Take the Next Steps to Great Disaster Prep!
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Trauma Program/Division of Pediatric Surgery

Speaker Introduction
• Ms. Catherine Goodhue has more than 30 years of pediatric experience, of which, 26 are as a pediatric nurse practitioner. She received her BSN at Georgetown University and her master’s at UCLA. Currently she works as a PNP in the Trauma Clinic at Children’s Hospital Los Angeles, a level one pediatric trauma center. She lectures regionally and nationally on various pediatric topics and publishes regularly in peer-reviewed journals.

Disclosure
• Recipient of NAPNAP Foundation Grant - 2014
  “Development of an Intestinal Rehabilitation Disaster Survival Toolkit for Families With Special Health Care Needs”
• Recipient of NAPNAP Foundation Grant – 2008
  “Pediatric Nurse Practitioners Personal Disaster Preparation Survey”

Objectives
• Discuss general disaster preparedness activities for healthcare professionals and families
• Identify activities that healthcare facilities can utilize for their disaster drills
• Describe the disaster preparations families can make for their child with special healthcare needs including components of the Emergency Information Form

DISASTER
“a sudden calamitous event bringing great damage, loss, or destruction”

Have you been directly affected by a disaster?
Vulnerable?
Home supplies?
my plan?
Situational awareness
Communication?
Water?
POWER

Family Emergency Communication Plan
• Family name
• Address
• Family member names/contact information
• School and/or child care name, address, contact information
• Work address, contact information
• ICE contact information
• Out-of-town contact
• Emergency meeting places
  • Indoor
  • Neighborhood
  • Out-of-neighborhood
  • Out-of-town
• Important numbers
• COPIES FOR ALL FAMILY MEMBERS
• From ready.gov/prepare

Other Family Members

Family Pets
Assess vulnerabilities
• Disaster risk
• Build a plan
• Conduct a drill

R U Prepared?

Additional Learning?

Healthcare Worker Constructs

• ABILITY
• WILLINGNESS

Prepared?

ARE YOU PREPARED?

29% have personal/family disaster plan
29% have disaster kit
34% have disaster experience
55% have disaster preparedness training

Willingness to Respond in a Disaster: A Pediatric Nurse Practitioner National Survey
Caterina J. Goodhue, MD, MPH, CHES, PhD, L. Davis, MD, PhD, MPH, CHES, PhD, Howard E. Grossb, MD, PhD, Kenneth C. Grossb, MD, PhD, Published Online: February 21, 2011
Who R U?

8% have military experience
0.9% had combat experience

22% have specified role in work disaster plan
56% not sure of role/22% do not have role

Goodhue et al 2011

Workplace Preparedness

• GO BAG AT WORK
• Situational awareness
• What is your role in work disaster plan?
• Drill participation

Workplace Drills

https://www.youtube.com/watch?v=sZVgdRj-bCc
Surge World: http://surgeworld.lachildrenshospital.net/

What About Volunteering During/After a Disaster?

• Research potential organizations before a disaster strikes
• International Red Cross
• International Medical Corps
• United Nations
• Partners In Health
• Project Hope
• Disaster Medical Assistance Team (DMAT)
• Medical Reserve Corps (MRC)
• Americorps Disaster Response Team (A-DRT)
• Credentialing and privileging

Family preparedness

• Children with chronic diseases fare worse than general public
• Children can be involved in family disaster planning
• Teens can participate in CERT
• Many web resources for children becoming prepared

Are my patients and families prepared?
“Those who have, or are increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”

http://mchb.hrsa.gov/research/strategic_definitions.asp

Assessment for Patient Risk

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Needs Assessment</th>
<th>Therapy Type</th>
</tr>
</thead>
</table>
| High risk/priority | - Uninterrupted services  
|                   | - Life-sustaining equipment  
|                   | - Regularly scheduled RN visits                                                  | - Inotropes                                      |
|                   |                                                                                | - Ventilator dependent                            |
|                   |                                                                                | - Oxygen dependent                                |
|                   |                                                                                | - Lack of caregiver                                |
|                   |                                                                                | - Complex wound care                              |
| Medium risk/priority | - No immediate threat to life  
|                        | - Possible adverse effect if home care service interrupted                       | - HPEN                                           |
|                        |                                                                                | - Pain management                                 |
|                        |                                                                                | - IV hydration                                     |
| Low risk/priority    | - No major adverse effect if home care services interrupted                      | - IV antibiotics                                 |
|                        |                                                                                | - Caregiver available                             |

Trento & Allen, 2014

Factors for Non-completion of Tasks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>No; unspecified</th>
<th>No need to do now</th>
<th>Want to but don't know how</th>
<th>Hard to complete task</th>
<th>Done in past not updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family communication plan</td>
<td>5.5</td>
<td>3.4</td>
<td>57.9</td>
<td>16.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Emergency supply kit</td>
<td>8.4</td>
<td>2.1</td>
<td>39.2</td>
<td>23.8</td>
<td>7.0</td>
</tr>
<tr>
<td>3 day supply water</td>
<td>8.4</td>
<td>7.4</td>
<td>30.1</td>
<td>28.7</td>
<td>16.7</td>
</tr>
<tr>
<td>3 day supply food</td>
<td>9.7</td>
<td>2.1</td>
<td>14.5</td>
<td>17.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Copy of child's medical plan</td>
<td>9.7</td>
<td>6.2</td>
<td>42.8</td>
<td>10.1</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Baker & Baker, 2013

Preparedness in LA With Intervention

<table>
<thead>
<tr>
<th>Basic Preparedness Indicators</th>
<th>% Pre</th>
<th>% 2 Month</th>
<th>% 4 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency supply kit</td>
<td>58.1</td>
<td>77.4</td>
<td>93.5</td>
</tr>
<tr>
<td>Family emergency plan</td>
<td>35.5</td>
<td>67.7</td>
<td>90.3</td>
</tr>
<tr>
<td>Do you have a generator?</td>
<td>19.4</td>
<td>25.8</td>
<td>32.3</td>
</tr>
<tr>
<td>Alternative power source plan/supplies?</td>
<td>31</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Copy of child's medical emergency plan (EIP)</td>
<td>9.7</td>
<td>51.6</td>
<td>90.3</td>
</tr>
<tr>
<td>Confidence level to handle disaster (mean)</td>
<td>4.74</td>
<td>6.91</td>
<td>7.85</td>
</tr>
</tbody>
</table>

Toor et al., 2018

Preparedness in Arkansas With Intervention

<table>
<thead>
<tr>
<th>Basic Preparedness Indicators</th>
<th>% Before Intervention</th>
<th>% After Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency supply kit</td>
<td>17.9</td>
<td>99.6</td>
</tr>
<tr>
<td>Family fire escape plan</td>
<td>47.5</td>
<td>61.4</td>
</tr>
<tr>
<td>Arranged meeting place</td>
<td>44.4</td>
<td>68.2</td>
</tr>
<tr>
<td>Communicated with power company</td>
<td>34.9</td>
<td>41.7</td>
</tr>
<tr>
<td>Copy of child's medical emergency plan</td>
<td>42.6</td>
<td>79.4</td>
</tr>
</tbody>
</table>

Bagwell et al., 2016
ABC's of Disaster Planning for CSHCNs

• Assess vulnerabilities
• Disaster risk
• Type of special needs
• Build a plan (use EIF)
• Conduct a drill

Psychological Effects

Psychological Effects

Assisting Families Post-Disaster

• Support entire family
• Return to normal activities ASAP
• Encourage good sleep hygiene
• Limit exposure to media
• CBT promising

Talking to Children Post-Disaster

- Speak openly and honestly
- Provide reassurance
- Ask what information he/she needs
- Ask about how they are coping
- Don’t tell them how they should feel
- Provide simple explanations
- Use open-ended questions
- Focus on the child; limit your personal experiences
- Don’t use “at least”
Summary

• Prepare your home
• Prepare your family
• Prepare your office/workplace
• Prepare your patients and their families

Thank you
Emergency Information Form


References


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