



## Interim Findings and Recommendations of the National Commission on Children and Disasters

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Commissioner

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## National Commission on Children and Disasters

### Why now?



- Children make up 25% of the population, yet needs often overlooked in disaster planning and management
- Presidential disaster declarations more than doubled since 1980's
- Only seven states have laws or regulations requiring licensed child care providers to have basic written emergency plans in place addressing evacuation, reunification and accommodating children with special needs (Save the Children report, 2009)



Children make up 25% of the general population, but...

- Training, exercising, medicines and equipment generally intended for adult populations
- Children lumped into broad categories: "at-risk" "vulnerable" or "special needs"
- Pets are a greater priority in disaster planning
- Recovery focused on rebuilding infrastructure rather than the human services needs of children and families



### Commission Background

- Independent: Authorized by Congress under the Consolidated Appropriations Act of 2008 (P.L. 110-161)
- Bi-partisan: 10 members appointed by President Bush, Senate and House leaders
- Diverse: Expertise drawn from multiple disciplines: pediatrics, state and local emergency management, non-governmental organizations, and state elected office



### Commission Purpose

- Conduct a comprehensive study to examine and assess the needs of children (0-18 years of age) in relation to the preparation for, response to and recovery from all-hazards, including major disasters and emergencies.
- Report specific findings, conclusions and recommendations to the President and Congress.



### Commission Structure

- Commission Chairperson, Mark Shriver, Save the Children
- Evacuation, Transportation, and Housing Subcommittee  
*Chairperson, Bruce Lockwood, Bristol-Burlington (CT) Health District*
- Pediatric Medical Care Subcommittee  
*Chairperson, Dr. Michael Anderson, University Hospitals (OH)*
- Education, Child Welfare and Juvenile Justice Subcommittee  
*Chairperson, Hon. Sheila Leslie, Nevada General Assembly*
- Human Services Recovery Subcommittee  
*Chairperson, Dr. Irwin Redlener, Columbia University*



### Timeline of Commission Operations

- October 14, 2008: First Public Meeting
  - Public meetings held on a quarterly basis
- October 13, 2009: Interim Report delivered to President and Congress
- November 10, 2009: Next Public Meeting
- October 2010: Final report due to the President and Congress



### Interim Report: Recommendations



### Disaster Management and Recovery

- Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster planning activities and operations.
  - Establish a focus on children and disasters within the Federal Emergency Management Agency (FEMA) and the White House, supported by policy and operational expertise from across the federal government, non-federal partners and relevant non-governmental organizations.
  - Incorporate meeting the needs of children as a distinct priority throughout base disaster planning documents and relevant grant programs.
  - Include children in relevant target capabilities, preparedness training and exercises, with specific target outcomes and performance measures.
- Accelerate the development of a National Disaster Recovery Strategy with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing and human services recovery needs of children



### Emergency Medical Services and Pediatric Transport

- Improve the capability of Emergency Medical Services (EMS) to transport pediatric patients and provide comprehensive pre-hospital pediatric care during daily operations and disasters.
  - Establish a dedicated federal grant program for pre-hospital EMS.
  - Provide additional funding to the Emergency Medical Services for Children (EMSC) program to ensure all states and territories meet targets and achieve progress in the EMSC performance measures for grantees, and to support development of a research portfolio.
  - As an eligibility guideline for Centers for Medicare and Medicaid Services (CMS) reimbursement, require first response and emergency medical response vehicles to acquire and maintain pediatric equipment and supplies in accordance with the national guidelines for equipment for Basic Life Support (BLS) and Advanced Life Support (ALS) vehicles.



### Medical Countermeasures

- Ensure availability and access to pediatric medical countermeasures at the federal, state and local level for CBRNE threats.
  - *Provide funding for the development, acquisition and stockpiling of medical countermeasures specifically for children for inclusion in the Strategic National Stockpile and all other federally funded caches.*
  - *Form a standing advisory body of federal partners and external experts to advise the HHS Secretary on issues pertaining specifically to pediatric emergency medical countermeasures*
  - *Include pediatric expertise on all relevant committees and working groups addressing issues pertaining to medical countermeasures.*



### Disaster Medical Assistance Teams

- Expand the medical capabilities of all federally funded response teams through the comprehensive integration of pediatric-specific training, guidance, exercises, supplies and personnel.
  - *Designate or establish a Pediatric Health Care Coordinator on each federally funded medical response team and develop strategies to recruit and retain team members with pediatric medical expertise.*
  - *Establish an Associate Chief Medical Officer for Pediatric Care in the office of National Disaster Medical System (NDMS).*
  - *Develop pediatric capabilities within each NDMS region to ensure robust pediatric disaster response and enhanced surge capacity.*



### Pediatric Disaster Education

- Ensure that all health care professionals who may treat children during an emergency have adequate pediatric disaster clinical training specific to their role.
  - *Form a Pediatric Disaster Clinical Education and Training Working Group to establish core clinical competencies and a standard, modular pediatric disaster health care education and training curriculum.*



### Regional Pediatric Care

- Provide funding for a formal regionalized pediatric system of care for disasters.
  - *Build upon the foundational role of children's hospitals in strengthening and expanding a regionalized network for pediatric care.*
  - *Ensure that all hospital emergency departments stand ready to care for ill or injured children of all ages through the adoption of disaster preparedness guidelines jointly developed by the American Academy of Pediatrics, American College of Emergency Physicians and the Emergency Nurses Association.*



### Mental Health

- Integrate mental and behavioral health for children into all public health and medical preparedness and response activities.
- Enhance the research agenda for children's disaster mental and behavioral health, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.
- Enhance pediatric disaster mental and behavioral health training for professionals and paraprofessionals, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.



### Next Steps...

- Engage the White House, federal agencies and state and local partners to implement recommendations contained in the *Interim Report*.
- Hold field hearings in areas effected by disasters.
- Hold a national meeting with key stakeholders in February, 2010.
- Focus Commission research more intensively on program evaluation, best practices, the examination of emerging issues and development of clear, actionable recommendations for the Final Report.



National Commission on  
Children and Disasters

**For More Information**

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