



# **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 its 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**



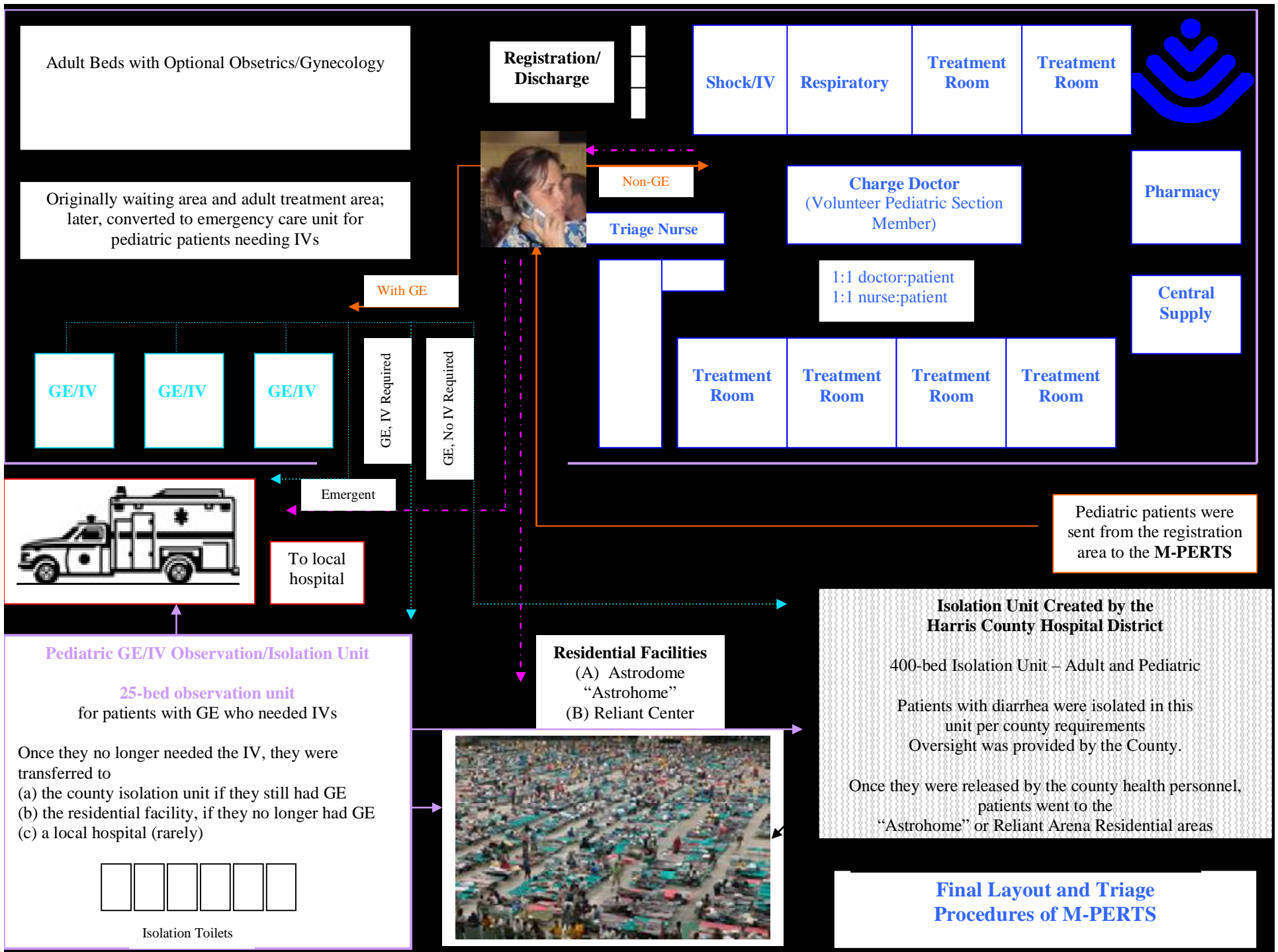
# **Pediatric Example: M-PERT**

## **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









# 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

- ◆ 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
- ◆ Don't reinvent the wheel, use what exists

Bottom line: **Don't Forget About the Children**





REFERENCE: Sirbaugh PE, Gurwitch KD, Macias CG, Ligon BL, Gavagan T, Feigin RD. **Caring for Evacuated Children Housed in the Astrodome: Creation and Implementation of a Mobile Pediatric Emergency Response Team: Regionalized Caring for Displaced Children After a Disaster.** *Pediatric*. 2006; 117(5): S428-438.