California's Neonatal, Pediatric and Perinatal Disaster Preparedness in Action

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Raising the Bar

*California’s Neonatal, Pediatric and Perinatal Disaster Preparedness In Action!*

**Moderator:** Patricia Frost RN, MS, PNP  
EMS Director Contra Costa Health Services  
Founder & Co-Chair California Neonatal, Pediatric & Perinatal Disaster Coalition  
Vice Chair National Pediatric Disaster Coalition

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**Objectives**

- Identify current local, regional, state and national resources and efforts supporting disaster preparedness for infants and children
- Describe why a statewide CONOPs for infants and children is essential to California’s Med/Health Preparedness
- List three resources you can use to improve your local capabilities for infants, children and pregnant women
National Survey
The Public Expects Children First

PAHPRA Reauthorization Act 2013
Legal requirement to include children in all disaster planning

Pediatric Preparedness for Healthcare Coalitions
Capability #1 and #10

Requires Children Have A Seat at the Table
2010 National Commission for Children and Disaster


2014 National Advisory Committee for Children and Disasters (NACCD)

New Committee will Advise HHS on Children’s Health in Disasters

Institute of Medicine: June 2013

Preparedness, Response, and Recovery Considerations for Children and Families

Workshop Summary
Never Been a Better Time

Time For CHILDREN

Develop Pediatric Capabilities
It Does NOT Have to Be Scary!

It Starts with Learning about the Children in Your Community

Pediatric Disaster Preparedness

DID YOU KNOW?

Improves Personal and Family Readiness
How Well a Community Recovers Measured by What Happens to the Children

ASPR: 30% Surge Within 4 Hours New Model Came Out of Pediatrics

System Decompression

**CATEGORY 1**
Pediatric Tertiary Care Centers in and around region (PICU and/or NICU) (includes PCCC hospitals)

**CATEGORY 2**
Community hospitals with some pediatric services (includes EDAP hospitals)
Accepts 0–12 year olds

**CATEGORY 3**
Community hospitals with no pediatric or neonatal (i.e. SEDP hospitals)
Accepts > 12 year old

**CATEGORY 4**
Community hospitals with Level I, II or II–E nurseries
Accepts 0–1 year old
The Focus on Children has Strengthened Disaster Mental Health for All

Effect of Disaster on Mental Health: Children & Adolescents

Reunification and Patient Tracking
Schools: Practice with Them

California Child Care Disaster Plan
An Annex to the State Emergency Plan
http://cchp.ucsf.edu/content/disaster-preparedness
The Good News

Pediatrics Creates REAL Engagement

2015 – Our Annual Disaster Report Card
This year, we find 32 states now require minimum emergency planning standards at schools and child care. But a decade after Hurricane Katrina, 18 states and D.C. still fall short.
California Leadership in Perinatal, Neonatal and Pediatric Disaster Preparedness

YOU ARE A CHAMPION

Our Outstanding Panelists

Kay Daniels, MD
Clinical Professor, Obstetrics & Gynecology, Stanford University School of Medicine, and Co-Director of Disaster Planning, Johnson Center

Cynthia Frankel, RN, MN
Prehospital, Emergency Medical Services for Children & HPP Coordinator, Alameda County Emergency Medical Services

Jason Silvas, RN
Pediatric Program Coordinator
San Joaquin Community Hospital

Bridget Berg, MPH, FACHE
Manager, Pediatric Disaster Resource & Training Center, Children’s Hospital Los Angeles
Earthquakes and fires and floods … OH MY!!

Disaster Preparedness for OB Units

Kay Daniels, MD
Clinical Professor
Obstetrics & Gynecology
Stanford University
School of Medicine

If there is an OB Unit in your hospital

The American College of Obstetricians and Gynecologists note:

“Providers of obstetric care and facilities that provide maternity services, offer services to a population that has many unique features warranting additional consideration”
Why Moms and their Babies are at Risk in Disasters?

- >97% of all births in the U.S. occur in a hospital or clinical setting … which may not be accessible or may be severely damaged during a disaster event

- Mom and babies are physically more vulnerable to disaster-related toxins

Why Moms and their Babies are at Risk in Disasters? (cont.)

- Pregnant women are subject to the usual risks of injury at a disaster, but with more complicated care
Keeping mom and baby together …

- In the days after Hurricane Katrina struck Louisiana, 125 critically ill newborn babies and 154 pregnant women were evacuated to Woman’s Hospital in Baton Rouge.

- It was at least 10 days before some of the infants and mothers were reunited.

Washington Post 2006

Hospital disaster planning: OB is Unique

One size ≠ all in a disaster setting for OB

Within the same footprint of any OB unit there exists a large variety of patient acuity and needs:
- Healthy postpartum patients with their newborns
- Laboring women
- Intra-op and post-operative patients
Why is OB unique?

We always have 2 patients

- Ante partum (AP) = mom and fetus
- Postpartum = mom and newborn

Disaster Planning for OB: A Triage Algorithm

OB TRAIN* =

Triage by Resource Allocation for IN patient

*Based on the triage system created by Dr. Ron Cohen for the NICU at Lucile Packard Children’s Hospital
OB TRAIN for AP + L&D

Basis of Triage System for OB TRAIN

- Labor status
- Mobility
- Anesthesia status
- Maternal risk factors/fetal risk factors
OB TRAIN Triage Example

26yrs @ 40 weeks
- Early labor: 4cm
- Can ambulate
- No epidural
- Cat 1 FHR
- No significant maternal or fetal risk factors

OB TRAIN Triage Example #2

32 yrs @ 31 weeks with severe preeclampsia undergoing induction of labor
- Early labor: 2 cm
- Nonambulatory
- Epidural in place < 1 hr
- Cat 1 FHR
- Intermittent IV labetalol for BP control
- On 2 g IV magnesium sulfate
Specialized Levels of Maternity Care
ACOG Consensus Feb. 2015

SENDING THE RIGHT PATIENT TO THE RIGHT HOSPITAL

1. Levels
   • Birthing Centers
   • Basic Care (Level I)
   • Specialty Care (Level II)
   • Subspecialty Care (Level III)
   • Regional Perinatal Health Care Centers (Level IV)

2. Capabilities

3. Types of providers
Being prepared to evacuate L&D

There’s gonna be one
NOW! No, ... Now!
Okay, maybe... Now!
Alright, it’s gonna be...
Now! Okayy... Now!

Another long day down at the Bureau of Earthquake Prediction

WE’VE GOT TO GO!!
L&D Disaster Plan: Evacuation

COMMUNICATION: Peds ➔ OB

How will peds know where OB is evacuating to?
  • Is there a system in place for notification?

Who from peds has been designated to go with OB?
  • To care for ‘shelter in place’ in deliveries
Coordination of OB and Pediatrics

Ideas to insure that mom and baby are not separated

- On baby’s transfer forms – mom’s information
- On mom’s transfer form – baby’s info
  - Newborn screening # or other unique identifier
- Record where both baby and mom are being transferred to in multiple sites
- Arm bands with matching information

Next steps: Collaborative network on a regional, statewide and national level
In summary: to accomplish a comprehensive obstetric disaster plan there needs to be:

1. Adoption of an obstetric-specific triage system like OB TRAIN to allow a universal language for evacuation and surge processes

2. A system in place to transfer OB patients to the appropriate hospital (the right patient to the right hospital)

In summary (cont.)

3. An comprehensive shelter in place plan for laboring patients that includes:
   - Grab and go bags/equipment
   - Communication with peds

4. Postpartum plan that takes into consideration transport of mom and baby
   - Avoid maternal-neonatal separation when possible
   - Accurately track location if separated

5. Create a regional and ultimately national collaborative network of maternity hospitals
Online access to disaster tools

Stanford Disaster OB Planning “Tool kit”
http://obgyn.stanford.edu/community/disaster-planning.html

Kay Daniels
k.daniels@stanford.edu

THANK YOU FOR YOUR ATTENTION

Stanford University
LEVERAGING SUSTAINABLE PEDIATRIC/NEONATAL CAPABILITY & READINESS UNDER ALL CONDITIONS

CALIFORNIA CHILDREN'S MEDICAL SURGE CONCEPT OF OPERATIONS
ALAMEDA COUNTY DISASTER PREPAREDNESS IN ACTION

CYNTHIA FRANKEL, RN, MN
CO-CHAIR, CALIFORNIA NEONATAL/PEDIATRIC DISASTER COALITION
ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

CALIFORNIA NEONATAL/PEDIATRIC DISASTER COALITION

TRANSLATING EFFECTIVE GUIDANCE INTO ACTION

- **GOAL**: To strengthen statewide & local children's medical surge capability & readiness
- **MISSION**: Campaign to inspire & build statewide & local emergency preparedness, RESPONSE capability & plan implementation throughout California
GOALS
DRIVING READINESS & ACTION
IN DYNAMIC TIMES

- Provide strategies & benchmarks to support disaster-resilient health care systems
- Share projects — to reframe inclusive & effective pediatric medical surge readiness & enable health care system surge response
- Facilitating transformative & sustainable medical surge readiness

“PEDIATRIC NEAR MISS”
SURGE CAPACITY & CAPABILITY CHALLENGES

LESSONS LEARNED
- H1N1 (2009) *
- Mehserle Verdict (2009–10)
- San Bruno pipeline explosion (2010)
- Occupy Oakland/civil unrest (2012)
- Hurricane Sandy (2012)
- Asiana Accident (2013)
- Napa Earthquake (2014)
- Valley Fire & Calistoga Shelter (2015)
- Train Derailment (2016) *

POTENTIAL RISK – ALAMEDA COUNTY
- Hospital medical surge impact
- Limited PICUs, EDs & beds (ONLY 33 PICU BEDS)
- Earthquakes & pandemic flu
ANTICIPATE EARTHQUAKE OF M6.8 OR GREATER ON HAYWARD FAULT

- 13 hospitals within 1 mile of Hayward Fault
- Last major earthquake on Hayward Fault — 1868 (over 140 years ago)
- Research by U.S. Geological Survey (USGS)

WELL-PREPARED PEDIATRIC DISASTER HEALTH CARE SYSTEM:

- Plans for healthcare consequences of pediatric disasters
- Responds quickly & with agility to harness all vital resources
- Functions under adverse circumstances
  - An immediate & prolonged surge of pediatric patients in need of acute critical care
  - Disruption of incident management chains of command
  - A contaminated or contagious environment
  - Loss of infrastructure
  - Poor situational awareness

REQUIRES CONOPS
CALIFORNIA CHILDREN’S MEDICAL SURGE CONCEPT OF OPERATIONS (CONOPS)

CURRENT INITIATIVE:

- Strategic Plan Priority CA EMSC Technical Advisory Committee, Annex to CA EOP - ESF 8

CONOPS Envisioned

**High reliability, highly collaborative, cross-sector**

- **Strengthen**: To strengthen California’s ability to care for children during medical surge event & leverage medical system partners
- **Seamless**: To provide incident response strategy for “seamless” medical response operations
- **Resiliency**: To promote pediatric health care system emergency readiness solutions, response resiliency strategies, & evidence-based tools
CONOPS Envisioned (cont.)

High reliability, highly collaborative, cross-sector

- **Rapidly expand capacity**: To provide guidance on how to rapidly expand capacity of existing healthcare system at multiple levels
- **Align, scalable, coordinated, & Integrated**: To ensure integrated children’s medical emergency management response system — consistent with California Medical/Health EOM, state EMSC benchmarks & existing surge plans

CALIFORNIA CHILDREN’S MEDICAL SURGE CONOPS PROJECT REQUIREMENTS

- **High-level overarching framework** with state coordinated pediatric medical surge procedures
- **Customized to divergent regions** & operational
- Sections of other plans integrated in CONOPS
- **High-level synthesis of many existing plans**
- Institutionalize our vision
CALIFORNIA CHILDREN'S MEDICAL SURGE CONOPS PROJECT MISSION

FRAMEWORK

- Bed expansion/compression: Flex Models **
- Pediatric expert focal points: Effective decisions
- Resources: Links resources & map assets
- Management responsibilities: Role clarity
- Coordination: Pediatric surge & patient transfers

PRIORITY

- Leverage EXISTING regional/OA Pediatric Surge Plans
- Supplement CA Med/Health EOM

EMSA/CDPH PEDIATRIC SURGE NEW FOCUS — PLANNING MEETING 4/28/16

GOAL: Develop State CONOPs & function-specific chapter California Public Health/Medical EOM

- Established catchment areas around regional hospital
- Create tiered hospital structure around levels of care
- Expectations for pediatric readiness
- Connectivity via MHOAC / RDMHS program
- "Day-to-day" pediatric assets (i.e., neonatal transport network)
GOAL:
Leverage & integrate California state & regional pediatric medical surge plans

ALAMEDA COUNTY MEDICAL SURGE PANDEMIC EXPANSION MODELS — OPTIONS

1. Hospitals increase pediatric beds by 5% above total licensed beds
2. Hospitals with ICU & PICU double numbers of staffed beds
3. Hospitals take 5 additional patients in their ICU & PICU
4. Hospitals increase bed capacity by 10% above licensed beds
ALAMEDA COUNTY PEDIATRIC READINESS “DAY TO DAY” & SURGE

What’s sustainable? Leveraging & Energizing Partners

- Priority Pediatrics Benchmarks
  2014 to 11/17/16 Exercises
- HPP 2014-17 Pediatric medical surge deliverables – CONOPS
- Pediatric Readiness Project & Champion Recognition

ALAMEDA COUNTY CHILDREN’S DISASTER CONOPS
ANNEX TO COUNTY EMERGENCY OPERATIONS PLAN

Current initiative:

- Strategic Plan Priority Annex to OA EOP - ESF 6 & 8
- Includes High Level EOC Coordination for Children
- Focus Medical & Care & Shelter (Multi-Agency Approach)
- Currently at Emergency Operations Council for Board Approval
- Potential for adapting model to other OAs & New State CONOPs
ALAMEDA COUNTY
CHILDREN’S MEDICAL SURGE
PROJECT REQUIREMENTS

- Define Strategic Approach
- Define Support Structure
- Delineate Key Roles and Responsibilities

ALAMEDA COUNTY EMERGENCY
OPERATIONS CENTER (EOC)
ACTIVATION

Children’s Technical Expert / SMES – Coordination Group – Effective Decisions
COLLABORATION ACTION OPPORTUNITY
“FUTURE ROAD MAP—BREAKING NEW GROUND”

Fuel Statewide Partnerships & Mobilize Champions

- **Short & long term project** *
  CA Children’s Medical Surge CONOPS Project
- **“Robust” collaboration team** - Reinvigorate partner support
- Align & promote Pediatric Readiness Project
- Plan & conduct medical surge pediatric exercises
- Annual state EMSA/CDPH & CHA conferences – pediatric tracks

DRIVING PEDIATRIC READINESS MOMENTUM & ACTION

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Neonatal/Pediatric Disaster Preparedness Information:
http://www.acphd.org/ermc.aspx
https://sites.google.com/site/pedineonetwork/
Pediatric Disaster Preparedness

Jason J. Silvas
San Joaquin Community Hospital

Pediatrics and Emergency Rooms

Are You Pediatric Ready, Today?

- Just the stats
  - 20% of all ER visits are children
  - 90% of those visits occur in a local, general hospital setting
- Emergency Room defined
  - Hospital room or area staffed & equipped for treatment of persons needing immediate medical care
Preparing for Pediatric Disasters

Collaboration is Key

- Recent local accomplishments
  - 2014 – Central Valley Regional Pediatric Disaster Surge Framework adopted (by 10 counties)
  - 2015 – Kern County Pediatric Receiving Center Designation Policy adopted
  - 2016 – Kern County Pediatric Advisory Committee established
    - Local services now include PICU, Trauma Center and Burn Center

Preparing for Pediatric Disasters

Preparing for pediatric disasters means …

- Being prepared for pediatric patients
  - Policies, procedures and protocols
  - Quality improvement process in place
  - Equipment, supplies and medications
  - Staffing
  - Education (this is a must!)

Preparing for pediatric disasters does NOT mean …

- Large expenditures
Preparing for Pediatric Disasters

Reinvent the wheel? Why?

- National Pediatric Readiness Project
  - Peds Ready Assessment

2015-16 Quality Improvement Emergency Department Assessment

Hospital Name: San Joaquin Community Hospital
Hospital Volume: High: >=10,000 pediatric patients (average of 27 or more a day)
Respondent Name: Jason Silvas, Pediatric Program Coordinator, RN
Respondent Contact Info: (661) 319-2823, silvasj@ah.org
Report Date: 11/2/2015 10:36:18 AM

Preparing for Pediatric Disasters

San Joaquin Community Hospital

- 2 year progress report

YOUR SCORE AND COMPARATIVE SCORES:

- 92
  - Your 2015-16 Hospital Score out of 100
- 53
  - 2013-14 Score for Your Hospital
- 84
  - 2013-14 Average Score of Similar Pediatric ED Volume Hospitals
- 69
  - 2013-14 Average Score of all Participating Hospitals
Preparing for Pediatric Disasters

Peds Ready Project: The Assessment
- Provided immediate gap analysis report

![Image with text](image)

Preparing for Pediatric Disasters

Current Kern County initiatives and goals
- Pediatric-specific bioorganic response
  - Hospital- and field-based drill
  - Pediatric-specific decontamination considerations
  - Reunification planning
- Active shooter preparedness
- Open a pediatric-specific ER
  - Planned opening by end of 2016
Preparing for Pediatric Disasters

So … Are You Pediatric Ready, Today?

Because just another normal day …

Preparing for Pediatric Disasters

Could change in an instant AND…
Preparing for Pediatric Disasters

If You ARE Pediatric Ready, Today

- Outcomes WILL improve!

Thank you,

Jason J. Silvas
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Preparation for pediatric surge
Los Angeles County

Bridget Berg, MPH, FACHE
Manager, Disaster Resource Center
Children's Hospital Los Angeles

Topics

- Los Angeles County Hospital Preparedness Program (HPP) — Pediatrics
- Pediatric Surge Plan
- Tools of the trade
  - Training resources
  - Support for Children with Access and Functional Needs
  - Guidance
LAC HPP - Efforts to Date

- Los Angeles County Pediatric Surge Plan 2011-2015
- SurgeWorld - web-based training tool — JumpSTART and START triage — 2015
- Incident Command — app-based tool to support leadership engagement in emergency management and areas of concern related to children — 2015-2016

LA County Existing Systems and Resources

- 100 Acute Care Hospitals
- 81 HPP Partners
- 14 Trauma Centers
- 13 Disaster Resource Centers (DRCs)
- Los Angeles County Emergency Medical Services Agency — Medical Alert Center (MAC)
LOS ANGELES COUNTY PEDIATRIC SURGE PLAN

Phase 3 — Plan Evaluation — Exercises
April 20, 2015 and June 11, 2015

Children's Hospital Los Angeles – Susan Goldman
Pediatric Surge Plan — 2016

**HOSPITAL TIER** | **TIER DESCRIPTION**
--- | ---
Tier 1 | Pediatric Centers (PTC/PMC)
Tier 2* | Pediatric Medical Centers (PMC)
Tier 3 | Adult Trauma Centers
Tier 4 | Pediatric Acute Beds
Tier 5 | Emergency Departments Approved for Pediatrics (EDAP)
Tier 6 | No Pediatric Services
Tier 7 | No Emergency Services/ Specialty Centers

* Note: In a pediatric trauma surge event, patients would go to Tier 3 before Tier 2
Surge World

Disaster Triage
- START
- JumpSTART
Player
- Selects who to triage
- Learns algorithm

Surge Logistics
- Staff
- Space
- Stuff
Player
- Manages patient surge by allocating resources

Incident Command
- Leadership
- Communication
- Decisionmaking
- Teamwork
Pediatric Surge Quad Fold

Includes:
- Pediatric risks during disasters
- Pediatric Assessment Triangle
- Pediatric signs of respiratory distress and respiratory failure
- JumpSTART triage
- Daily maintenance fluid and electrolyte requirements
- Nutrition
- Dehydration
- Normal development
- Equipment sizes
- Shock
- Fluid resuscitation
- Burn treatment – fluid resuscitation

Elements of Pediatric Preparedness for Health Care Facilities

- Awareness and acknowledgement
- Leadership
  - Identify a pediatric champion (MD and non-MD)
- Plan
  - Understand your risks
  - Family Reunification
- Decontamination Nuances
  - Keep parents/babies together, baby baths, warmers
- Pharmaceuticals
  - A method for dosing
Elements of Pediatric Preparedness for Health Care Facilities (cont.)

- Safety & Security
- Staff
  - Pre-identified
- Supplies
  - Basic supplies (diapers, nutrition, activities & distraction)
  - Medical supplies (e.g., smaller items - ETT, IVs)
- Transportation
- Triage
  - JumpSTART reference tools
- Training
  - Advanced training
  - Just-in-time training

IMPROVING PREPAREDNESS FOR CHILDREN WITH ACCESS AND FUNCTIONAL NEEDS
Defining At-Risk Individuals

• Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas:
  – Maintaining independence
  – Communication
  – Transportation
  – Supervision
  – Medical care

• Examples: children, senior citizens, pregnant women ... individuals who have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and have pharmacological dependency.

Source: Pandemic and All-Hazards Preparedness Act (PAHPA), Progress report Aug. 2008

Themes

• Parents typically did not feel prepared, but wanted to be prepared
• Managing child’s everyday needs was a factor in delaying preparedness efforts
• Concerns: transportation, evacuation, medication, food and technological dependency
• Clinicians didn’t have specific plans but were interested
Resources Developed/Translated

1. Trifold for parents/caregivers
2. AAP Emergency Information Form
   - Translated to Armenian (Spanish existing)
3. Univ. of Washington – Disaster checklist for children with special nutritional needs
4. Division of Industry and Consumer Education – FDA Preparing for Power Outage for Medical Devices

www.CHLA.org/DisasterCenter

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QUESTIONS?

WHAT WE LEARNED!
Most Children Get Care in Their Own Communities

Nationally 80% of all children are seen in “non-pediatric” Emergency Departments

Relies on a Foundation of Day-to-Day Pediatric Readiness

A ‘Blueprint’ for Disaster Readiness

“The Elevated Hurricane Zone Housing Solution”

Slide from Steven Krug chair AAP disaster preparedness advisory council presentation. March 2010
Getting Started…

“All emergency planning is local”

Dr. Jeffrey Upperman
Children’s Hospital Los Angeles
National Disaster Center
National Advisory Committee for
Children and Disasters

“Which step have you reached today?”
“WINGING IT” IS NOT AN EMERGENCY PLAN
Make a disaster plan with your kids.

Guidance is Overflowing!
The National Curriculum is Here!
First Year: Over 50 Deliveries

Functional and Access Needs

Universal Design: Accessibility for All

I'M AN INDIVIDUAL NOT A DISABILITY.

SPECIAL ED RESOURCE.COM
Behavioral Health Tools

National Pediatric Disaster Coalition
http://www.npdcoalition.org/
NPDC: Highly Networked State and Federal Engagement

Everyone's Talking Disaster & Kids

Pregnant Women Too!

New Partners Coming on Board Everyday
Community Health Resilience Initiative National Toolset


NEW!

TRACIE HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

https://asprtracie.hhs.gov/technical-resources

1-844-5-TRACIE or askasprtracie@hhs.gov.

https://asprtracie.hhs.gov/information-exchange
American Academy of Pediatrics

Children & Disasters

Disaster preparedness to meet children’s needs

http://www.aap.org/disasters/peds.cfm

Help Find the Free Stuff

It’s not about cost it’s about focus

http://hsc.unm.edu/emergmed/PED/education/onlineEd.shtml
Looking Ahead

Every Drill Integrate Children
Children should represent 25%
Flexing Regional Pediatric Capacity within Local Resources

Small But Mighty Successes Matter
Make it Routine and Normal

Include Family and Community
Building Relationships: Listening and Learning

The Tools and Talent Exist
Information is at Your Fingertips
So Get Connected

Heavy Lifting is NOT Required
You Too Can Raise the Bar for Children in Your Community!

For More Information

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National Pediatric Disaster Coalition Site
www.npdcoalition.org/
Thank You!

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