



Prioritizing children in national disaster preparedness planning

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Editor's note: *This is the first of two articles on the pediatrician's role in disaster preparedness.*

Since 9/11, greater focus has been placed on the impact of disasters on children, which influenced national and local preparedness and planning efforts. As a result, pediatricians may be asked to advise on preparing for disasters.

Children have vulnerabilities related to their anatomic, physiologic, developmental and behavioral characteristics that increase their risk in disaster scenarios. Advocating for children when preparing for disasters such as bioterrorism, pandemics, multi-trauma situations and disruptive weather systems is a role well-suited for pediatricians.

Disasters refer to any disruptive event where the trauma or loss to the community creates overwhelming needs that cannot be met by available resources. Disaster or emergency management is how resources are organized and managed to mitigate the impact of disasters. It is divided into four phases:

- **Mitigation/prevention** (e.g., installing fire walls, moving generators to higher floor levels)
- **Preparedness** (e.g., developing emergency plans, conducting drills and exercises)
- **Response** (e.g., triage, sheltering, mass casualty management)
- **Recovery** (e.g., replacing infrastructure, restoring telecommunications, reuniting families)

The majority of health care-related disaster planning at the federal level occurs in the U.S. Department of Health and Human Services under the guidance of the Office of the Assistant Secretary for Preparedness and Response (ASPR). The ASPR issues grants to states, territories and eligible municipalities via the Hospital Preparedness Program (HPP) to improve the health care system's capacity (via health care coalitions) to plan for and respond to medical surge events. The HPP is the only source of federal funding that supports regional health care system preparedness.

The 2019-2023 HPP funding cycle requires programs to develop coalition-level pediatric plans to complement base medical surge and trauma mass casualty response plans. The goal is to improve capacity and capabilities to manage a large number of pediatric casualties by identifying subject matter experts, mechanisms for resource coordination and triage, and training to support specialty care. The requirement to address children's issues in planning and to consider issues such as availability of age-appropriate medical supplies, mental health and support resources, and/or pediatric and neonatal critical care evacuation generates opportunities for pediatrician involvement.

In September 2019, the ASPR awarded \$6 million to support the creation of two Pediatric Disaster Care Centers of Excellence demonstration projects. The projects aim to develop best practices for health care delivery during a disaster and focus on the needs of all pediatric patient populations, including children with special health care needs, and their parents and caregivers.

One project is led by the University of California, San Francisco (UCSF) Health System and UCSF Benioff Children's Hospital. The project, called the Western Region Alliance for Pediatric Emergency Management, includes health care providers, pediatric medical centers, subject matter experts and government agencies in Arizona, California, Nevada, Oregon and Washington.

The second project, the Eastern Great Lakes Pediatric Consortium for Disaster Response, is led by University Hospitals Rainbow Babies & Children's Hospital and five children's hospitals in Michigan and Ohio.



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Both projects will fulfill the following requirements:

- Develop coordinated pediatric disaster care capability.
- Strengthen pediatric disaster preparedness plans and health care system coordination related to pediatric medical surge in disasters.
- Enhance statewide and regional medical surge capacity for pediatric patients.
- Increase and maintain health care professional competency through the development and delivery of a standardized training program.
- Enhance awareness of pediatric disaster care capabilities and capacity, and assess regional pediatric readiness.

Pediatrician involvement in preparedness planning at the local, regional and national levels is essential. Communities may rely on pediatricians for personal preparedness guidance, as subject matter experts for school or child care system planning or to advise on behavioral health services for children in the aftermath of a disaster, among other roles. Pediatricians should support collaborations with other disciplines (e.g., social services, education, pharmacies) to advocate for children's needs in disasters.

Taking steps to become better prepared for disasters personally and professionally will help strengthen the medical home, promote the health of children in the community and support the resiliency of the nation.

Dr. Simpson is a member of the AAP Council on Disaster Preparedness and Recovery Executive Committee and the Section on Emergency Medicine.

Resource

- [AAP disaster preparedness resources and opportunities for members](#)