



Children With Complex Medical Needs

Considerations in Disaster Planning



KIDS? WHAT KIDS?



Berkshire	23,675	(5770)
Franklin	13,240	(3300)
Hampden	106,218	(27,720)
Hampshire	25,115	(5700)
All	168,248	(42,490)



Of Special Note...



Children With Special Healthcare Needs

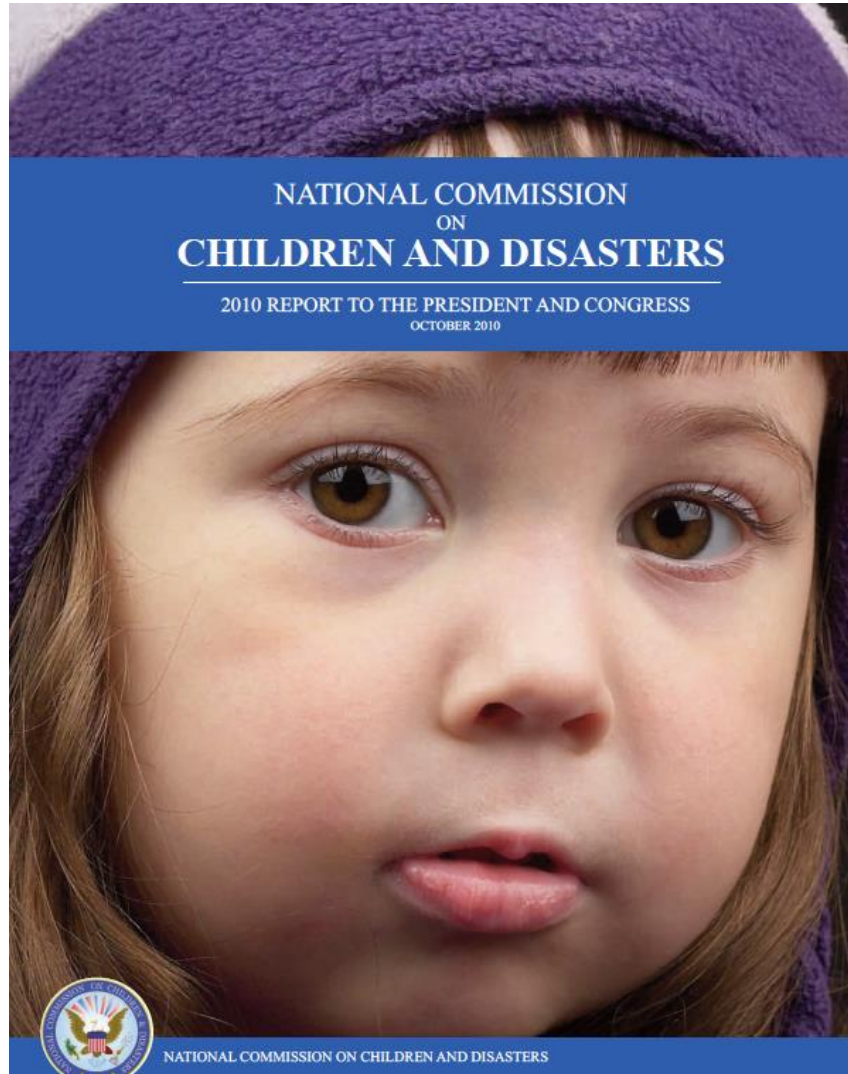
- In MA: 18.3% (261,475 children) 2010 national survey
- In Western MA: 25-30,000 children
- “Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” (AAP & MCH definition)



ALL Kids are Complex in a Disaster!

- Anatomical differences
- Developmental differences





<http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf>



Key Assessment Finding: National Pediatric Readiness Project

Of the 4,146 emergency departments (ED) that participated in the 2013 National Pediatric Readiness assessment, only **47%** (n=1,990) responded that they have a disaster preparedness plan in place that addressed the unique needs of children. This is of great concern considering that children have unique, often complex physiological, psychosocial and psychological needs that differ from an adult, especially during disaster situations. Unfortunately, children more often than not are involved when disasters occur.

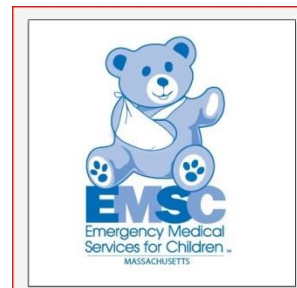
Hospital disaster plan addresses issues specific to the care of children	17	42.5%	46.8%	-4.3%
--	----	-------	-------	-------





Checklist

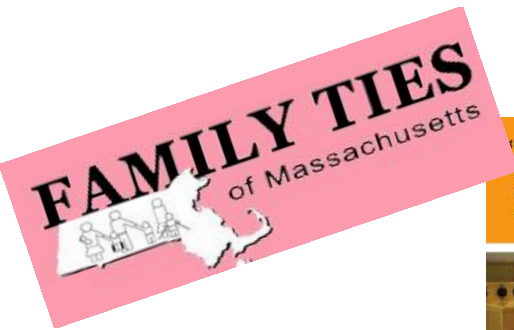
Essential Pediatric Domains and Considerations **for**
Every Hospital's Disaster Preparedness Policies



Massachusetts Department of Public Health

Bureau of Family Health & Nutrition

Division for Perinatal, Early Childhood and Special Health Needs



For information and program descriptions:

Contact our Community Support Line, Monday-Friday, 9am-5pm.

800-882-1435 within Massachusetts (617-624-6060 outside of Massachusetts)
TTY: 617-624-5992

E-mail: specialhealthneeds@state.ma.us
Web: www.mass.gov/dph/specialhealthneeds


Find us on Facebook:
www.facebook.com/MDPH.CYSHCN.Program

For more copies of this brochure, please e-mail us.



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Division for Children & Youth with Special Health Needs



For families with children ages birth to 22 with chronic medical, physical, developmental, behavioral or emotional conditions

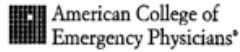


Children Who Are Technology-Dependent



Emergency Information Form for Children With Special Needs

Last name:



American Academy of Pediatrics



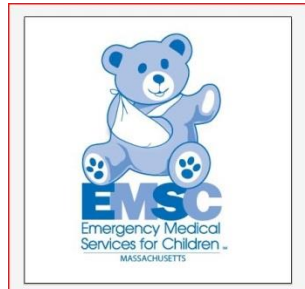
Date form completed	Revised	Initials
By Whom	Revised	Initials

Name: []	Birth date: []	Nickname: []
Home Address: []	Home/Work Phone: []	
Parent/Guardian: []	Emergency Contact Names & Relationship: []	
Signature/Consent*: []	[]	
Primary Language: []	Phone Number(s): []	
Physicians:		
Primary care physician: []	Emergency Phone: []	
[]	Fax: []	
Current Specialty physician: []	Emergency Phone: []	
Specialty: []	Fax: []	
Current Specialty physician: []	Emergency Phone: []	
Specialty: []	Fax: []	
Anticipated Primary ED: []	Pharmacy: []	
Anticipated Tertiary Care Center: []		

Diagnoses/Past Procedures/Physical Exam:	
1. []	Baseline physical findings: []
[]	[]
2. []	[]
[]	[]
3. []	Baseline vital signs: []
[]	[]
4. []	[]
[]	[]
Synopsis: []	[]
[]	Baseline neurological status: []
[]	[]
[]	[]



*Consent for release of this form to health care providers



9-1-1 Disability Indicator Form-Individual Record

The filing of this document with your 9-1-1 Municipal Coordinator will alert public safety officials that an individual residing at your address communicates over the phone by a TTY and/or has a disability that may hinder evacuation or transport. This information is confidential and will **ONLY** appear at the dispatcher's location when a 9-1-1 call originates from your address.

PLEASE NOTE: IT IS IMPORTANT TO SUBMIT A NEW DISABILITY INDICATOR FORM UPON CHANGE OF SERVICE PROVIDER AND ADDRESS.

Telephone Number: Area code (____) _____ Voice TTY

Telephone Service Provider _____

Name: _____

Address: _____

Town & Zip code: _____

Please check approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers in responding to an emergency at your address: **Any changes should be communicated to your 9-1-1 Municipal Coordinator promptly.**

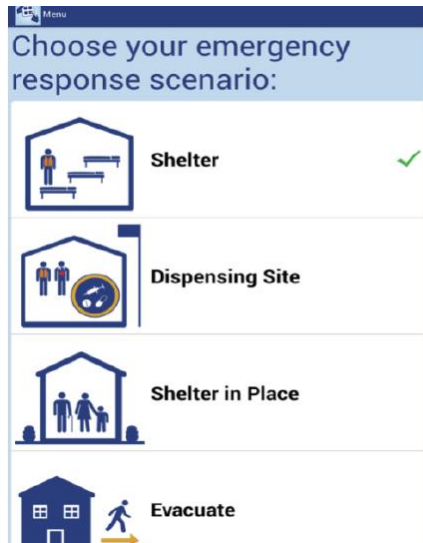
Check all that apply to indicate that someone at the address:

- “LSS” Life Support System:** has equipment required to sustain their life.
- “MI” Mobility Impaired:** is bedridden, wheelchair user or has another mobility impairment.
- “B” Blind:** is legally blind.
- “DHH” Deaf or Hard of Hearing:** is deaf or hard of hearing.
- “TTY”:** communication via the phone may be by TTY.
- “SI” Speech Impaired:** has a speech impairment.
- “CI” Cognitively Impaired:** is cognitively impaired.
- PLEASE REMOVE any designation presently on file.**
- PLEASE CHANGE existing designators to those shown above.**





Show Me Tool: booklet and mobile apps



Newborns and Infants



Considerations for Pregnant Moms, Nursing Moms, Well-Newborns and Infants



A Few Final Thoughts

- Planning is key
- **Pediatric Coordinator?**
- Identify community partners and add to planning inventory
 - Special Needs transportation
 - carseats
 - school buses with LATCH



A Few Final Thoughts

- Pre-Qualification & Background Checks
- Injury Prevention for Shelters
- **Training & Drills** Identify gaps
 - Psychological first aid, children's issues, policies for supporting kids during/after event
 - Shelter drills
 - Evacuation drills



Thank You for Helping Us Provide the Best Care Possible to Children

EMS for Children Day
~~Wednesday, May 20~~

**EVERY
DAY !!**

