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Disaster Preparedness and Pediatrics: What's Next?

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Commentary

Disaster Preparedness and Pediatrics: What's Next?

Author Disclosure

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Life in America has changed forever after the events of September 11, 2001, and Hurricane Katrina in 2005. Unfortunately, children and families are still suffering from these catastrophes. As a pediatrician from New Orleans, a former member of the American Academy of Pediatrics (AAP) Board of Directors, and the chairperson of the AAP Disaster Preparedness Advisory Council, I would like to extend a personal invitation to all pediatricians to join the AAP in its ongoing efforts to protect children in future disasters.

The array of issues involved can be daunting, and it is difficult to know where to start. Most pediatricians and their office staff are not as prepared as they should or could be for a disaster. Yet, without adequate preparation, tragic and avoidable adverse outcomes occur.

The AAP has begun several initiatives to address the systems issues related to disaster preparedness and to support children, families, and pediatricians in planning appropriately. In May 2007, the AAP Board of Directors appointed the Disaster Preparedness Advisory Council to develop and implement a 3- to 5-year plan that will:

- Address disaster planning, response, rescue, and recovery.

- Reflect an "all-hazards" approach (ie, prepare for all potential disasters).
- Build systems at the medical home, community, local, state, regional, and national levels through partnerships with public health and other systems.
- Integrate its efforts with existing internal and external approaches.

Disaster readiness objectives include:

- Pediatricians and pediatric office practices will be prepared to assist children, families, and communities with disaster planning.
- Children's needs will be fully integrated into and exercised in local, state, and federal plans for all hazards and emergencies having a public health impact.
- The AAP will have an ongoing mechanism to implement disaster preparedness initiatives, respond to requests for pediatric expertise on disaster readiness, and integrate these activities with relevant internal and external activities.

The AAP has numerous resources to help pediatricians become more involved in disaster preparedness efforts at all levels that can be accessed at the website cited at the end of this article. We need to start at home and at work to develop our own disaster plans. We must have a personal or family plan as well as a plan for our office practice or other work setting, and we need to take time to help our patients' families develop their own plans. An important first step toward disaster readiness is being prepared for the day-to-day emergencies that can occur in the office. The AAP policy statement "Preparation for Emergencies in the Offices of

Pediatricians and Pediatric Primary Care Providers" identifies steps that pediatricians can take to perform a self-assessment of emergency readiness, prepare their offices for an emergency, have appropriate medicines and equipment on hand, and conduct and critique mock drills. The AAP also offers a Four-Step Family Disaster Action Plan and a Disaster Preparedness Plan for Pediatricians.

An effective disaster plan for a pediatric office includes the following:

- Prepare in advance – use a written checklist.
- Anticipate or plan for the worst-case scenarios.
- Put the most necessary and irreplaceable items in an easy-to-locate place so they are ready to be taken with you. (See Appendix A in the Disaster Preparedness Plan for Pediatricians, which can be accessed at the Web site cited at the end of this article.)
- Protect or minimize the risk to the equipment, files, and supplies that you must leave behind.
- Prepare the office or building for evacuation.
- Improvise with the resources on hand.
- Adapt to changing conditions and demands.

Vaccines deserve special consideration because they represent a significant investment and require special storage. It also is important to have a contingency plan for backing up computer data and office records. AAP Practice Management Online has a special section that includes articles on these topics and other resources focused on

emergency and disaster preparedness and response.

Outside of our practices, we face bigger issues. Deciding whether to evacuate the area or stay when faced with a pending disaster is one of the most difficult decisions a pediatrician will have to make. Factors that must be considered include the degree of risk; personal health and stamina; practice, hospital, and family situations; and the effort involved.

As pediatricians, we also have a responsibility to the children in our communities. Decisions must be made about existing patients, such as those who are hospitalized, are dependent on technology, or need immediate or ongoing specialty care. Each pediatrician must decide how to provide medical care either in his or her office, in another medical facility, or in other settings such as schools, shelters, or disaster sites. The AAP policy statement "The Pediatrician and Disaster Preparedness" includes details regarding the roles of pediatricians and how they can prepare for and respond to a disaster.

Some disasters strike without warning (earthquake, lightning, tornado, terrorism), but others can be anticipated in advance (blizzards, floods, hurricanes, storms). Advance notice can allow medical professionals to organize and prepare. Before a disaster, pediatricians can assess what already is happening in their communities or states and help determine what still needs to be done. Key contacts should include but not be limited to representatives from local child care programs and schools, the Department of Public Health, the Red Cross, and nearby representatives of the Department of Homeland Security and Federal Emergency Management Agency. If you can only do one thing, identify your local point person for children's issues and connect with him or her in advance to learn how communication will be han-

dled during a disaster. Typically, your Department of Public Health is a good place to start.

While making these contacts, pediatricians likely will connect with individuals who do not have experience with children or have not had training in pediatric medical or mental health needs. Pediatricians can play a key role in promoting readiness for children and families through education and advocacy. The AAP fact sheet "The Youngest Victims: Disaster Preparedness to Meet Children's Needs" highlights how children are different from adults and frames this information in a way that is useful for raising awareness among those individuals who do not have pediatric knowledge or training. This document is printed as a supplement to this article in the online edition of *PIR*. Most important, children receive better care when someone who knows them takes responsibility for ensuring that their needs are met, especially if medical services are required. Therefore, the AAP recommends that children should not be separated from their families or caregivers to the maximum extent possible at any time during a disaster event. This principle includes, but is not limited to, evacuation, transport, sheltering, triage, decontamination, emergency medical treatment, and the delivery of any services to children. As a pediatrician and child advocate, you can emphasize this fundamental principle.

Pediatricians interested in joining organized medical efforts can become part of the Medical Reserve Corps (MRC). More than 200 of these local units provide a means for health professionals to volunteer during times of disaster as part of the organized response in a community. Physicians who join an MRC unit are provided mechanisms for identification and deployment during times of emergencies. The MRC program does not have pediatric capability as a requirement for their units,

so it is critical for pediatricians to join these teams to offer their experience and expertise.

A pediatrician also can become aware or part of the closest Disaster Medical Assistance Team (DMAT). A DMAT is a group of medical personnel that provides medical care during a disaster or other event. Like the MRC program, many DMAT teams need pediatric expertise and experience. The National Disaster Medical System organizes the larger effort, and each team has a sponsor, such as a major medical center, a public health or safety agency, or a nonprofit public or private organization that signs an agreement with the United States Department of Health and Human Services. During a disaster, DMAT members are paid as part-time federal employees and receive services that help to protect them in the event of a malpractice claim.

Pediatricians can play an important role in drawing attention to children's needs in community plans for all types of disasters. Pediatrician involvement is essential in working with local schools to assure that effective disaster planning has occurred. The AAP has just released a policy statement, "Disaster Planning for Schools," that provides information and ideas. Children's needs may require special attention in areas such as communication logistics, the storage and distribution of "the basics" (ie, water, food, blankets, flashlights, shelter), the provision of medical care in unique or austere settings, the handling of power outages, triaging children along with adults, working in complement with others, and effectively managing psychological trauma. Examples of how these types of situations were and could be handled can be found in the article "Pediatric Disaster Preparedness in the Wake of Katrina: Lessons Learned" (available on the Web site cited at the end of this article). The article includes a comprehensive summary and recommendations that the

AAP Disaster Preparedness Advisory Council is considering as part of its strategic planning process.

Pediatricians are uniquely qualified to assist families in the consideration and development of a disaster plan. This expertise is especially important for families that have children who have special health-care needs. Parents and families are the most important source of security for children. It is much easier to provide effective medical care to a child when a parent is there to offer support and medical history. The importance of family-centered care is critical, given the likely unwillingness of many parents to be separated from their children in a disaster, even if both the parent and child are injured and in need of medical care. Comprehensive care for children can be provided best when parents are present and have a strong connection and partnership with the child's medical home. As we strive to improve our country's ability to pre-

pare for and recover from disasters, we must remember that by raising awareness about quality pediatric care (medical home, emergency services, child care and school health and safety, mental health), we also are "raising the bar" to help communities prepare for a disaster.

AAP members and their colleagues should keep apprised of advocacy efforts, educational resources, and opportunities by visiting the AAP Children and Disasters Web site at <http://www.aap.org/disasters/index.cfm>. This site provides access to an online copy of the comprehensive manual *Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians* and much more! All resources mentioned in this article can be found at: <http://www.aap.org/disasters/resources.cfm>.

Also, the AAP has identified AAP chapter representatives who are involved in relevant disaster-related initiatives. More than 600 AAP members

and their colleagues have some level of disaster preparedness expertise and are part of the AAP Disaster Preparedness Contact Network. To join the AAP Contact Network or to receive updates on AAP progress and resources regarding disaster readiness issues, please send an e-mail to DisasterReady@aap.org.

Get involved at the local, state, or national level and help us improve the welfare of our children during times of crisis. We must step up to the plate and be the voice for children.

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