Collaboration: The Key to Success

State and Regional Collaboration related to Disasters

Deanna Dahl Grove, MD, FAAP

Samantha Mishra, DO, MPH

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Neither speaker has financial interests or relationships to disclose.

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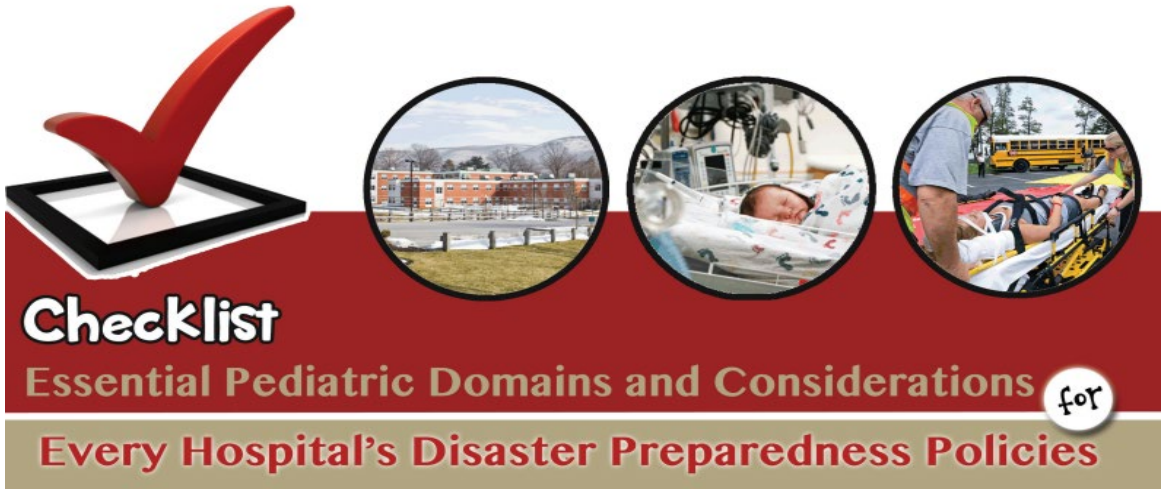
Original Checklist

- 10 domains
- Recommended the personnel, resources, equipment, and supplies that would be useful for rapid onset pediatric surge planning and disaster response
- Intended to assist a broad range of health care facilities



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Our Approach

- Convene diverse workgroup of national experts in pediatric disaster preparedness.
- Assess the original checklist and incorporate new pediatric disaster recommendations, including distilling lessons learned during the recent pandemic.
- Core group met monthly to draft updated versions of each domain and sent to larger group for review and comment.

Key Improvements

- Three category progressive system for recommendations
- Creation of a new Evacuation domain
- Updating resources for each domain to include more “hands-on” references, templates, and tools to facilitate policy implementation

Progressive System of Recommendations

- Previous Format

Domain 2: Partnership building to facilitate surge capacity

Pediatric Specfics to Consider/Discuss	YES/NO	Notes/Implementation Plan
Coalition-building and relationships (pact among hospitals and other healthcare facilities) with hospital and non-hospital stakeholders (e.g. primary care, churches, medical homes, EMS, schools, daycare centers, Red Cross, etc.) to support pediatric care and families	Yes No	
Process/plan to measure, prioritize, and expand pediatric surge capacity and capabilities based on resource availability	Yes No	
Process to facilitate the triage of patients including children for transport from the prehospital setting to the appropriate destination	Yes No	
Defined pediatric transfer processes, i.e., agreements and guidelines to facilitate movement of children needing pediatric specialty facilities as well as those more stable children needing to be moved to increase surge capacity of specialty centers	Yes No	

Progressive System of Recommendations

Foundational

- Basic building blocks that every hospital should provide
- **Facilities without dedicated pediatric inpatient services** will likely focus primarily on this column

Intermediate

- **Facilities with inpatient pediatric services** will often be able to provide higher levels of support and expertise for pediatric patients

Advanced

- **Quaternary-care or specialty pediatric hospitals** with often have the resources and be able to provide support and leadership within the region and state

New Checklist

EIIC
EMSC Innovation and Improvement Center

Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Policies

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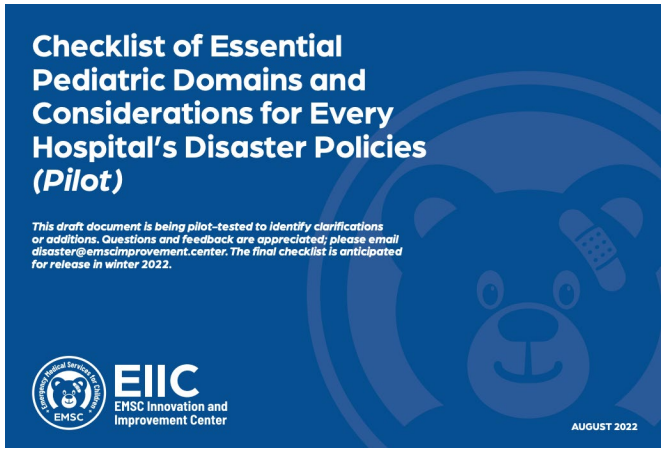


Progressive System of Recommendations

DOMAIN 2: REGIONAL COALITION BUILDING

Developing and strengthening both internal and external coalition partnerships aids in disaster response and allows an institution to quickly and effectively ramp up their capabilities.

	FOUNDATION	INTERMEDIATE	ADVANCED
Coalition Building–Internal	○ Identify service lines throughout the hospital to participate in planning and expand resources and scope in pediatric disaster response: • Medical services: surgery, anesthesia, critical care, emergency department, OB/GYN • Support services: nursing, respiratory therapy, pharmacy, blood bank, radiology, central supply, environmental services, communications/media. ○ Conduct internal drills or exercises that include pediatric patients (**inclusive of all developmental stages)	○ Conduct internal drills or exercises that (1) engage the various service lines/ departments to test-out plans and protocols; (2) include pediatric patients and pediatric specific considerations. ○ Engage additional in-hospital or health care system services to expand input into planning and enhance consideration of pediatric needs: • social services • mental health • child life specialists • hospitalists	○ Develop plans specific to each service line that identify and address pediatric considerations. ○ Engage community stakeholders to further enhance planning and exercise involvement and support pediatric care and families. (Primary care physicians, family practice physicians, urgent care personnel, faith-based representatives, pediatric-centered medical homes, EMS professionals, school personnel, child care professionals, Red Cross staff, community business leaders, etc.)

Triage, Infection Control, & Decontamination

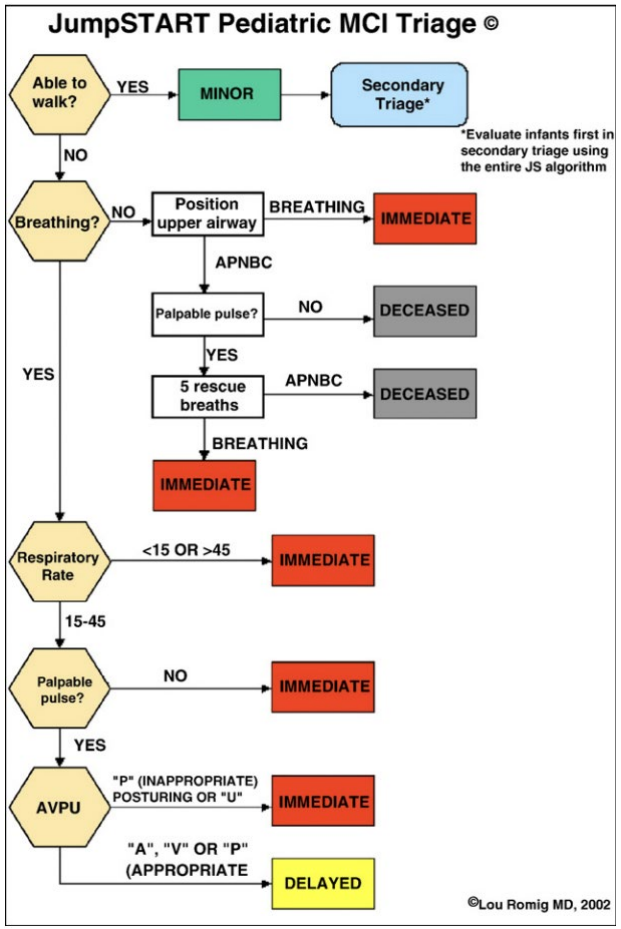
Domain 4:
Triage, Infection Control & Decontamination

	Foundation	Intermediate	Advanced
Pediatric infectious disease, chemical or biological exposure suspected	Identify a separate triage area and entrance away from other ED patients for both infectious and/or chemical exposure concerns. Ensure adequate and appropriate personal protective equipment (PPE) (e.g., gown, gloves, mask (including N95 for airborne or PAPR)) is easily available to staff. Establish a relationship with a regional pediatric center and/or pediatric infectious disease specialist for consultation as needed ahead of time.	Establish an isolation area for infectious disease exposures/concerns (ideally negative pressure areas for all airborne disease: measles, TB, SARS, MERS, COVID, Ebola). Enforce a Limited Visitor Policy, allowing for one parent/guardian with a child. If a negative pressure room is not available, identify a space with doors that will remain closed. Secure pediatric PPE including disposable pediatric-sized face masks.	Set up appropriate PPE donning/doffing stations outside of all rooms. Establish washing/shower areas in or next to isolation rooms.

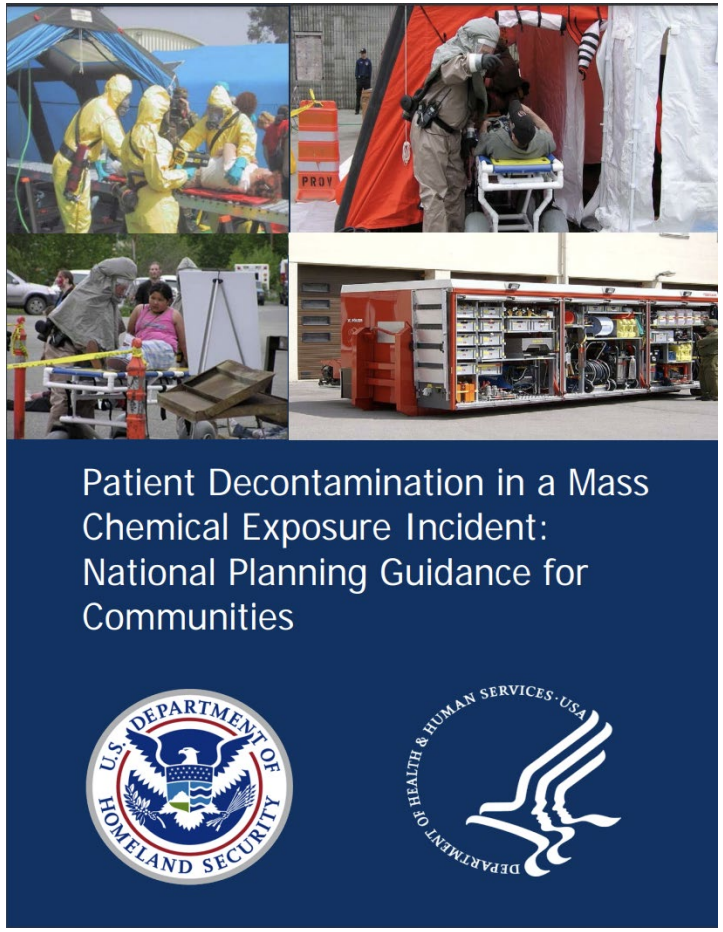
Domain 4:
Triage, Infection Control & Decontamination

	Foundation	Intermediate	Advanced
Decontamination	Establish a basic contamination process if no decontamination area is available: Disrobe patient Wipe down skin Irrigate eyes Provide clean patient gowns/blankets Keep families together when possible and allow parents to wash children. Be mindful that children are at risk of hypothermia and have towels/dry clothes ready for children.	Establish a dedicated decontamination area with specific pediatric considerations. Ensure staff is available to direct patients to the decontamination area. Develop a plan to move small/immobile children through showers as they are a fall risk. Do not hold child. Consider using a laundry basket/bassinet/other safe way of moving a child through the shower. Aim for a 3–6 minute shower with a water temperature of between 98-110oF (to avoid hypothermia) and max water pressure of 60 psi (to avoid damage to skin).	Protect modesty when possible, including separating sexes other than family members with curtains. Provide same-sex staff member to help when family not available. Provide modesty covers to patients immediately after showering.

Domain 4: Resources



60 SECONDS TO SURVIVAL
DISASTER TRIAGE



Domain 5: Evacuation

	Foundation	Intermediate	Advanced
Plan	Establish a basic contamination process if no decontamination area is available: Disrobe patient Wipe down skin Irrigate eyes Provide clean patient gowns/blankets Keep families together when possible and allow parents to wash children. Be mindful that children are at risk of hypothermia and have towels/dry clothes ready for children.	Establish a dedicated decontamination area with specific pediatric considerations. Ensure staff is available to direct patients to the decontamination area. Develop a plan to move small/immobile children through showers as they are a fall risk. Do not hold child. Consider using a laundry basket/bassinet/other safe way of moving a child through the shower. Aim for a 3–6 minute shower with a water temperature of between 98-110oF (to avoid hypothermia) and max water pressure of 60 psi (to avoid damage to skin).	Protect modesty when possible, including separating sexes other than family members with curtains. Provide same-sex staff member to help when family not available. Provide modesty covers to patients immediately after showering.

Domain 5: Evacuation

	Foundation	Intermediate	Advanced
Supplies	Identify materials needed for evacuation of entire hospital as well as specialized materials for specific units (e.g., bassinets, newborn apron).	Ensure appropriate material needed for pediatric transport including transporting specialized pediatric patients (e.g., ventilator-dependent) and ensure appropriate pediatric-trained staff are available for evacuation, if needed.	Ensure adequate pediatric-specific evacuation equipment is available at your facility. Help supply pediatric-specific evacuation equipment to regional hospitals.
Drills/Education For more information on pediatric drills, see Domain 10 - Exercises, Drills, & Training	Train staff on location and use of pediatric-specific evacuation equipment. Incorporate unit-specific evacuation drills into preexisting exercises.	❑ Include evacuation of specialized pediatric patients (high acuity, etc.) into disaster drills.	Lead regional disaster drills that include pediatric evacuation capabilities that test both receiving patients and evacuating your facility to other centers. Develop just-in-time training on the use of pediatric-specific evacuation equipment that can be used by both your facility and others within your region.

Domain 5: Evacuation

	Foundation	Intermediate	Advanced
Transport services *For more information on pediatric interfacility transfer, see* Domain 2 - Regional Coalition Building	Utilize a systematic approach to identify pediatric transport needs (e.g., TRAIN® matrix).	Create a transport team that can assist in regional evacuation efforts with specific training and capability to transport pediatric patients (ALS crew, Critical Care Transport, etc.).	Create or enhance your institution's regional transport services especially with consideration to specialized pediatric patients (e.g., critical care, ECMO, etc.). Develop a strategy to leverage your pediatric critical care transport resources/expertise to augment regional transport services (e.g., embedding a critical care transport nurse from your facility into another agency's ambulance/helicopter). Lead efforts to coordinate the activities of regional transport capabilities together with the appropriate regional authorities. Engage other regional authorities (e.g., air transport) for assistance in transporting patients from your center.

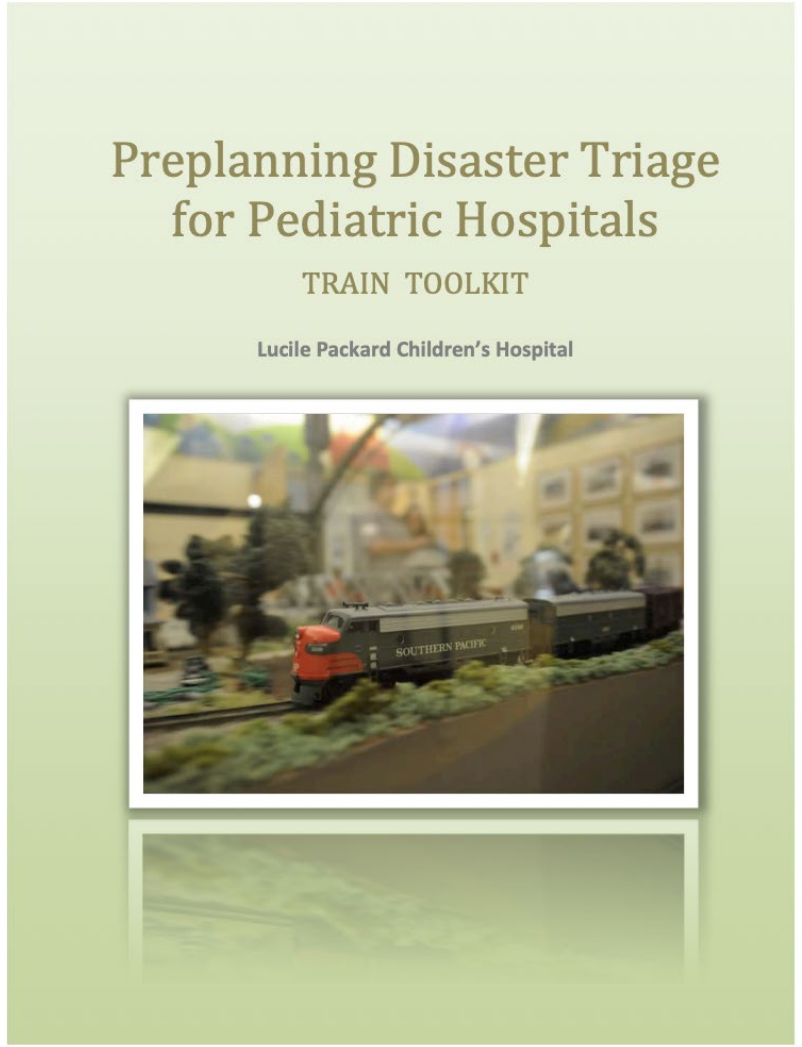
Domain 5: Resources

LPCH TRAIN MATRIX

Triage by Resource Allocation for IN-patients [TRAIN]©				
Transport	***Car***	***BLS***	***Critical Care***	***Specialized***
Life Support	Stable	Minimal	Moderate-Stable	Max-Unstable
Mobility	Car/Carseat	Wheelchair/stretcher	Transport rig	Immobile
Nutrition	PO Feeds	PO/NG	NG/PO + TPN/IL	NPO & TPN/IL
Pharmacy	PO Meds	PO Meds/IV Meds/IV Fluids	IV Drip x1	IV drip ≥ 2

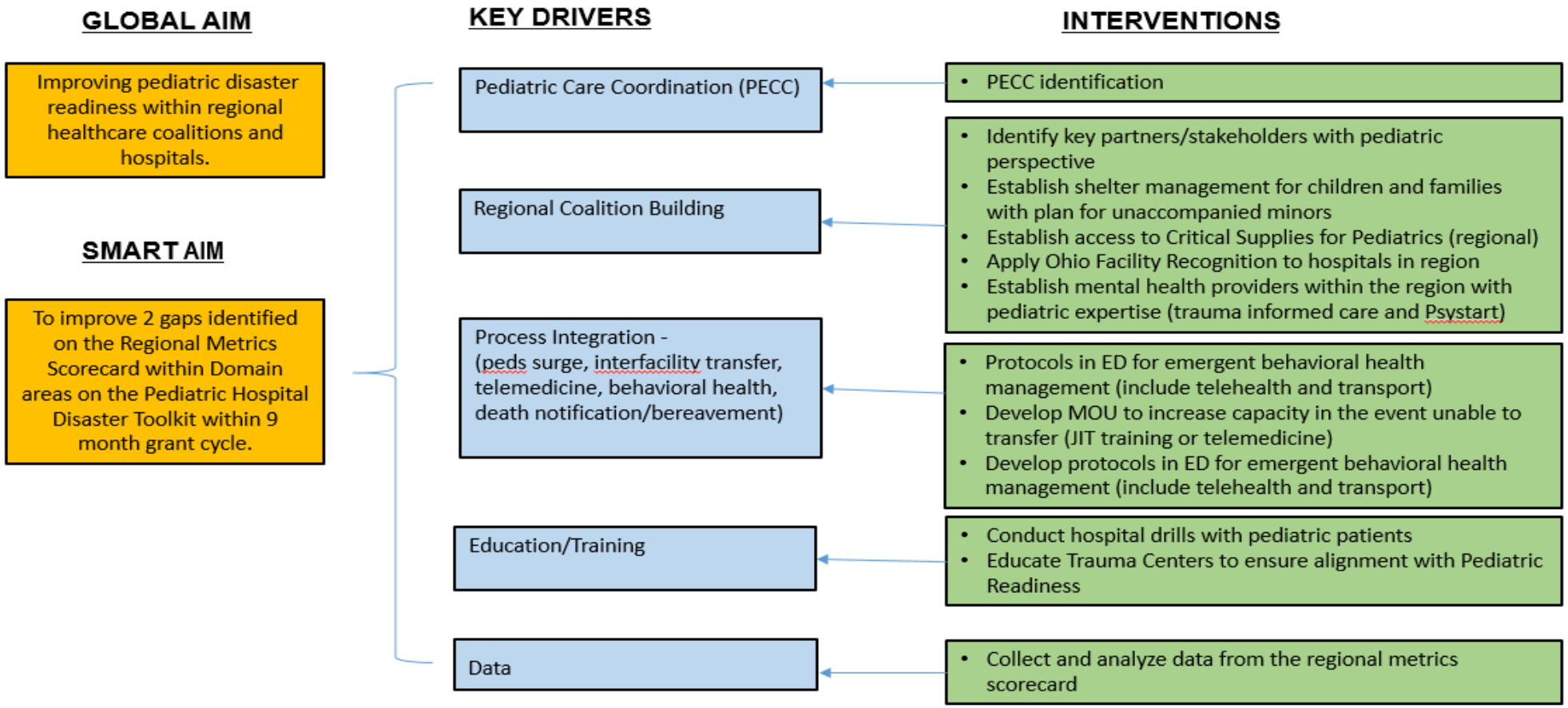
Life Support	Minimal = Hood or Low Flow Cannula O2, Peritoneal Dialysis, etc. Moderate-Stable = Conventional Ventilator, CPAP/BiPAP/Hi-Flow, Externally paced, chest tube, wt < 1500 grams, etc. Max-Unstable = Highly specialized equipt., e.g., HFOV, ECMO, iNO, CVVH, Berlin Heart, etc.
Mobility	Car/Carseat = able to ride in automobile with age-appropriate restraints Transport rig = age-appropriate rig with equipment for connecting to ambulance Immobile = Unsafe to move without special equipment e.g., neurosurgical/bariatric

CHILD LIFE DISASTER RELIEF



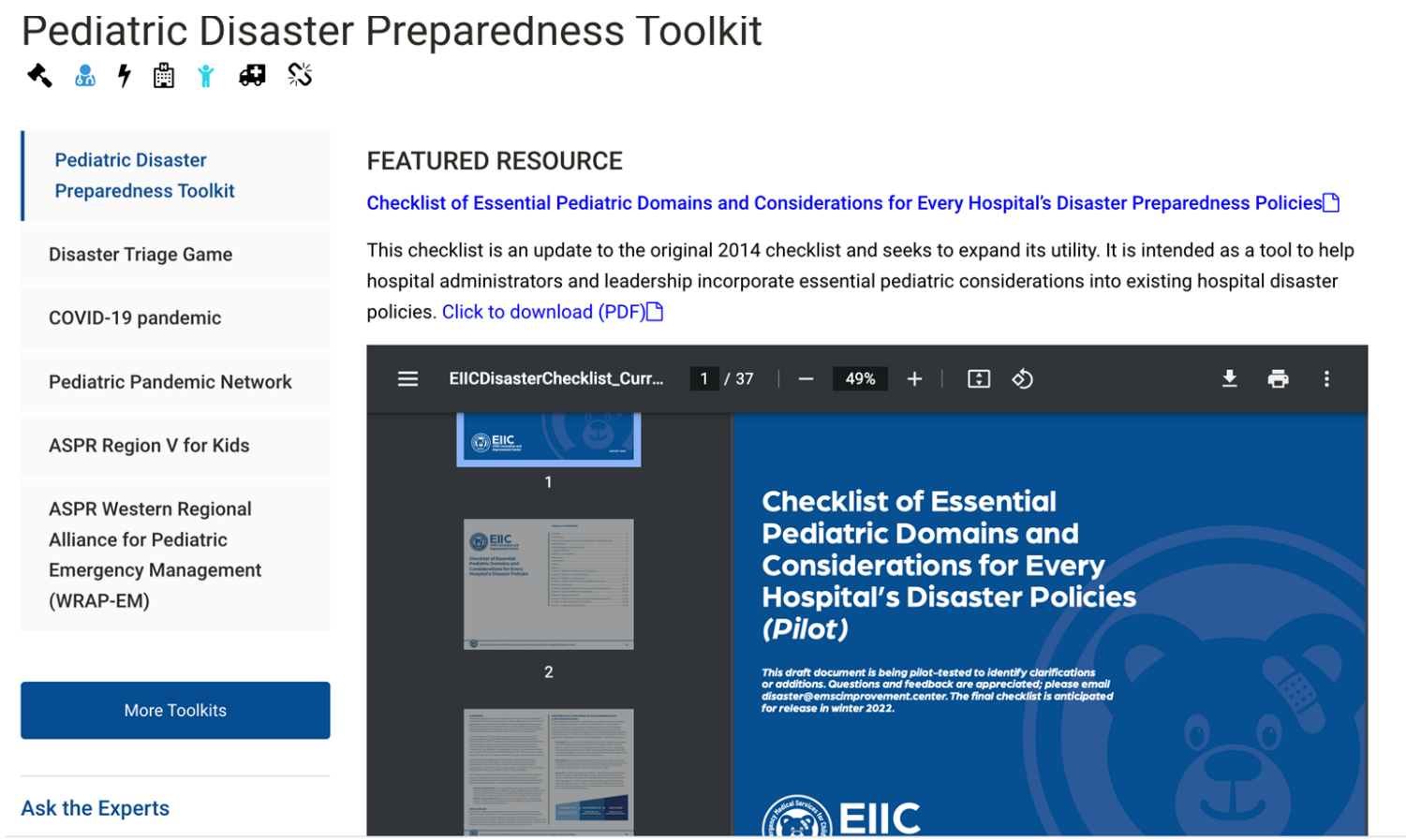
KEY DRIVER DIAGRAM

Project Name: Improving identified gaps on the Regional Metrics Scorecard associated with Domains within the Pediatric Hospital Disaster Toolkit

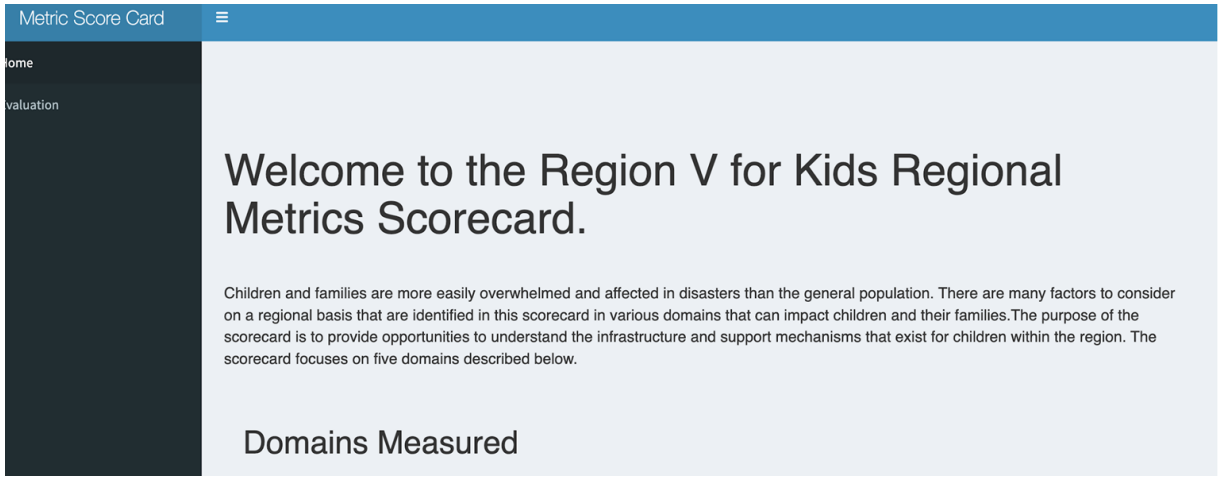


Ohio Project

- Partnership with Ohio HPP awardee and Region V for Kids
- Quality Improvement aimed at Health Care Coalitions
- Update 2019 Healthcare Coalition Pediatric Annex



Measurement - Regional Metrics Scorecard



[Regional Metrics Scorecard]

Scorecard | Example: Results

Scorecard Version 2.0

Regional Metrics Scorecard (v.2OH)

dld7@case.edu Switch account

Educational Resources

Expertise available in the region
EMSC – IIC Telehealth Toolkit
https://emscimprovement.center/collaboratives/telehealth/telehealth-toolkit/

Community resiliency
Columbia Climate School – National Center for Disaster Preparedness.
https://ncdp.columbia.edu/research/recovery-resiliency/

Cox, R., Scannell, L., Heykoop, C., Tobin-Gurley, J., Peek, L. Understanding youth disaster recovery: The vital role of people places and activities. International Journal of Disaster Risk Education.
https://hazards.colorado.edu/uploads/publications/11_2017_Cox_Scannell_Heykoop_Tobin_Peek.pdf

Early education and schools
ChildCare Aware – Child Care Emergency Preparedness
https://www.childcareaware.org/our-issues/crisis-and-disaster-resources/child-care-emergency-preparedness/

FEMA Multihazard Emergency Planning for School Site Index
https://training.fema.gov/programs/emischool/el361toolkit/siteindex.htm

Evaluation Metrics

NOTE: A metric number corresponds to item number it's referenced in the evaluation survey

Select your state: OH

Select counties in your region:

Pull County Data

Expertise Available

Why are these indicators important?

Understanding the landscape of healthcare professionals and facilities will allow a planning team to understand resources,or lack thereof,that may be available during an emergency. Additionally, measuring these indicators over time will allow for an analysis provider trends in a region over time.

9a. Family Medicine - MD			9b. Pediatrics - MD			9c. Family Medicine - DO			9d. Pediatrics - DO		
mean	min	max	mean	min	max	mean	min	max	mean	min	max
82.40	12.00	303.00	95.40	3.00	404.00	23.20	1.00	94.00	5.60	0.00	23.00

Mental and Behavioral Health Considerations

Why are these indicators important?

Disasters and public health emergencies take a toll on a populations' mental health. These indicators allow planning teams to understand the landscape of mental health service availability and the prevalence of mental, developmental, behavioral, and emotional problems throughout a region, thus determining supports that may be needed during a time of crisis.

12. Number mental health professionals with valid certifications and licenses practicing per 10,000 population: **34.89**
*13. Percentage of children, age 3-17 years, with difficulties obtaining mental health care among those who received or needed care during the past 12 months: **37.8%**

Community Resilience

Why are these indicators important?

Understanding family resiliency will assist preparedness planning in identifying high risk and vulnerable populations as well as allow a planning team to determine the potential consequences and social determinants that may contribute to an emergency or crisis

14. Percentage of owner-occupied housing units: **71.19%**
15. Percentage of single-parent households: **32.41%**
16. Number of hospitals per 10,000 people: **0.28**
17. Rental vacancy rate of total housing units (%): **5.28**
*18. Family Resilience (# of all or most items selected): **0-1: 4.8%**
*19. Percentage of families with food insufficiency: **31.1%**
*20. Percentage of families that have received food or cash assistance **42.9%**

Ohio HCC Improvement Plan

HPP Deliverable 15.1 & 15.2 - HCC Pediatric Surge Annex Regional Metrics Scorecard and Improvement Record
Budget Period 4 (July 1, 2022 - June, 30, 2023)

Background

Each HCC has an approved Pediatric Surge Annex to its response plan. The HCC Pediatric Surge Annex was developed to address regional relationships and actions, bridging the gap between local response and statewide efforts.

Instructions

In this BP4/SFY23 Pediatric Surge Improvement Record, subrecipients will have the opportunity to identify items of improvement and associated planned activities to be conducted. The subrecipeint must complete the Pediatric Matrix Scorecard to gain a better understanding of Pediatric Preparedness within the region. After completion of the Pediatric Matrix Scorecard, the subrecipient must go to the "Questions" tab within this workbook and complete the two (2) questions in ***green*** and one (1) question of their choosing from the ***yellow*** area. Once the areas of improvement have been identified, the subrecipient will document how the opportunities for improvement will be addressed and incorporated into the annex in "Activity Record" tab of this workbook.

Completion Guidelines for 15.1

1.) Complete Pediatric Matrix Scorecard found at:

https://forms.office.com/Pages/ResponsePage.aspx?id=xnn5T3H3Ok6aoFt8YcHGkRDoUP1TufRKi0ZjJEX__wNUMU1GRzZOQVVERjVJVEJRQ0Y3UUxKTE81Sy4u

2.) Complete the two (2) questions listed in ***green*** and one (1) quesion of choice from the ***yellow*** area in the "Questions" tab within this workbook.

3.) In the "Activity Record" tab of this workbook, describe how the three (3) opportunities for improvement will be addressed and incorporated into the annex.

Subrecipients should follow SMART Corrective Actions and apply the SMART concept to post-exercise activities. SMART ensures the planned activities are developed to be Specific, Measurable, Achievable, Relevent, and Time-bound.

Question	Action Item	What to update in Pediatric Surge Annex
Other than your required partnerships (EMS, EMA, PH, etc.) does your coalition partner with at least 5 of the pediatric representatives below? - Pediatricians - Family Medicine Physicians - Foster Care - Family Representatives - Child Life - School Psychologists - Pediatric Mental Health Providers - Day Care - Local Schools - School Nurses	**If 5**: Add 2 more connections from the list that you are not already partnered with.	Add the established connections that were made to the Pediatric Surge Annex. Be sure to list out what connections were made and their roles and responsibilities in pediatric planning and response.
	If None: Establish connections with at least 5 of these representatives.	
Are the hospitals in your region classified according to the ASPR Region V for Kids Facility Recognition Tool?	**If Yes**: What are the regional tools or trainings tools available that support continuous pediatric knowledge retention?	In the Pediatric Surge Annex, describe the regional tools or training tools available that support continuous pediatric knowledge retention.
	If No: Please classify hospitals	Describe hospital capabilities in the Pediatric Surge Annex.

3	Are there any verified trauma centers in your region and what type are they (i.e. Trauma I, II, III, Adult, Pediatric, etc.)	**If Yes**: Create or update a chart using the critera in the box to the right. **If No**: Create a chart of facilities where patients would be transported to for appropriate care.	Update or Create a chart in the Pediatric Surge Annex of the Ohio verified trauma centers in your region: - Facility Name - Facility Address (including city) - Facility County - Facility Region - Contact Information Adding maps along with the information above would be beneficial as well.
4	Do you have access to pediatric specialized transportation?	**If Yes**: What types of pediatric specialized transport do you have within the region (check all that apply): - Ground Pediatric Critical Care - Air transport Pediatric Critical Care - Paramedic ran agenies within region - Other_____	In the Pediatric Surge Annex, detail the types of pediatric transports that are utilized within the region. Also detail what methods of transportation are available outside the region if the ones within the region are not available.
		If No: Create a grid for what types of patients need to go to which facilities and the mode of transport those patients would be sent.	Complete task in "If No" box and insert into Pediatric Surge Annex. Also detail what methods of transportation are available outside the region if the ones within the region are not available.
5	For each of the following pediatric specialties, which offer pediatric telemedicine? - Emergency Department - Mental Health - Surgery - Critical Care - Other Pediatric Specialties:_____	**If some**: Provide assistance or guidance in establishing telehealth in the pediatric specialty areas not already covered. For example: If a hosptial has telemedicine established in ED and Mental Health, but not in the other specialties listed; provide guidance or assistance so that those hospitals can expand their telehealth to cover all aspects of pediatric care.	In the Pediatric Surge Annex, describe how the HCC worked with their regional hospitals on setting up telehealth services within the pediatric specialties listed in box 1. Be as detailed as possible and to the extent that the HCC assisted.
		If none: Provide assistance or guidance in setting up pediatric telehealth in the specialties listed to the left.	

Hospital Facility Categorization

Definitions:

General Emergency Department = Non-trauma hospitals without any pediatric inpatient beds.

Pediatric Capable Emergency Department = An emergency department that has adult trauma designation and may have limited pediatric inpatient beds

Pediatric Ready Emergency Department = Hospital that can provide ongoing pediatric inpatient care of appropriate patients and has a relationship with a Children's hospital to transfer to a higher level of care

Quaternary/Tertiary Pediatric Hospital =Children's Hospital responsible for serving as a regional referral center for the specialized care of pediatric patients, or in special circumstances will provide safe and timely transfer of children to other facilities for specialized circumstances

- Conventional Care Benchmarks
- ED Clinical Staff
- Ongoing Education
- Equipment supplies and medication
- Resuscitation and medication safety
- Pediatric Policies, Protocols and Guidelines
- Quality Improvement? Process Improvement
- Disaster Preparedness Plan

https://media.emscimprovement.center/documents/Facility_Preparedness_Tool_for_Pediatric_Considerations__6-2022.pdf

Results

NW
2 Children's Hosp
3 Peds Ready (2)
7 Peds Capable (3)

WC
1 Children's Hosp
NO Peds Ready or Capable (2 Trauma)

Central
1 Children's Hosp
5 Peds Ready
1 Peds Capable (1)
3 Trauma

SW
2 Children's Hosp
2 Peds Ready
3 Peds Capable

SE
2 Peds Ready

Region 8
3 Peds Ready

NE
2 Children's Hosp
3 Peds Ready (3)
7 Peds Capable (1)

Region 5
2 Children's Hosp
7 Peds Capable (6)

(Trauma Center)

Collaboration with States

Michigan

MDHHS | Michigan Department of Health & Human Services

Bureau of Emergency Preparedness, EMS and Systems of Care

MDHHS

Michigan Department of Health & Human Services

Bureau of Emergency Preparedness, EMS and Systems of Care

Emergency Medical Services for Children

MICHIGAN

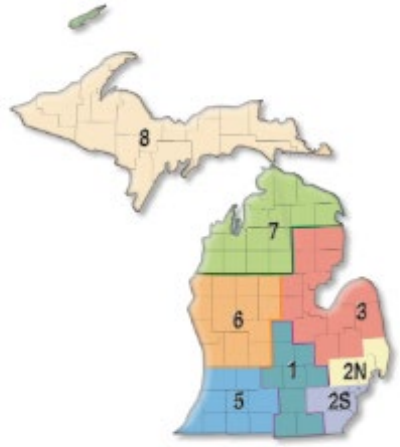
EMSC State Partnership Program

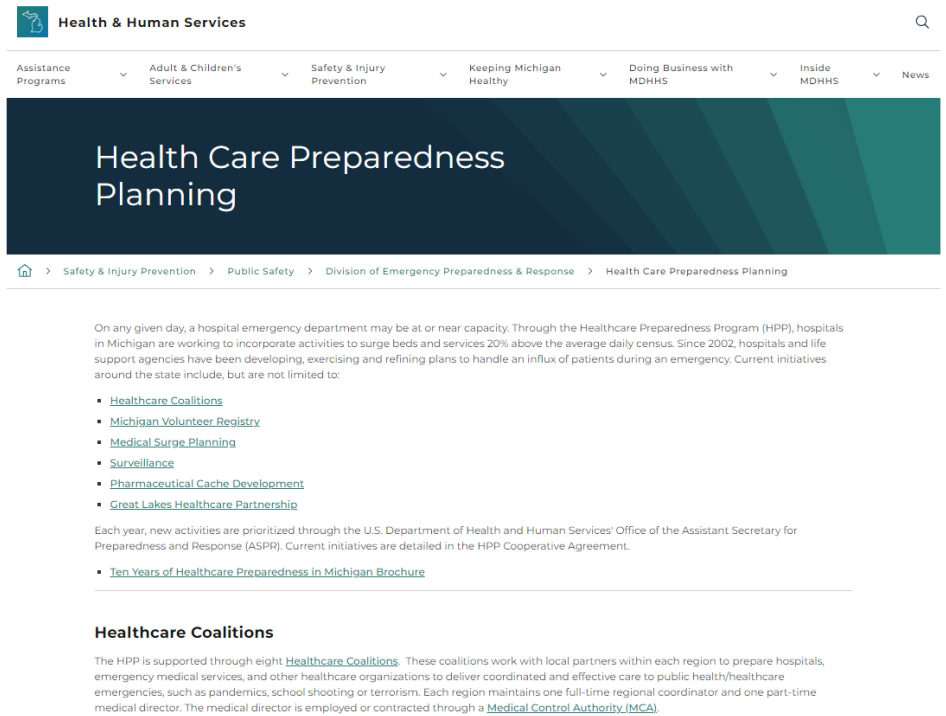
Healthcare Preparedness Planning (HPP)

8 Michigan Healthcare Coalitions (HCCs)

Partners in Pediatric Readiness:

- PECC/Pediatric Champions
- Education
- Outreach
- Communication





https://www.michigan.gov/mdhhs/safety-injury-prev/publicsafety/ophp/healthcareplanning

Pediatric Champion Office Hours

From BEPESoC

Monthly: last Tuesday at 2pm

- Teams
- 1 hour
- Recorded

Target Audience: PECCs - Hospital Based

- Nurses
- Physicians
- Advanced Practice Providers
- Emergency Management
- Trauma

MICHIGAN
EMSC State Partnership Program

MDHHS
Michigan Department of Health & Human Services

Bureau of Emergency Preparedness, EMS and Systems of Care

Topics

Pediatric Emergency Medicine

Injury Prevention

Pediatric Readiness

Disaster Readiness

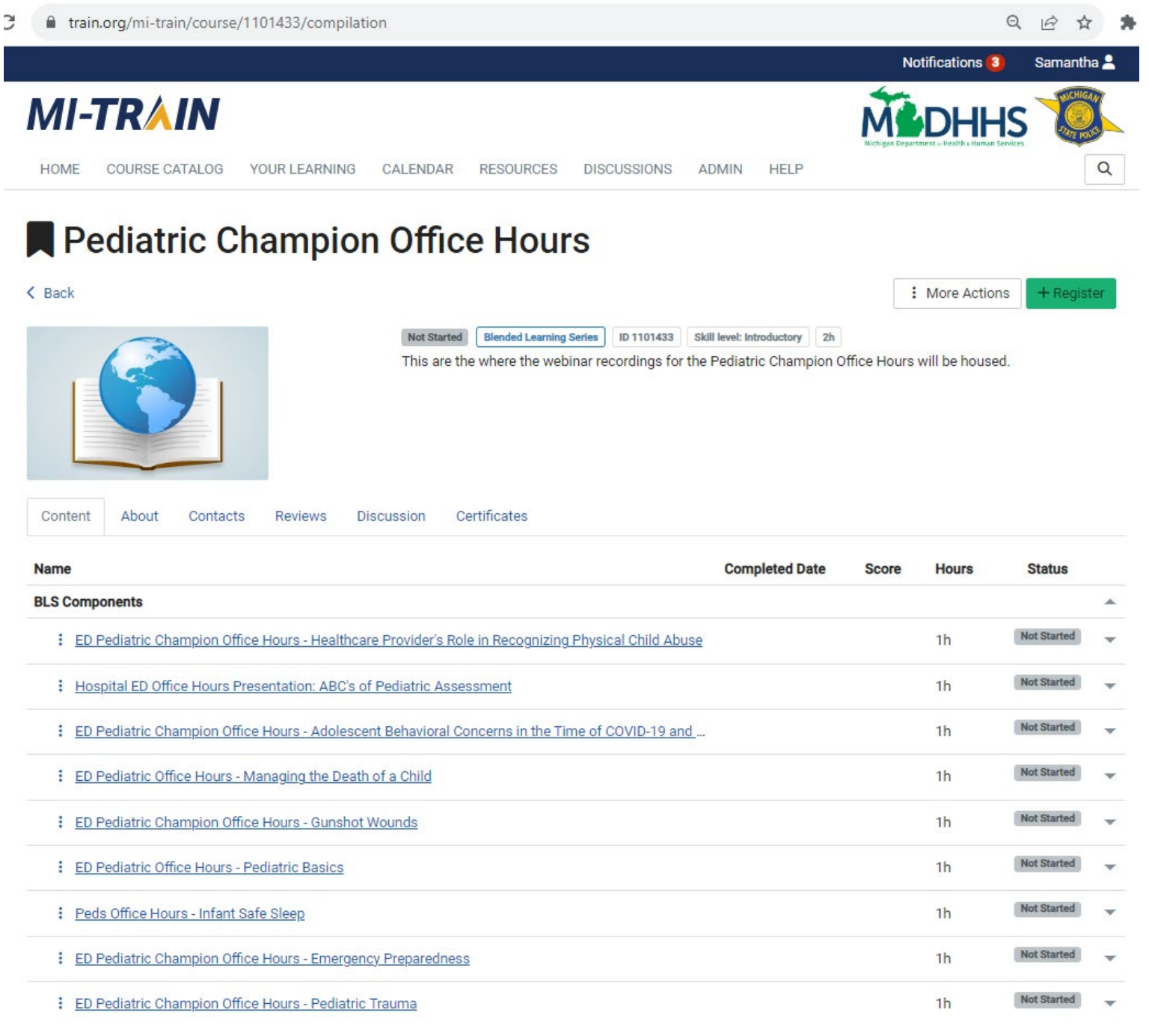
State Resources and Programs

Quality Improvement Opportunities

Assessment Support

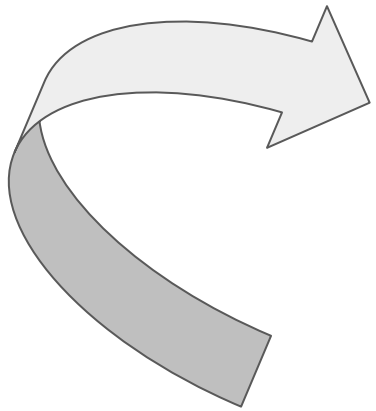
Recorded

On - Demand Access



https://www.train.org/mi-train/course/1101433/compilation

Expanding Collaboration



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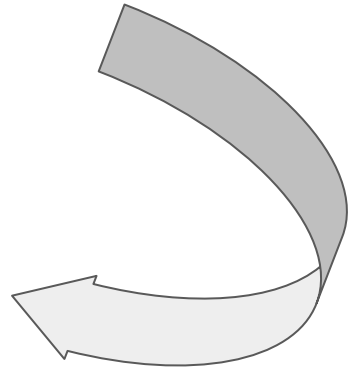


Pediatric Disaster Preparedness Checklist

EIIC Hosted
Education Series

EIIC
Emergency Medical Services for Children
Innovation and Improvement Center

Region V for Kids

Save the Date

Preparing for the Needs of Children in Disasters:

The Pediatric Disaster Preparedness Checklist

- Disasters of all types often involve children
- Children are not little adults – they have unique physical and psychosocial needs
- Most emergency departments do not have disaster plans that address the specific needs of children[1]

Are you ready to meet the needs of children during and after a disaster?

The Emergency Medical Services for Children (EMSC) Innovation and Improvement Center (EIIC) and the ASPR Center of Excellence Region V for Kids is collaborating with the Michigan Department of Health and Human Services, Bureau of EMS, Trauma and Preparedness and 8 Michigan Healthcare Coalitions to host this 3-part education series. Participants will learn from EIIC subject matter experts how to use the new Pediatric Disaster Preparedness Checklist to better prepare their institutions to meet the needs of children during disasters.

- **August 30, 2022: Children and Youth with Special Health Care Needs**
- **September 27, 2022: Pediatric Patient Tracking & Family Reunification**
- **October 25, 2022: Pediatric Surge Capacity**

All sessions will run from 2:00 pm – 3:00 pm Eastern Time

THERE IS NO COST TO REGISTER! Register Today!

To register, complete this survey: https://www.surveymonkey.com/r/MIpedchecklist

Questions? Contact EIIC at disaster@emscimprovement.center

Sharing!!

Recorded sessions

emscimprovement.center/education-and-resources/toolkits/pediatric-disaster-preparedness-toolbox/

Pediatric Disaster Preparedness Toolkit

- Pediatric Disaster Preparedness Toolkit
- Disaster Triage Game
- COVID-19 pandemic
- Pediatric Pandemic Network
- ASPR Region V for Kids
- ASPR Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)

More Toolkits

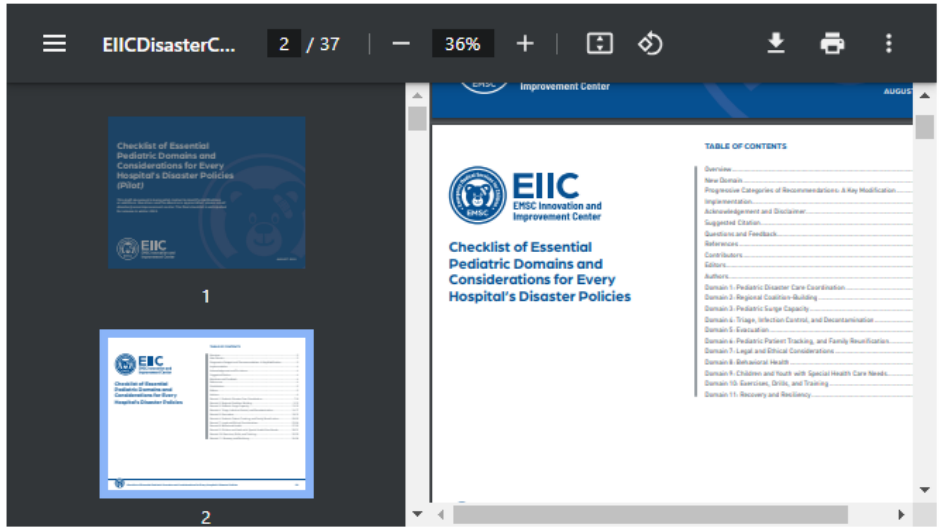
Ask the Experts

We want to meet your pediatric disaster planning needs. If you can't find what you're looking for, email us get technical assistance from national pediatric disaster experts.
disaster@emscimprovement.center

FEATURED RESOURCE

Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies

This checklist is an update to the original 2014 checklist and seeks to expand its utility. It is intended as a tool to help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster policies. Click to download (PDF)



Learning More: Sessions on the Pediatric Disaster Preparedness Checklist

Take a deeper dive into each domain using the links below.

Domain 3: Pediatric Surge Capacity - Slides (no video) | Session Recording

Domain 6: Patient Tracking and Family Reunification - Slides (no video) | Session Recording

Domain 9: Children and Youth with Special Health Care Needs - Slides (no video) | Session Recording

The EIIC will continue to build the library of resources related to the checklist. Those videos will be posted here .

Additional Resources

https://emscimprovement.center/education-and-resources/toolkits/pediatric-disaster-preparedness-toolbox/

Thank You!!

Samantha Mishra, DO, MPH

MishraS@michigan.gov

MDHHS | Michigan Department of Health & Human Services

Bureau of Emergency Preparedness, EMS and Systems of Care

Questions?

Deanna Dahl Grove, MD, FAAP

dld7@case.edu

Samantha Mishra, DO, MPH