Pediatric Disaster Preparedness
Resource Utilization not Resource Re-creation

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Prelude

♦ Don’t wait for the rescue
♦ Plan for and create the solution yourselves
♦ Find the resources that already exist within your region
♦ Give them access to your community
♦ Let them do what they do

Bottom line: Don’t reinvent the wheel, use what already exists
Connect the Haves with the Have-nots

♦ The requester (the Have-nots)
  • Everyone – we all need each other for something

♦ The resource (the Haves)
  • My focus: Tertiary health care facilities
  • Private sector institutions, businesses, and organizations
  • Local, regional, and state agencies
The Message
for the Requester

✦ Don’t wait to be rescued
✦ Focus on what “you” need fixed first
✦ Don’t reinvent the wheel
✦ Explore and Access what’s available before it’s needed
✦ Invite everyone to the table early
✦ Listen
✦ Involve “collaborator type” leaders and
✦ Give those leaders power to make decisions
✦ Test your product in parts and as a single unit
✦ Stay in touch with the resource
✦ Learn
The Message for the Resource

♦ Make yourself available – you will be affected
♦ Insert yourself into the planning – don’t wait to be asked
♦ Focus on what “you” can fix and what you do well
♦ Listen
♦ Play well with others – share responsibilities
♦ Be familiar with the rules of incident command
♦ Involve “collaborator type” leaders and
♦ Give those leaders power to make decisions
♦ Test your product
♦ Stay in touch with the requestor
♦ Learn
Pediatric Example: M-PERT
Mobile Pediatric Emergency Response Team

♦ Event: Katrina
♦ Requester
  • Harris County Officials
  • City of Houston, Emergency Medical Services (EMS)
  • Texas Children’s Hospital (TCH)
♦ Resource – TCH and its community of contacts
  • Administrative, nursing and physician leadership
  • Section of Pediatric Emergency Medicine (PEM)
  • Pharmacy and Environmental Services
  • Links to the community pediatricians
  • Links to the private and public sector
The M-PERT
Pediatric GE/IV Observation/Isolation Unit

25-bed observation unit for patients with GE who needed IVs

Once they no longer needed the IV, they were transferred to
(a) the county isolation unit if they still had GE
(b) the residential facility, if they no longer had GE
(c) a local hospital (rarely)

Isolation Toilets

Residential Facilities
(A) Astrodome “Astrohome”
(B) Reliant Center

Pediatric patients were sent from the registration area to the M-PERTS

Isolation Unit Created by the Harris County Hospital District

400-bed Isolation Unit – Adult and Pediatric

Patients with diarrhea were isolated in this unit per county requirements
Oversight was provided by the County.

Once they were released by the county health personnel, patients went to the “Astrohome” or Reliant Arena Residential areas

Final Layout and Triage Procedures of M-PERTS
M-PERT: Physician Staffing

- PEM physicians
- Generalists
- Subspecialty services
- Other volunteer physicians
- 24/7 staffing
M-PERT: Nursing/Lab

- Nurses with PEM training/experience
- Nurses with other backgrounds
- Unit Secretary – ID staff, manage the floor
- Environmental services
- Runners
- TCH Lab
- 24/7 staffing
M-PERT:
Pharmacy/Central Supply & Equipment

♦ 24/7 Pharmacy and staffing
♦ Twice daily deliveries
♦ Constant pulse on the inventory
♦ Control over resources at TCH
What did we learn?
What Went Right?

- *Improved the level of pediatric expertise on & off site*
- Reluctant cooperation from incident command
- Availability of abundant, flexible and accessible resources
- *Created a real-time increase in surge capacity*
- If it wasn’t working it was discontinued
- Abundant real estate
- Collaboration on the ground
- “Rare” sword fights between egos
- Effective and efficient EMS
- Plentiful volunteerism
- Sound exit strategy
Opportunities for Improvement

♦ *Involve pediatric talent earlier in the process
♦ Identify and register evacuees earlier (in transit?)
♦ *Prevent the separation of parents and children
♦ Improve communication and eliminate misinformation
♦ Move toward online medical records
♦ *Improve access to psychiatry and social services
♦ Improve reimbursement for private sector involvement
♦ Better balance staff recruitment with proper credentialing
♦ Find a balance between pt registration and timely medical care
Was It Worth It?

♦ Requester Benefits
  • > 3500 pediatric patients were treated in 14 days
  • < 50 pediatric patients transported to area hospitals

♦ Resource Benefits
  • TCH ward never experienced overcrowding
  • TCH Emergency Center never went on divert

♦ Costs to the resource
  • Temporary loss of several key personnel
  • Financial costs were minimal
Take Home Message

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♦ Plan for and create the solution yourselves
♦ Find the resources that already exist within your region
♦ Give them access to your community
♦ Let them do what they do
♦ Don’t reinvent the wheel, use what exists

Bottom line: Don’t Forget About the Children