

# Pediatric Readiness: Critical Steps to Pediatric Disaster Preparedness

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REGION 1  
**Regional Disaster  
Health Response  
System**

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**ASPR**  
ADMINISTRATION FOR STRATEGIC  
PREPAREDNESS AND RESPONSE

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# Moderators & Speakers

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# Learning Objectives

1. Review the intersection of pediatric readiness and healthcare disaster planning that require special focus for pediatric patients, including Triage, Special Health Care Needs, Guardianship, and Family Reunification.
2. Discuss how improving everyday pediatric emergency care capabilities in the ED can improve readiness for pediatric response to large-scale incidents.
3. Identify quality resources available to healthcare organizations that can help them improve their pediatric emergency care capabilities, including resources developed through the Pediatric Readiness Project.



# Pediatric Readiness: Critical Step to Pediatric Disaster Readiness

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**No financial disclosures**



# Case

A 3 yo girl named Avery with a h/o epilepsy presents to a rural ED in status epilepticus.

- ED doctor attempted to intubate the patient initially with an adult sized tube.
- After failing to intubate, they tried with smaller tubes but were unable to intubate.
- Cardiac arrest due to hypoxia → 6 rounds of CPR with adult doses of epinephrine.
- + ROSC but never able to intubate.
- Transferred to the local children's hospital where she was intubated on the first attempt.
- Brain death, Died 6 days after admission.

# Case

20 years earlier, a 6 yo boy named Matthew presented to this same ED and died after failed attempts at intubation





EXCLUSIVE

## Children Are Dying in Ill-Prepared Emergency Rooms Across America



HEALTH | HEALTHCARE

## Emergency Rooms Are Failing Kids. This Hospital Stepped Up.

Grand River Health's emergency room improved its readiness to take care of children by color-coding its equipment and training staff

HEALTH | HEALTHCARE

## Find Hospitals Deemed Ready to Treat Children in Your Area

Only 14% of U.S. emergency departments are certified as pediatric ready or specialize in kids, though standards vary widely—and many parents don't know where they are

# Objectives

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3. Identify quality resources available to healthcare organizations that can help them improve their pediatric emergency care capabilities, including resources developed through the Pediatric Readiness Project.

# What is Pediatric Readiness

- Pediatric Ready
  - The ability to provide high quality care to pediatric patients
  - Reduce morbidity and mortality due to severe illness or injury among children
- Children have unique physiologic, anatomic needs
- 2006 IOM report “Emergency Care for Children: Growing Pains”
  - Only half of hospitals had at least 85% of necessary pediatric emergency equipment

FUTURE OF EMERGENCY CARE

## EMERGENCY CARE FOR CHILDREN GROWING PAINS



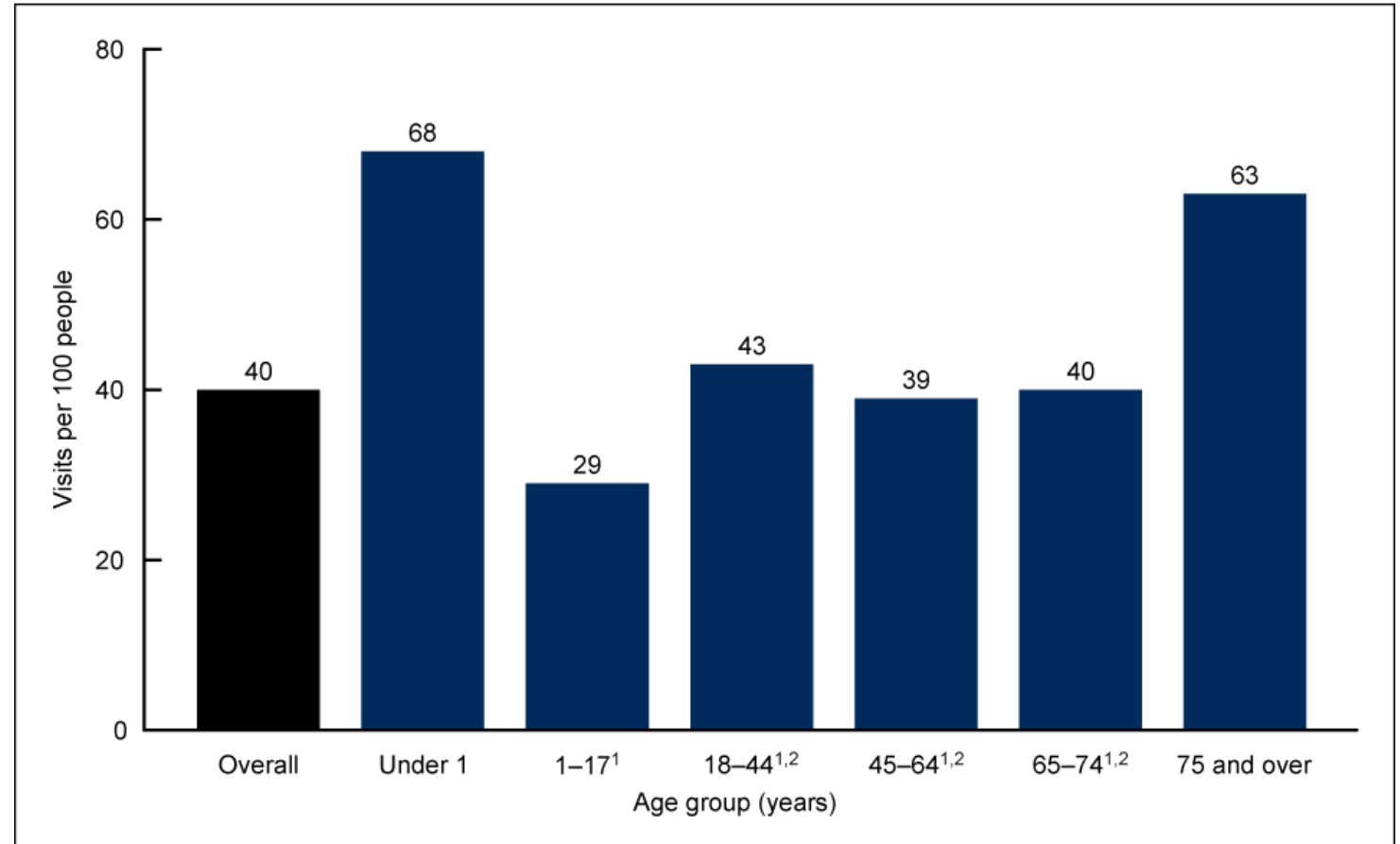
INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

# Pediatric ED Patients

80-90% of children are cared for in general EDs

81% of EDs see less than 10 pediatric patients per day

Figure 1. Emergency department visit rate, by age group: United States, 2020



<sup>1</sup>Significantly different from under 1 and 75 and over.

<sup>2</sup>Significantly different from 1-17.

NOTES: Based on a sample of 14,860 emergency department (ED) visits made by patients in 2020, representing approximately 131 million ED visits. Visit rates are based on estimates of the U.S. civilian noninstitutionalized population as of July 1, 2020, from the U.S. Census Bureau, Population Division. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db452-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2020.

**PEDIATRICS**  
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

# Emergency Department Pediatric Readiness and Mortality in Critically Ill Children

Stefanie G. Ames, MD, MS,<sup>a</sup> Billie S. Davis, PhD,<sup>e</sup> Jennifer R. Marin, MD, MSc,<sup>c,d</sup> Ericka L. Fink, MD, MS,<sup>c,e</sup> Lenora M. Olson, PhD, MA,<sup>g</sup> Marianne Gausche-Hill, MD,<sup>e,h,i</sup> Jeremy M. Kahn, MD, MS<sup>e,f</sup>



**JAMA**  
**Pediatrics**

## Evaluation of Emergency Department Pediatric Readiness and Outcomes Among US Trauma Centers

Craig D. Newgard, MD, MPH<sup>1</sup>; Amber Lin, MS<sup>1</sup>; Lenora M. Olson, PhD<sup>2</sup>; et al

# Mortality

Lower pediatric readiness scores (<87) are associated with higher mortality

In high peds ready EDs:  
76% lower mortality in ill children  
60% lower mortality in injured children

At least 1400 children's lives saved if seen in high pediatric readiness EDs

# National Pediatric Readiness Project

- Started in 2013
- Led by Emergency Medical Services for Children (EMSC) with AAP, ACEP and ENA
- Goal to provide resources and support so all EMS agencies and EDs can be pediatric ready



## Pediatric Readiness in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2018 joint policy statement “**Pediatric Readiness in the Emergency Department.**” Use this tool to check if your hospital emergency department (ED) has the most critical components listed in the joint policy statement.

### Administration and Coordination of the ED for the Care of Children

- Physician Coordinator for Pediatric Emergency Care (PECC)\*
  - Board certified/eligible in EM or PEM (preferred but not required for resource limited hospitals)
  - The physician PECC is not board certified in EM or PEM but meets the qualifications for credentialing by the hospital as an emergency clinician specialist with special training and experience in the evaluation and management of the critically ill child.
  
- Nurse Coordinator for Pediatric Emergency Care (PECC)\*
  - CPEN/CEN (preferred)
  - Other credentials (e.g., CPN, CCRN)

\* An advanced practice provider may serve in either of these roles. Please see the guidelines/toolkit for further definition of the role(s).

### Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers

- Healthcare providers who staff the ED have periodic pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any/all of the following:
  - Assessment and treatment (e.g., triage)
  - Medication administration

### ED Policies, Procedures, and Protocols

Policies, procedures, and protocols for the emergency care of children. *These policies may be integrated into overall ED policies as long as pediatric-specific issues are addressed.*

- Illness and injury triage
- Pediatric patient assessment and reassessment
- Identification and notification of the responsible provider of abnormal pediatric vital signs
- Immunization assessment and management of the under-immunized patient
- Sedation and analgesia, for procedures including medical imaging
- Consent, including when parent or legal guardian is not immediately available
- Social and behavioral health issues
- Physical or chemical restraint of patients
- Child maltreatment reporting and assessment
- Death of the child in the ED
- Do not resuscitate (DNR) orders
- Children with special health care needs
- Family and guardian presence during all aspects of emergency care, including resuscitation
- Patient, family, guardian, and caregiver education
- Discharge planning and instruction
- Bereavement counseling
- Communication with the patient’s medical home or primary care provider as needed
- Telehealth and telecommunications



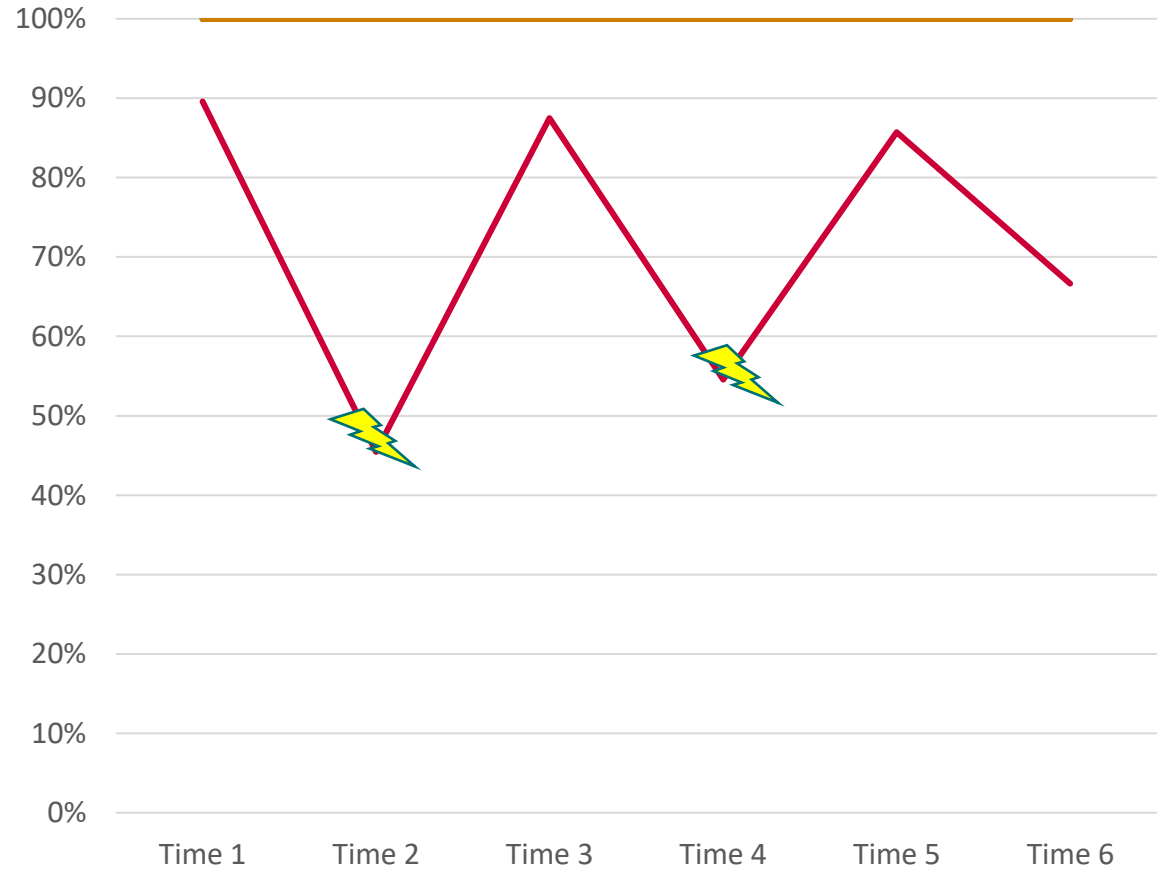
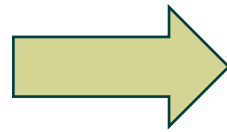
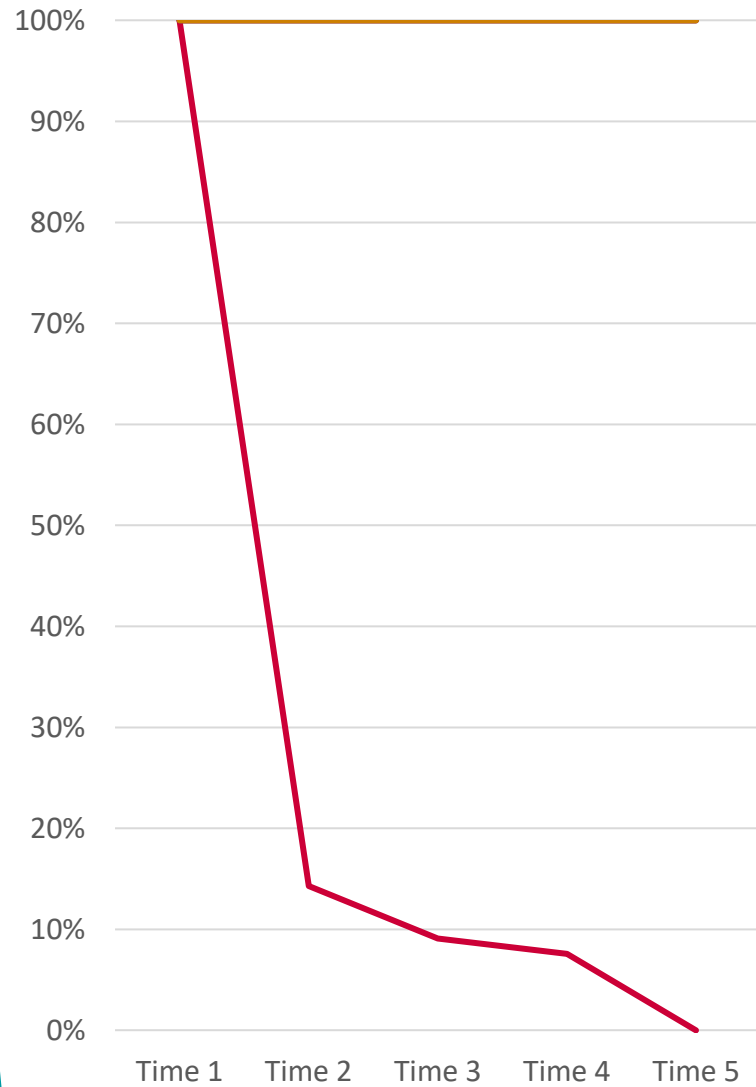
# Domains

1. Administration/Coordination
2. ED Provider Pediatric Competency
3. Quality Improvement
4. Policies, Procedures, Protocols (Disaster)
5. Support Services
6. Safety Guidelines
7. Equipment, supplies, medication

# Policies/Procedures: Disaster

- Medications, vaccines, equipment, supplies and trained providers for children in disasters
- Care of children with special health care need
- Minimization of parent-child separation
- Tracking and reunification for children and families
- Pediatric surge capacity for injured and non-injured children
- Decontamination, isolation, and quarantine of families and children of all ages
- Access to specific behavioral health therapies and social services for children
- Disaster drills include a pediatric mass casualty incident at least every two years

# Forgetting Curve



# Equipment: How to be Prepared Everyday and for Disasters

## Equipment/Supplies: General Equipment

- Patient warming device (infant warmer)
- IV blood and/or fluid warmer
- Restraint device
- Weight scale, in kilograms only (no opportunity to weigh or report in pounds), for infants and children
- Tool or chart that relies on weight (kilograms) used to assist physicians and nurses in determining equipment size and correct drug dosing (by weight and total volume)
- Pain scale assessment tools that are appropriate for age
- Rigid boards for use in CPR
- Pediatric-specific AED pads
- Atomizer for intranasal administration of medication

## Equipment/Supplies: Vascular Access

### Arm boards

- infant
- child

### Catheter-over-the-needle device

- 22 gauge

## Equipment/Supplies: Respiratory

### Endotracheal tubes

- uncuffed 2.5 mm
- uncuffed 3.0 mm
- cuffed or uncuffed 3.5 mm
- cuffed or uncuffed 4.0 mm
- cuffed or uncuffed 4.5 mm
- cuffed or uncuffed 5.0 mm
- cuffed or uncuffed 5.5 mm
- cuffed 6.0 mm

### Feeding tubes

- 5F
- 8F

### Laryngoscope blades

- straight: 0
- straight: 1
- straight: 2
- curved: 2

### Magill forceps

- pediatric

### Stylets for endotracheal tubes

- pediatric
- infant

### Suction catheters

- infant (6-8F)
- child (10-12F)

### Rigid suction device

- pediatric

### Bag-mask device, self-inflating

- infant (250 ml)
- child (450-500 ml)

### Non-rebreather masks

- infant
- child

### Clear oxygen masks

- infant
- child

### Masks to fit bag-mask device adaptor

# Equipment: How to be Prepared Everyday and for Disasters

- Easily accessible, clearly labeled, and logically organized
- ED staff is educated on the location of all items
  - Scavenger hunts
- Daily method in place to verify the proper location and function of pediatric equipment and supplies
- Standardized chart or tool used to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based tape)
- Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications

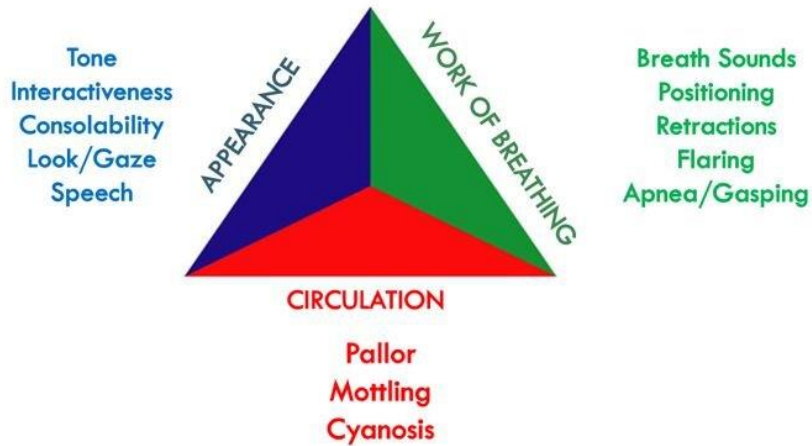
# Policies/Procedures

## Triage

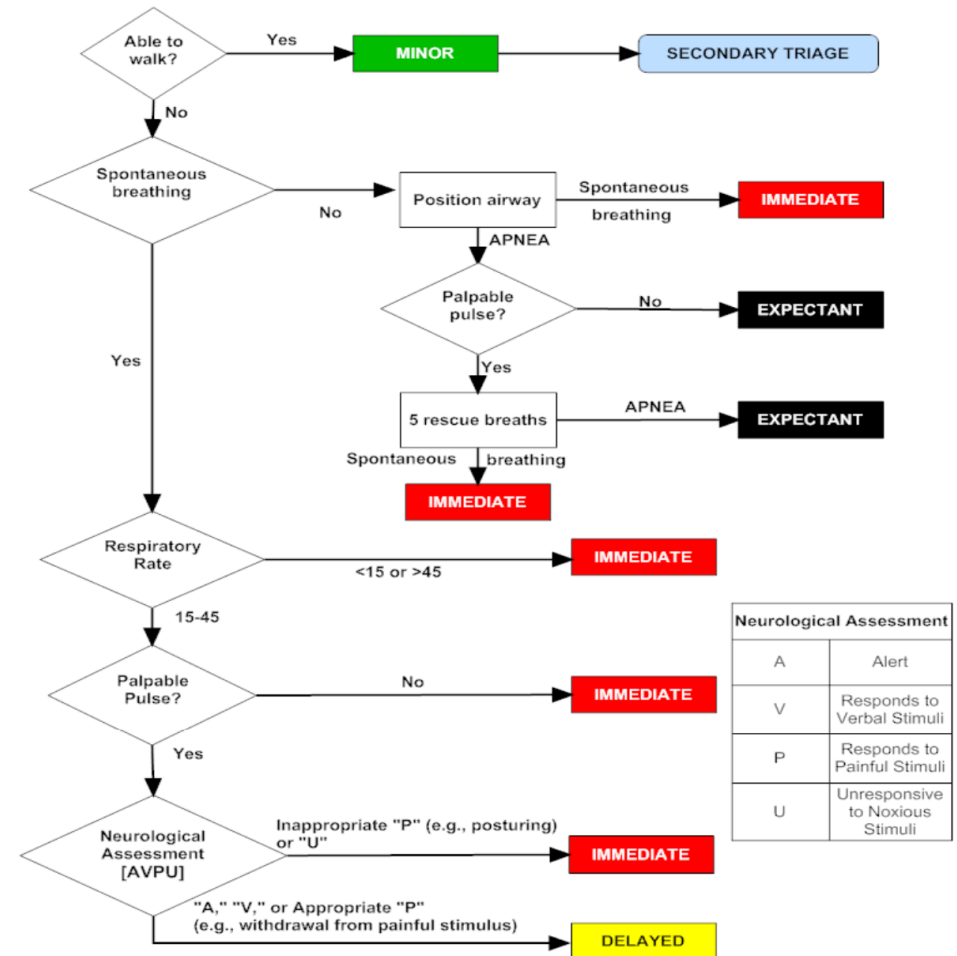
- Identification and notification of the responsible provider of abnormal pediatric vital signs
- Everyday: PAT
- Disaster Triage: Jumpstart

# Triage

## Everyday: Pediatric Assessment Triangle (PAT)



## Disaster: JUMPSTART



# Policies/Procedures

## Children in Disasters: Family Reunification

- Identification of children
- Confirmation of identity and guardianship
- Plans for children without a provider/identification
- Having 4 separate areas: Pediatric safe area, Family Assistance Center, Family Reunification Center, Media Center





# Policies/Procedures

Death of the child in the ED

- Bereavement counseling

Children with special health care needs

Consent for care, including when guardianship is not available

Behavioral Health

## Activity Resource Packet



### Purchasing Safe Pediatric Resource Materials

This ED staff purchasing guide is intended for ED PECC's and administrators that are able to purchase additional materials and activities for pediatric patients with a behavioral health condition.

[Expand](#) ▾

## Activity Kits

Normal  
Operations:  
Boarding  
patients/MBH

Disaster:  
Pediatric Safe  
Area

## Bereavement Counseling Death of a Child

Normal  
Operations

Disaster:  
Family  
Reunification  
Center

## Children with Special Health Care Needs

Normal  
Operations

Disaster

# Administration/ Competencies

- Administrative:
  - Pediatric Emergency Care Coordinator (PECC)
    - PECCs have been associated with increased pediatric readiness scores
  - Disaster Coordinator
- Competencies-Disaster Drills
- Ongoing education and preparation



New  
England

PRS  
> 87

RI  
67

NH  
70

VT  
69

MA  
80

CT  
76

ME  
65

# Summary

The majority of children are seen in general EDs where most see less than 10 pediatric patients per day.

Lower pediatric readiness scores have been associated with higher mortality.

Being pediatric ready is a step towards large scale disaster preparedness.

Establishing a PECC is a great way to get started



# Intro to EIIC/EMSC

Region I

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Co-Lead EIIC Hospital Domain

Region V for Kids Subject Matter Expert and Project Manager



**EIIC**  
EMSC Innovation and  
Improvement Center

# Disclosure

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# NPRP Hospital Checklist

- Updated checklist based on 2018 guidelines, revised in 2020



<https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/>



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### Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers

- Healthcare providers who staff the ED have periodic pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any/all of the following:
  - Assessment and treatment (e.g., triage)
  - Medication administration
  - Device/equipment safety
  - Critical procedures
  - Resuscitation
  - Trauma resuscitation and stabilization
  - Disaster drills that include children
  - Patient- and family-centered care
  - Team training and effective communication

### Guidelines for the OI/PI in the ED

- The OI/PI plan includes pediatric-specific indicators
  - Data are collected and analyzed
  - System changes are implemented based on performance
  - System performance is monitored over time

Please see the guidelines/toolkit for additional details.

### ED Policies, Procedures, and Protocols

Policies, procedures, and protocols for the emergency care of children. These policies may be integrated into overall ED policies as long as pediatric-specific issues are addressed.

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- Communication with the patient's medical home or primary care provider as needed
- Telehealth and telecommunications

### All-Hazard Disaster Preparedness

The written all-hazard disaster-preparedness plan addresses pediatric-specific needs within the core domains including:

- Medications, vaccines, equipment, supplies and trained providers for children in disasters
- Pediatric surge capacity for injured and non-injured children
- Decontamination, isolation, and quarantine of families and children of all ages
- Minimization of parent-child separation
- Tracking and reunification for children and families
- Access to specific behavioral health therapies and social services for children
- Disaster drills include a pediatric mass casualty incident at least every two years
- Care of children with special health care needs




# Toolkit

## Policies, Procedures, and Protocols


Policies, procedures, and protocols for the emergency care of children are age specific and include neonates, infants, children, adolescents, and children with special health care needs. It is recommended that staff are educated accordingly and monitored for compliance and periodically updated. Click on the topic area to find relevant recommendations on policies, procedures, or protocols.

### MEDIA TYPE

 Document 1

### SORT ORDER


 Most Recent

 Alphabetical

16 Results

 4 Resources

Illness and Injury Triage

 6 Resources

Mental and Behavioral health

 3 Resources

Immunization assessment and management

 4 Resources

Sedation and Analgesia

 7 Resources

Child Maltreatment

 7 Resources

Death of a Child in the ED



# Prehos



Education & Competencies



Equipment & Supplies



Patient & Medication Safety



Patient- & Family-Centered Care



Policies, Procedures, & Protocols (to include Medical Oversight)



Quality & Process Improvement



About the Assessment

024

1st: Use the Identifier



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Interactions with Systems of Care



# Pediatric Education and Advocacy Kits



## EIIC/TREKK BOTTOM LINE RECOMMENDATIONS: PAIN TREATMENT

Key facts and recommendations for treating pain in children.

... are related to pain. Untreated pain has short-term (pain, distress, prolonged procedure time, slower healing) and long-term (avoidance of healthcare settings; needle phobia, higher rates of multi-modal pain care improves procedure success rates, patient flow, and improves patient and caregiver satisfaction) consequences. Timely and effective pain management, and engage caregivers in planning/decisions to minimize pain.

**RECOMMENDATIONS IN CHILDREN**

... their pain. If unable (e.g., cognitive issues, non-verbal), use a validated pain scale for children 0-3 years of age or non-verbal, or children 4-12 years of age.

... For children over 6 years of age, use a validated pain scale (e.g., 0 is no pain and 10 is the worst pain a child can imagine).



## EIIC/TREKK BOTTOM LINE RECOMMENDATIONS: PROCEDURAL PAIN

Key facts and recommendations for procedural pain management in children.

... used to assess and treat children can cause significant pain and distress for the child, caregivers, and healthcare providers. Long-term consequences (increased sensitivity to pain, avoidance of healthcare settings, higher rates of anxiety before a procedure). Timely and effective pain management, prevents the need for repeated attempts, improves patient satisfaction. Before initiating any procedure, consider whether it is necessary, and engage caregivers in planning/decisions to minimize pain.

**RECOMMENDATIONS TO MINIMIZE PAIN**

... remain present if possible and provide them with guidance to calm the child (e.g., touch, hold, singing, and soothing words (e.g., "I will hold the child in a number of comfort positions that do not require physical contact with caregiver), and tuck their child after the procedure to facilitate tucking (legs and arms tucked close to the body before/during/after procedures). Procedures (e.g., venipuncture, IV insertion) can be soothing for the child (e.g., pacifier) can be used if breastfeeding is not available.

### AUDIENCE

- ED clinicians 14
- EMS clinicians 8
- Nurses 15
- Patients & Families 13

### MEDIA TYPE

 Search

20 Results



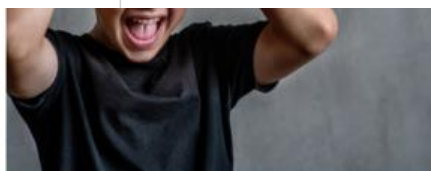
Video

Pinned

EIIC: Administering Intranasal Pain Medications - prehospital

6 minutes

Details



PEAK: Agitation



PEAK: Child Abuse

Video

Pinned

OPENPediatrics: Pediatric Pain Management in the Emergency Department with Dr. Corrie



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# National Pediatric Readiness Quality Improvement



**EIIC**  
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**MEASURE**  
Assess Pediatric Emergency Care in Your ED  
Track Progress Using Pediatric-Specific Quality Measures

**REFLECT**  
Share experiences with similar EDs

**IMPROVE**  
Demonstrate Improved Pediatric Care  
Become Pediatric Ready

**How Your ED Can  
Make a Difference in  
Pediatric Emergency  
Care**

## DOMAIN 3: PEDIATRIC SURGE CAPACITY

Evaluating an institution's current surge capacity to identify weaknesses and develop strategies to address all aspects of surge capacity allows institutions to effectively prepare for current capacity and be better prepared for an unexpected high number of pediatric patients.

RECOMMENDED ACTIVITY	FOUNDATION	INTERMEDIATE	ADVANCED
<b>General Surge Planning</b>	<ul style="list-style-type: none"> <li>○ Identify and continue to augment baseline pediatric capabilities:               <ul style="list-style-type: none"> <li>• Emergency department capacity.</li> <li>• Surgical capacity.</li> <li>• Extended care for up to 48-72 hours when immediate transfer is not available.</li> </ul> </li> <li>○ Establish a protocol to triage pediatric patients and determine which require priority transfer.</li> <li>○ Establish a plan for accessing pediatric expertise at the community and regional level (telemedicine, phone consultation).</li> <li>○ Consider establishing a formal relationship with local primary care pediatricians to augment surge capabilities.</li> </ul>	<ul style="list-style-type: none"> <li>○ Establish a plan for caring for sick/ more complex pediatric patients as part of a surge especially when immediate transfer is not available.</li> <li>○ Determine ability to augment capacity of pediatric services within the hospital:               <ul style="list-style-type: none"> <li>• Surge targets of 120%, 200%, 300% under conventional/contingency/crisis models.</li> <li>• Consider how to both expand pediatric capacity/capability and convert adult services to pediatric use.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Lead coordination efforts across the region regarding pediatric patient transfers to regional pediatric centers.               <ul style="list-style-type: none"> <li>• Special considerations: burn, pediatric critical care (advanced respiratory and blood pressure support).</li> </ul> </li> <li>○ Establish a plan for how to provide pediatric expertise within the community (telemedicine, phone consultation).</li> <li>○ Ensure pediatric considerations are included in regional crisis care guidelines and support regional transfer coordination for children with different/ complex needs (pediatric-specific transport).</li> </ul>
<b>Surgical Capabilities</b>	<ul style="list-style-type: none"> <li>○ Identify surgeons within your institution who already care for pediatric patients or are prepared to provide care in a disaster</li> </ul>	<ul style="list-style-type: none"> <li>○ Identify immediate access to a pediatric surgeon.</li> <li>○ Identify capabilities in pediatric</li> </ul>	<ul style="list-style-type: none"> <li>○ Immediate access to pediatric surgical subspecialties regardless of trauma designation (orthopedics,</li> </ul>



# Region Children

Children and Youth with  
Special Healthcare Need

Clinical Skills

Patient, Family, and  
Provider Preparedness

Video

## Care of the G-Tube Site

Quick concepts to support training for providers and parents to care for GT; 3 min (2019).



Webpage

## Preparedness for Feeding Tubes

Resource for families with feeding tubes.



Video

## Emergency Trach Tube Change

Video simulation; 6 min (2016).



Webpage

## Virtual Home Visit for the Child With Medical Complexity Course

Online course for providers (2019).



Video

## STARS Video 1: Gastric Tube Training

Video training lecture; 30 min (2020).



Video

## STARS Video 2: Pediatric Tracheostomy Scenarios

Video scenarios; 63 min (2020).



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***THANK YOU!!***



***QUESTIONS??***



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# Questions



# Thank you!

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REGION 1  
**Regional Disaster  
Health Response  
System**



**RESPTC**  
REGION 1 EMERGING  
SPECIAL PATHOGENS  
TREATMENT CENTER



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[MGHBRT@partners.org](mailto:MGHBRT@partners.org)



[www.rdhrs.org](http://www.rdhrs.org)

[www.massgeneral.org/disaster-medicine](http://www.massgeneral.org/disaster-medicine)



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[@MGHDisasterMed](https://twitter.com/MGHDisasterMed)