

## *Pediatric Disaster Planning*

The New York State Experience

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## *New York State Pediatric Disaster Planning*

- Pediatric and Obstetric Emergency Preparedness Toolkit
- Disaster Mental Health: Assisting Children and Families
- Pediatric Ventilator Allocation

## *Pediatric and Obstetric Emergency Preparedness Toolkit*

**New York State Department of Health**  
Division of Family Health/Office of the Medical Director  
Health Emergency Preparedness Program

## *Purpose of toolkit*

- Familiarity with the Pediatric and Obstetrical Toolkit and its potential applications for hospital emergency preparedness planning
- Improved understanding of how to incorporate the needs of pediatric and obstetrical patients into the hospital's comprehensive emergency management plan

## *What is it?*

- Useful, expert-reviewed guidance document and planning tool
- May assist hospitals:
  - who do not currently serve children or pregnant/laboring women,
  - in accepting these patients in an emergency when there is a need

## *What does it contain ?*

- Divided into multiple sections to guide discussion of planning for emergencies involving children and pregnant/laboring women
- Contains tools that may save time/trigger discussion

## *Toolkit Sections*

- Planning Guidelines
- Staffing
- Training
- Security
- Infection control
- Triage
- Decontamination and Prophylaxis
- Transportation
- Surge Considerations
- Equipment
- Dietary
- Childbirth
- Psychosocial Needs
- Family Information and Support Center

## *What it is not?*

- The Toolkit is not a ready-made emergency plan
- It is not comprehensive with regard to all aspects of planning

It's intended application is through the facility's emergency preparedness planning process

## *Why the Toolkit?*

- Allows hospitals to be proactive in their planning for emergency events
- Responds to special needs of children and laboring women in emergencies as illuminated by past events

## *What We Know from Past Events*

- In an emergency, people go to the nearest or easiest to reach facility, whether or not these services are normally offered there
- Each facility is unique and needs a plan tailored to its own needs, resources, and circumstances
- Transfer of patients may not be feasible

## *A Quick Walk-Through . . .*

## *Recommendations for Planning Section 2*

- Develop a committee or workgroup within each hospital
- Develop an annex to the Comprehensive Emergency Management Plan that relates to pediatric and obstetrical patients

### *Recommendations for Planning*

- Establish relationships with appropriate facilities so that transfers can occur, if conditions permit
- Plan for pediatric and obstetric inpatient care if transfer is delayed/impossible

### *Recommendations for Planning*

- Appoint coordinators
  - Pediatric/Obstetric Physician Coordinator(s)
  - Pediatric/Obstetric Nursing Coordinator(s)
- Conduct clinical training
- Conduct disaster drills involving pediatric or obstetrical scenarios

### *Staffing Considerations Section 3*

- Pre-identify staff with previous Pediatric or Obstetrical experience
- Create key Pediatric/Obstetrical Hospital Incident Command positions
- Train staff who are willing to serve Pediatric/Obstetrical patients in disasters

### *Training Considerations Section 4*

- Educate staff
  - Core Principles of Disaster Management
  - Emergency Treatment of Adult, Pediatric and Obstetrical patients

### *Training*

- Consider needs of Pediatric/Obstetrical patients when planning training courses for staff
- Consider Pediatric/Obstetrical surge capacity whether or not hospital offers these services currently

### *Training Resources*

- Multiple resources listed
- Includes sources for birthing simulators

## Security Section 5

- Pediatric Tracking Options
- Protocol for Rapid Identification and Protection of Displaced Children
- Child Identification Survey Form
  - Includes use of pictures for identification

## Child Identification Survey

- Child demographics
- Description of child
- If the child was accompanied
- If the child was unaccompanied
- Child History/Treatment experience while at the facility
- Case Disposition/Discharge

## Security

- Setting up a Pediatric Safe Area
  - Pediatric Safe Area Checklist
  - Sample Job Action Sheet for Coordinator
  - Pediatric Safe Area Registry

## Infection Control Section 6

- Guidance Documents
- Cohorting of patients
- Environmental Measures
- Care of Newborns
- Staff-to-Child Ratios

## Infection Control Guidance

### Symptomatic:

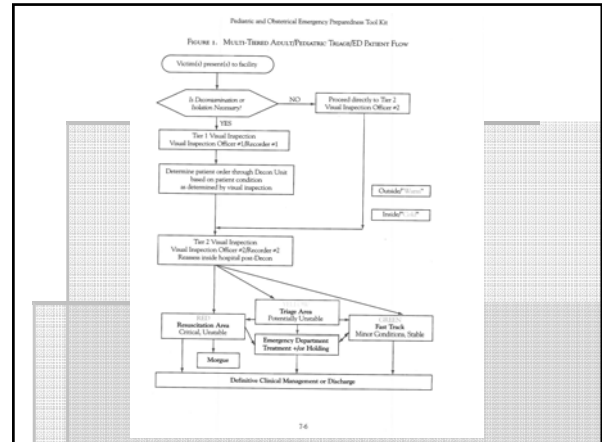
- Guidelines for Isolation Precautions in Hospitals (HICPAC)

### Asymptomatic:

- Caring for Our Children Guidelines (AAP and APHA)

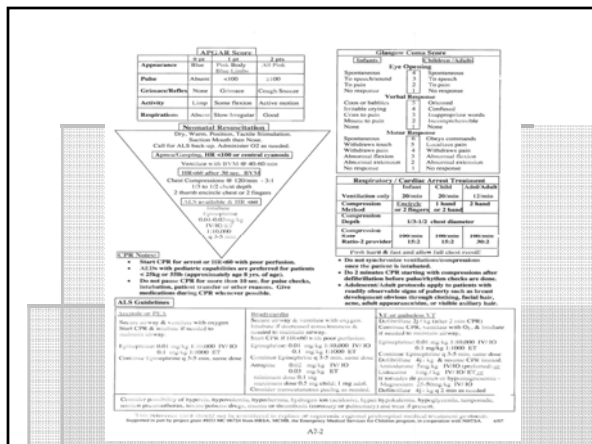
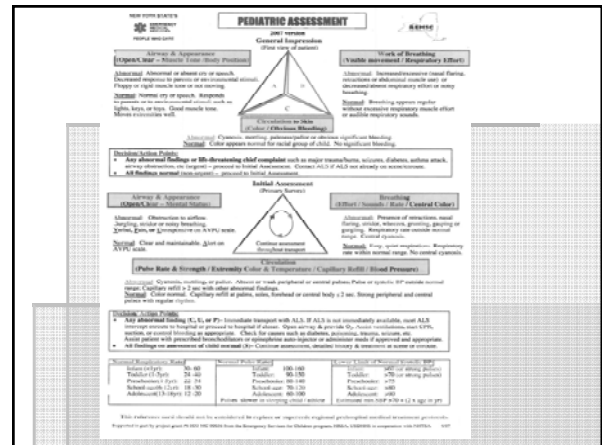
## Pediatric Hospital-Based Triage Section 7

- Mass Casualties Involving Children
- Triage Recommendations
- Visual Assessment of Children
- Triage Area Management



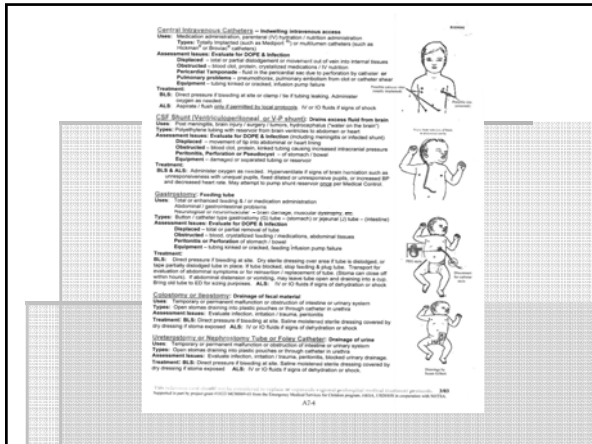
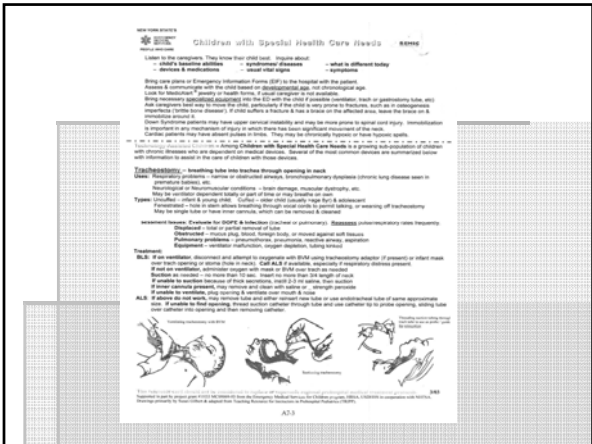
## Pediatric Hospital-Based Triage

- Overview of Triage Recommendations
  - Communication
  - Documentation
  - Personnel
  - Job Action Sheet: Visual Inspection Officer
  - Model for Pediatric Triage
  - Color Codes for Acuity and Patient Sorting



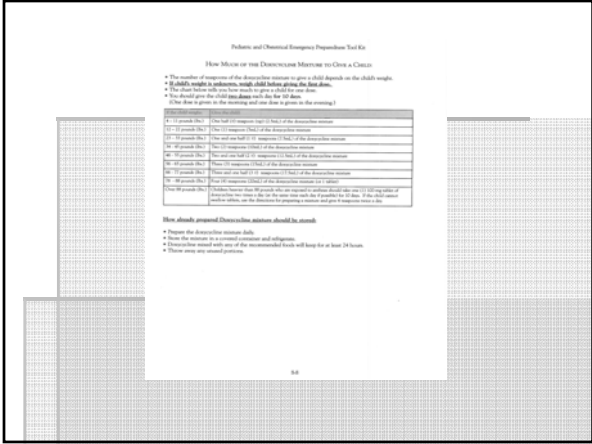
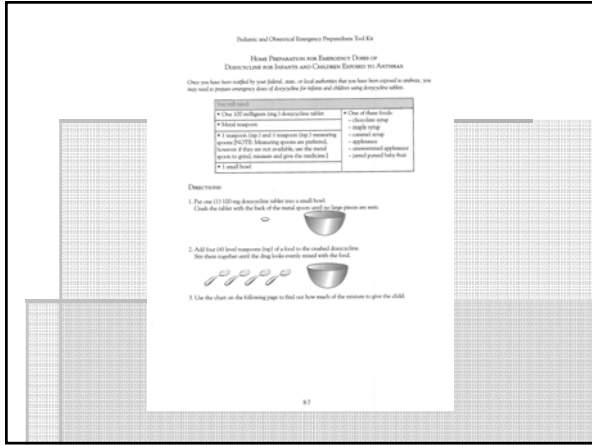
## Children with Special Health Care Needs

- Technology-dependent Children
- Children with Tracheostomy
- Central IV Catheters
- CSF Shunt
- Gastrostomy
- Colostomy or Ileostomy
- Ureterostomy or Nephrostomy



## Decontamination and Prophylaxis Section 8

- Decontamination Recommendations
  - Based on the age of the child
  
- Home Preparations of Emergency Doses from Standard (Stockpile) Formulations
  - Caution: Check that formulation given matches the handout



## Transportation Guidelines Section 9

- Within the hospital
- To other facilities
- Use of car seats

Appropriate Use and Tips of Car Seats			
	Infants	Toddlers	Young Children
Age & Weight	Up to 1 year old AND 20lb or less	Over 1 year to 4 years old AND over 20lb	Ages 4-8, less than 49" AND over 40 lb.
Seat Type	Infant only or rear-facing convertible	Convertible/Forward-facing	Belt positioning booster seat
Seat Positioning	Rear-facing only	Forward-facing	Forward-facing
Cautions	All children age 12 and under should ride in the back seat.		

## Surge Considerations Section 10

- Planning scenario
- Web sites listed for:
  - Trauma scoring/Injury severity score
  - Inter-facility transfer agreement

## Equipment – Section 11

- Minimal pediatric equipment recommendations
- Further recommendations in **Section 13. Emergency Childbirth**

## Dietary Recommendations Section 12

- Food that needs little or no preparation
- Sample disaster menus
- Nutrition guidelines by age
- Breastfeeding is covered in **Section 13. Emergency Childbirth**

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Table 11.4 – Sample Pediatric Disaster Menu

The following sample list for pediatric preparedness lists foods that require the minimal amount of preparation or no prep at all to maintain temperature.

Age Group	Food Item	Notes
Infants (0-1 year)	Ready-to-eat baby food (canned)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (jarred)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (tin)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (powder)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (stick pack)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (sachet)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (cup)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (pouch)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (bottle)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (can)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (tube)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (bar)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (brick)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (pail)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (case)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (box)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (carton)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (cans)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (tins)	Check expiration date
Infants (0-1 year)	Ready-to-eat baby food (cans)	Check expiration date

Pediatric and Chemical Emergency Preparedness Tool Kit

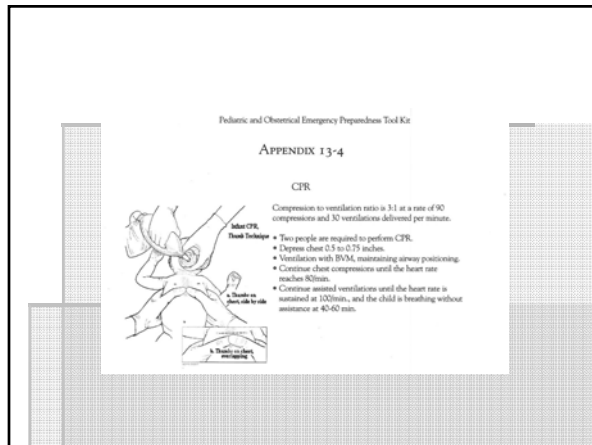
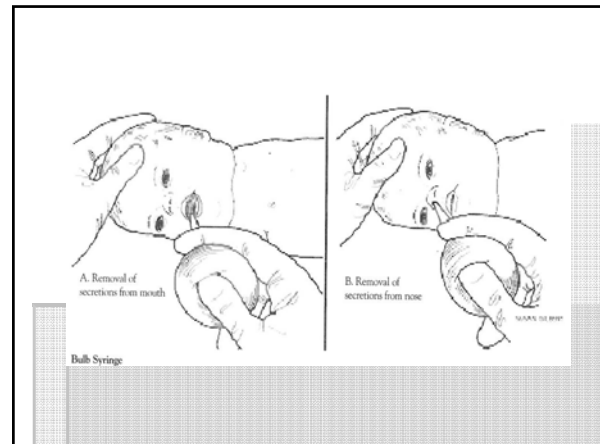
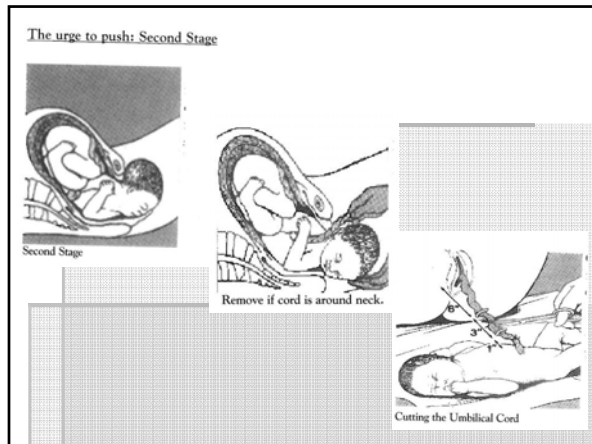
Table 11.3 – Pediatric Nutrition Guidelines for Pediatric Health Care Providers

When a child presents with several red flags, it is recommended to take the caregiver to a designated disaster MCH for a nutritional assessment.

Red Flag	Assessment	Referral
• Inadequate weight gain (1)	• Review breastfeeding or complementary feeding practices for the first 6 months (1)	• Refer parents to a community health worker or a nutrition educator for counseling (1)
• Failure to thrive (2)	• Review breastfeeding or complementary feeding practices for the first 6 months (1)	• Refer parents to a community health worker or a nutrition educator for counseling (1)
• Failure to thrive (2)	• Review breastfeeding or complementary feeding practices for the first 6 months (1)	• Refer parents to a community health worker or a nutrition educator for counseling (1)
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## Emergency Childbirth Section 13

- More “How To” than other sections
- Supplies
- Urgent maternal history
- Guidelines for uncomplicated delivery
- Care of Baby and Mother
- Psychosocial considerations
- Neonatal resuscitation



### Psychosocial Needs of Children in Disasters Section 14

- Age-specific
- Developmental and cultural considerations
- When to consult a Mental Health Professional
- Legal considerations
- Fact Sheets/Resources

Pediatric and Chemical Emergency Preparedness Tool Kit

The chart that follows outlines psychological characteristics of various ages and suggest caregiver behaviors that support successful intervention. Not all children exhibit all responses and their reactions may change over the first days or weeks following a crisis.

CHILDREN'S CHARACTERISTICS, FACTORS AND INTERACTIONS

Age	Psychological Characteristics	Factors	Interventions
Infants (0-1 years)	<ul style="list-style-type: none"> <li>• Cries to be held</li> <li>• Feeds on demand</li> <li>• Feels threatened by change</li> <li>• Feels insecure</li> </ul>	<ul style="list-style-type: none"> <li>• New people nearby</li> <li>• Changes in routine</li> <li>• Loud noises or sirens</li> </ul>	<ul style="list-style-type: none"> <li>• Hold tightly</li> <li>• Be calm and steady</li> <li>• Use familiar objects from home and use familiar phrases to help soothe the infant</li> <li>• Hold, stroke or rub</li> <li>• Reassure and comfort the infant</li> <li>• Hold the infant close to you</li> <li>• Hold the infant in your arms</li> <li>• Hold the infant in your arms</li> <li>• Hold the infant in your arms</li> <li>• Hold the infant in your arms</li> </ul>
Toddlers (1-3 years)	<ul style="list-style-type: none"> <li>• Cries to be held</li> <li>• Feels threatened by change</li> <li>• Feels insecure</li> </ul>	<ul style="list-style-type: none"> <li>• Loud noises or sirens</li> <li>• Changes in routine</li> <li>• Loud noises or sirens</li> </ul>	<ul style="list-style-type: none"> <li>• Hold tightly</li> <li>• Be calm and steady</li> <li>• Use familiar objects from home and use familiar phrases to help soothe the toddler</li> <li>• Hold, stroke or rub</li> <li>• Reassure and comfort the toddler</li> <li>• Hold the toddler close to you</li> <li>• Hold the toddler in your arms</li> <li>• Hold the toddler in your arms</li> <li>• Hold the toddler in your arms</li> </ul>
Preschoolers (3-5 years)	<ul style="list-style-type: none"> <li>• Cries to be held</li> <li>• Feels threatened by change</li> <li>• Feels insecure</li> </ul>	<ul style="list-style-type: none"> <li>• Loud noises or sirens</li> <li>• Changes in routine</li> <li>• Loud noises or sirens</li> </ul>	<ul style="list-style-type: none"> <li>• Hold tightly</li> <li>• Be calm and steady</li> <li>• Use familiar objects from home and use familiar phrases to help soothe the preschooler</li> <li>• Hold, stroke or rub</li> <li>• Reassure and comfort the preschooler</li> <li>• Hold the preschooler close to you</li> <li>• Hold the preschooler in your arms</li> <li>• Hold the preschooler in your arms</li> <li>• Hold the preschooler in your arms</li> </ul>

### Family Information and Support Center - Section 15

- Useful in mass casualty events
- Place to provide reliable information
- Assist in identification process
- Assist relatives with coping
- Enable medical staff to focus on treatment of the casualties



## Resources - Web-based

- Multiple websites are listed – check these resources and download content before they are needed

## Acknowledgements ..

- New York City Department of Health and Mental Hygiene (NYCDOHMH)
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## Acknowledgements..

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  - Health Systems Emergency Preparedness
  - Bureau of Emergency Medical Services
  - Bureau of Emergency Management Systems
  - Public Health Emergency Preparedness
  - Bureau of Occupational Health
  - Office of Local Health Services
- Central New York Regional Perinatal Center
- Emergency Preparedness Coordinator University Hospital, Upstate Medical Center

Survey completeness as of October 23 2009

Total Facilities: 145

Completed: 116

Partial: 4

Not Started: 25

Pediatric Tool Kit: Toolkit Awareness



Pediatric Tool Kit: Pediatric



## Questions ?

- BML - PedsToolkit@health.state.ny.us
- Email – Jeanne Behr at jcb08@health.state.ny.us



## Disaster Mental Health:

Assisting Children and Families

## Acknowledgments

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## Goals and Objectives

- Describe the basic developmental tasks, issues, and behaviors associated with childhood
- Identify a range of behavioral, emotional, and cognitive reactions that children may experience after a disaster
- Identify key components of informal and formal assessments of children's post-disaster functioning
- Describe the typical presentation of posttraumatic stress disorder in children
- Understand and describe several developmentally appropriate interventions to use with children, their parents/caregivers, and their families
- Use a general understanding of cultural differences between survivors to provide culturally appropriate interventions to children and their families
- Use knowledge about how working with child survivors of disaster-related trauma may affect you as a helper in order to provide yourself self-care

**Disaster Mental Health:** Assisting Children and Families

2

## Pediatric Ventilator Allocation

- NYS Taskforce on Life and the Law
  - Workgroup being assembled
  - Review criteria for children
- Ventilator allocation for adults
  - **Allocation of ventilators in a public health disaster.** Disaster Med Public Health Prep. 2008 Mar;2(1):20-6