

# Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

## PEDIATRICS

### Are There Adequate Policies and Programmes in Place to Protect Infants and Young Children During Emergencies?

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**Introduction:** In emergencies, infants and young children are disproportionately affected due to specific food and fluid requirements, immature immune system, susceptibility to dehydration, and dependence on others. Provision of safe food and water to infants and young children is critical. However, it is challenging in the emergency context. Specific planning is vital to support infant and young child feeding in emergencies (IYCF-E).

**Aim:** To identify the extent to which Australian emergency management plans and guidance account for the needs of infants and young children.

**Methods:** An audit of Australian emergency management plans and guidance was conducted as a part of the 2018 World Breastfeeding Trends Initiative assessment of Australian infant feeding policies. All national and state/territory emergency preparedness plans, and a sample of local government area preparedness plans, response plans, and other guidance were identified and searched for content related to the needs of infants and young children. Plans and guidance were searched for content related to the needs of animals as a comparison.

**Results:** Vulnerability of infants and young children was commonly noted. However, content related to supporting the specific needs of infants and young children through appropriate IYCF-E was almost totally absent. In some cases, the guidance that did exist was misleading or dangerous. No agency at the federal, state/territory, or local government level was identified as having met the responsibility for ensuring the needs of infants and young children. The absence of any coordinated response for the needs of infants and young children is in stark contrast to consideration of animal needs, which have a delegated authority, plans, and guidance at all levels of government.

**Discussion:** Planning for the needs of infants and young children in emergencies in Australia is dangerously inadequate. Action should be taken to ensure that appropriate plans exist at all levels of government.

*Prehosp. Disaster Med.* 2019;34(Suppl. 1):s58

doi:10.1017/S1049023X19001304

### A Comprehensive Coalition Based Regional Approach to Pediatric Disaster Planning

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**Introduction:** Children, who comprise 25% of the US population, are frequently victims of disasters and have special needs during these events.

**Aim:** To prepare NYC for a large-scale pediatric disaster, NYCPDC has worked with an increasing number of providers that initially included a small number of hospitals and agencies. Through a cooperative team approach, stakeholders now include public health, emergency management, and emergency medical services, 28 hospitals, community-based providers, and the Medical Reserve Corps.

**Methods:** The NYCPDC utilized an inclusive iterative process model whereby a desired plan was achieved by stakeholders reviewing the literature and current practice through discussion and consensus building. NYCPDC used this model in developing a comprehensive regional pediatric disaster plan.

**Results:** The Plan included disaster scene triage (adapted for pediatric use) to transport (with prioritization) to surge and evacuation. Additionally, site-specific plans utilizing Guidelines and Templates now include Pediatric Long-Term Care Facilities, Hospital Pediatric Departments, Pediatric and Ob/Newborn/Neonatal Intensive Care Services and Outpatient/Urgent Care Centers. A force multiplier course in critical care for non-intensivists is provided. An extensive Pediatric Exercise program has been used to develop, operationalize and revise plans based on lessons learned. This includes pediatric tabletop, functional and full-scale exercises at individual hospitals leading to citywide exercises at 13 and subsequently all 28 hospitals caring for children.

**Discussion:** The NYCPDC has comprehensively planned for the special needs of children during disasters utilizing a pediatric coalition based regional approach that matches pediatric resources to needs to provide best outcomes.

The NYCPDC has responded to real-time events (H1N1, Haiti Earthquake, Superstorm Sandy, Ebola), and participated in local (NYC boroughs and executive leadership) and nationwide coalitions (National Pediatric Disaster Coalition). The NYCPDC has had the opportunity to present their Pediatric Disaster Planning and Response efforts at local, national and International conferences.

*Prehosp. Disaster Med.* 2019;34(Suppl. 1):s58

doi:10.1017/S1049023X19001316

### Development of a Model for Admitting Pediatric Trauma Casualties in the Emergency Department

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