

AAP 2020 PROPOSED Abstracts

Title	Lessons Learned from a Pediatric Disaster Plan, Communications, Surge and Secondary Transport Exercise including 28 Hospitals and City Agencies
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Format	Oral Presentation
Abstract	<p>Abstract content:</p> <p>Children are frequently victims of disasters. However, gaps remain in pediatric disaster preparedness. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty events that involve large numbers of children. On May 25, 2017, the NYC PDC conducted a large citywide exercise testing surge, communications, and secondary transport. Participants included 28 NYC hospitals, the NYC Fire Department-Emergency Medical Services (FDNY-EMS), NYC Emergency Management (NYCEM), NYC DOHMH and the NYC Medical Reserve Corps (MRC). The exercise was prospectively designed with specific goals: to test and improve communications with staff and city agencies; to test and improve hospitals’ pediatric surge capacity plans and response; to identify space, staffing, and equipment needs for pediatric disaster; and for hospitals to identify and triage patients</p>

requiring secondary transport to another facility. In collaboration with the NYC DOHMH and FDNY-EMS we designed a Master Scenario Events List (MSEL) along with other tools to measure strengths and weaknesses to be identified at each institution and at a system level. We created an exercise evaluation guide to assess: Communications, Emergency Operation Plans, Surge, Patient Tracking, Patient Transfer, Supplies and Staffing utilizing a performance rating scale from 1-4 and qualitative reporting. This information was used to report out lessons learned and challenges to the participants and NYC DOHMH in an After-Action Report. An After-Action Report was written based on information from evaluation data, site specific and group hot-washes, and an after-action meeting. A strength of the process was improvement of plans before and after the exercise. Additionally, this exercise demonstrated that NYC hospitals had a total capacity of 254 pediatric critical care beds and 1105 pediatric inpatient beds; this capacity was more than doubled during the exercise. An additional 120 surgical intensive care unit beds were also identified through implementation of the exercise objectives. Challenges included: gaps in communication/patient tracking, lack of sufficient sub-specialty support, the need for staff/volunteers that will be allocated to address the needs of pediatrics during an event, also known as "baby-sitters" and inadequate supplies of blood products and ventilators. Evaluators utilized performance ratings of accomplishment of the exercise objectives on a scale of 1-4. 4 – Performed without Challenges 3 – Performed with Some Challenges 2 – Performed with Major Challenges 1 – Unable to be Performed N/A – Evaluator did not Observe Total average score on performance ratings (highest rating) was 3.57/4.0 for participating hospitals. Average scores by category were as follows: Communications (3.65), Emergency Operations Plans (3.67), Surge

	<p>(3.58), Staffing (3.62), Tracking (3.50), Supplies (3.42), and Transfer (3.38). This indicates overall successful accomplishment of the exercise objectives with identification of some challenges. Conducting a multi-hospital and agency pediatric specific exercise produced lessons learned to address exercise gaps that can improve citywide capabilities during future full-scale exercise and real-time events.</p>
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