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PEDIATRIC DISASTER PREPAREDNESS AND RESPONSE

TOPICAL COLLECTION

INTRODUCTION

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INTRODUCTION

Disaster planning should address the needs of all populations for all potential hazards, yet as a health care system and a nation, we remain suboptimally prepared for disasters. This assessment particularly holds true regarding readiness for the needs of children. All components within the chain of care for those affected by disasters can benefit from additional knowledge and guidance to improve pediatric preparedness. These entities include health care providers, clinics (private practice, hospital-run, state, and federal), emergency medical services and interhospital transport, hospitals, urgent care centers, schools and child care settings, shelters, local communities, states, and regions. Children are often an afterthought in disaster planning; children may not even be mentioned in some disaster plans or exercises, or they may be considered only in a separate plan annex. Even when mentioned, plan elements addressing the care of children may not have been reviewed by pediatric subject matter experts.

To close the remaining gaps and to ensure the health of children during public health emergencies or disasters, the American Academy of Pediatrics (AAP), with its Disaster Preparedness Advisory Council, offers policy recommendations in several critical policy documents:

- *Ensuring the Health of Children in Disasters*
- *Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises*
- *Medical Countermeasures for Children in Public Health Emergencies, Disasters, or Terrorism*
- *Chemical-Biological Terrorism and its Impact on Children*

Although designed for use by pediatricians and other health care providers who would likely care for children in a disaster, this topical collection could also be useful for first responders; shelter, school, and child care personnel; volunteers; emergency planners; and policy makers who aspire to be prepared to meet the unique needs of children in times of crisis/disaster and to train the next generations of professionals.

To be fully prepared for disasters, the best strategy is an all-hazards approach. A comprehensive preparedness plan should cover all potential sources and types of disasters, both natural and man-made causes, including pandemics. A preparedness plan for one event shares many of the same elements that can be used for other events. Some crises, such as large building fires and mass casualty shootings, are not specifically highlighted in this resource. Injuries from fires and gunfire are unfortunately common in the emergency medical setting; they become a crisis when the number of those injured exceeds the local capacity to provide care (and that threshold varies greatly from one community to another). The concepts and practical advice to address surge needs in other crises are equally relevant for the context of large scale building fires and mass casualty shootings. So even though there are not chapter headings specifically for all possible crises, the totality of this resource, which adopts an all-hazards approach, should include guidance relevant to all potential crisis events.

A well-conceived all-hazards plan should include consideration of steps to take in the various phases of the disaster response cycle: mitigation, preparedness, response, and recovery (short- and long-term). The Federal Emergency Management Agency (FEMA) describes these terms in its glossary (https://emilms.fema.gov/IS700aNEW/glossary.htm#R). Disaster planning in many settings has typically focused on response, yet preparing for recovery is equally important, as this helps the health care system or community to effectively return to a state of normal. The behavioral and mental health impact of a disaster can represent the event's greatest and longest-lasting manifestation, and recovery may be limited if this is not well planned for. The ultimate goal of a well-developed and practiced plan is a health care system that supports community resiliency. The Office of the Assistant Secretary for Preparedness and Response (ASPR) extends these concepts by describing *community health resilience*, which refers to the ability of a community to use its assets to strengthen public health and health care systems and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity. Community health resilience is a subset of community resilience, but it encompasses a broad area given the interrelated nature of health with other domains of resilience (www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx).

Every location where children visit should have a disaster plan that includes consideration of their specific needs. Such settings include but are not limited to: hospitals, clinics, schools, child care facilities, camps, faith-based institutions, shelters, and community locations (eg, libraries, shopping malls, theaters, amusement parks, sports facilities, concert venues). Anywhere that children congregate is a potential site for them to become the intended or incidental victims of violence, a terrorist attack, a natural disaster, or a pandemic. According to the results of the National Pediatric Readiness Survey, less than half of US hospital emergency departments have disaster plans that include specific considerations for children (www.ncbi.nlm.nih.gov/pubmed/25867088). All hospitals should be prepared to provide day-to-day pediatric emergency care and, likewise, should be prepared to care for children of all ages during a catastrophe.

This topical collection is an update of select material and information included in *Pediatric Terrorism and Disaster Preparedness and Response: A Resource for Pediatricians* (https://archive.ahrq.gov/research/pedprep/). The updated material contains new and pertinent information. There has been significant progress made in the field of disaster readiness including advances and new information regarding the care of children. Although the aim is to include all significant information, the goal has been to make the material readily accessible and practical. References and links are offered for those seeking further details and background. This version is more succinct to improve and increase accessibility, and the material provides links to where the interested reader can find more information.

The first edition of the *Pediatric Terrorism and Disaster Preparedness and Response: A Resource for Pediatricians* manual was developed with funding from the Agency for Healthcare Research and Quality, and this topical collection is funded by generous donations to the AAP Friends of Children fund. Two of the first edition's editors, George Foltin, MD, FAAP, and David Schonfeld, MD, FAAP, have returned as coeditors of this material. The untimely passing of Michael Shannon, MD, MPH, FAAP, in 2009 was a terrible loss to the fields of pediatric emergency medicine, toxicology, and disaster medicine. We will be forever grateful for the

enormous contributions he made as a subject matter expert, clinician, educator, researcher, mentor, leader and child advocate. Appropriately, one of Dr. Shannon's mentees, Sarita Chung, MD, FAAP, serves as the third coeditor for this edition. Steven E. Krug, MD, FAAP, as the current chairperson of the AAP Disaster Preparedness Advisory Council, has joined this editorial team.

This resource endeavors to inform and guide pediatricians as well as planners, responders, care providers, and volunteers to be better prepared to deal with children affected by disasters. Additional information can be found on the comprehensive Children and Disasters Web site managed by the AAP (www.aap.org/disasters).

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