State Preparedness Projects

Friday, August 24, 2018
1:00pm ET/12:00pm CT
BACKGROUND

- State Preparedness Projects
  - Collaborative effort with the CDC
  - Funding opportunity for AAP chapters/states
  - Supported implementation of state pediatric preparedness activities
  - 7 projects funded
PEDIATRIC EMERGENCY CARE DISASTER PREPAREDNESS AND PLANNING WORKSHOP

Presenter: Anne Stafford
PROJECT DESCRIPTION

• The Arizona Chapter organized and presented a 1-day Pediatric Disaster Preparedness Conference

• The conference included both national and local speakers, who presented on topics including the importance of pre-planning in the creation of a robust and effective all-hazards preparedness plan, the importance of defining and developing statewide emergency and disaster coalitions, and recognizing how the loss of technology resources can affect the preparedness of a facility

• Post-conference evaluations showed that 87.5% of respondents stated they acquired knowledge that will change their current practices related to pediatric emergency and disaster preparedness
LESSONS LEARNED/CHALLENGES
AAP-CALIFORNIA (AAPCA)
Disaster Preparedness Grant Projects
AUGUST 24, 2018

Chapter 1 – Northern California
Resource Collection/Dissemination & Webinars

Chapter 2 – Greater Los Angeles
Linking with Resources of the EMS Agency

Chapter 3 – San Diego
Webinar: Emerging Infections from Aedes to Zika

Chapter 4 – Orange County
CME Conference: What Are You Ready For?
Northern California (Chapter 1)

Collection of disaster preparedness resources

Outcomes:

1. One-page PDF developed with live links to reflect the preparedness resources
2. Pediatrician preparedness: Membership surveyed to determine preparedness with follow-up Disaster Preparedness resources distributed
3. Training Webinars:

Dr. David Schonfeld, MD, FAAP gave a talk in January to help pediatricians better help children who have suffered a great loss or trauma. This event was timely as Northern California had suffered from the wildfires in October 2017.

Dr. Chip Merritt, MD, FAAP from UCLA is scheduled to give a training on how to triage kids who have suffered a traumatic event. Dr. Merritt is the foremost expert in addressing stress & anxiety in kids and how to treat those who have suffered trauma.
Greater Los Angeles (Chapter 2)

The resources include webinars, in-person trainings, written emergency guides and electronically available resources.

Outcomes- Addressed the following gaps:
- Pediatricians in private, office-setting practices may have the least experience dealing with pediatric emergencies
- The lack of a “go-to” source in case of natural or man-originated disasters.
San Diego (Chapter 3)

Emerging Infections from Aedes to Zika and U
A webinar discussion

The American Academy of Pediatrics, CA Chapter 3 will host a webinar on disaster preparedness, “Emerging Infections from Aedes to Zika and U”.

The webinar speakers include physicians that are members of the AAP-CA3’s Infectious Disease Committee.

Webinar “AAP-CA3’s Emerging Infections from Aedes to Zika and U: A Webinar Discussion”

- Met with AAP-CA3’s Infectious Disease Committee and ID Chair, Eyla Boies, MD and San Diego County HHSA Child Health Medical Officer, Dean Sidelinger, MD and Chief Epidemiologist, Eric McDonald to develop webinar agenda. We included committee member feedback into what will be included in newsletters, website and webinar.

- Webinar archived on www.aapca3.org (http://www.aapca3.org/emerging-infections-webinar/)

- Reviewed methods of information sharing with the County, AAP-CA3 and health systems countywide.
Outcomes of CME Conference:

- 32 participants trained on office and personal preparedness; airplane emergencies and the role of the health provider; “Stop the Bleed”
- Overview and tour of the Orange County Health Strategic Operations Center
- Provided a personal emergency preparedness kit as a takeaway item. Additionally, 5 “Stop the Bleed” professional kits were given away as door prizes.
- Of the 32 participants, 14 received MOC part 2 units, in addition to CME.
- An online pre/post exam was given to every participant; those receiving MOC were required to complete both pre and post and pass the post exam at 80% correct rate.
- High Evaluation Scores for event/speakers and Requests for a similar conference in the future.
State Preparedness Projects Webinar
Friday, August 24, 2018

Maryland Chapter, American Academy of Pediatrics

Pediatric Needs Assessment for Disaster Preparedness
Qualitative and Survey Analysis

Richard Lichenstein, MD, FAAP; Maria Brown, MD, FAAP; Loretta Hoepfner, MSOD
• Maryland has heterogeneous environments with varied possible disasters

• Determine types of disasters and needs during disasters from the perspective of the general pediatrician

• Specifically, identify needs of pediatricians on the Eastern Shore of Maryland for disaster preparedness

• Eastern Shore, accessed by Bay Bridge, can become isolated from major medical centers
Program Methods

- Focus groups and survey tool
- Collaboration of Maryland Department of Health Office of Preparedness and Response and Maryland Chapter, American Academy of Pediatrics, Disaster Preparedness Committee
- Survey identified individual pediatrician’s priorities of disasters and policies and practices for disaster preparedness
- Also, survey determined needs as well as opportunities for education, collaboration, and resources in event of pediatric disasters and emergencies
Program Outcomes

- Disaster definitions and priorities
- Current emergency preparedness plan
- Concerns related to the structure of disaster planning and lack of resources including pediatric-specific equipment and a specialist workforce
- Concerns about both intra-state and interstate patient transport
- Need for resilience for providers and community
Focus Group and Survey Results

- Pediatricians feel unprepared to handle pediatric disasters
  - Lack of resources available within their area
  - Limitations transferring patients
  - Availability of specialists

- Pediatricians have questions on how to address:
  - Community care after pediatric suicide
  - School shooting
  - Bomb attack

- Pediatricians have concerns over rising rates of pediatric disasters from:
  - Climate change
  - Civil unrest and gun violence

- Responsibility of the pediatrician to speak with parents about gun presence in home
Lessons Learned: Recommendations

1) Develop training module or specific handbook specifying interventions for possible emergency situations
   • Use of local health and state emergency departments for community services and resources

2) Increase transparency and make more readily available transport across state lines in during emergencies or disasters

3) Utilize telemedicine for situations where physical transport not feasible or specialist availability is needed

4) Promote community resiliency in mass child death, school shootings, and suicide

5) Support pediatricians to speak with parents about presence of guns

6) Create prompts and responses for those affected by child suicide/homicide including parents, siblings, significant others, and friends
Lessons Learned

• Need to anticipate problems with numbers of survey responders and sample size participants

• Need to test survey among users to ensure that surveys run smoothly and are optimized for ease of use and contain no glitches

• Need to continue to collaborate with the Maryland Department of Health Office of Preparedness and Response to ensure identified concerns of pediatricians are incorporated into Maryland’s future disaster preparation plans and resources
PROJECT DESCRIPTION

• An AAP Subcommittee with support from the Massachusetts AAP Chapter developed a new tool titled “Family Reunification Following Disasters: A Planning Tool for Health Care Facilities”

• Conducted 2 stakeholder meetings in Massachusetts and Missouri and pilot tested the toolkit in 6 hospitals

• The purpose of this tool is to provide assistance to hospitals as they review and update their plans to provide information, support services, and safe reunification assistance to family members of patients who have experienced disasters
LESSONS LEARNED/CHALLENGES
Tabletop Exercise: HCC Level

Improving Disaster Preparedness for Children in Michigan

MI AAP Initiative

R Ruffing, M Lozon, T Holtrop, J Atas
PICU Beds Total: 177
- CHM 48 beds 27%
- U of M 46 beds 26%
- De Vos 24 beds 13%
  **118 beds (66%)**

NICU Beds (level 3 & 4) Total: 565
- CHM 52 beds 9.3%
- U of M 39 beds 6.9%
- De Vos 24 beds 4.2%
  **115 beds (20%)**

Total Pediatric Beds Total: 878
- CHM 220 beds 25%
- U of M 200 beds 23%
- De Vos 102 beds 12%
  **522 beds (60%)**
**Tabletop Exercise: HCC Level**

**Multi Casualty Incident School Bus Crush**

**Simulated Exercise: School Bus Crash**

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Burn</th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Children</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>22</td>
</tr>
</tbody>
</table>

- Minor injuries (treat and discharge) but unaccompanied minors that have social/legal/mental health challenges unique to children.
- Potential major injuries need pediatric surgical and intensive care services.
Multi-Casualty Incident School Bus Crush

Table: Healthcare coalition regional pediatric bed capacity at onset of simulated bus crash

<table>
<thead>
<tr>
<th>Michigan Healthcare Coalition Region</th>
<th>1</th>
<th>2N</th>
<th>2S</th>
<th>3***</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Pediatric Bed Capacity (Reported)*</td>
<td>71</td>
<td>125</td>
<td>675</td>
<td>74</td>
<td>36</td>
<td>300</td>
<td>40</td>
<td>1321</td>
<td></td>
</tr>
<tr>
<td>Inpatient Pediatric Bed Capacity (At Time Of This Incident)*</td>
<td>61</td>
<td>90</td>
<td>98</td>
<td>18</td>
<td>15</td>
<td>20</td>
<td>302</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Pediatric ICU Capacity (Reported)</td>
<td>12</td>
<td>8</td>
<td>54**</td>
<td>23</td>
<td>8</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>75</td>
</tr>
<tr>
<td>Inpatient Pediatric ICU Capacity (At Time Of This Incident)</td>
<td>4</td>
<td>8</td>
<td>22</td>
<td>***</td>
<td>6</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>55</td>
</tr>
</tbody>
</table>

NOTES
1) Response is likely to involve more than one primary responding hospital.
2) Secondary transfer within each region is likely.
3) Secondary transfer outside of region is likely in most regions. (MI-HCC 1, 2N, 5, 7, 8.)
4) Drill was conducted in the summer increasing PICU bed availability

*Pediatric bed capacity reported in this exercise does not match reported bed capacity in the pre-survey questionare
** U of MI PICU did not report capacity during the exercise.
*** Region 3 drop out of exercise without reporting bed availability
Caring for Unaccompanied Minors: Patient Tracking

Simulated Exercise: School Bus Crash

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Burn</th>
<th>2N</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
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<tbody>
<tr>
<td>Adults</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>22</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTES:
1) MI-HCCs thought that EM Track could be used to successfully track patients.
2) Most regions did not consider this a HCC priority, instead deferred to destination hospital.
3) Given complexity of tracking unaccompanied minors, consider this expanded role.
4) MI-HCC Region 6 has a designated family reunification plan at coalition level.

TABLE: UNACCOMPANIED MINORS
Children are being transported to multiple acute care facilities.

<table>
<thead>
<tr>
<th>Michigan Healthcare Coalition Region</th>
<th>1</th>
<th>2N</th>
<th>2S</th>
<th>3***</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the health care coalition have a means to track unidentified patients transported by EMS to different facilities?</td>
<td>TRUE</td>
<td>FALSE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>2. Does the health care coalition track patients that are transported to secondary facilities for definitive care after initial local ED resuscitation and stabilization?</td>
<td>FALSE</td>
<td>FALSE</td>
<td>FALSE</td>
<td>FALSE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>3. Does the healthcare coalition have resources that can assist with family reunification?</td>
<td>FALSE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>If Yes, please list resources you might consider using to assist with family reunification:</td>
<td>EMTrack, Salvation Army, Red Cross MRC, CERT, Emergency Management and Red Cross</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Pediatric Surge
Grant Report: August 24, 2018

Paula Fink Kocken, MD, FAAP
• To assist in developing and vetting of a MN state pediatric surge plan with the state stake holders.

• To develop a virtually accessible Pediatric Surge education curriculum for health care providers.

• To host eight HCC regional pediatric surge trainings utilizing the MDH Pediatric Surge education curriculum and discussing the state pediatric surge plan.
• After discussion with the 8 HCC regions, they could not set up regional training sessions in such a short amount of time and asked if the orientation to the educational curriculum and pediatric surge plan be done by Webinars.

• 8 webinars were conducted with 141 attending.

• Lead by core education curriculum team members and facilitated by MDH staff.

• The state pediatric surge plan was explained and the outline for the educational curriculum was presented.

• Questions and suggestions were submitted.
Pediatric surge education curriculum

• State experts in pediatric trauma, PEM, EMS, and special needs were consulted for the content.

• Representatives from the Pediatric Trauma 1 and 2 centers reviewed the content.

• Pediatric experts were taped presenting following topics curriculum:

  Trauma (MCI)  Pediatric Crisis Standards of Care
  Special Needs Populations  Non-Trauma
  Triage and Decontamination  Incident Command and Facility Readiness
Final steps:

• Videos are completed and closed captioning is being added. Projected posting on the MDH web site this fall.

• Suggestions from the Webinars regarding the State Ped surge plan are being considered and incorporated in the plan.

• Roll out of both will be coordinated with MDH, AAP, and the MN state trauma system early 2019.
Thank you!

Pediatric Surge Project

Paula.Kocken@childrensmn.org
612-724-7868
Operation Bye Bye Baby -
Ohio Neonatal Evacuation Surge
Virtual Exercise
May 23, 2018
Exercise Objectives

Utilize patient acuity tools to determine how many patients each facility can evacuate or surge

Test procedure in place to communicate patient needs and numbers between facilities

Test current process for securing transportation resources

Utilize tracking procedures to maintain awareness of patient location

Keep patient families and medical providers informed of event with updates
Exercise Components

Module #1 – Patient assessment (facilities reported total numbers of patients, assessed each patient using acuity tools – timed)

Module #2 – Patient destination (evacuating facilities made arrangements with receiving facilities)

Module #3 – Patient transport (facilities determined transport resources and capabilities)
Exercise Summary

- Conducted on virtual (Zoom) platform
- Severe weather event in central Ohio (damage to NICU at 3 local hospitals - evacuating facilities)
- 27 hospitals were surge facilities
  - Use of statewide bed status system (Surgenet)
  - Use of statewide patient tracking (OHTrac)
- All facilities used acuity tools to provide more feedback on the newly created forms
Key After Action Items

Majority of hospitals were able to use statewide bed tracking and patient tracking systems, but need to create greater awareness of staff within hospitals for future use.

Hospitals were able to create communication/messaging for families.

Acuity tools were used in “real-time” to provide valuable feedback and revisions currently in progress and retest.

Transportation resources (equipment and staffing) for neonates in isolettes were significantly limited and creating and coordinating other assets is needed.

Hospitals across the state have asked for similar pediatric oriented exercises.
RESOURCES

• AAP Children & Disasters Web Site
  (www.aap.org/disasters)

• AAP State Preparedness Web page
DISCUSSION/QUESTIONS?

Please e-mail DisasterReady@aap.org to receive info on future events, or follow-up as needed.