



# Everyday Pediatric Readiness for Extraordinary Events

Lessons Learned from the Commonwealth of  
the Northern Mariana Islands

## **Presenters:**

- **Captain Patti Pettis, MS, APRN, PCPNP-BS**
- **Antonio Kapileo, EMT**
- **Jocelyn Sablan, EMT**
- **Joaquin Camacho, EMT**

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## Tony Gilchrest, MPA, EMT-P Moderator

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Extraordinary Events:

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Northern Mariana Islands

April 22, 2014

# Commonwealth of Northern Mariana Islands (CNMI)



# CNMI EMS for Children Team

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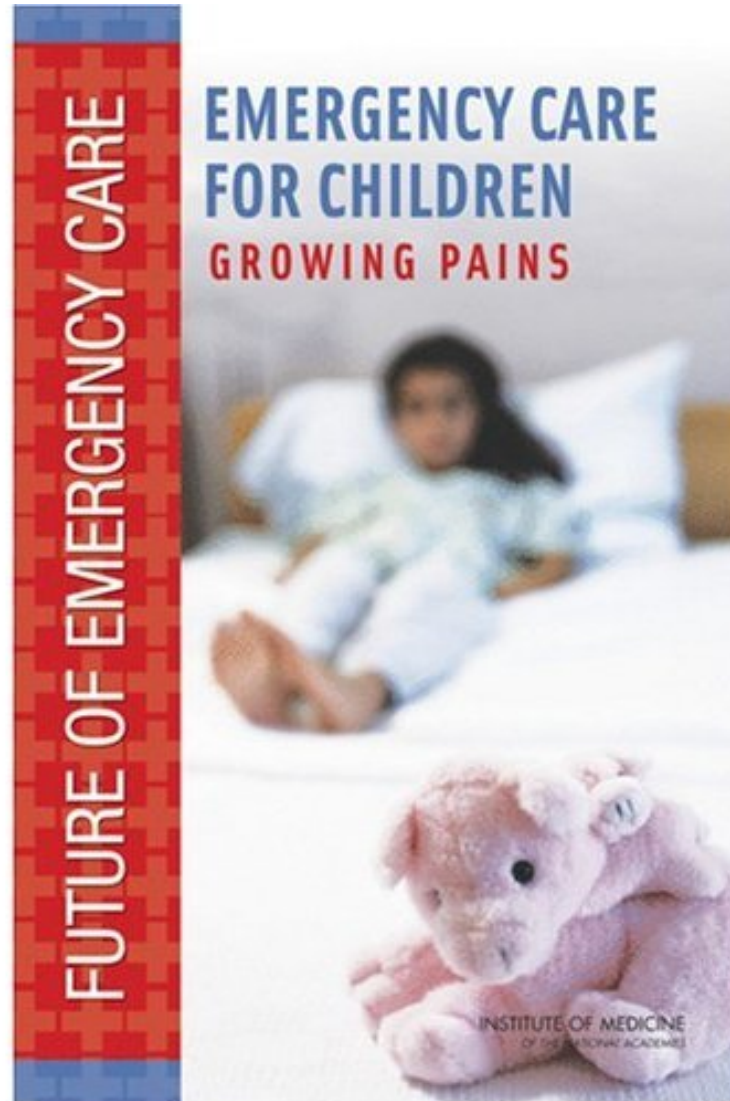


# **EMSC and the Hospital Preparedness Program: A critical partnership to improve Pediatric Preparedness**

**CAPT Patricia Pettis, MS, APRN, PCPNP-BC**  
**Field Project Officer**

**Hospital Preparedness Program – Region I (New England)**  
**National Healthcare Preparedness Programs Division**  
**OEM/ASPR/HHS**

# Emergency Care for Children





# Overview



- **Goal:** To connect the expertise and networks of both the HPP and EMSC to strengthen our nation's ability to care for children today and during disasters
- **A Unity of Effort:**
  - Connecting the local efforts of HPP and EMSC in order to strengthen pediatric preparedness across the nation
  - HPP and PHEP plans and program measures require consideration of at-risk individuals, including children
  - EMSC performance measures focus on medical direction, education, equipment systems and guidelines; the critical substance of preparedness plans
  - EMSC is cited as a key partner with HPP and PHEP for emergency preparedness planning in the FY14 Cooperative Agreement



# Hospital Preparedness Program (HPP) Overview



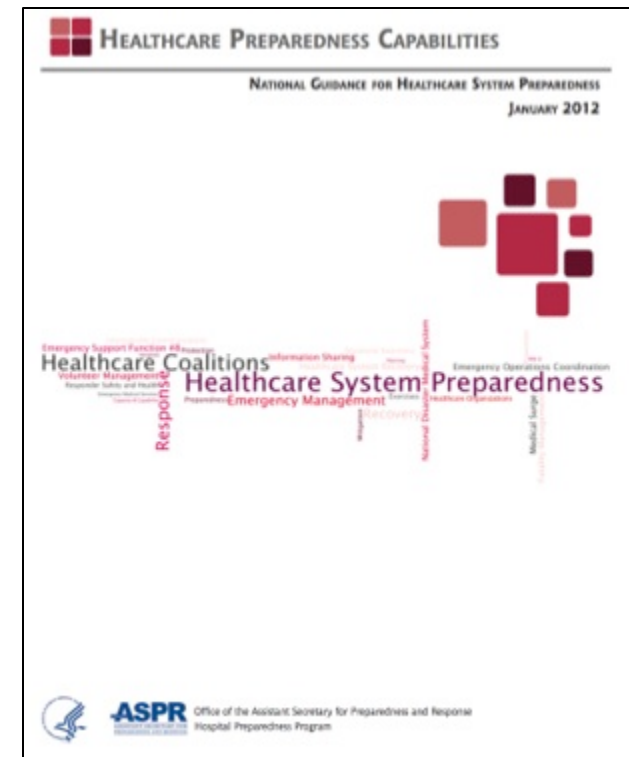
- **Mission:** To improve healthcare preparedness and response by providing leadership, funding, evaluation, and technical assistance to HPP awardees
- **Vision:** A robust, integrated federal, state, and local disaster healthcare system that coordinates all components of health delivery, supporting Emergency Support Function #8, to realize greater national healthcare preparedness, response, and recovery



# 2012 National Healthcare Preparedness Capabilities



- 1) Healthcare System Preparedness  
(Healthcare Coalitions)
- 2) Healthcare System Recovery
- 3) Emergency Operations  
Coordination
- 5) Fatality Management
- 6) Information Sharing
- 10) Medical Surge  
(Immediate Bed Availability)
- 14) Responder Safety and Health
- 15) Volunteer Management





# Aligned HHS Capabilities



Public Health Preparedness Capabilities	Healthcare Preparedness Capabilities
Community Preparedness	Healthcare System Preparedness
Community Recovery	Healthcare System Recovery
Emergency Operations Coordination	Emergency Operations Coordination
Emergency Public Information and Warning	
Fatality Management	Fatality Management
Information Sharing	Information Sharing
Mass Care	
Medical Countermeasure Dispensing	
Medical Materiel Management and Distribution	
Medical Surge	Medical Surge
Non-pharmaceutical Interventions	
Public Health Laboratory Testing	
Public Health Surveillance and Epidemiological Investigation	
Responder Safety and Health	Responder Safety and Health
Volunteer Management	Volunteer Management

- Capability #1—Healthcare system preparedness
  - *Healthcare Coalition essential partner memberships*
  - *Identify and prioritize critical healthcare assets and essential services*
- Capability 10—Medical Surge
  - *Assist healthcare organizations maximize surge capability*
  - *Specialty equipment to increase medical surge capacity and capability*
  - *Special training to maximize medical surge competency*
  - *Mobile medical assets for surge operations*
  - *Provide guidance for the management of scarce resources*





# Healthcare Coalitions (HCC)



- A formal collaboration among healthcare organizations and public and private sector partners that is organized to prepare for and respond to an emergency, mass casualty or catastrophic health event
  - **Members:** acute care hospitals, **EMS**, specialty and primary care providers, long term care facilities, behavioral health, public agencies, and private organizations
  - **Key assessment factors:** **EMS inclusion**, integration into healthcare delivery system, **identification of high risk individuals during response**

**HPP Healthcare Coalitions should have pediatric SMEs and, whenever possible, participation by EMSC**



# 2014 HPP Program Measures



## Continuity of Healthcare Operations

- Continuity of healthcare operations planning strives to improve a healthcare entity's preparedness, response, recovery, and mitigation capabilities from natural disasters and technological emergencies of all kinds.

## Medical Surge

- Medical surge is the capability to rapidly expand the capacity of the existing healthcare system (e.g., hospitals, long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) to provide triage and subsequent medical care during incidents that severely challenge or exceed the normal medical infrastructure of the community.



# Action Steps: HPP+EMSC



- HPP Healthcare Coalitions should work to include EMS and pediatric emergency care and EMS representation
- HPP and EMSC points of contact at medical schools should connect and coordinate training efforts
- State HPP Directors and EMSC Managers should collaborate on ways to leverage the expertise of the two programs
- HPP Field Project Officers (FPOs) will investigate EMS jurisdictional overlap with HPP Healthcare Coalitions and improve connectivity
- HPP will work with EMSC to investigate and include appropriate, evidence based pediatric preparedness measures within future guidance documents
- Guidance documents, promising practices, and research projects should be accessed at the program-supported websites: [www.phe.gov/hpp](http://www.phe.gov/hpp) and [www.childrensnational.org/emsc](http://www.childrensnational.org/emsc)

# HPP Field Project Officers (FPO)

- **Monitor Awardees** through site visits, observing exercises and drills, monitoring state grant finances, evaluating evacuation procedures for at-risk populations
- **Provide Technical Assistance** through regular communication, regional calls/meetings, technical calls on capabilities and other specific issues (pediatrics), facilitating peer to peer technical assistance
- **Improve Awardee Capacity** by reviewing after action reports, assisting with comprehensive exercise and training plans, recommend how to improve systems





# Contact Information: HPP Field Project Officers



- Region 1 [CAPT Patti Pettis](#)
- Region 2 [Sharon Cox](#)
- Region 3 [CDR Ken Monahan](#)
- Region 4 [CAPT Paul Link](#)
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- Region 9 Gene Ripper
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# Contact Information: HPP Leadership



Director of the National Healthcare Preparedness Programs  
(NHPP) Division

➤ Ms. Jennifer Hannah (acting)

Senior Advisor on At-Risk Populations to NHPP Division

➤ Dr. Cynthia Hansen

Branch Chief, Hospital Preparedness Program

➤ Mr. Scott Dugas

**HPP Website: [www.phe.gov/hpp](http://www.phe.gov/hpp)**

# Questions?





# Everyday Pediatric Readiness for Extraordinary Events

Commonwealth of the Northern Mariana Islands  
Department of Public Safety – Fire Division  
Office of EMS

# NORTHERN MARIANA ISLANDS



# Northern Mariana Islands



- Ferdinand Magellan discovered Guam in 1521 and all the islands were later claimed as a Spanish colony
- Spanish-American War 1898: Spain ceded Guam to the U.S. and sold the northern islands to Germany
- after World War I (1919) Japan administered the islands until end of World War II (1944)
- administered by the U.S. as part of the United Nations Trust Territory of the Pacific Islands (1947-1976)
- Covenant to establish a Commonwealth in political union with the U.S. in 1976, adopted its own constitution and took office in 1978
- became U.S. citizens in 1986 through Presidential Proclamation No. 5564
- held a Resident Representative to the U.S. until 2008, U.S. Public Law 110-229 established a Delegate seat in the U.S. House of Representatives in 2009

# Western-most Frontier of the U.S.

## “Where America’s Day Begin”





# Northern Mariana Islands

- 14 island archipelago (Saipan, Tinian, Rota only permanently inhabited islands), small sparse populations in the northern islands, Pagan most active island volcano
- Commercial flights: 3-hours to Japan, 7-hours to Hawaii, and 10-12 hours to U.S. mainland; cross international dateline, +10 hours
- 2010 U.S. Census: 53,883 residents (mostly non-U.S. citizens); plus year-round tourists mainly from Japan, Korea, China, Russia



# Northern Mariana Islands - Fact Sheet

- Indigenous population: Chamorro or Carolinian decent (comprise of less than half of population)
- Diverse ethnic community: Filipinos, Chinese, Micronesians, Koreans, Japanese, Bangladeshis, Polynesians, Russians, etc.
- 1 main hospital in Saipan: 86-bed public facility, CMMS certified
- 50,000 hospital visits per year
- Lack of specialty centers: trauma, pediatric, burn, etc.



# Northern Mariana Islands - Fact Sheet

- Most severe patients are medically referred to the neighboring island of Guam, Philippines, Hawaii, U.S. mainland and elsewhere
- Department of Public Safety: Police and Fire Division, Bureau of Motor Vehicles
- 10,000 911 calls per year, ~8,000 Fire/EMS emergency and non-emergency calls per year
- 101 Firefighter/EMTs and 8 fire stations across three inhabited islands

## EMERGENCY MEDICAL SERVICES

- 5 ambulances across three inhabited islands
- 3 Island of Saipan
- 1 each for the Islands of Rota and Tinian

## FIRE

- 3 pumpers, 2 brush
- 4 rescue units

## SPECIAL OPERATIONS

- Search and Rescue Unit (SARU)
- CBRNE/Hazmat Team
- CNMI Forestry/Wildland Strike Team
- Multi-Mission Work Boat (fire boat)

## COMMUNITY OUTREACH PROGRAMS

- Free Community CPR/AED Courses
- Community Emergency Response Team (CERT)
- DUI sobriety checkpoints
- Child passenger safety checkpoints
- Annual campaigns: EMS week, EMSC day, fire prevention week

## PERSONNEL

- 84 Firefighter/EMT's on the Island of Saipan
- 6 Firefighter/EMT's for the Island of Rota
- 11 Firefighter/EMT's for the Island of Tinian

## CERTIFICATIONS

- Each Fire Fighter is required to maintain a National Pro-Board Certification as a Firefighter.
- Each EMT is certified up to the National Registry Standard. With Protocols allowing for administration of limited medications to patients in the pre hospital setting.

## STAFFING/MANPOWER

- 3-man Medic Crews-Saipan (Can be reduced to 2-man Medic Crew in disaster scenarios) Rota Medics are staffed by 1 Firefighter/EMT and 1 Police Officer; Tinian works on a 2-man Medic Crew schedule
- 2-man rescue team per 24 hour shift-Saipan; Rota 1-man rescue unit with ride along Police Officer; Tinian 1-man rescue team.

# EMERGENCY MEDICAL SERVICES (EMS)



- 4,000 emergency and non-emergency calls per year
- 84 firefighter/EMTs, 3 ambulances (Saipan)
- 11 firefighter/EMTs, 1 ambulances (Tinian)
- 6 firefighter/EMTs, 1 ambulance (Rota)





## POPULATION

Saipan : 48,220

Rota: 2,527

Tinian: 3,136

## RESOURCES

Saipan: 3 Ambulances/1 Rescue

Rota: 1 Ambulance/1 Rescue

Tinian: 1 Ambulance/1 Rescue

## MANPOWER

Saipan: 22 Personnel per 24 hour shift

Rota: 2

Tinian: 3

## RATIO:

Saipan- 16,073>1 Medic / 2,191>1 FF/EMT

Rota- 2,527>1 Medic / 1263>1 FF/EMT

Tinian- 3,136>1 Medic / 1045>1 FF/EMT

Theoretically, if an unexpected disaster were to occur right now it should devastate the Emergency Medical Resources of the CNMI.

## CNMI History with Natural Disasters

### Typhoons;

1961 Super-Typhoon Nancy	215mph
1962 Super-Typhoon Karen	185mph
1963 Super Typhoon Olive	145mph
1976 Super Typhoon Pamela	150mph
1984 Super Typhoon Ike	145mph
1997 Typhoon Isa	100mph
1997 Super Typhoon Keith	180mph
1997 Super Typhoon Paka	115mph
2002 Super Typhoon Omar	185mph
2002 Super Typhoon Pongsona	150mph
2002 Super Typhoon Chataan	110mph
2002 Super Typhoon Higos	110mph
2004 Severe Typhoon Tingting	90mph
2004 Super Typhoon Chaba	125mph
2009 Super Typhoon Melor	125mph



# Categories of Storms

- Tropical Storm 3/2/1- is a rapidly-rotating storm system characterized by a low pressure center, strong winds, and a spiral arrangement of thunderstorms that produce heavy rain.
- Typhoon 4/3/2/1- A typhoon is a mature tropical cyclone that develops in the western part of the North Pacific Ocean between 180° and 100°E. This region is referred to as the northwest Pacific basin.
- Super Typhoon- Super typhoon is best compared to a major hurricane of a Category 4 or 5 on the Saffir-Simpson Scale.



# Disaster Preparedness

No longer a choice; but a part of our culture

Starting Early- Preparedness at home. How does the CNMI Integrate Disaster Preparedness Information into everyday learning?

- Community Outreach Programs

- EMS/FIRE in Schools

  - Presentations

  - Firefighters Reading Books in Schools

  - Tours of the Fire Stations

  - Medic Tours at School

  - Ride Along Program

  - Teen CERT

- Media

  - Commercials (Cartoons)

  - Handouts/Workbooks/Coloring Books

  - Multi-Lingual Print and Radio Ads

  - Banners/Signage along Roadways and Schools



# Disaster Preparedness

No longer a choice; but a part of our culture

Starting Early- Preparedness at home. How does the CNMI Integrate Disaster Preparedness Information into everyday learning?

## EMS Fairs

- Teach simple first aid
- Earthquake Preparedness
- Disaster Kits
- Trivia

## Drills

- Tsunami Evacuation Drills
- Earthquake Drills
- KONFITMA (All-Hazards) Drill
- Active-Shooter Drills



# KIDS - STORM READY DRILLS

## Tsunami Evacuation Drills:

- Performed Annually at local Elementary Schools.
- Multi-Agency Effort
- Requires schools to conduct a full scale evacuation drill.
- Teachers are to gather all students and use marked Tsunami Evacuation Routes.

## Benefits:

- Annual evaluation of route/school evacuation capabilities
- Multi-Agency response review
- Allows for a full critique of drill process
- Faculty/Student familiarization of Tsunami routes and evacuation procedures.
- Allows for critical changes to be made to flaws in evacuation procedures prior to a actual emergency.

# KIDS – BE READY DRILLS

## Earthquake Drills:

- Gaining interest in the CNMI, performed by 7 CNMI schools in 2013 (mostly Elementary Schools)
- In classroom drills

## Benefits:

- No-Cost drill, does not require multi-agency effort/manpower.
- Can be taught in a day to day classroom setting.



# KIDS – BE READY DRILLS

## KONFITMA:

- Annual Multi-Agency Effort
- 36 Hour Drill designed to fully stress the resources of the CNMI in emergency response settings. Scenarios Include:
  - Active Shooter in Schools
  - Acts of Terrorism
  - School Evacuations due to Acts of Terrorism/HazMat Incidents
  - Hostage Situations
  - HazMat Incidents at port areas.

## Benefits:

- Allows for Annual training of resources.
- School Faculty and Student Involvement for mass evacuations.
- Familiarization with Multi-Agency work dynamic.
- Mutual Aid agreements and understandings.

# KIDS – BE READY DRILLS

## ACTIVE SHOOTER:

- 2013 saw a BIG push for ACTIVE SHOOTER DRILLS
- All schools were required to perform 2 drills involving students.
- -Media PUSH OUT of information. (TV, New, Radio and Print Ad's)

## Benefits:

- Although a harsh topic, the CNMI was able to bring the reality of a “Active Shooter Incident” to the CNMI.
- During the 2009 rampage shooter incident in the CNMI, it was apparent that the CNMI was not prepared to handle such a situation. The incident left communication systems down for over an hour. Hysteria broke out.
- Training for both Teachers and First responders to “active shooter” incidents.

An aerial photograph showing the aftermath of a disaster, likely a hurricane or typhoon. The scene depicts a coastal area with significant destruction. In the foreground, several buildings are visible, some with damaged roofs and debris scattered around. A large, rusted metal structure, possibly a shipwreck, is partially submerged in the shallow, turquoise water. The shoreline is littered with debris, and palm trees are scattered throughout the landscape, some appearing damaged. The overall tone is somber and highlights the scale of the destruction.

WE CAN NOT AFFORD TO “SUGAR  
COAT” THE REALITIES OF A  
DISASTER

# DISASTER PREPARDNESS FOR PARENTS

- Ask the hard questions.
- -Are you aware of your child's school evacuation plans for different types of incidents? Earthquakes? Active-Shooters? Where to pick them up? Who to contact for information in the event of a lockdown?
- -If an emergency were to occur while your child was in school, with friends or home alone do you and your child have a way to communicate?
- -In the event of an emergency, does your child know the basic steps for first aid?
- -Emergency Contacts are important. But what happens if communications are disrupted? Will your child seek help? Or wait? Where will they go?
- -If you are separated during an event, can your child survive in the aftermath of a disaster until help arrives? Have we taught them the skills they need to survive for hours or days until help arrives?

# KIDS – BE READY AT HOME

## TIPS:

- Involve Children from an early age in Preparations for disasters, help them prepare a home disaster kit, explain how each item in the kit is important, teach them how to use these items.
- Discuss disasters such as earthquakes and storms, and how they should react differently to different types of disasters.
- Involve you child in pre-storm preparations. Boarding of homes, clearing of potential debris and securing of outdoor items.
- Practice. The same as you would with a “Stop, Drop and Roll” drill, set up and practice home evacuation routes, meeting areas and emergency contacts.
- Allow you child to ask questions.

# FUN FACT

In the CNMI, residents host BBQ's during typhoons for family members to make use of Frozen goods that may spoil due to power outages.



# Coping In the Aftermath of a Disaster

Being able to COPE in the AFTERMATH of a disaster requires PRE-DISASTER PLANNING.

With potential Damage to Infrastructure and services stressed to maximum capabilities, what are our priorities?

DISASTER CHECKLIST for Emergency Management in the CNMI

- Basic Survival Needs for our residents;

  - Shelter

  - Water

  - Food

  - Power

- Establishing Communications

- Resources

- Rescue/Medical Needs



WHAT ARE THE PRIORITIES IN  
YOUR COMMUNITY?

# Pre-Disaster

## SHELTER

- Families are advised through Media to seek shelter with OTHER family members.

- Families in need of Shelter are bussed to now vacant schools that are used as back up shelters during storms.

  - 2-3 Families per classroom (Safety)

- Families may remain in School Shelters for as long as the school remains closed.

- Schools are equipped with back-up water tanks (30,000 gal), these reserve tanks are used to run the water supply to school restrooms and showers.

- (As a requirement any facility used as a shelter must have back up water tanks on site)

# Pre-Disaster

## SHELTER

- Families are encouraged to bring drinking water and other items to shelters.
- Families are informed via media and radio on how to sterilize water.
- Shelter announcements via radio, TV and news papers as far as 24 hours prior to a disaster.
- Where ever you choose to SHELTER, at home, with family or friends or in a community shelter an announcement is made that advises residents to LOCKDOWN

# Pre-Disaster

## WATER

- Families are informed via media and radio on how to sterilize water.
- Families that “Shelter in Place” are advised load water into bathtubs and containers to use during water outages.
- Conserve water usage.
- Most homes on the Island are equipped with Water Tanks that store anywhere from 150-3000 gallons of reserve faucet water.

## WATER (DRINKING)

- Families in the CNMI are store 5 gallon (\$2.50) buckets of drinking water for cooking purposes.
- Families conserve drinking water
- Collect rainwater and filter it for consumption

# Pre-Disaster

## FOOD

\*CNMI Government releases payroll early for families to prepare for a disaster.

With this;

- Most families can stock up on non-perishable canned foods.
- Purchase Butane Canisters for Gas-Stove cooking
- With the high probability of a power outage, most residents BBQ during storms to make use of frozen food items that may go to waste.

# Pre-Disaster

## POWER

Because of our history with power outages, most families in the CNMI expect that at some point during a storm, our power supply will be compromised.

## STANDARD AT HOME CHECKLIST:

- Flashlights
- Batteries
- Candles
- Battery operated radio for updated information

# Communication Concerns

- How do we continue to provide the most current information to our residents during the most critical phases of a disaster?
- How do our residents communicate with family members? Each other? Emergency Services?
- Is our Emergency Management System equipped to receive an influx of calls?
- Are our dispatchers trained to handle this type of situation?
- Does the CNMI have a contingency plan for a loss of communications?
- Communications for a Multi-Agency disaster effort.

# Communication Priorities

- Critical Emergency Services (Police, Fire and EMS)  
Handheld Radio/PTT systems, Emergency Dispatch Calls, Field Communications.
- Emergency Management Office  
Live updates of conditions, developments and resource deployment needs.
- Hospitals
- Residents

# FUN FACT



When a storm is classified as a Condition 1 Typhoon an order is issued asking CNMI Residents to remain inside their homes and to shelter in place. During this time, all CNMI Emergency Response Vehicles are also grounded. All Fire Stations are closed and personnel are not allowed to respond until the restriction is lifted.

# Resource Considerations

In the hours prior to, during and immediately after a disaster strikes we have to ask ourselves. What are we working with? What are our NEEDS?

- Total number of Emergency Responders available.
- Number of Trained Emergency Response Teams could be activated.
- Number of vehicles available to our needs.
- Where to deploy our resources.
- Mutual-Aid agreements.
- Multi-Agency resources.
- Manpower
  - Breaks?
  - Food?
  - Water?

Reevaluate your needs as often as possible, as they may change.

# Rescue/Medical Needs

Do we have enough?

- Ambulances
- Back up Medics
- Mutual-Aid agreements to use private Ambulance Units
- Equipment on Ambulances?
- Manpower (Recall Lists)
- Fuel for units
- Medical Supplies
- Body Substance Isolation

# Pre-Disaster Special Considerations

- Transfer of bedridden patients, expectant mothers and oxygen dependent patients to the local hospital.
- Evacuation of Individuals with special needs to a safe and secure place.
- Medications.
- Medical Equipment.

# RE-CAP Pre-Disaster

- HOME/SCHOOL

- Kids Be-Ready Drills
- Cleaning Lawns
- Secure home and surroundings
- Stock up on non-perishable foods/water
- Load water into bathtubs/containers
- Prepare for power outages



# RE-CAP Pre-Disaster

- Emergency Medical Services
  - Restocking/Refueling Units
  - Recalling additional manpower
  - Transporting Special Needs Patients
  - Expectant mother's and bed ridden patients admitted to local hospital
  - Transferring patients/medical equipment to shelters or other residences.

# RE-CAP Pre-Disaster

- Emergency Management
  - Shelters
  - Water
  - Communications

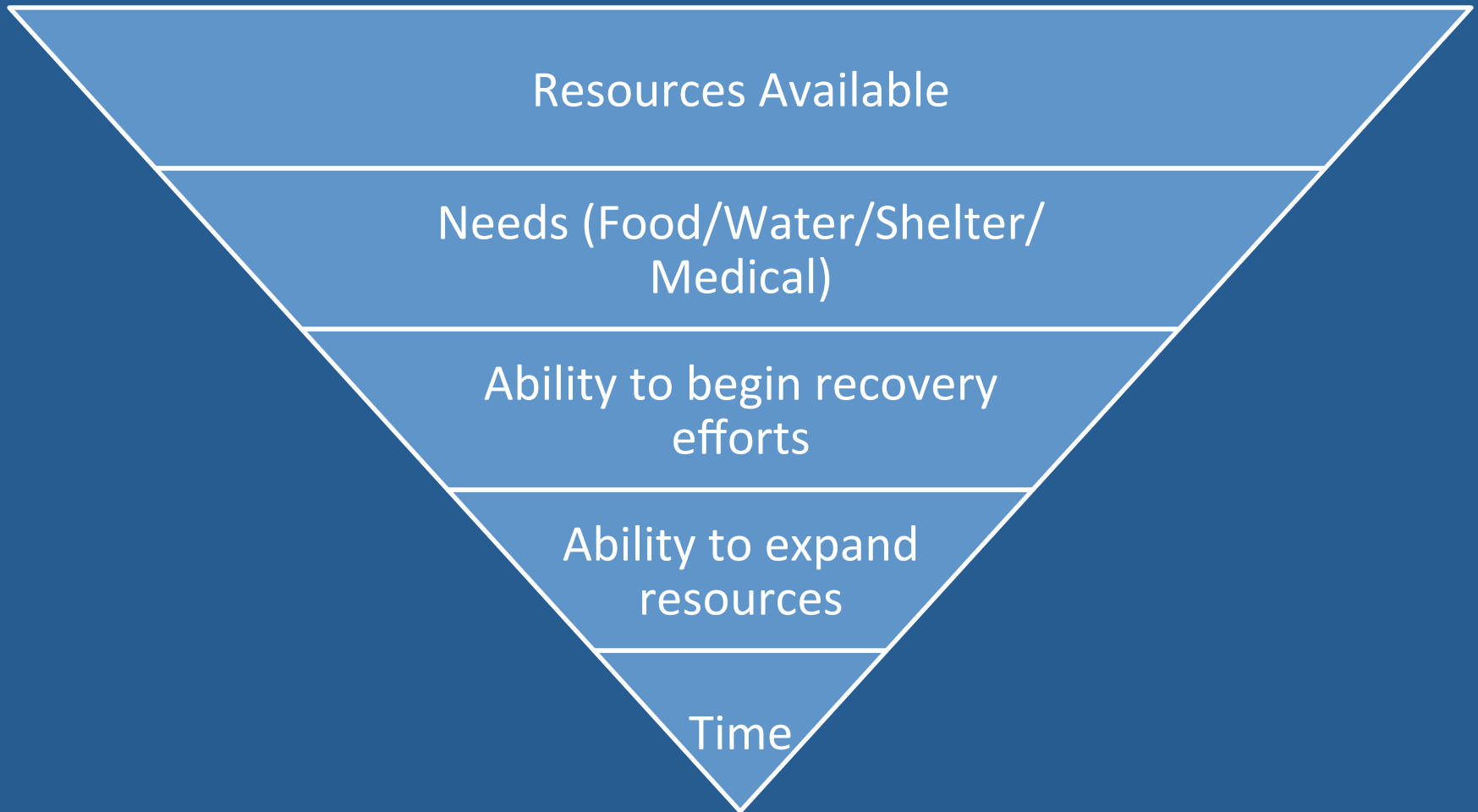
# Emergency Services Lock Down

- All Fire and EMS Units are grounded. You are essentially “on your own”. During this time Emergency Dispatcher’s still answer calls, but do not dispatch medic units. The EOC makes preparations to begin rescue operations and EMS prepares units for an influx of emergency runs once the lockdown is lifted.

\*There has never been a loss of life directly linked to a natural disaster in the CNMI in over 50 years.

# The Aftermath of a Disaster

How do we evaluate our response capabilities



# Aftermath of a Disaster

Remember those 911 calls that Dispatcher's received during the lockdown?

- Emergency Units are deployed to assist individuals that have called into our 911 system for assistance.
- Groups are deployed to clear access roads. Villages are searched in a grid by rescue crews that clear hazards, identify the need for police or medical assistance.
- Power Authority crews are dispatched to deal with downed power lines.
- Families are slowly allowed to return home from shelters.

# Aftermath of a Disaster

- Food Banks are set up by Red Cross, Local Community Groups and NPO's.
- Water Companies deliver water to shelters.
- Families that are unable to safely return home are moved into smaller shelters, volunteers take some families into their homes and house them temporarily.
- Individuals needing Medical Treatment or Medication are transported to the local hospital.

# Aftermath of a Disaster

- Begin the Multi-Agency effort of restoring power and running water into homes.
- Families that “sheltered in place” begin the process of debris clearing.
- Restocking of much needed food, water and supplies.
- Community Effort

# But at what Cost and to Whom?

- Local Non-Profit Organizations
- Volunteers
- Multi-Agency funding
- Community Donations
- Churches
- Public Officials
- Neighboring Islands/Surrounding Communities
- Community Groups
- Emergency Associations (Firefighter Association)
- Outreach

# FUN FACT

Between 2-3 generations of families shelter in 1 household during storms, as a large part of our cultural past, this allows multiple generations to gather and share stories of our history. Although storms are not welcome, it provides a chance for families to unite. Family being the basis for almost all things in an island setting, these moments often become cherished memories for children as they grow.

# Why should we cultivate a Disaster Preparedness Culture for our Children?

In 2014 we are now better equipped to predict a natural disaster. Warning systems are in place.

Funding is at an all time high. Training is available. The ability to inform the masses through radio, television, news articles and email. There has never been as many resources available as there are right now. With so many avenues and options, the introduction of Disaster Preparedness into the home and school is no longer a difficult task.

# Why should we cultivate a Disaster Preparedness Culture for our Children? WE OWE IT TO OUR CHILDREN

We owe our children the benefit of being able to



A scenic sunset over a tropical beach. A long, concrete pier extends from the foreground into the turquoise ocean. The sky is filled with dramatic, dark clouds, with a bright orange and yellow glow from the setting sun breaking through in the center. The water reflects the vibrant colors of the sunset. In the background, a line of lush green tropical trees marks the edge of the beach.

# CNMI Department of Public Safety Fire Division

Everyday Pediatric Readiness for Extraordinary  
Events: Lessons Learned from  
The Commonwealth of the Northern Mariana Islands