

- *Disaster Preparedness for Children and Families requires thought and System Considerations*

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Kids today

- 78 million people less than 18 yrs of age
- 25% of the population
- Largest vulnerable population
 - Disabled children
 - Tech dependent children
 - 30% living at or near poverty level
- Environment and Response provided by adults

Children Myriad Vulnerabilities

- **Collateral Damage**
 - Oklahoma City '99
 - Madrid '04
- **Katrina: 2000 lives lost**
 - 2,000,000 evacuated
 - Many still displaced
 - **Impact on Children**
 - 5000 separated,
 - Loss of home, financial footing, security
- **WTC: 3000 adults lives lost**
 - How many parents lost?
- **Tsunami/Katrina**
 - Children as victims out of proportion to population
 - Mental health, economic stability
- **H1 N1**
 - Children vulnerable
 - Primary victims

Size Matters



How We Respond matters



Shock And Awe Matters

Emotional response

- Amputated
- Disembowled
- Dead
- Missing



Differences During Pediatric Disasters Matters



- May be unable to self identify
- Unable to provide reliable exposure history
- Impaired communication of symptoms
- Need constant adult supervision to avoid harm
- Afraid of staff in PPE & need constant reassurance
- Unable to walk through decon on their own
- Unable to legally consent for medical care



CPH

Beyond comprehension or Soft Targets?

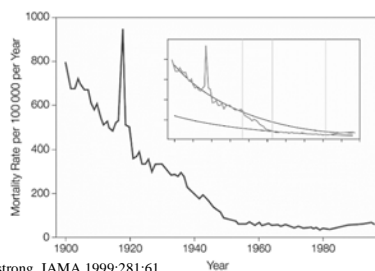
- Children congregate during daytime
 - Daycare/School/Camp
 - En route on buses
- School planning variable and not adequate
 - Often not coordinated with municipal plans
 - Notification and reunification plans rare

CPH



CPH

US Infectious Disease Mortality: The Impact of Influenza and AIDS



Armstrong, JAMA 1999;281:61

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Children and Pandemic Flu

- Unclear resource allocation
 - Ventilators
 - Home care
- Addressing unique pediatric problems
 - Toddlers won't wear masks, are not great at washing their *hands*,
 - *won't promise to not pick their noses*
- Impact on Modern society of large numbers of pediatric mortalities
- Palliative care

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Gaps in Pediatric Preparedness Will it be surge or scramble?

- Every day Pediatric Readiness inadequate
- Primary care inadequate
- Everyday mental health system in crisis
- few hospitals or communities have scalable plans for response (surge, isolation, etc.)
- Few Hospitals drill for mass pediatric casualties
- Just like all disaster prep
– UNDERFUNDED



-Joint Commision- what about children?

- Children gather in the daytime
- A mass casualty event involving children is not a function of population percentage
- Children's hospitals-will practice mass events involving children
- A general hospital is likely to be faced with a mass event involving children
- General hospitals will be least prepared for such an event
- Every Hospital is not mandated to practice a mass event involving large numbers of children



Advocacy, Planning and Clarity of Mission matters

- We have been here before.



- In order to solve a problem,
one has to think about the problem



Community Prepares Historical Context

- EMS and Trauma care evolved on adult need – children overlooked and plans retrofitted
- Pediatric systems evolved separately
 - Neonatal regionalization
- Community educates self
 - American Academy of Pediatrics
 - EMS-C Program
- Community educates Government
 - Special Taskforces
 - Interagency Work

IOM Recommendations

- Develop strategies to decrease separation and to promote reunion
- Improve pediatric experience on DMAT teams and develop pediatric DMATS
- Increase capacity for medical and mental health and social services for disasters
- Call for regular mass pediatric event drills for all hospitals



Barriers to Response for Kids

“We have come a long way
but.....
We have a long way to go.”



