergency medical service agencies, disaster preparedness organizations, and families in the care of ill and injured children to enhance pediatric readiness across the continuum of care

JUMPSTART AND START BADGE BUDDY



Pediatric mass casualty triage tool



PEDIATRIC EMERGENCY ABCS & MORE



Information needed to manage a pediatric emergency all in one place



COMMUNICATION CARDS



Cards to communicate with adult and pediatric patients and their families, especially those who are nonverbal and do not speak English

Spanish and English

Haitian Creole and English



PEDIATRIC PAIN & FEVER DOSING GUIDE



Weight-based dosing for Acetaminophen and Ibuprofen

Available as a magnet



pedready@suu.edu



904-244-4886



femc-emergency.med.suu.edu/



[@floridamforchildren](https://www.facebook.com/floridamforchildren)



[@floridamforchildren](https://www.instagram.com/floridamforchildren)

Funded by Florida EMSC State Partnership Program (FRSA)

Prehospital PECC Flyer

- Intended to provide an overview of the role and responsibilities of a prehospital PECC
- If you are interested in becoming a prehospital PECC or know someone who may be, email pedready@jax.ufl.edu



Updated 12/07/2023



RESPONSIBILITIES

- Ensures that the pediatric perspective is included in the development of EMS protocols
- Ensures that EMS providers from their agency follow pediatric clinical practice guidelines
- Promotes pediatric training opportunities
- Ensures the availability and correct use of pediatric medications, equipment, and supplies per agency protocols
- Promotes agency participation in pediatric prevention programs
- Works to incorporate pediatrics into disaster plans and training
- Collaborates with local hospital PECC(s)
- Promotes family-centered care
- Works to include the needs of children with special healthcare needs in agency protocols, procedures, or guidelines

 PEDReady@jax.ufl.edu

 904-244-4986

 flemsc.emergency.med.jax.ufl.edu/

 [@floridaemsforchildren](https://www.facebook.com/floridaemsforchildren)

 [@flmsforchildren](https://www.instagram.com/flmsforchildren)



Funded by Florida EMS State Partnership Program (FRSA)

Help us make all EMS agencies in Florida **PEDReady!**

ED PECC Flyer

- Intended to provide an overview of the role and responsibilities of an ED PECC
- If you are interested in becoming an ED PECC or know someone who may be, email pedready@jax.ufl.edu



WHAT IS AN ED PECC?


A designated liaison who champions pediatric emergency care in the hospital or stand alone ED setting. A PECC can be a nurse, physician, or advanced practice provider.



RESPONSIBILITIES

- Ensures that the pediatric perspective is included in ED policies and protocols
- Promotes pediatric training opportunities
- Ensures availability and correct use of pediatric medications and equipment
- Promotes hospital and ED participation in pediatric-related prevention programs
- Ensures disaster plans address the needs of children
- Collaborates with local emergency medical services PECC(s)
- Promotes family-centered care
- Addresses the care of children with special healthcare needs
- Please note: hospital EDs are encouraged to have a physician and nurse PECC

 PEDReady@jax.ufl.edu

 904-244-4966

 flemsc.emergency.medjax.ufl.edu/

 @floridaemsforchildren

 @flemstorchildren



Additional Resources: National Pediatric Disaster Coalition



Support the development of a unified medical and health emergency management community to prepare, respond, and recover from emergencies and disasters.

VALUES

1. Multi-discipline inclusiveness
2. Mutual respect
3. Leadership that prioritizes the growth and well-being of others
4. Non-competitive collaboration
5. Integrity
6. Advocacy



Disaster and Families of Children with Disabilities: What Every Health Care Provider Needs to Know

To Access and Link to
4-minute Video, Infographic
& Teaching Checklist Scan QR Code





**Are the Families of Children with Disabilities
and Medical Needs In Your Community
Disaster Ready?**

Now They Can Be!

**Connect to the "*Be Ready*" Toolkit
An ADA, Multi-lingual Just-in-Time Videos,
and Infographics**



**For Toolkit Scan QR Code
or Visit <https://bit.ly/2XYrxJJ>**




Health & EM Provider Training



https://emscimprovement.center/domains/preparedness/asprcoe/eglpcdr/cyshcn/toolkit/need_to_know/

Children with Disabilities and Disaster : What Every Health Care Provider Needs to Know



The CDC estimates that 1 in 5 children in the US has a special health care need.

Children with disabilities rely on their parents and caretakers including school personnel to assure their safety in a disaster. Families of disabled children need "facilitated" pre-event disaster risk reduction planning.

Children with disabilities rely on their parents and caretakers including school personnel to assure their safety in disaster.

Disaster information is best shared in-person, with one-on-one training, and via online forums hosted by schools and service organizations. Brochures, videos, and web-based resources for use by medical personnel should be available. Assure that there are plans for schools to send emergency messages to parents and families via phone, text and/or social media.

Families vary in their understanding of what they need to prepare for in a disaster as does their ability to cope with disaster preparedness information.

Disaster preparedness including equipment troubleshooting should be a regular part of discharge planning of every medically complex child. It should be reviewed at the first follow-up visit after discharge and periodically as the child's medical needs change.

Families of children with disabilities in disaster-prone areas are known to be less resilient and struggle to recover from disasters.

These families have higher rates of adverse consequences when disaster strikes including life threats, food insecurity, poverty, disrupted access to health care, medication, medical supplies, and homelessness.

Parents of children with disabilities report that they can be easily overwhelmed with information.

Disaster readiness information is best shared using a variety of methods including 1:1 instruction, online forums, videos, brochures, and applications. Educational material should be provided in the language the family understands and be American Disabilities Act (ADA) compliant.

Primary Care Providers can play a critical role in assuring that caregivers know what to do in a disaster.

When disaster preparedness is included as part of routine anticipatory guidance, families are more likely to engage in home preparedness activities.








Families may not know what will happen if their child is at school during a disaster.

Parents and school leaders should be advised to discuss emergency and disaster procedures as part of the child's Individual Education Plan (IEP). Parents should know how to communicate with the school and reunify with their child during a disaster.

Current anticipatory guidance does not address disaster readiness as part of essential child safety. It is the responsibility of the provider to include this information.

Families of children with disabilities report that they need help connecting to local resources for sheltering in place and evacuation.

Disaster risk reduction relies on the primary and specialty care health providers being willing to communicate to the family the importance of being informed, making a plan, and building a kit.



Pediatric Training & Exercise Kits



***Disasters in
Seconds*** 

Disaster Drills & Triaging Tiny Traumas



One day you will
tell your story
of how you've
overcome what
you're going
through now,
and it will become
part of someone
else's survival
guide. ♡



Questions





THANKS