

DISASTER PREPAREDNESS

ADVOCATING BEFORE, DURING, AND FOLLOWING A DISASTER

Advocacy Action Guide for AAP Chapters

Overview

- Children are uniquely vulnerable to the effects of natural and manmade disasters. Because they have important physical, physiologic, developmental, and cognitive differences from adults that place them at increased risk, important considerations must be made in related disaster planning efforts. Appropriate disaster planning for children must account for varying ages and stages of development across childhood and adolescence.
- Disasters are ubiquitous. States may vary widely in the types and severity of disasters they may face—but all face some risk. The frequency, severity, and cost of disasters and emergencies are increasing, and will remain a significant threat to the health and safety of states and local communities and the children and families who live in them.
- Medical homes are important for children’s ongoing pediatric care and are critical to the post-event care of children impacted by disasters. Children’s unique health care needs are heightened after a disaster, and their pediatricians’ offices need to be open and operational as soon as possible to provide care, respond to parental questions, and support the recovery of children.
- Disasters can be especially harmful to children and youth with special health care needs (CYSHCN). Children with special needs may be more susceptible to outbreaks of certain diseases or at risk for greater complications, have mobility issues that make evacuation more difficult, or may need medication or other supplies that may be unavailable during a disaster. Pediatricians can help families of CYSHCN to prepare for disasters by encouraging them to develop written emergency and disaster plans, and to assemble disaster supply kits that meet their needs in the event of a disaster.
- The American Academy of Pediatrics (AAP), through its [Disaster Preparedness Advisory Council](#) (DPAC), advocates for ensuring that the needs of children are considered in disaster planning efforts. The DPAC maintains a wealth of information for pediatricians, individual pediatric practices, families, child care providers, and schools on its Web pages, available at aap.org/disasters. The site also includes ideas and resources to help pediatricians improve preparedness specifically for [CYSHCN](#).
- If your AAP chapter and/or pediatric clinics in your state are impacted by a disaster, we urge you to promptly reach out to the [AAP disaster preparedness and response staff](#), who can provide assistance, support, and referral to expertise within and outside of your state.

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State Advocacy | www.aap.org/stateadvocacy | stgov@aap.org

Why does this matter to AAP chapters?

- ✓ AAP chapters can prepare themselves to act as an organizational connecting point for pediatricians after a disaster and can support the disaster recovery efforts of their members by planning for a return to operational function as soon as possible following a disaster.
- ✓ Chapter leaders and staff have existing relationships with public health and other state and local level officials that can be utilized, after a disaster, to enhance the flow of information and guidance between pediatricians on the ground and officials regarding the needs of children.
- ✓ By being prepared for a disaster, AAP chapters can help to ensure that their focus is quickly restored to the Academy's overarching mission to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults.
- ✓ More guidance for AAP chapters on disaster preparedness is available in [Resources for Chapters](#).

What can individual pediatricians do to ensure their practices are prepared?

- ✓ Develop an office disaster kit. Pediatric clinics should have fundamental supplies to ensure self-sufficiency for at least 72 hours. The kit should contain the supplies and equipment needed to provide basic medical care in virtually any location.
- ✓ Have a plan in place to protect your vaccine supplies, patient medical records and office files, and other critical office infrastructure.
- ✓ Prepare office staff and provide them with an operation contingency plan in the event of a disaster.
- ✓ Create a preparedness plan for your own home and family, to ensure that you can concentrate on the most critical issues that you face in your clinic and provide you with the confidence and peace of mind that you need to be effective in a disaster situation.
- ✓ Be mindful of the emotional stress placed on your staff, your partners, and yourself, and promote professional self-care strategies.
- ✓ More guidance to pediatricians is available in the AAP [Preparedness Checklist for Pediatric Practices](#).

What can AAP chapters do to ensure that they are prepared?

- ✓ Assess the chapter's daily operations and determine which may be vulnerable to hazards.
- ✓ Inventory essential supplies and equipment, examine site management and designation of an alternative location for operation, protect records, and back up mission-critical information.
- ✓ Consider how financial operations and essential transactions like salaries and rent will take place in an environment disrupted by disaster.
- ✓ Have a crisis communications plan in place; ensure that open lines of communication are maintained with chapter members, public health offices and other key state and local decisionmakers, and the media.
- ✓ Review your chapter's current insurance coverage and any limitations on coverage following a disaster.
- ✓ More guidance in developing a written chapter disaster plan is available in the [Chapter Disaster Plan Template](#); be sure to also see the [Chapter Preparedness Checklist](#).

What can AAP chapters do in states to advocate for disaster preparedness and response efforts?

- ✓ Leverage existing relationships and build new ones. Chapters can connect with the [Emergency Medical Services for Children](#), [Hospital Preparedness Program](#), and [Public Health Emergency Preparedness](#) grantees in their states to offer their expertise, and ensure that the full and diverse needs of children are considered in disaster planning, response, and recovery.
- ✓ Chapters should reach out to [state](#) and [local](#) public health agencies to establish familiarity and a working relationship for issues that are likely to arise during normal operations, like seasonal influenza, as well as disaster events.
- ✓ Engage state legislators, legislative and state agency staff, governors' offices, and other decisionmakers on funding decisions and development of or proposed updates to [state disaster plans](#), and ensure that these decisions are informed by AAP guidance and policy recommendations on children and disasters.
- ✓ Broaden participation and stakeholder input by involving existing chapter coalition partners in your disaster preparedness advocacy efforts by forming [disaster preparedness pediatric advisory councils or coalitions](#).
- ✓ Encourage chapter members to volunteer for disaster response efforts in your state through the [Emergency System for Advance Registration of Volunteer Health Professionals \(ESAR-VHP\)](#).
- ✓ Urge hospitals in your state to enroll in the [National Disaster Medical System](#).
- ✓ Stay in touch with the [AAP Disaster Preparedness Contact Network](#) and the [Chapter Contact for Disaster Preparedness](#) in your state.
- ✓ Plan [chapter level activities](#) and public education and outreach efforts in advance of [National Preparedness Month](#), occurring annually in September.
- ✓ More guidance is available in the [Pediatric Preparedness Resource Kit](#). See the resources available from the AAP on the Children and Disasters pages at aap.org/disasters.

Additional Resources: AAP Policy Statements

- ✓ [Chemical-Biological Terrorism and Its Impact on Children](#)
- ✓ [Disaster Preparedness in Neonatal Intensive Care Units](#)
- ✓ [Disaster Planning for Schools](#)
- ✓ [Ensuring the Health of Children in Disasters](#)
- ✓ [Medical Countermeasures for Children in Public Health Emergencies, Disasters, or Terrorism](#)
- ✓ [Radiation Disasters and Children](#)

Additional Resources: AAP Clinical Reports

- ✓ [Pediatric Anthrax Clinical Management](#)
- ✓ [Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises](#)
- ✓ [Supporting the Grieving Child and Family](#)
- ✓ [Pediatric Terrorism and Disaster Preparedness Resource](#)