



Planning and Preparedness for Children's Needs in Public Health Emergencies

Tuesday, May 12, 2009
1:00-2:30 pm EDT



Questions

- To pose a question to the Panelists, please post it in the **Q&A** panel on the right hand side of your screen and press send.
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Agenda

- Introduction, *Kelly Johnson and Daniel Dodgen*
- Responding to Surges in Pediatric Patients, *Edward Boyer*
- Los Angeles County Pediatric Disaster Resource and Training Center, *Jeffrey Upperman*
- School-Based Emergency Preparedness, *Sarita Chung*
- School and Community Preparedness, *Bill Modzeleski*
- National Commission on Children and Disasters, *Christopher Revere*
- Q&A from Audience, *Moderated by Kelly Johnson and Daniel Dodgen*

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ASPR's Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination (ABC)

Daniel Dodgen, PhD
Director

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The ABCs

HHS ASPR ABC



U.S. Department of Health and Human Services (HHS)

- Office of the Assistant Secretary for Preparedness and Response (ASPR)
 - Office of Preparedness and Emergency Operations (OPEO)
 - Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination (ABC)

ABC:

- Focuses on Emergency Support Function (ESF) #8: Public Health and Medical Services.
- Works with ASPR, HHS Operating and Staff Divisions, and ESF #8 Partners to ensure inclusion and coordination of at-risk individuals and behavioral health issues and response strategies in ESF #8 preparedness and response systems.

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At-Risk Individuals

Pandemic and All-Hazards Preparedness Act (PAHPA) Definition

Children, pregnant women, senior citizens, and others with special needs in a public health emergency, as defined by HHS Secretary.

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At-Risk Individuals

HHS Definition

<p>Those with needs in one or more of the following functional areas (CMIST):</p> <ul style="list-style-type: none"> - Communication - Medical Care - Independence - Supervision - Transportation 	<p>Those who:</p> <ul style="list-style-type: none"> - have disabilities, - live in institutionalized settings, - are from diverse cultures, - have limited English proficiency or are non-English speaking, - are transportation disadvantaged, - have chronic medical disorders, or - have pharmacological dependency.
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ASPR Activities

- 2005 - 2007 ASPR's Biomedical Advanced Research and Development Authority
 - \$17.6 million for over 4.8 million doses of liquid potassium iodide for children, the most susceptible to effects of radioactive iodine
- April 4 - 8 HHS sponsored the 2009 Integrated Medical, Public Health, Preparedness and Response Training Summit. Topics included:
 - Trauma-Focused Cognitive Behavioral Therapy for Children
 - Special Needs of Children in Disasters
 - Building the National Response for Children & Schools
 - Pediatric Pharmacy and Disaster Medicine
- The National Biodefense Science Board (NBSB), a Federal Advisory Committee, provides expert advice and guidance to the HHS Secretary regarding chemical, biological, nuclear, and radiological agents. The NBSB requires all working groups to expressly address the needs of at-risk populations, including children.

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Responding to Surges of Pediatric Patients

Edward W Boyer, MD PhD
Department of Emergency Medicine,
University of Massachusetts Medical School
and
The Center for Biopreparedness, Division of
Emergency Medicine, Children's Hospital
Boston

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Definitions

- Child: one who fits within the parameters of a Broselow-Luten resuscitation tape
- Surge capacity: ability of a health care facility to provide medical care to patients from external emergencies in excess of the standard operating capacity
- Pediatric hospital: an accredited health care facility that specializes in the care of children (age 21 or less)
- General Emergency Department (ED): an ED that specializes in the care of all patients, including children. They often lack specialized pediatric services

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Why prepare hospitals to convert from standard operating capacity to surge footing in response to large numbers of affected children?

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Pre-9/11

- History of lethal events involving children
- Often related to schools
 - Bath School Disaster, 1927 (school board member bombs school; second blast directed at responders) Bath Township, MI
 - New London School Explosion, 1937 (natural gas leak) New London, TX
 - Westside Middle School, 1998 (school shooting) Jonesboro, AR
 - Columbine High School, 1999 (school shooting) Littleton, CO

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Post-9/11

- Palpable increases in preparedness in many aspects of American life
- One response was the *Pediatric Hospital Surge Capacity in Public Health Emergencies Resource*
 - Addressed methods for converting normal operations in pediatric hospitals to surge capacity
 - Recommendations allow administrators in pediatric or general hospitals to plan for pediatric mass casualties

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Where are we now?

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Surges of kids in a modern Emergency Department (ED)

1. The threshold for an overwhelming surge of pediatric patients is surprisingly low
 - Failure at the federal/State government, credentialing organization, and hospital administration levels have contributed to dramatic ED crowding
 - In an ED already working beyond its capacity, the number of patients that creates a surge is **zero**

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Surges of kids in a modern ED (cont.)

2. A surge of pediatric patients will have mundane origins
 - Since 9/11, a remarkable number of academics have emerged to study biological, nuclear, and infectious attacks on kids
 - The reality is that surges of pediatric patients will come from motor vehicle crashes, school accidents, and other commonplace events

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Surges of kids in a modern ED (cont.)

3. Surges of pediatric patients will present to any health care environment
 - Focus on preparedness, but mainly among academic medical centers
 - Far less attention has been placed on how community hospitals should prepare and respond to mass casualty incidents involving children
 - Victims of the Station nightclub fire, 2003, West Warwick, RI

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Surges of kids in a modern ED (cont.)

4. Approaches to training suggest “random acts of preparedness”
 - Multi-Casualty Incident (MCI) drills, irrespective of population, appear to be retraining each time
 - Improved training methods to embed responses, behaviors, and actions should be developed and applied

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Conclusions

- Extensive groundwork has created some degree of preparedness
- More remains to be accomplished
- Resources are available that can guide planning and decision making
 - *Pediatric Hospital Surge Capacity in Public Health Emergencies*
(<http://www.ahrq.gov/prep/pedhospital>)

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Los Angeles County Pediatric Disaster Resource and Training Center

Jeffrey Upperman, MD
Childrens Hospital Los Angeles, Los Angeles
County Pediatric Disaster Resource and Training
Center

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AHRQ Advancing Excellence in Health Care

Objectives


- To describe the Scope of Work of the Pediatric Disaster Resource and Training Center (PDRTC)
- To review gaps in pediatric disaster training
- To review pediatric disaster training interventions from the Center

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AHRQ Advancing Excellence in Health Care

LA Disaster Resource Network

- Los Angeles County and Disasters
 - Terrorist Target
 - Natural Disaster
- Los Angeles County Disaster Resource Network
 - Hub and Node Design
 - Adult Centers
- Pediatric Disaster Resource and Training Center (PDRTC)



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AHRQ Advancing Excellence in Health Care

Gaps in Resources & Training

- Children routinely seen in adult emergency rooms
- Limits in pediatric specialists and specialty centers
- Imprecise estimates for just-in-time pediatric supply inventories
- Lack of tools for accurate pediatric disaster risk assessment
- Paucity of pediatric preparedness training

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AHRQ Advancing Excellence in Health Care

Limited Pediatric Training

Characteristics of After-Action Reports (N = 49)

	AAR with no Pediatric Involvement n = 40	AAR with Pediatric Involvement n = 9	Total n = 49
Exercise/Drill Type			
Tabletop	9 (22.5%)	3 (33.3%)	12 (24.5%)
Functional	19 (47.5%)	4 (44.4%)	23 (46.9%)
Full Scale	12 (30.0%)	2 (22.2%)	14 (28.6%)
Type of Emergency			
Natural	13 (32.5%)	4 (44.4%)	17 (36.2%)
Intentional	11 (27.5%)	4 (44.4%)	15 (30.6%)
Unintentional	5 (12.5%)	0 (0.0%)	5 (10.2%)
Multiple	4 (10.0%)	0 (0.0%)	4 (8.2%)
Unspecified	7 (17.5%)	1 (11.1%)	8 (16.3%)

Ferrer et al, American J Disaster Medicine, 2009

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AHRQ Advancing Excellence in Health Care

Pediatric Disaster Training

- Comprehensive preparedness plans are needed
- Training goals should be practical and realistic
- Training scenarios should be tailored to the hazard analysis of the hospital
- Evaluations should include quantitative and qualitative methods


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AHRQ Advancing Excellence in Health Care

Pediatric Disaster Training Interventions


- Use multiple modalities over the calendar year (e.g. table top, functional, focused)
- Explore local community collaborations (e.g. youth organizations)
- Utilize modern tools to convey pediatric disaster concepts (e.g. serious video games, social networking tools)


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 **PDRTC Interventions**

- Network Education Programs
 - Regular Networking Meetings
 - Pan Flu Seminars
- On-line traditional curriculum
- Computer-based Supply Advisor (Professionals' Electronic Data Delivery System- PEDDS)
- Telemedicine Demonstration Project
- SurgeWorld (a serious surge capacity video game)


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 **Robotics / Telepresence / Agents**




Challenge: Separation of the medical expertise from the patient location – distance, degraded transportation, limited number of experts

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 **Summary**


- Pediatric disaster resources may be limited
- Public-Private partnerships are key to community-based preparation
- Planning and training should factor in all members of the community
- Training methods should incorporate multiple modalities
- Evaluation of plans and training performance is key to long term improvements

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 **Poll Question #1**

- A short poll will appear on your screen. Please take a few seconds to answer the poll and provide valuable feedback!
- If you are unable to respond to the poll during this event, please e-mail your answer to emergencypreparedness@academyhealth.org.

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 **Questions**

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School-Based Emergency Preparedness

Sarita Chung, MD
Center for Biopreparedness,
Division of Emergency Medicine,
Children's Hospital Boston

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Background

- 53 million children in schools daily
- Children spend 70-80% of waking hours away from their family and in schools
- Children may be specific targets of terrorism
- Schools have a vital role in keeping children safe and cared for during and after a public health emergency
- Vulnerabilities of children need to be understood and incorporated into plan



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National Analysis

- In 2004, a National Model for School Based Public Health Preparedness did not exist
- Conducted analysis of school emergency response plans from California, Minnesota, Florida, and Massachusetts
- Plans evaluated for:
 - Thoroughness of implementing four phase approach for a disaster
 - Degree to which plans provided an all hazards approach
 - Specificity of instructions for particular emergency situations
 - Clarity, practicality, and usability of plans for all school members

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National Analysis: Conclusions

- While plans were comprehensive, they were not necessarily practical to implement
- Did not outline protocols for common emergencies including drugs/alcohol or medical emergencies
- Voluminous documents made rapid access to pertinent information difficult
- Few had plans for relocation, lock down, or shelter in place
- Omitted specific guidelines for communication between local emergency responders and school
- No specific methodology for training crisis teams, school nurses, or other school personnel

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Key Personnel in Creating a School-Based Emergency Response Plan

- Leadership Support
 - District Superintendent
 - School Committee
 - Local/Regional public emergency response team
- Planning Team Composition
 - School Principals, Guidance Counselors/ School Psychologists, Teachers, Nurses, Secretarial staff, Custodial staff, Parents



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Key Steps to Creating a School-Based Emergency Response Plan

- Perform needs assessment survey for school staff
 - Knowledge, opinions, needs of school
- Conduct structured interview with each school principal
 - Identifies specific needs of school
 - Outlines structural vulnerabilities
 - Recognizes need of special populations
- Conduct a site survey for every school

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 **Key Steps to Creating a School-Based Emergency Response Plan (cont.)**

- Create and plan education and training modules for school staff
- Create 2 documents
 - All Hazards Emergency Response Manual
 - School Specific Emergency Response Handbook
- Conduct practice drills
- Reevaluate plan annually and revise

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 **Essentials of Evacuation and Relocation**

- Evacuation
 - Map of surrounding area with safe zone
 - Creation of plan with local emergency response teams
 - Considerations for inclement weather
 - Needs of children with special health care must be included
- Relocation
 - Sites identified in advance
 - Student medications also transported
 - Reliance on transportation – additional challenges



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 **Unresolved Challenges**

- After school programs/clubs emergency response plans
- Effective liaison with local emergency response teams
- Management of children with special health care needs

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 **Conclusions**

- School-Based Emergency Recommended Protocol designed to provide a template (<http://www.ahrq.gov/prep/schoolprep/>)
- Creation of plans costly
- Web based resources available
 - Department of Homeland Security
 - US Department of Education
- Children remain critically vulnerable to the consequences of large scale disaster. The Nation's schools completely carry this burden.

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 **School and Community Preparedness**

Bill Modzeleski, MPA
Acting Assistant Deputy Secretary
U.S. Department of Education
Office of Safe and Drug-Free
Schools (OSDFS)

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 **Basic Statistics**

- Students in Public and Private Schools
 - (K-12): 55.1 Million
- Number of Public School Districts: 14, 205
 - Ranging in size from 100 students to over 1 million!
- Number of Schools (K-12): 123,385 (94,112 Public)
 - Ranging in size from 100 students to 5,000 students.
- Teachers in Public and Private Schools (K-12): 3 million

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Students have ample opportunity to engage in misbehavior

54.6 million students

X 180 school days

= about 9.83 billion student school days

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What We Know!

However, often these plans:

- Aren't comprehensive!
- Aren't practiced regularly!
- Aren't coordinated with community!
- Aren't always viewed as essential!
- Aren't always discussed with families and students!
- Aren't based upon sound factual data and circumstances!
- Aren't consistent with federal guidelines!
- Don't involve students or community partners!

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Where Do We Want Schools to Be?

- Have plans that address all 4 phases of crisis planning AND address multiple hazards!
- Base plans on sound data and information!
- Practice on regular basis!
- Be part of community crisis planning!
- Have trained staff [and students]!
- Include Incident Command System (ICS) as key part of planning/response!
- Be reviewed and updated regularly!

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How Are We Going to Get There?

- Continue "crisis planning" as a priority
- Link with other related activities, e.g., threat assessment, Safe School Study, and improved data collection
- Continue to respond to crises [Project SERV (School Emergency Response to Violence)]
- Continue training programs & technical assistance
- Continue to collect/disseminate best practices
- Adherence to Principles of NIMS (National Incident Management System)
- Continual coordination with Department of Homeland Security / Federal Emergency Management Agency
- Development of a system to provide field with relevant information [Homeland Security Information Network (HSIN)]

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How Are We Going to Get There?

- Approximately 600 school districts have received funding through the Emergency Response and Crisis Management grant program. Upon completion of the FY 2009 awards school districts will have received \$173 million.
- Seventeen Institutions of Higher Education have received \$5.8 million in funding. Another \$5.9m will be awarded in FY 2009.


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Available Resources

- Readiness and Emergency Management for Schools (REMS) Technical Assistance Center
 - Web site: <http://rems.ed.gov>
 - info@remstacenter.org
 - (866) 540-7367
- Publications
 - Newsletters
 - Lessons Learned
 - Helpful Hints
- Webinars
 - Emergency Planning for Individuals with Disabilities and Special Needs


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 **Available Resources**

- U.S. Department of Education's Emergency Planning Web site
 - www.ed.gov/emergencyplan
- FEMA Training Web site
 - <http://training.fema.gov/>
- *Practical Information on Crisis Planning: A Guide for Schools and Communities*
 - <http://edpubs.ed.gov/>
 - Publication ID: ED003416P
 - <http://www.ed.gov/admins/lead/safety/emergencypolan/crisisplanning.pdf>
- *Action Guide for Emergency Management at Institutions of Higher Education*
 - http://fems.ed.gov/views/documents/REMS_ActionGuide.pdf




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 **Additional Resources**


- www.cdc.gov/swineflu/mitigation.htm
- National Clearinghouse for Educational Facilities
 - www.edfacilities.org
 - The Safe School Facilities Checklist
- Family Educational Rights and Privacy Act (FERPA) Guidance on Emergency Management
 - http://www.ed.gov/policy/gen/quad/fpco/ferpa/safesc_hools/index.html
- www.Ready.Gov
- National Center for Educational Statistics
 - <http://nces.ed.gov/>

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 **Poll Question #2**


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 **National Commission on Children and Disasters**


Christopher J. Revere, MPA
Executive Director

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 **Why form a National Commission?**

- Children make up 25% of the population, yet have unique needs often overlooked in disaster planning and management
- Government Accountability Office (GAO) report: 20 State child welfare agencies had written disaster plans
- University of Arkansas study: 1,318 pre-hospital emergency medical services agencies surveyed nationwide, 248 (13%) had specific disaster plans for children
- Save the Children report: 4 States require basic emergency preparedness requirements for schools and child-care facilities
- Federal Emergency Management Agency (FEMA): Presidential disaster declarations up 47% since 1980's

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 **Overview**

- Authorized by Congress under the Consolidated Appropriations Act of 2008 (P.L. 110-161)
- 10 members appointed by the President and Congressional leaders
- Expertise drawn from multiple disciplines: pediatrics, State and local emergency management, non-governmental organizations, and State legislature
- Mark K. Shriver (Save the Children), Chairperson
- Dr. Michael Anderson (University Hospitals), Vice Chairperson

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Objectives

- Examine and assess children's needs related to preparedness, response, and recovery from all hazards
- Identify, review, and evaluate existing laws, regulations, policies, and programs
- Identify, review, and evaluate the lessons learned from past disasters
- Report findings and recommendations to President and Congress

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Issue Areas

- Trauma, physical, and mental health
- Child welfare
- Child care
- Housing (sheltering, intermediate, and long-term)
- Evacuation and Transportation
- Elementary and Secondary Education
- Juvenile Justice
- State and Local Emergency Management

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Important Milestones

- First public meeting (October 14, 2008)
- Field hearing in Baton Rouge, LA (January 28, 2009)
- Call for Policy Gaps & Recommendations (April-June 1, 2009)
- Summer public meeting (June 26, 2009)
- Fall public meeting (September 15, 2009)
- Interim report due (October 14, 2009)
- Final report due (October 14, 2010)

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Preliminary Areas of Interest: Preparedness & Response

- Create advisory committee to recommend pre-Emergency Use Authorization for pediatric off-label use
- Improve mechanisms to develop, stockpile, and distribute pediatric medical countermeasures
- Ensure disaster medical response teams and hospitals are appropriately trained, equipped, and supported to ensure pediatric readiness
- Make children a priority in State and local emergency plans
- Develop "psychological first aid" training programs to increase resilience of responders, schools, and communities

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Preliminary Areas of Interest: Long Term Recovery

- Creation of a National Recovery Framework
- Adoption of a holistic disaster case management model
- Elevation of human services recovery needs within Emergency Support Function (ESF) #14. Pre-determination of recovery partners to speed services
- Priority given to restoration of essential services for children such as daycare, schools, and safe play areas
- Effectiveness of Stafford Act support for recovery needs of children

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Conclusion

Needs of children overlooked...

- Training, medicines, and equipment intended for general populations
- Children = "little adults" lumped into broad categories: "at-risk," "vulnerable," "special needs"
- Children are not a priority in disaster planning
- Recovery = rebuilding structures rather than lives
- Accountability: Children lack advocates in the White House, Governor's offices, and Agencies solely responsible for prioritizing their needs in disasters

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AHRQ Pediatric Resources

- *Pediatric Hospital Surge Capacity in Public Health Emergencies*
- *School-Based Emergency Preparedness: A National Analysis and Recommended Protocol*
- *Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians*
- *Decontamination of Children: Preparedness and Response for Hospital Emergency Departments*
- All of these resources can be found at <http://www.ahrq.gov/prep/>.

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For more information about...

- AHRQ's suite of emergency preparedness resources, go to: <http://www.ahrq.gov/prep/>
- If you have a question about utilizing AHRQ resources please e-mail us at: emergencypreparedness@academyhealth.org.
- A recording and transcript for today's event will be available at a later date at <http://www.ahrq.gov/prep/>.

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Thank you!

- Thank you for joining us today!
- Please take a moment to fill out the feedback form when you close your screen.

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