

**2011 Update on Children and Disasters:
Summary of Recommendations and Implementation Efforts**



HHS IS WORKING TO ADDRESS CHILDREN'S UNIQUE DISASTER VULNERABILITIES

Children ages 0 through 17 comprise approximately 25 percent¹ of the U.S. population; they are anatomically, developmentally, and physiologically different from adults in ways that can predispose them to more serious physical and psychological sequelae from disasters. The potential impact of disasters on children can extend from the immediate response phase of a disaster through the recovery phase, creating many challenges but also many opportunities to mitigate the effects. The U.S. Department of Health and Human Services (HHS) established the Children's HHS Interagency Leadership on Disasters (CHILD) Working Group in 2010 to identify and comprehensively integrate the activities related to the needs of children across all HHS inter- and intra-governmental disaster planning activities and operations. Co-led by the Administration for Children and Families (ACF) and the Assistant Secretary for Preparedness and Response (ASPR), the group then developed recommendations for how HHS can improve the delivery of care to children who are impacted by disasters. The Working Group divided itself into four subcommittees: 1) Mental and Behavioral Health, 2) Medical Countermeasures, 3) Child Physical Health, Emergency Medical Services, and Pediatric Transport, and 4) Child Care and Child Welfare. Highlights of related implementation activities and the Working Group's core recommendations are summarized below.

CHILD WORKING GROUP RECOMMENDATIONS ALREADY BEING IMPLEMENTED

- HHS has completed a [Disaster Behavioral Health Concept of Operations](#) (DBH CONOPS) designed to provide coordination and guidance for HHS federal-level behavioral health preparedness, response, and recovery in connection with disasters and public health emergencies. Development of the DBH CONOPS was also a recommendation of both the [National Commission on Children and Disasters](#) and the [National Biodefense Science Board](#).
- A Pediatrics and Obstetrics Integrated Program Team was established to provide expert guidance to the HHS Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and prioritize gaps related to pediatric and obstetric medical countermeasure (MCM) needs.
- [The National Disaster Medical System](#) (NDMS) has developed the capability to deploy pediatric specialists and subspecialists to augment traditional response teams if the need arises. Additionally, the [US Public Health Service \(USPHS\)](#) Commissioned Corps has established a Pediatric Care Coordinator for Emergency Response and includes pediatric specialists on its Rapid Deployment Force teams.
- The Administration for Children and Families (ACF) has provided [guidance](#) to assist states in developing, exercising, and maintaining written emergency preparedness and response plans for child care.
- The Assistant Secretary for Preparedness and Response (ASPR) hosted a conference including the wide range of pediatric transport stakeholders to determine what types of national assets (both commercial and through federal partners) are available and to start collaboratively addressing a national strategy for pediatric patient movement in a large disaster.
- NDMS has begun training all personnel (approximately 7,200) in psychological first aid so they may be better able to address the emotional and behavioral health needs of disaster responders and survivors, including children. The USPHS Commissioned Corps includes psychological first aid training in all of its field training activities including its Community Health and Service Mission

¹ Table 1. Population by Age and Sex: 2010. http://www.census.gov/population/www/socdemo/age/age_sex_2010.html.

(CHASM) initiative. Recent CHASM missions have specifically incorporated emergency preparedness for children, including day care and child care facility preparedness.

- ACF and the Federal Emergency Management Agency (FEMA) have revised the Federal Disaster Case Management (DCM) Program Manual and Implementation Guide and are conducting education and outreach to states regarding the DCM program through the ACF regional offices and the FEMA structures. From August to November 2011, there have been five Federal Direct Service DCM Missions in response to Tropical Storms Irene and Lee in New York, Pennsylvania, and Vermont; wildfires in Texas; and tornadoes in Massachusetts.

OTHER CURRENT AND RECENT INITIATIVES

- Multiple pediatric medical countermeasure (MCM) program initiatives are now underway, including:
 - The development of safe and effective [pediatric formulations of Radiogardase](#) (Prussian Blue) for children less than two years of age for treatment after radiation poisoning (i.e., radioactive cesium and/or radioactive or non-radioactive thallium), through support from the Biomedical Advanced Research and Development Authority (BARDA).
 - Clinical studies supported by the National Institutes of Health (NIH) and BARDA to support a pediatric indication for midazolam to treat nerve-agent seizures, as well as associated animal model studies to test midazolam's efficacy against such seizures.
 - The launch of several studies by the National Institute of Child Health and Human Development at the NIH; for example, one study was initiated to obtain additional doxycycline pharmacokinetic data to support improved dosing recommendations for the treatment of anthrax in young children.
- In response to the Joplin, Missouri tornado disaster of May 2011, ACF, along with the state of Missouri and community-based groups, created the [Joplin Child Care Task Force](#), which consolidated federal, state, local, and nonprofit efforts to provide emergency child care and to reconstitute the child care infrastructure of the community. Through the efforts of this task force, 510 of the 670 child care slots needed were immediately provided through a coordinated referral system. The Joplin experience provides an important model for other communities that experience severe damage to child care systems due to disasters.
- ACF and the Federal Emergency Management Agency aired a [webinar](#) on "Integrating Child Reunification into Emergency Preparedness Plans."
- The Federal Education and Training Interagency Group and the National Center for Disaster Medicine and Public Health hosted a [Pediatric Disaster Preparedness Curriculum Development Conference](#). This was the first step toward an expected outcome of establishing a role-specific, competency based, pediatric disaster preparedness education and training program (including pre-hospital care, hospital care, ambulatory care, public health, and psychosocial issues) designed to improve the safety and health of children during a disaster.

ADDITIONAL RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

Programmatic Recommendations aim to enhance the Department's ability to address the disaster needs of children through existing or proposed programmatic activities.

*The Children's HHS Interagency Leadership on Disasters (CHILD) Working Group:
Summary of Recommendations and Implementation Efforts – April 2012*

- SAMHSA, in collaboration with the Federal Emergency Management Agency, should implement internal, programmatic recommendations related to improving the [Crisis Counseling Assistance and Training Program](#).
- Leverage new or expanded health home and behavioral health benefits for children authorized by the Affordable Care Act as a strategy for promoting health and resilience in children.
- Update HHS [grants](#) and [cooperative agreements](#) related to disasters and health preparedness to improve integration among public health, behavioral health, and health care delivery systems.
- Strengthen requirements for pediatric surge capacity within the Hospital Preparedness Program and encourage HHS grantees to adopt the Emergency Medical Services for Children program's [pediatric equipment list for ambulances and other guidelines](#).
- Take a lead role in setting educational and operational standards for pre-hospital care, particularly for children.
- Develop a cross regional review of child welfare disaster plans to identify strengths and areas for improvement and targeted technical assistance.
- Pediatric medical countermeasure (MCM) programmatic recommendations include:
 - Incorporate pediatric and obstetric-specific vulnerabilities in scenarios and medical consequence modeling for MCM requirements, policies, and programs.
 - Provide clarity in the regulatory pathway for pediatric MCMs; allow stockpiling and forward deployment of MCMs for children; obtain the appropriate data, when available, to provide clinical pediatric dosing and use guidance for existing MCMs; and gather safety and efficacy data from non-traditional sources to support the use of pediatric MCMs under Emergency Use Authorizations and for eventual approval/clearance/licensure of MCMs.
 - Engage the pediatric MCM stakeholder community on a regular basis.

Research Recommendations focus on expanding the knowledge base to better support children's physical and mental health during and after disasters.

- Enhance the research agenda for children's disaster mental health through coordinated efforts between ASPR, the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, and other partners.
- Continue and improve industry support for research and development of MCMs suitable for pediatric use through scientific and stakeholder meetings with a specific pediatric focus.
- Include pediatric and obstetric expertise in the Public Health Emergency Research Review Board to ensure rigorous review of relevant protocols, including studies that support data collection for assessing the safety and efficacy of MCMs suitable for pediatric and obstetric use.

Training Recommendations seek to improve capabilities of community members and federal responders in addressing the disaster health and human services needs of children.

- Train National Disaster Medical System personnel in pediatric disaster medicine to ensure basic clinical skills.
- Ensure that children and other persons with functional and access needs (such as disabilities) are included in relevant disaster health and human services training programs.