



DRAFT

**National Advisory Committee on
Children and Disasters (NACCD)**

**Pediatric Disaster Training
Report**

September 2018

Saving Lives. Protecting Americans.



ASPR

NACCD Pediatric Disaster Training Recommendations- DRAFT

Introduction

The National Advisory Committee on Children and Disasters (NACCD) was established in 2014 by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) to provide expert advice and consultation to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Assistant Secretary for Preparedness and Response (ASPR) on the medical and public health needs of children related to all-hazards emergencies, and to provide input on preparedness activities such as disaster drills and exercises, as well as input on medical and public health grants and cooperative agreements. The 15-member [NACCD](#) comprises public health, education, and medical experts from federal, state, and local health agencies and child health and mental health experts experienced in disaster preparedness and response. NACCD members recognize children's unique needs and assert that these comprehensive needs be addressed when providing treatment and support in public health emergencies and disasters.

The Pediatric Disaster Training Working Group (PDTWG) is established under the NACCD. The PDTWG reviewed the 2011 National Center for Disaster Medicine and Public Health (NCDMPH) Conference Consensus Report and recommendations and assessed current pediatric disaster training resources and gaps across hospitals, schools, child care centers and the public. The PDTWG identified several priority health, mental health and safety needs of children and youth during and after disasters.

The aim of these recommendations (as a subset in advance of the full report) is to improve health and mental health professional, responder, emergency manager, teacher, childcare provider, family member, youth and the general public's knowledge and confidence to act to assess, treat and support children and youth (newborn-18 years old) during and after disasters. The PDTWG's goal is to identify strategies to support the overall health and safety needs of children in disasters and to help ensure health and mental health professionals, first responders, education personnel, childcare workers, and the public will respond effectively to their needs. Members of the NACCD and subject matter experts identified key areas that would mitigate suffering and death and improve overall outcomes for children after disasters.

The following four task questions were posed by the ASPR:

1. Provide an update on the 2011 National Center for Disaster Medicine and Public Health (NCDMPH) Conference Consensus recommendations.
2. What has been the training progress and resources developed regarding pediatric disaster training?
3. What are the gaps in pediatric disaster training and what are suggestions for mitigating these gaps?
4. Identify the knowledge, skills, and abilities needed by providers caring for children during and after disasters.

Key Findings

- Education and training needs to integrate physical, environmental, behavioral and social-emotional concerns related to children and youth in all disaster training.
- Education and training should occur at different levels. A universal training, aimed at the public, should be provided to all; additional, more specialized training should be provided to different responder and professional groups. Self-care training should be provided for responders. Finally, youth perspectives and participation should be included.
- There are five priority subject areas the PDTWG identified as being persistent gaps in training:
 - Family reunification and improving family supports
 - Chemical, Biological, Radiological, Nuclear and Enhanced Conventional Weapons (CBRNE) health and mental health response
 - Care of children while in school settings and child care facilities
 - Care of pregnant mothers and neonates
 - Care of children and youth with disabilities or functional and access needs. (The CDC reports that almost 1 in 5 children have a “special healthcare need.”) This priority is addressed in recommendations 1, 2 and 4 below.

Recommendations

The NACCD recommends the ASPR and HHS pursue the following four initiatives to most quickly and effectively advance the ability of the public and professionals to care for children during and following disasters:

1. The ASPR should develop an educational campaign for the public emphasizing basic steps people can take during disasters to help children. Unlike most current educational campaigns, which largely emphasize preparedness, this campaign should also teach: how to assess the well-being of children; signs of physical, environmental, and emotional distress in children; and when to seek help. Programs such as the Substance Abuse and Mental Health Services Administration (SAMHSA) mobile app for disasters and National Child Traumatic Stress Network's (NCTSN) Help Kids Cope, an all-hazards app designed to support the social-emotional needs of children, should be included in this campaign as they are designed for the public and caregivers to best support children after disasters.
 - a. Goal: Within two years, over one million members of the public will be familiar with, and understand, basic principles of how to assess and assist children in disaster. This will empower the public to better help children in an effective manner, improving overall outcomes, and better utilizing trained professionals.

- i. Prioritize training for parents/guardians, teachers, youth leaders, childcare workers, emergency managers, organizations with a humanitarian focus, faith-based organizations, and organizations with child focus and community coalitions. Work with partners and primary healthcare organizations to publicize training.
 - ii. Work with the Department of Education to set target disaster training goals for teachers (e.g., 20% of K-12 teachers, ~ 720,000); 1% of households with children (~360,000); 10% of childcare workers (~56,000); 10% of employees at youth agencies and 10% of disaster responders.
 - iii. All training should include a self-care component for responders.
 - iv. Training could be drawn from current resources and combined to include assessment tools for physical, emotional/social health and a child's environment. Short training videos could be developed by partners to target participant groups. These could include QR codes with links to additional information (e.g., ASPR's T.R.A.C.I.E.). Evaluation questions could be included in the videos or accomplished via surveys.
 - b. Goal: Building on Goal a, within 2 years, provide free continuing education online resource for physicians, nurses, first responders, emergency managers, and other health and mental health professionals who do not work with children to prepare them to effectively assist children, including those with disabilities or functional and access needs) during and after disasters.
 - c. All training (both live and via online education) should include an evaluation to allow tracking of a) numbers participating, b) demographic of participants, c) increase in knowledge, d) participant confidence and willingness to use learned skills.
2. The ASPR should require Hospital Preparedness Program (HPP) grantees to conduct exercises involving family separation and reunification. These exercises should involve the whole of community, including healthcare and mental health care providers, public health personnel, emergency managers, law enforcement and other responders, shelter staff, education and childcare personnel, parents and children of all ages, and incorporating scenarios involving children with disabilities or functional and access needs.
- a. Goal: Within 18 months, 50% of HPP grantees will demonstrate compliance with a reunification exercise. Preparing for such an exercise, performance during, and after-action improvements should lead to a significant increase in localities that are able to effectively address child separation and reunification and resulting social-emotional concerns. Evaluation of the exercises to assess areas of effectiveness and areas in need of improvement should be included.

3. The ASPR should disseminate education in essential elements of care for pregnant mothers and neonates through a train-the-trainer program initially targeting first responders and Medical Reserve Corps (MRC) volunteers. Disasters can cause an increase in early labor and the ability to access resources may be diminished. Training will promote successful outcomes for community births. First responders and MRC volunteers are most likely to encounter this population. Examples of information to include in the training are: a) a newborn's temperature can drop 1-degree Fahrenheit per minute and b) the need to quickly dry a newborn, cover and support the baby's head, and place on the mother/wrap the baby to keep warm to mitigate morbidity and mortality. A short video with this lifesaving information is recommended for the public.

While the NACCD is not endorsing a particular program, the Huntington Hospital program for firefighters is an example that has demonstrated success during community births that could be a promising model. Mental health concerns of the mothers and responders should be included in the training.

- a. Goal: Within 2 years, 50% of fire departments serving 25,000 or more and 25% of fire departments serving less than 25,000 will identify and achieve staff training goals for basic care of pregnant women and neonates. This will lead to a rapid improvement across the country for care in this specific area.
 - b. Building on Goal a, within 2 years, provide free continuing education online resource for physicians, nurses, and other health professionals who do not work with pregnant mothers and neonates to provide them with information needed to mitigate morbidity and mortality (include required course evaluation for feedback/readiness data).
 - c. For both goals, all training (both live and via online education) should include an evaluation to allow tracking of a) numbers participating, b) demographic of participants, c) increase in knowledge, d) participant confidence and willingness to use learned skills.
4. As the majority of children spend most of their days in childcare and/or school settings, building on Recommendation 1, the ASPR should facilitate and promote readily accessible programs, including online training and train-the-trainer workshops specifically for teachers, counselors, other school personnel, school nurses and other school-based health and mental health professionals addressing how to care for children during and after disasters. Each have a unique education, training, skillset, and role in their ability to reach children, engage the whole community, and address physical, environmental, and social-emotional needs of children.

Trainings should be developed in collaboration with subject matter experts from federal, state, local, and non-governmental organizations. Actions that youth can safely take to support response efforts should be included. All training should include the mental health impact of disaster response and how to reduce secondary traumatic stress for those who help. The ASPR can bring together stakeholders to help ensure that school personnel are prepared to assist children in disasters.

Examples of available programs include the NCTSN in collaboration with the National Center for Posttraumatic Stress Disorder (NCPTSD) no-cost in-person and online course, Psychological First Aid for Schools. This program is for anyone responding to the social-emotional needs of students. Similar training should be offered to childcare providers as their settings are often absent from disaster planning. Additionally, school and childcare personnel should receive training to respond to children with disabilities or functional and access needs after disaster. This unique population is all too often left out of preparedness and response planning.

- a. Goal: Within 18 months, the ASPR will facilitate a no-cost online training (such as the National Association of School Nurses [School Emergency Triage Training](#)) with the goal of 20 localities (or 300 school nurses) to receive training, and report back on actions taken within six months after training. Utilizing school nurses will mobilize significant improvements in preparedness in schools and communities across the nation. The report should include indicators to determine efficacy and impact. Training is also needed for localities without school nurses. In 2016, over 25% of schools did not have a school nurse. Consider including Public/Community Health Nurses to support areas without school nurses.
- b. Goal: Within 18 months school districts will set and achieve goals to include Psychological First Aid (PFA) for Schools or similar training as part of their school districts' preparedness programs that address physical and environmental safety. After 18 months, schools should report: a) numbers trained, b) confidence in using PFA skills with students, c) specific changes in school disaster plans because of the training.
- c. All training (both live and via online education) should include an evaluation to allow tracking of a) numbers participating, b) demographic of participants, c) increase in knowledge, d) participant confidence and willingness to use learned skills.

The NACCD strongly recommends the ASPR collaborate with other governmental and nongovernmental agencies to help accomplish these goals. Possible partners include, but are not limited to, the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), American Psychological Association (APA), American Psychiatric Association (APA), the American College of Obstetricians and Gynecologists (ACOG), American Red Cross, the Centers for Disease Control and Prevention (CDC), Department of Education (DOE), EMS personnel, Emergency Medical Services for Children (EMSC), Federal Emergency Management Agency (FEMA), Health Resources and Services Administration (HRSA), National Association of Emergency Medical Technicians (NAEMT), National Association of Pediatric Nurse Associates and Practitioners (NAPNAP), National Association of School Nurses (NASN), National Association of School Psychologists (NASP), , The National Center for Disaster Medicine and Public Health (NCDMPH), National Center for Missing and Exploited Children (NCMEC), and National Child Traumatic Stress Network (NCTSN).

Appendix A: Works Cited

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Appendix B: NACCD Pediatric Disaster Training Working Group

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