



EMSCPulse

An online digest of EMSC Program News and Activities from the EIC

September was National Preparedness Month

This year's theme was "[Disasters Don't Plan Ahead. You Can.](#)"

Recent disasters, particularly Hurricanes Harvey, Irma, and Maria, along with multiple fires in the West, have highlighted once again the need for adequate disaster planning, especially as it relates to the needs of children. As a professional involved in the EMS for Children program, you are uniquely positioned to support and advise your local, state, and federal agencies to make sure that disaster preparedness activities include the needs of children and address the entire continuum of pediatric emergency care. The EMS for Children Innovation and Improvement Center (EICC) celebrated National Preparedness Month by compiling selected pediatric-specific disaster planning resources that could be valuable for healthcare professionals and families as they prepare for disasters in their communities.

Resources for Healthcare Providers and Family Disaster Preparedness

In the first two weeks of National Preparedness Month, resources focused on healthcare providers and family preparedness were highlighted [here](#).

The link includes resources such as the [Pediatric Preparedness Resource Kit](#), [Psychological First Aid for Children, Parents and Other Caregivers After Natural Disasters](#), and contact information for the [AAP Chapter Contacts for Disaster Preparedness](#) and the [EMSC State Partnership Contact List](#).

Resources for Post-Disaster Children Tracking and Reunification

The focus of the third week of National Preparedness Month was on the tracking and reunification of children during and after disasters. Many children become separated from their families during disasters. This separation could occur during the evacuation or sheltering process, or when children who are away from their home during the disaster are unable to reconnect with their families. It is estimated that more than 5,000 children were separated from their families during Hurricanes Katrina and Rita, and it is believed that this year's hurricanes could have a similar impact. Children are even more vulnerable during separation from their family, which can last days, weeks, or even months.

[This page](#) offers tracking and reunification resources specific to children. Of note, the [National Center for Missing & Exploited Children](#)® serves as the national clearinghouse and resource center for families, victims, private organizations, law enforcement and the public on issues relating to missing and sexually exploited children.

The [Post-Disaster Reunification of Children: A Nationwide Approach](#) document can be useful for agencies and organizations to enhance reunification elements of their existent emergency preparedness plans and help guide the development of new all-hazards reunification plan elements and procedures.

October 1, 2017

In this Issue

National Preparedness Month Resources	1
Pediatric Readiness Project	2
ASPR Resources	3
EMSC in Action	3
Donate to TPSF	3
Hurricane Harvey	4
Texas Children's Responses	4
Working with Texas Army National Guards	5

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There are also multiple pediatric-specific training and education opportunities available online and at no cost [here](#). Examples of those training resources include the [AAP Pediatric Education in Disasters Manual](#), [Psychosocial Impacts of Disasters on Children Course](#), and multiple Just In Time pediatric courses from the [Disaster Resistant Communities Group](#).

[Check out these disaster resources in Spanish from the CDC](#)



Hurricane Season 2017

The **Disaster Information Management Research Center (DIMRC)** offers a wealth of information specific to the recent hurricanes that have hit the nation. [This page provides information specific to Hurricanes Harvey, Irma, and Maria.](#) The purpose of the DIMRC is to develop and provide access to health information resources and technology for disaster preparedness, response, and recovery.

Pediatric Readiness Project to Address Disaster Preparedness

Day-to-day readiness is the foundation of disaster preparedness. In 2013, the National Pediatric Readiness Project assessment showed common gaps in emergency department (ED) readiness to meet the needs of children. This included the lack of pediatric disaster planning at more than 50 percent of EDs. In the wake of recent natural disasters, now is the time to lay the groundwork and strengthen our efforts.

In January 2018 the EMS for Children program in partnership with the EMS for Children Innovation and Improvement Center will launch the Pediatric Readiness Quality Collaborative (PRQC). Using a Train-the-Trainer model and the Institute for Healthcare Improvement's breakthrough series model, twenty teams composed of 8-12 emergency departments each will be invited to participate. Providers at those sites will be given education, resources, and tools to develop and implement local quality improvement efforts targeting up to four interventions including disaster preparedness. For more information or to apply go to:

<https://emscimprovement.center/collaboratives/PRQuality-collaborative/>

Letters of interest are requested by 10/13/17. The deadline for applications is 10/31/17.

Check out the **September NHTSA EMS Update**. Topics include:

- The Role of EMS in Improving Trauma Care
- EMS Agenda 2050 Releases Straw Man Document
- A Scope of Practice Model for Today's EMS
- Preventing EMS Worker Injuries and Exposures



EMSCPulse welcomes articles about people, programs, and initiatives related to emergency medical services for children. Submit to EMSCInnovation@TexasChildrens.org

Check out these Recently Released or Updated ASPR TRACIE Resources

[Select Healthcare Coalition Resources](#)

[Hurricane Resources at Your Fingertips](#)

[Major Hurricanes: Potential Public Health and Medical Implications \(Working Draft\)](#)

[Tips for Retaining and Caring for Staff after a Disaster](#)

[HIPAA and Disasters: What Emergency Professionals Need to Know](#)

[ASPR TRACIE Website Tutorials](#)

In Action: EMS for Children State Partnership, Texas

“On Saturday August 26th, the City of Houston was hit by the worst flooding in its history. In a period of 48 hours, the George R. Brown Convention Center went from being empty to housing nearly 10,000 evacuees, many of whom were children, as young as 1 week of age. I had the privilege of caring for the youngest of these evacuees through my work with the Houston Fire Department and Texas Children’s Hospital. In those first two days, the evacuees and providers faced many challenges. Essentials such as diapers, formula, and clothing were now considered luxuries. Medical necessities such as specialized formula, home medications, ventilators, and feeding pumps were left at home. By collaborating with the Houston Fire Department, the Houston Health Department, local hospitals such as Texas Children’s Hospital, and countless donors and relief organizations, we were able to meet both the social and medical needs of the youngest and most vulnerable patients of the George R. Brown Convention Center.”

-Saranya Srinivasan, MD



Saranya Srinivasan, MD

Program Director, EMS for Children State Partnership, Texas
Assistant Professor of Pediatrics, Baylor College of Medicine
Pediatric Emergency Medicine Attending, Texas Children’s Hospital

Training and Affiliate Sites Still Needed for the Next Quality Improvement Collaborative

The EIIC is spearheading a QI collaborative, the Pediatric Readiness Quality Collaborative (PRQC), to assist state programs accelerate progress in improving the pediatric readiness of EDs through new interventions. A Train-the-Trainer model will be used to provide regional networks with tools to improve pediatric readiness. Twenty teams composed of training and affiliate sites will be guided to develop local quality improvement efforts to foster pediatric readiness.

Find more information, including archived webinars, Frequently Asked Questions Document, a list of office hours and further details on the [EIIC Website](#). The deadline to submit letters of intent is **October 13, 2017**. All questions should be directed to geca@texaschildrens.org.

Donate to the Texas Pediatric Society Foundation (TPSF)

The EIIC and TPSF have set up an Emergency Relief/Recovery fund to address the special needs of children post disaster through grants to emergency relief and recovery efforts conducted by physicians, community advocates and other child advocacy organizations in Texas. [Make a donation here.](#)



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Harvey Has an Impact on Children in Houston

On August 25, 2017, Hurricane Harvey made landfall in Texas as a Category 4 hurricane. With 130 miles per hour winds, heavy rains and a massive storm surge, Harvey weakened to a tropical storm but stalled, pouring rain over the days to follow (August 25-29). It then continued towards western Louisiana having left over 50 inches of rainfall on parts of Houston. The devastation it left behind was enormous. To date, the death toll is estimated at 70, with close to 94,000 homes damaged or destroyed, and near a million automobiles wrecked. It has been estimated that 450,000 people have needed/will need emergency assistance; unemployment benefits filings have jumped to more than a two year high amid applications from Texas; and the economic impact has been estimated to be approximately \$180 billion.



However, this early in the aftermath, the exact impact cannot yet be determined. Evidence on major floods and human health suggests that overall, mortality rates nearly double in the first year after floods. Infectious diseases have a harder impact: increases in disease outbreaks of hepatitis and gastrointestinal infections are common (disruptions in sanitation services and the contamination of potable water with sewage contribute to the problem). Short term attention to injuries and exacerbation of chronic conditions is critical, but the physical and mental effects of floods on children are deserving of long term attention. Evidence from the recovery of Hurricane Katrina has demonstrated a heavy impact on children with preexisting medical conditions. Moreover, studies on Hurricane Katrina Medicaid Emergency Waiver program for evacuees demonstrated that even with insurance coverage, access to care is not guaranteed, as children from Katrina who were extended emergency coverage had prescriptions filled for asthma medications at lower rates than those who did not experience disruptions in their lives. Floods, including Harvey, are likely to exacerbate preexisting stressors of poverty, food insecurity, and other adverse childhood experiences. Recovery will take time, but the acute and long term investment will be critical to assure that recovery efforts address the mental and physical needs of the children impacted by Hurricane Harvey.

Texas Children's Hospital Response to Harvey

"While Hurricane Harvey did not make landfall until August 25th and significant rainfall did not reach the Houston area until days later, preparations and planning for this hurricane have been ongoing at Texas Children's Hospital (TCH) for years. Since I joined the faculty at TCH upon completion of my fellowship in Pediatric Emergency Medicine five years ago, I have been part of five annual hospital-wide hurricane drills; we have also had numerous disaster preparedness activities, such as working on surge staffing models and dependent care plans.

Texas Children's has already been through a number of weather events in the last 15 years, from Tropical Storm Alison and Hurricane Ike to the more recent Tax Day and Memorial Day floods. These events have highlighted yet again the challenges that our institution faces during disasters.

The week prior to Hurricane Harvey, we were tracking the storm and making plans to ensure that supplies, especially fuel and water, were on hand. We also set up parameters on whether ride-out should be activated at the hospital. We learned



Brent Kaziny, MD, MA

Director, Disaster Preparedness, EIC
Assistant Professor, Baylor College of Medicine
Attending Physician, Texas Children's Hospital

from past hurricanes that having faculty and staff working and sleeping in the hospital during the storm was an effective way of continuing normal operations. The Saturday morning before Harvey hit Houston, we had all critical personnel in place, including physicians, nurses, hospital leaders, flood remediation teams, and food services teams. During the storm, our three hospitals became inaccessible via automobile. The emergency center on our main campus had only 5 patients that day, where it normally receives about 200 patients a day. The following days presented challenges in ensuring the safety and wellbeing of our patients, especially those with chronic medical conditions that were unable to reach our facilities. We worked diligently to follow up with these patients and make sure they received the care they needed. For example, we worked with the Coast Guard to ensure the transportation of 23 chronic dialysis patients to our dialysis unit.

In the end, TCH weathered the storm remarkably well, thanks in large part to the robust design of our facilities, the engagement of our leadership at all levels, the tireless efforts of our emergency management team, and the dedication of our faculty and staff. Immediately after Harvey departed Houston, almost all of our pediatric clinics and seven of our eight urgent care centers were open. By the following week, our facilities were fully operational and we added evening and weekend hours to provide additional access to care for the patients in our communities. Our disaster recovery and preparedness efforts are far from over, however. We will continue to improve our plans and increase our capabilities to make sure that our patients continue to receive the best care possible, even when a disaster hits our community again. “

-Brent D. Kaziny, MD, MA

Working with the Texas Army National Guard on Response to Harvey



Shana Godfred-Cato, DO

Physician, Austin Regional
Clinic
Battalion Surgeon, Texas
Army National Guard

“The United States experiences many natural disasters every year. Hurricane Harvey this fall brought on the largest Texas Army National Guard response in history. In past disaster responses, the Texas Army National Guard activated over 1,000 soldiers; during this response, it activated over 12,000 soldiers. The National Guard assisted in water rescues, maintaining shelters for individuals and families, handing out food, water and supplies as well as sandbagging for flood control. The response was supported by Oklahoma and Arkansas Army National Guard. I was fortunate to serve as a Battalion Surgeon for over 500 soldiers and run a battalion aid station that cares for sick and injured soldiers during their active duty time. While deployed for Hurricane Harvey, I coordinated care for sick and injured soldiers to make sure they are able to continue to help the communities affected by the Hurricane.

The joint response by government and local entities brought out a coordinated and effective response that has not been done in Texas state history. The communities came together to help family, friends, neighbors and strangers during this difficult time. The important thing to remember is that the response is far from over. The recovery phase is in process and the children who witnessed Harvey’s impact on their families and communities will likely present with some symptoms of psychological distress that will need treatment in the next few months or even years. We need to continue to work together on this response as well as during the long road to recovery, and start preparing for children’s needs during the next disaster, so that each disaster or pandemic brings a better response for children. “

-Shana Godfred-Cato, DO