

## Medical Emergency Preparedness Pediatrics

(Also known as the Pediatric Disaster Preparedness Project)

Location: Alaska

Date Submitted: 6/2009

Category: **Emerging Practice**

### BACKGROUND

There is a general lack of planning for special needs of the vulnerable MCH population. To date the Department of Homeland Security has no specific plans for the needs of the MCH population, especially children with special health care needs. Alaska was awarded one of 11 competitive federal grants by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness in 2008-2009. The All Alaska Pediatric Partnership, a coalition of Alaskan health care institutions, collaborated on an unprecedented scale to improve the state's pediatric emergency preparedness. Children are often excluded from disaster planning, their special needs often surface as an afterthought or left for future planning. The Medical Emergency Preparedness Pediatrics (MEP-P) Project was created in response to a recurring respiratory syncytial virus (RSV) that has caused annual pediatric patient surges in Alaska.

### PROGRAM OBJECTIVES

The project goals were to:

- Increase the pediatric medical surge capacity by 100% with normal standards of care and by 200% with altered standards of care
- Develop capacity to implement ongoing and just-in-time training for hospital nurses who have had little or no recent training in caring for pregnant women or children and for community nurses who might care for pregnant women or children in the field or pre-hospital shelters
- Promote collaboration and inclusive disaster planning efforts

### TARGET POPULATION SERVED

All health care providers who care for pregnant women, infants and children, or might care for them in a disaster, as well as child care providers, emergency planners, and administrators

### TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

#11: Percent of children with and without special health care needs having a medical home.

### PROGRAM ACTIVITIES

There were five focus areas of the MEP-P project: curriculum, equipment, exercise, ethics, and community. The project also promoted collaboration and creative solutions between health care institutions, governmental agencies, and schools.

A module entitled "Pediatric Assessment for Occasional Peds Providers" was developed which included a pediatric medical overview. Three others modules, "Children in Crisis: Basics of Disaster Behavioral Health," "Triage and JumpSTART Triage," and "Newport HT50 Ventilator Orientation and Training" were developed to meet identified training needs. The modules were combined to create the MEP-P Just-In-Time Training Manual, a 200-page, full color, spiral bound binder with accompanying digital format of each presentation. These manuals were distributed at strategic points across the state.

### PROGRAM OUTCOMES/EVALUATION DATA

Two field exercises were designed to evaluate success of the project: an Anchorage area citywide wildfire scenario and a rural RSV outbreak scenario. Quantitative data were collected for field exercises on numbers of patients and acute care beds to determine surge capacity. Qualitative aspects of the exercise were considered and recorded during the after-action meetings to evaluate process.

The citywide exercise focusing on RSV demonstrated increased operation at approximately 160% of total Anchorage area pediatric surge capability. The project also completed several products related to its objectives. In addition to producing after-action reports on the exercises, training modules were developed, Go Kits were designed and equipment purchased, an Alaska Division of Public Health Emergency Operations Plan Annex for Children was implemented, a public and professional resource website

was launched, and documents examining ethical issues around pediatric resource allocation in disasters were written. Finally, pediatric interests are now represented on an ongoing statewide disaster preparedness committee, and work continues to be done to integrate concepts and functions related to the pediatric population into preparedness systems.

### PROGRAM COST

The project period was August 2007 through August 2008. Alaska was awarded a Healthcare Facility Partnership Grant for \$600,000. This funding covered the cost for a part-time coordinator as well as \$300,000 for specialized pediatric equipment such as ventilators and respiratory supplies for Go Kits and to augment hospital and community capacity. The remainder of the funds was used for the field exercises, curricula, training materials, and other miscellaneous costs.

### ASSETS & CHALLENGES

#### Assets

- Leaders in Alaska recognized a need to include children in emergency preparedness activities

#### Challenges

- Difficulty in coordinating MOAs between multiple governmental agencies and NGOs

#### Overcoming Challenges

- The grantee, the All Alaska Pediatric Partnership, represents a 10-year history of collaboration among its diverse members. The group met its challenges largely by drawing on—and building on—the relationships that make up a strong foundation

### LESSONS LEARNED

It is important to make use of a strong existing partnership, hire a project coordinator, encourage diverse workgroup teams, and do a thorough assessment of emergency preparedness assets in the community.

### FUTURE STEPS

An MCH Disaster Preparedness Coordinator position was established in Alaska Division of Public Health, Section of Women's, Children's and Family Health. The person in this position sits on the statewide emergency preparedness committee and participates in coordination efforts between agencies and organizations. Future committee tasks include: incorporating recommended curriculum in standard protocols, creating MOUs to delineate usage of purchased equipment in a disaster, informing future providers about Go Kit availability and mobilization procedures, incorporating larger numbers of pediatric victims in future disaster exercises, requesting feedback from public and other health care institutions regarding the ethics documents, and continuing to present project at local and national conferences.

### COLLABORATIONS

Partners included: All Alaska Pediatric Partnership, Alaska Nurse Alert System, Anchorage School District, Municipality of Anchorage, Alaska Native Tribal Health Consortium, State of Alaska, Anchorage Neighborhood Health Center, American Red Cross, Alaska Primary Care Association, and hospitals: The Children's Hospital at Providence, Alaska Native Medical Center, Alaska Regional Hospital, 3rd Medical Group Elmendorf Air Force Base, Samuel Simmonds Memorial Hospital, Fairbanks Memorial Hospital, Central Peninsula Hospital, and Mat-Su Regional Medical Center.

### PEER REVIEW & REPLICATION

This project has been presented locally for pediatric grand rounds, and at the 2009 AMCHP conference in Washington, D.C.

The city of Ketchikan, Alaska has built upon what they have learned from this project to design a community-wide disaster drill.

### RESOURCES PROVIDED

To find out more information about this program, visit:

<http://www.a2p2.com/resources.php>

**Key words:** Pediatrics, Emergency Preparedness, Provider Education, Workforce Development, CYSHCN

★ This program was recognized at AMCHP's 2010 Annual Conference with an Emerging Practice award.

**\*\*For more information about programs included in AMCHP's Innovation Station database, contact [bp@amchp.org](mailto:bp@amchp.org). Please be sure to include the title of the program in the subject heading of your email\*\***

