

# Lessons Learned from a Pediatric Disaster Plan, Communications, Surge and Secondary Transport Exercise including 28 Hospitals and City Agencies

New York City Pediatric Disaster Coalition

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# Abstract Presenter Disclosure Information

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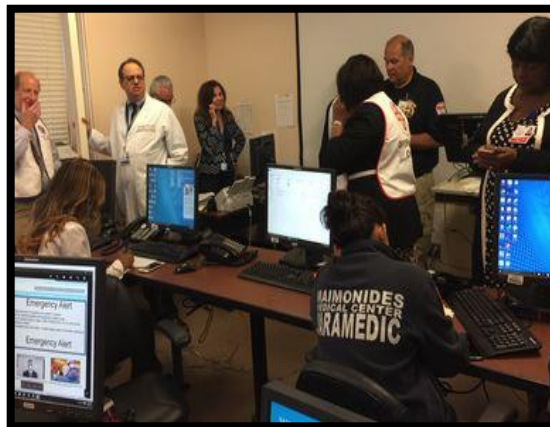
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Children are frequently victims of disasters. However, gaps remain in pediatric disaster preparedness. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty events that involve large numbers of children. 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, the NYC Medical Reserve Corps (MRC), the NYC PDC, and the Pediatric Intensivist Care Response Team (PIRT).

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 PIRT to prioritize patients, requiring secondary transport to another facility.



The Scenario was school buses on AM arrival, blowing up throughout NYC. 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.



## Strengths

<b>Pediatric Critical Care Beds</b> Baseline #254	<b>(Doubled for patient surge)</b> To >500
<b>Pediatric Inpatient Unit Beds</b> Baseline #1105	<b>Doubled for patient surge</b> To >2200
<b>Adult Medical and Surgical Intensive Care Unit Beds</b>	<b>268 Additional pediatric surge beds generated</b>

**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 care-taker needs of pediatric patients, and inadequate supplies of blood products and ventilators.

## Performance Results Scale 1-4 (4 best)

<b>Total Average Score</b>	<b>3.57/4.0</b>
<b>Communications</b>	<b>3.65/4.0</b>
<b>Emergency Operations Plans</b>	<b>3.67/4.0</b>
<b>Surge</b>	<b>3.58/4.0</b>
<b>Staffing</b>	<b>3.62/4.0</b>
<b>Tracking</b>	<b>3.50/4.0</b>
<b>Supplies</b>	<b>3.42/4.0</b>
<b>Transfer</b>	<b>3.38/4.0</b>

**Conclusion:** 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.