

A Comprehensive Coalition Based City-Wide Approach to Pediatric Disaster Planning

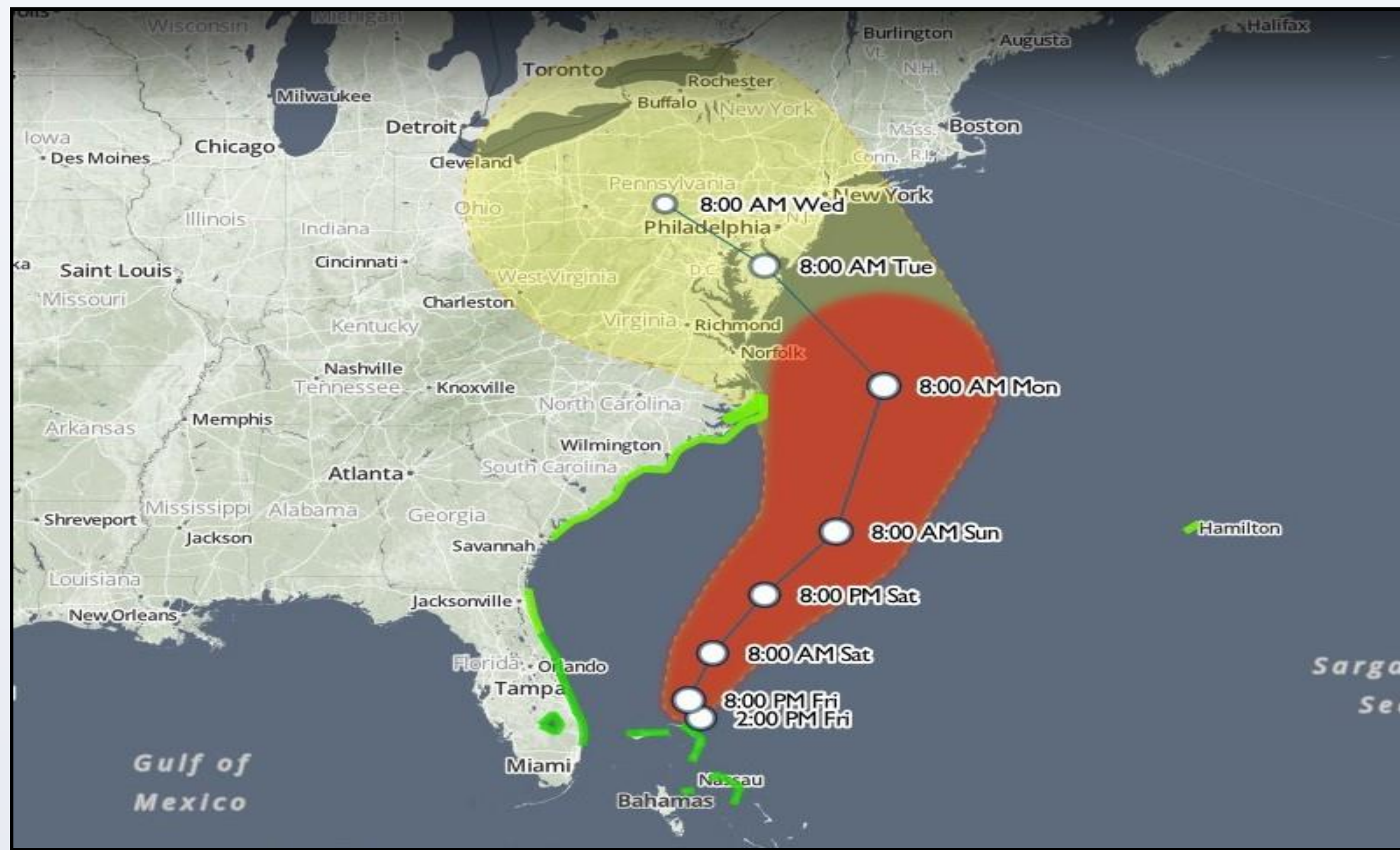
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Children, who comprise 25% of the US population, are frequently victims of disasters and have special needs during these events. Since 2009, NYCPDC has worked with an increasing number of providers that initially included only a small number of hospitals and agencies. Stakeholders now include local public health, emergency management, and emergency medical services agencies, 28 hospitals, community-based providers, and the Medical Reserve Corps. The NYCPDC utilized a process inclusive of a wide variety of stakeholders, developing a series of plans and planning tools through iterative review of current literature and practice, group discussion, and consensus-building around evolving documents.



NYCPDC used this model to draft a comprehensive NYC pediatric disaster plan beginning with disaster scene triage (adapted for pediatric use) and secondary transport (with prioritization).



Additionally, Planning Guidelines and Templates are now available to support facilities to develop and exercise Surge and Evacuation plans for: Pediatric Long-Term Care Facilities, Hospital Pediatric Departments (including Pediatric and Neonatal Intensive Care, Obstetrics/Newborn Services,) and Outpatient/Urgent Care facilities.



The NYC PDC also led an extensive Pediatric Exercise program to operationalize and then revise plans based on lessons learned. This program included pediatric-focused tabletop, functional and full-scale exercises at individual hospitals, leading to two citywide exercises involving 13 and subsequently all 28 hospitals caring for children in NYC. The NYCPDC has responded to real events (H1N1, Haiti Earthquake, Superstorm Sandy, Ebola), and participated in local and nationwide coalitions (including the National Pediatric Disaster Coalition).



The NYCPDC has utilized a comprehensive coalition based approach to develop, create, implement and test pediatric disaster plans that include both hospitals and community based providers. These plans address the special needs of children during disasters and strive to match pediatric resources to needs and thereby provide the best outcomes for children and their families.

