Helping the Helpers to Help Children: Advances by the American Academy of Pediatrics

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ABBREVIATIONS
AAP—American Academy of Pediatrics
DPAC—Disaster Preparedness Advisory Council
NCCD—National Commission on Children and Disasters
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Geographic circumstances: We remained out of the disaster area while providing indirect support and resources to on-site pediatricians. Our involvement with disasters has escalated since Hurricane Katrina.

About the lead author (Dr Krug): I am a professor of pediatrics at the Northwestern University Feinberg School of Medicine and head the division of emergency medicine at Children’s Memorial Hospital in Chicago, Illinois. I currently serve as the chairperson for the American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council and am past-chair for both the AAP Committee on Pediatric Emergency Medicine and Section on Pediatric Emergency Medicine. I am a member of the advisory board for the National EMSC Data Analysis Resource Center and have been an active participant within the Emergency Medical Services for Children program at both state and national levels. I am the editor-in-chief for Clinical Pediatric Emergency Medicine. My areas of interest include emergency medical services for children, disaster preparedness, patient safety and care quality, clinical outcomes of emergency care, medical education, trauma systems, access to health care and the economics of health care delivery.

The American Academy of Pediatrics (AAP) has been involved in disaster preparedness, response, and recovery efforts for many years, but after Hurricane Katrina, the AAP Board of Directors elevated disaster preparedness as a priority that requires special attention and resources. The AAP appointed the Disaster Preparedness Advisory Council (DPAC) to establish a focused effort within the AAP to develop and implement a 5- to 5-year AAP strategic action plan for disaster preparedness. Specific activities in this plan included responding to all pediatric disaster-preparedness inquiries, identifying opportunities for advocacy such as providing congressional testimony, offering comments on federal regulations, participating in federal disaster-planning initiatives, implementing a Web-based resource for health care professionals and families, and creating the AAP Disaster Preparedness Contact Network. This network now includes close to 600 AAP members and public health colleagues and more than 50 pediatric disaster-preparedness subject-matter experts.

Through its connections with this network and key federal agencies, our nation’s pediatric preparedness has been strengthened significantly. The DPAC includes 6 pediatric preparedness experts as well as liaisons from the US Department of Homeland Security, the Centers for Disease Control and Prevention, the US Food and Drug Administration (FDA), the Office of the Assistant Secretary for Preparedness and Response, and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Since 2008 the DPAC has worked in partnership with the National Commission on Children and
Disasters (NCCD). There are 10 commissioners, 3 of whom are AAP members. The DPAC and the NCCD collaborated with the FDA and NICHD to develop a pediatric medical countermeasures agenda. These efforts led to the approval by the FDA for the use of Protopam Chloride (pralidoxime chloride) in children. This action represented a tremendous step forward and initiated what we hope will be a long-term collaborative relationship in regards to pediatric countermeasure development. As a next step, the DPAC is working with its federal partners to ensure that autoinjector devices appropriate for children are produced and included in the Strategic National Stockpile. The DPAC has established a goal to achieve parity in medical countermeasures for children as are available for adults. Despite the advocacy of the AAP and its allies, the Commission terminated in April 2011, a requirement of the law.

The AAP Children and Disasters Web site (www.aap.org/disasters) provides a comprehensive resource for health professionals, policy-makers, child care and school representatives, and families. Examples of the topics addressed include adjustment and coping of families after disasters, information on international disasters, response to the H1N1 influenza epidemic, natural disasters, the recent oil spill in the Gulf of Mexico, and terrorism. An events calendar and customizable PowerPoint presentations also are accessible.

The DPAC has also developed “Disaster Preparedness for Pediatric Practices: An Online Tool” (http://practice.aap.org/disasterpreptool.aspx). This interactive Web-based tool provides a user-friendly way for pediatricians or their staff to review resources and develop a written preparedness plan for their office practice. A template plan that incorporates lessons learned during the 2009 H1N1 pandemic, including an automated demonstration, is also provided. Lessons learned from practices that were affected by Hurricane Katrina confirmed the critical need for such a tool and informed its development.

The occurrence of subsequent disasters has strengthened efforts for refinement in pediatric emergency and disaster readiness and the development of relevant publications and policies. Several DPAC members have published articles relevant to their experiences. The AAP recently produced several policy statements that provide guidelines to prepare hospital emergency departments to serve pediatric patients and emergency information forms to improve preparedness for children with special health care needs.

During the 2009 H1N1 pandemic, AAP leaders and DPAC members supported the establishment of specific pediatric initiatives within the Centers for Disease Control and Prevention (CDC) emergency operations center. During the pandemic, the AAP established a leadership team of pediatricians and staff to facilitate rapid and effective multidisciplinary responses in support of member needs. Establishment of the team allowed the AAP to promote collaborative discussions and decision-making, address member concerns, and respond to external requests in an efficient, real-time, thoughtful manner throughout the pandemic. This proved to be an effective strategy for the provision of timely up-to-date information to pediatricians and parents. The team could pass along information that could confirm or clarify information being distributed by the media. The AAP, in collaboration with the CDC, convened an H1N1 follow-up meeting in April 2011 to build on the lessons learned.

The AAP strives to improve preparedness for all children and, therefore, is responsive to both US and international disasters. Several years ago, “Pediatric Education in Disasters,” a training program for pediatric leaders on the management of disaster relief, care, and rescue for children, was developed for use in international settings. This comprehensive course has been used in several countries to develop and strengthen a pediatric infrastructure that is prepared to respond before a disaster strikes. The course materials are available in English and Spanish, and a French translation is being considered.

In response to the earthquakes in Haiti, the AAP collaborated with the National Association of Children’s Hospitals and Related Institutions and the Office of the Assistant Secretary of Preparedness and Response and leadership of the National Disaster Medical System to determine ways to support pediatric response and recovery. Select AAP leaders assisted the Haitian Pediatric Society in conducting strategic planning and identified prioritized objectives to support its work and coordination of pediatric care over the next several years. The AAP supported the development and distribution of a survey for pediatricians who had responded to Haiti to gather data regarding their volunteer experiences. It is hoped that the lessons learned from the disaster response in Haiti will serve to improve pediatric preparedness for future natural disasters. Work is ongoing to develop training materials for AAP members who wish to provide medical relief after a disaster.

Members of the DPAC, the Disaster Preparedness Contact Network, the NCCD, and our federal partners have collaborated on numerous pediatric disaster initiatives. In October 2010, the NCCD released its final report to the President and Congress, citing persistent gaps in disaster preparedness for children. The report highlights some successes but calls for the de-
velopment of a national strategy for children in disasters to ensure that children are protected before, during, and after an emergency. Among the findings of the report are seriously underfunded federal programs for school disaster preparedness; insufficient coordination among federal, state, and local agencies responsible for children; inadequate training of emergency care responders; and a gap in pediatric preparedness within the private-sector health care system.

In its report, the commission recommended more than 100 actions to federal, state, and local governments and nongovernmental organizations to improve protections for children.

To leverage the findings in the report and stimulate discussion on the allocation of resources related to emergency and disaster preparedness specific to children’s issues, the AAP, in collaboration with the Children’s Health Fund, developed a brief public opinion poll survey conducted by the Marist College Institute for Public Opinion. The vast majority of those surveyed supported giving higher priority to children and their needs over adults. These opinions remained consistent across various demographic factors including region, household income, education, age, race, gender, and political party.

The AAP has contributed significantly toward a greater awareness of disaster preparedness as a public health and public policy concern and, likewise, gaps in present-day pediatric emergency and disaster readiness. Through collaboration with federal partners, the NCCD, and other professional organizations, meaningful progress has been made in better preparing children and families and those who may care for them in disaster situations. The DPAC continues to stress that the fundamental needs of children must be met and that the unique needs of children and families can be anticipated, particularly if pediatric care experts are engaged in all levels of planning. Progress aside, there still remains much to be done to improve pediatric emergency readiness as well as our collective ability to meet the needs of children and families during disaster response and recovery.

REFERENCES

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