



NATIONAL PEDIATRIC DISASTER COALITION CONFERENCE



**Improving Pediatric
Disaster Preparedness**

After Action Report

November, 2015
Scottsdale, Arizona



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Any questions about this National Pediatric Disaster Coalition Conference may be addressed to:

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General Overview

This After Action Report is the result of the first National Pediatric Disaster Coalition Conference (the Conference), held November 2-4, 2015, at the J. W. Marriott Camelback Inn in Scottsdale Arizona. The Conference was conducted by the Coyote Crisis Collaborative, an Arizona Department of Health Services (ADHS) Bureau of Public Health Emergency Preparedness (PHEP)-recognized healthcare coalition. The Conference was hosted in conjunction with ADHS-PHEP, with primary sponsorships from Arizona Public Service and Dignity Healthcare-St. Joseph's Hospital.

The Conference was a workshop form of an exercise for emergency management-level positions representing organizations and individuals interested in improving community readiness for meeting the needs of infants, children and pregnant women affected by disasters. Individuals were invited from:

1. Healthcare Coalitions,
2. Medical Practitioners,
3. Clinical Staff,
4. Hospital Emergency Managers,
5. Other Hospital Representatives,
6. Local, State, and Federal Government,
7. Emergency Medical System/Technicians,
8. Community Leaders,
9. Education, Child Care, Blood Bank Liaisons,
10. School Nurses and Other School Representatives,
11. Behavioral Health Providers, and
12. Faith-Based Organization Representatives.

Planning guidance was offered by a distinguished committee of Subject Matter Experts. Agencies represented pediatric coalitions, public health departments, the National Advisory Committee on Children and Disasters, the Centers for Disease Control and Prevention, Homeland Security, Health and Human Services, the Federal Emergency Management Agency, the International Association of Emergency Managers, the American Academy of Pediatrics, pediatric nurse and physician leaders from Children's Hospitals across the country - and more.

The conference featured international and national speakers, each of whom addressed topics targeting three specific themes. These themes were 1) pediatric disaster response, 2) resilience and extended pediatric care in a disaster, and c) recovery and lessons learned for coalitions.

A total of 208 individuals attended the Conference, primarily from healthcare coalitions, hospitals and other healthcare entities (including behavioral health), education, the special; access and functional needs community, and local, state, and federal government.

Exercise Summary

Capabilities Tested:

In 2012, the U. S. Department of Health and Human Services (HHS) surveyed states about capability gaps. Using the information gathered from the surveys, HHS developed customized HPP and PHEP grant capabilities and functions requirements for each state. The capabilities and functions addressed through the Conference are listed below:

Table 1. Capabilities, conference objectives, and functions

Capability	Function
HPP C1: Healthcare System Preparedness	Function 1: Develop, refine, or sustain Health Care Coalitions
	Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster
	Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
	Function 7: Coordinate with planning for at-risk individuals and those with special medical needs
PHEP C1: Community Preparedness	Function 2: Build community partnerships to support health preparedness
	Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts
HPP C2: Healthcare System Recovery	Function 1: Develop recovery processes for the healthcare delivery system
HPP C5: Fatality Management	Function 1: Determine the role for public health in fatality management
	Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance
HPP C10: Medical Surge	Function 3: Assist healthcare organizations with surge capacity and capability
	Function 4: Develop Crisis Standards of Care guidance

Objectives:

The purpose of the Conference was to improve pediatric disaster preparedness by providing attendees tools, training, resources, and information. More specifically, the Conference sought to address Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) grant requirements and capabilities by offering Subject Matter Experts (SMEs) to explain lessons learned and other guidance as a result of experiences with nationally-recognized disasters impacting children.

Coyote Crisis Collaborative introduced speakers from other states and countries that have experience with disasters. These experts were able to impart lessons learned for the purpose of improving pediatric disaster plans.

By the end of the conference, attendees were expected to better understand:

1. How pediatric healthcare coalitions prepare community response to disasters.
2. Guidelines and/or standards for general hospital systems on baseline pediatric care skills and resources in the event of a disaster.
3. Pediatric/Neonatal Intensive Care Unit (NICU) disaster plans for responding to large public health emergencies.
4. General emergency/pediatric surge capacity plans including access and functional needs and mental health.
5. Guidelines and/or standards for general hospital systems on baseline pediatric care skills and resources in the event of a disaster.
6. General emergency/pediatric surge capacity plans including recovery and family reunification
7. Plans for community evacuation and surge for children in a disaster.
8. The need to match resources to needs to provide the best outcomes for children in disasters

Table 2 shares more detailed objectives. Each objective is as a result of attending the Conference (e.g., the timeframe is by the completion of the Conference).

Table 2. Topics by objective and function

Topic	Objective	Capability and Function
<i>Day 1, Pediatric Disaster Response</i>		
A Call to Action for our Pediatric Coalitions by the National Advisory Committee on Children and Disasters	Attendees will be able to identify objectives to be addressed by their pediatric coalitions, subcommittees or other planning groups	HPPC1, F1
Pediatric Evacuation and Surge During Super Storm Sandy	Attendees will be able to improve their pediatric disaster evacuation and surge support plans	HPPC1, F2
Differences in Responding to Pediatric Injuries Pertaining to the Murrah Federal Building Bombing and Three Tornados	Attendees will be able to improve pediatric clinical response plans during a disaster	HPPC1, F5 PHEPC1, F4
Differences in a Rural Hospital's Evacuation of Children during Hurricane Rita and the Westbrook High School Soccer Team Bus Accident	Attendees will be able to improve rural area pediatric clinical response plans during a disaster	

Blast Injuries and Implications for Children	Attendees will be able to improve pediatric disaster triage of clinical processes for blast injuries	
Topic	Objective	Capability and Function
Pediatric Disaster Triage	Attendees will be able to improve pediatric disaster triage of clinical processes for blast injuries	HPPC1, F5 PHEPC1, F4
Pediatric Disaster Triage	Attendees will be able to understand OB/NICU evacuation plans	
Role of the Pediatrician in Disaster Response	Attendees will be able to improve community surge for children in disasters	HPPC10, F3
Ethical Considerations in Response Pertaining to Pediatrics	Attendees will be able to integrate ethical considerations in their disaster plans	HPPC10, F4
Decisions on Limited Resources in a Pediatric Disaster		
Public Health Preparedness for Children with Access and Functional Needs	Attendees will be able to improve disaster plans for children with access and functional needs	HPPC1, F7
Pediatric Disaster Preparedness: Lessons Learned from the Israel Experience	Attendees will be able to improve rural area pediatric clinical response plans during a disaster	HPPC1, F5 PHEPC1, F4
<i>Day 2, Resilience and Extended Pediatric Care in a Disaster</i>		
Preparing the United States Hospitals to Care for Pediatric Ebola Patients: Challenges and Successes	Attendees will be able to improve pediatric infectious disease disaster plans	HPPC1, F2, HPPC10
Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies	Attendees will be able to add resilience tools to their pediatric disaster plans	
The Night the Mirror Broke: Evacuation of the NICU during the Sayre Wildfire	Attendees will be able to improve NICU disaster plans	
Triage and Care of Young Casualties from the Utøya Island in Norway	Attendees will be able to improve mass casualty response plans for children	
Community Health Resilience Guide, Toolkit, and Projects Pertaining to Pediatrics	Attendees will be able to add resilience tools to their pediatric disaster plans	
Supporting Children in the Aftermath of Crisis	Attendees will be able to improve mental health disaster plans	HPPC1, F7
Toward a National Concept of Operations for Children's and Family Mental Health Needs after Disaster		

Topic	Objective	Capability and Function
An Application of Treatment of Military Post-Traumatic Stress Disorder (PTSD) and Compassion Fatigue for Taking Care of the Civilian Caregivers in a Pediatric Disaster	Attendees will be able to improve mental health disaster plans	HPPC1, F7
Pediatric Disaster Coalition Tools	Attendees will be able to improve pediatric coalition, subcommittee, or other pediatric group disaster plan development	HPPC1, F1
A Regional Approach to Pediatric Disaster Coalitions		
A Midwest Model for Pediatric Disaster Coalitions		
A California Model for Pediatric Disaster Coalitions		
Lessons Learned from Managing Pediatric Injuries in Haiti	Attendees will be able to improve pediatric disaster plans for conditions where there are sparse resources.	HPPC1, F2
<i>Day 3, Recovery and Lessons Learned for Coalitions</i>		
Pediatric Disaster Coalitions and Subcommittees Today and Tomorrow: A Dialogue on the Development of Benchmarks and Best Practice Guidelines	Attendees will be able to identify benchmarks and best guidelines for consideration by their pediatric coalition, subcommittee, or other pediatric group disaster plan development	HPPC1, F1
Planning Guides for Hospital Reception Sites and Family Reunification Centers	Attendees will be able to improve family reunification plans	HPPC5, F2
Reunification of Children		
Community Recovery from Hurricane Sandy	Attendees will be able to improve recovery plans for children	HPPC2, F1
Disaster Recovery for Children in Multiple States		
Issues Impacting Recovery for Children Following a Disaster		
Children with Access and Function Needs	Attendees will be able to improve pediatric disaster coalition development	HPPC1, F1
Family Reunification and Recovery Following the Sandy Hook Shooting	Attendees will be able to improve recovery planning following a school shooting	HPPC5, F1&2

Participation

Outreach:

Invitations were extended to individuals who would be interested in disaster planning for children. Individuals were invited from:

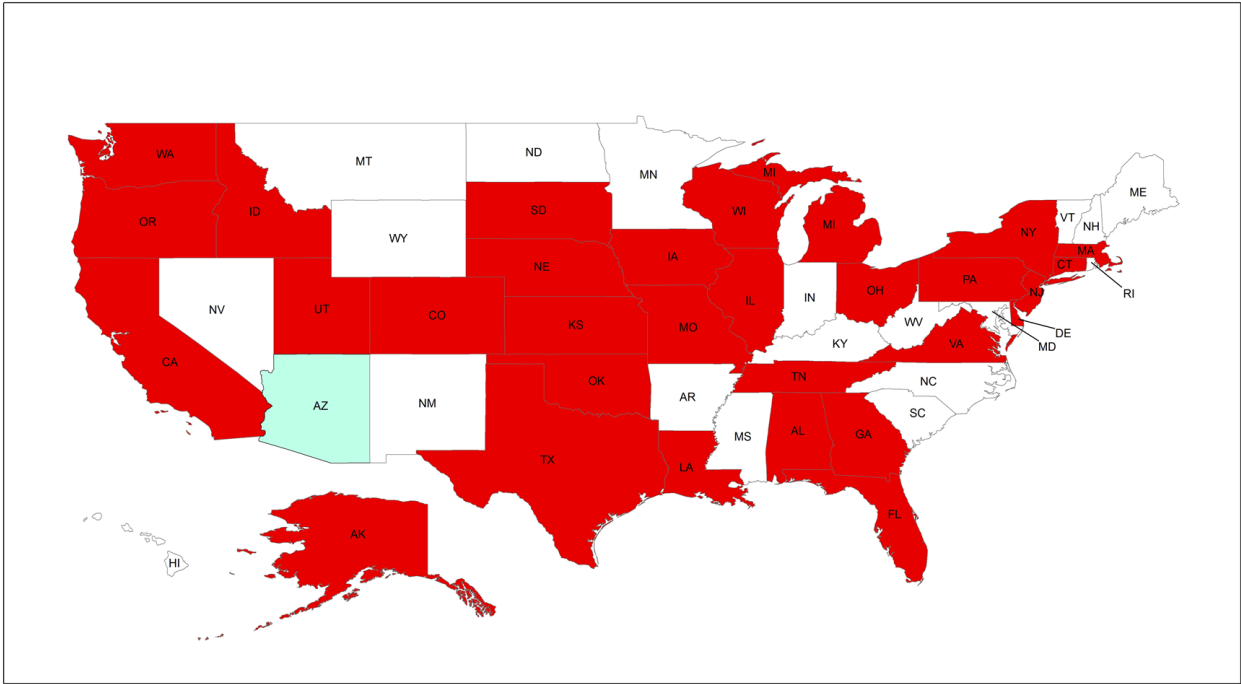
1. Healthcare Coalitions,
2. Medical Practitioners,
3. Clinical Staff,
4. Hospital Emergency Managers,
5. Other Hospital Representatives,
6. Local, State, and Federal Government,
7. Emergency Medical System/Administrators, Technicians,
8. Community Leaders,
9. Education, Child Care, Blood Bank Liaisons,
10. School Nurses and Other School Representatives,
11. Behavioral Health Providers, and
12. Faith-Based Organization Representatives.

Invitations were distributed by or through the Arizona Association for Community Health Centers, Arizona Coalitions for Healthcare Emergency Response, the Arizona Department of Health Services, the Arizona School District Consortium, the Arizona Nursing and Medical Boards, the American Academy of Pediatrics, Emergency Medical Services for Children, Homeland Security, Health and Human Services, and every health department and hospital association in the United States. Continuing Education Credits were made available to inspire attendance.

Participants:

While 238 individuals were initially registered to attend the Conference, the final tally of signatures showed 208 representatives from across the United States. States represented are depicted on the next page. Arizona had the most individuals attending.

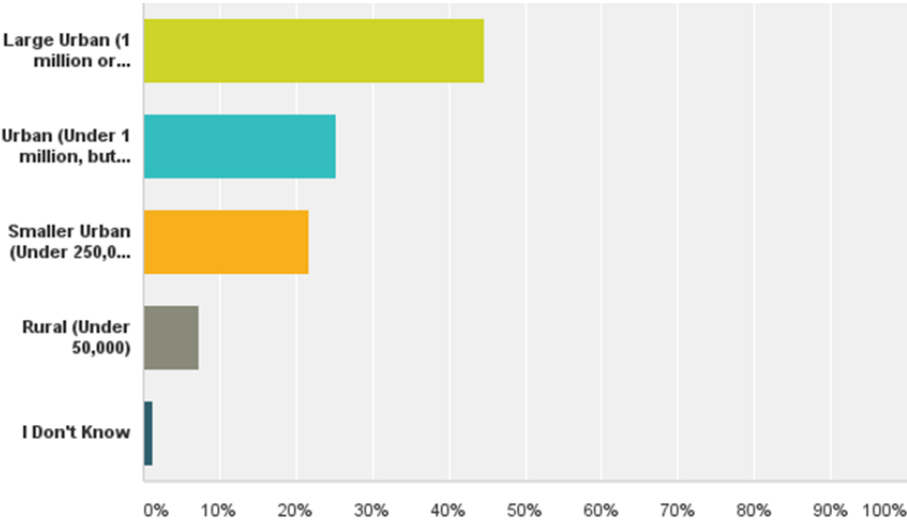
Figure 1. Attendance by States



Prior to and in preparation for the Conference, questions were distributed to those registered using Survey Monkey. Nearly 40% of the 208 participants responded to questions (84).

Based on the findings, certain additional demographics are known. For example, most individuals were from large urban areas.

Figure 2. Type of Community Represented.



By far, most attendees were from hospitals. Children’s hospitals and community hospitals were equally represented). The signature pages are presented in an Attachment.

Table 3. Organization best defining attendee employers

Answer Choices	Responses	
Hospital (Pediatric)	28.57%	24
Hospital (General)	25.00%	21
Emergency Medical System	1.19%	1
Private Physician Office	1.19%	1
Nursing (Non-hospital)	0.00%	0
Organization (Physician)	0.00%	0
Organization (Nursing)	0.00%	0
Public Health (State)	10.71%	9
Public Health (County)	3.57%	3
Behavioral/Mental Health	0.00%	0
Emergency Management (State)	2.38%	2
Emergency Management (County)	0.00%	0
Emergency Management (Municipal)	0.00%	0
Tribal Government	0.00%	0
Pharmacy	0.00%	0
Poison Control Center	0.00%	0
Community Health Center	1.19%	1
Educational Institution	11.90%	10
Childcare	1.19%	1
Access and Functional Needs Service Provider/Organization	1.19%	1
Police	0.00%	0
Fire	0.00%	0
Military	1.19%	1
Business (Non-hospital)	1.19%	1
Health Care Coalition	2.38%	2
Other (please specify)	7.14%	6
Total		84

Evaluation

Outcomes:

The performance measures that were assessed by independent evaluators demonstrated achievement of objectives. The one caveat was a break-out session (Community Recovery from Hurricane Sandy) that was not able to be assessed due to the temporary loss of an evaluator, although study of the presentation indicates the objective for that session (attendees will be able to improve recovery plans for children) was also achieved.

Consensus on Areas of Success:

There were a significant number of both specific and generic ideas, techniques, training and educational interventions and lessons learned presented during the conference that were viewed as successful positive outcomes among the participants and stakeholders. These included:

1. The power of pediatric coalitions may be harnessed to make changes (loud voice).
2. A National Advisory Committee on Children and Disasters should be established.
3. Routine exercises.
4. Tools and best practices, including:
 - a. Community Health Resilience Initiative.
 - b. Jumpstart and SALT.
 - c. The National Incident Management System and Incident Command System Training (includes HICS).
 - d. Critical Incident Management System and Psychological First Aid.
 - e. Crisis Standards of Care.
 - f. Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies.
 - g. Child Life Toolkit.
 - h. Psychological First Aid.
 - i. PsySTART Rapid Mental Health Triage and Incident Management. System.
 - j. Technical Resources, Assistance Center, and Information Exchange (TRACIE).
 - k. Pediatric Bags (Glucoscan, AED, Broselow pre-filled modules of all colors, Intubation / airway / oxygen, IV catheters, baby wiped, diapers, and hand held suction device/bulb syringe).
 - l. Sedative protocols.
 - m. Triage by Resource Allocation for IN patient (TRAIN) pertaining to OB.
 - n. Pediatric Prepared Emergency Care.
5. Mutual aid agreements that are in place in many regions. Exemplary pediatric coalition models across the nation to share templates, plans, structure recommendations, exercises, and more (New York, California, Southeast, Wisconsin, and others).
6. Israeli lessons learned that possibly could be integrated into best practices in the U.S.:
 - a. Security first.

- b. Scoop and run.
 - c. Distribute patients matching resources to needs for best outcome
 - d. 30 minutes to clear the scene of critical patients.
 - e. 60 minutes to clear the scene.
 - f. 24 hours to rid the scene of any evidence of terror event
 - g. One-way flow in the Emergency Department
 - h. Senior level triage
 - i. Prioritize Diagnostic Services (X-ray, US, CT etc.) and disposition to OR/ICU to avoid bottlenecks.
 - j. Provide Stretchers/Rapid Decon,etc. to ensure rapid ambulance patient unloading
 - k. Military-civilian relationships and joint response.
7. Ability to manage a 20% surge.

Consensus on Gaps Remaining:

Some of the challenges identified by the evaluators, based on presentations, included the following:

1. Lack of mental health services and training for responders to support their resilience.
2. Numerous silos among community partners in planning, training, exercises and response.
3. Family reunification requirements; only 15 states have laws that address this.
4. Deficits in training and capabilities for transporting pediatric patients among emergency and non-emergency ambulance providers.
5. Pediatric disaster specialty capable teams are no longer present in the National Disaster Medical System.
6. General hospitals have gaps in training and equipment to accommodate pediatric patients, although 90% of pediatric patients are known to be seen in community hospital emergency departments on a daily basis.
7. Lack of designated pediatric nurse and/or physician coordinators/champions in the emergency departments, known to be essential to successful pediatric emergency department readiness.
8. Declining funding to support pediatric disaster preparedness (only 1 cent of every \$10 is spent on children's safety). Question from participant: Is this safety in general or disaster preparedness specifically?
9. Lack of a standardized method for tracking pediatric resources (can't cross state borders, for example). Question from participant: Who cannot track? This is unclear.
10. Lack of confidence among and tools provided to community physicians so they become a part of the response effort (set up a temporary practice in a facility like a house of worship). Question from participant: Is this engagement or "confidence" among community physicians?
11. Lack of pediatric disaster training and consistent back-up systems within hospitals that care for children (batteries, personal lights, other equipment and paper medical record capabilities at hospitals).
12. Lack of understanding of the laws and decision-making associated with treating non-critical pediatric patients in a disaster without parental consent.
13. Need for a national pediatric exercise.
14. Need engagement of pediatric hospitals, child care, and hospital CEOs.

15. Variation of laws, jurisdictions, organizations, procedures, nomenclature across state lines.
16. Donations management following a mass casualty incident (MCI) involving children.
17. Dealing with Media demands and effective risk communications. Question from participant: Is this lack of training and resources to manage media demands associated with disasters involving children?
18. Volunteers, students, teachers, and others are not trained in emergency medical response for children (control bleeding through B-CON).
19. Decontamination standards for children (children can't go through this by themselves).
20. Lack of a current organizational structure to capitalize on the brain trust of the Conference.
21. Lack of integration of children in disaster exercises (including access and functional needs).

Opportunities for Improvement and Next Steps:

The completion of Improvement Plans (IPs) by conference participants did not fall within the purview of the Collaborative Conference. However, the following recommendations were discussed and shared with the Chair of the Executive Committee that resulted from the Conference and serve as a potential action plan to support future pediatric disaster coalition and leadership efforts.

Recommendation	Responsible Agency	Dates
Establish a National Pediatric Disaster Coalition (NPDC) and Executive Committee: to capitalize on the Conference Subject Matter Experts and develop a charter, mission, goals and objectives.	Michael Frogel MD	By 2016

<p>NPDC Activities to possibly include and not limited to:</p> <ol style="list-style-type: none"> 1. Information sharing utilizing Tracie and other resources 2. Provide SME to member coalitions, communities, providers local regional and federal agencies 3. Defining Pediatric Coalitions re: participants, roles and responsibilities within overall response to disasters 4. Provide Advocacy for Pediatric patients (25% population) in regard to matching needs to resources, including funding 5. Develop plans to Provide Mental Health services for pediatric victims, families and service providers during and after disaster. 6. Include patients with access and functional special needs in disaster planning 7. Promote pediatric disaster training for physicians, nurses, first responders, community members and agencies 8. Promote training and capacity building for the timely ,safe, and effective transport of children in disasters.(land,air,sea) 9. Promote integration of pediatric needs in to the NDMS including pediatric capable rapid deployment response teams 10. Help Develop and promote (guidelines/templates) discussion based, functional and full scale exercise programs for the needs of children in disasters for local, regional and national events 11. Hold a yearly national conference for pediatric disaster coalitions and other related participants 	<p>National Pediatric Disaster Coalition Executive Committee</p>	<p>Initiate by 2017</p>
<p>Promote training and implementation pediatric disaster plans for General Hospitals through the utilization of the EMSC Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies</p>	<p>EMSC /AAP/ NPDC</p>	
<p>Support implementation of American Academy of Pediatrics guidelines for community physicians/pediatricians on their role in disasters and training</p>	<p>AAP</p>	
<p>Identify a strategy for pediatric health care coalitions to promote community resiliency by engaging health care providers, child care providers, schools, social agencies, mental health providers and other targeted community agencies serving children</p>	<p>All Participants NPDC</p>	
<p>Utilize information, identified gaps and lessons learned from the conference to improve planning and response (for example see topics below):</p> <ol style="list-style-type: none"> 1. Mental health interventions. 2. Resource utilization prioritization in disasters. 	<p>Individual Coalitions/ Conference Participants/AAP/ EMSC/NPDC</p>	

<ol style="list-style-type: none"> 3. Israeli practices. (Scene, Transport, Emergency Department) 4. Pediatric go bags. 5. Decontamination of children. 6. Donation management. 7. Tracking of pediatric resources. 8. Exercises for children in disasters (include simulators, real moulaged patients). 9. Neonatal, OB, perinatal preparedness. 10. Determine how to conduct B-CON training (Bleeding Control) for the community and provide kits in schools. 11. Utilization of Pediatric community Threat and Hazard Identification and Risk Assessment (THIRA) tool 		
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Attachment 1

National Pediatric Disaster Coalition Conference Planning Committee

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Chair
U. S. Health and Human Services National Advisory Committee on Children and Disasters

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Children in Disasters Caucus
International Association of Emergency Managers

Dr. Rita Burke, PhD, MPH
Children's Hospital Los Angeles/University of Southern California
Chair, Children in Disasters Working Group

Bruce Clements, MPH
Director, Community Preparedness Section
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Dr. Ron Cohen, MD
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CDR Jonathan White, PhD
Deputy Director, Administration for Children and Families Office of Human Services Emergency Preparedness and Response
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Attachment 2

2015-16 National Pediatric Disaster Coalition Conference Speakers (Positions at Time of the Conference)

Michael Anderson, MD, MBA, FAAP. Dr. Michael Anderson AAP is Vice President and Chief Medical Officer at University Hospitals, a Cleveland-based health system. He is also Chief Medical Officer for University Hospitals Case Medical Center, the primary affiliate of Case Western Reserve University School of Medicine. Dr. Anderson enjoys rising stature as a sought-after authority on bioethics, children's health policy, pediatric disaster preparedness, system quality and the physician workforce. As President George W. Bush's appointee, Dr. Anderson served as Vice Chair of the National Commission on Children and Disasters. He was recently appointed by the Obama Administration to the National Advisory Committee on Children and Disasters at HHS. Dr. Anderson has published on a variety of pediatric critical-care topics including sepsis, acute respiratory distress syndrome, care of the immune-suppressed patient, and transport of the unstable pediatric patient.

Leila Barraza, JD, MPH. Leila Barraza is an Assistant Professor in the Division of Community, Environment, and Policy in the Mel and Enid Zuckerman College of Public Health at the University of Arizona. Previously, Leila served as Deputy Director of the Network for Public Health Law, Western Region Office, and a Fellow and Adjunct Professor in the Public Health Law and Policy Program at the Sandra Day O'Connor College of Law, Arizona State University. She has been published in several scholarly journals, and has provided numerous presentations at national and local conferences on a variety of critical public health law issues.

Bridget M Berg, MPH, FACHE. Bridget Berg is responsible for Children's Hospital Los Angeles (CHLA) emergency management efforts and operations for the Pediatric Disaster Resource and Training Center. The Center focuses on research, education and training for pediatric disaster preparedness. Bridget was instrumental in developing the Los Angeles County regional plan and exercise for pediatric surge for 80+ hospitals the county. Bridget received her Bachelor of Arts in Communication and a minor in Health Care/ Social Issues at the University of California, San Diego and her Masters in Public Health, Health Care Policy and Management at the University of California, Los Angeles.

Sarita Chung, MD. Dr. Sarita Chung is the Director of Disaster Preparedness in the Division of Emergency Medicine at Children's Hospital Boston. She was the principal investigator of an Emergency Medical Services for Children Targeted Issue grant to develop the original novel image based family reunification system which proved to be effective and has presented this work in national forums and peer reviewed journals. Dr. Chung has also published important

peer review papers on issues of pediatric disaster preparedness, including the role of hospital preparation for disasters involving children, emergency mass critical care, and effects of the recent pandemic influenza on pediatric emergency departments.

Mark Cicero, MD, FAAP. Dr. Mark X. Cicero is an assistant professor of pediatric emergency medicine at the Yale School of Medicine, the director of the pediatric disaster preparedness program, and an Attending Physician at Yale-New Haven Children's Hospital. Dr. Cicero has designed experiential and didactic curricula in pediatric disaster medicine, and has published original research about disaster medicine. He is a member of the Connecticut Emergency Medical Services for Children Advisory Committee. Dr. Cicero is the principal investigator for the Pediatric Research In Disaster Education (PRIDE) network. His current funding is an Emergency Medical Services for Children Targeted Issues Grant concerning pediatric disaster triage.

Arthur Cooper, MD, MS, FACS, FAAP, FCCM, FAHA. Dr. Arthur Cooper was educated at Harvard College, University of Pennsylvania School of Medicine, the Columbia University College of Physicians and Surgeons Institute for Human Nutrition, and the Albert Einstein College of Medicine Montefiore-Einstein Center for Bioethics. He is also certified in disaster medicine by the American Board of Disaster Medicine, of which he is a founding member and current Chair, in emergency medical services by the American Board of Emergency Medicine, and in bioethics and medical humanities by the Montefiore-Einstein Center for Bioethics. He also serves on a variety of national and regional boards, councils and expert advisory committees.

Allen Clark. Allen Clark is the Director of Emergency Preparedness at Arizona State University. He accepted this position after retiring as Assistant Chief of Police at the University. Allen held various positions within the police department spanning over 20 years of service. A few of his accomplishments specific to this the emergency management area include: Incident/unified commander for numerous planned and unplanned events to include national sporting events; the largest commencement in the history of the country prior to 2009 (~79 K attendees) with President Obama as the keynote speaker; Presidential debates; dignitary visits; completion of the All Hazards Incident Management Training course through the National Fire Academy; Planning Section Chief Training for a Type III all hazards team; and the Operation Section Chief for the 2009 State-wide Coyote Crisis full scale exercise. Allen is a 2007 graduate of Ottawa University with a Bachelor of Arts (summa cum laude) in "Law Enforcement Administration and Supervision" and a 2005 graduate of Northwestern School for Staff and Command.

Adam Czynski, DO. Dr. Adam J. Czynski is a neonatologist at Loma Linda Children's Hospital and an Assistant Professor of Pediatrics at Loma Linda University Medical School. He is in charge of disaster preparedness for the NICU at Loma Linda and has been involved in further developing NICU based disaster policies for the Children's Hospital. Dr. Czynski's research interests are in system evaluation to improve disaster response and planning and team development through simulation. He sits on the graduate medical education committee for the

American College of Osteopathic Pediatricians and is a content specialist for the American Osteopathic Board of Pediatrics.

Kay Daniels, MD. Dr. Kay Daniels is a Clinical Professor of Obstetrics and Gynecology at Stanford University School of Medicine. She completed her medical training at the University of Colorado followed by an internship and residency at Kaiser Permanente Hospital in Oakland, California. Dr. Daniels has been a faculty member at Stanford University since 1994. She presently is the Co-Director of Disaster Planning for the Johnson Center for Pregnancy and Newborn Services at Lucile Packard Children's Hospital at Stanford and Co-Director of the Obstetrics' simulation program at Stanford.

Daniel Fagbuyi, MD. Dr. Daniel Fagbuyi is the Medical Director of Disaster Preparedness and Emergency Management at Children's National Medical Center in Washington, DC, providing strategic leadership in disaster preparedness, response, business continuity and community outreach efforts. He is Assistant Professor of Pediatrics and Emergency Medicine at The George Washington University School of Medicine with board certification in both Pediatrics and Pediatric Emergency Medicine. He was recently appointed by the U. S. Secretary of Health and Human Services, Kathleen Sebelius, to the National Biodefense Science Board providing expert advice and guidance on preventing, preparing for, and responding to adverse health effects of public health emergencies.

Michael Frogel, MD. Dr. Michael Frogel is an Associate Professor of Pediatrics at the Albert Einstein College of Medicine. Since 2008 he has served as Principal Investigator for the New York City Department of Health, U. S. Health and Human Services, Pediatric Disaster Coalition Grant encompassing pediatric emergency preparedness for New York City including pediatric pre-hospital triage, primary and secondary transport, intensive care, neonatal and Ob/Newborn evacuation and surge capacity, training, exercises and disaster Behavioral and Mental Health. Since 2004, Dr. Frogel has coordinated a comprehensive course in Israel on Emergency Preparedness and Disaster Mental Health for US and Canadian Physicians in Israel. He has frequently visited Israeli cities under attack and has spearheaded campaigns to build shelters at schools and playgrounds.

Patricia Frost, MS, RN, PNP. Patricia Frost is the Director of Emergency Medical Services (EMS) for Contra Costa County. She is founder and co-chair of the California Neonatal/Pediatric/Perinatal Disaster Preparedness Coalition, linking novice to expert to support local disaster preparedness for infants and children. Ms. Frost has expertise in creating, developing, and managing programs supporting implementation of standards of care in communities, including pediatric advanced life-support training, patient safety, quality improvement, coalition building, pediatric emergency care, prehospital care provider education, emergency preparedness and medical health pediatric disaster and surge preparedness.

Anthony Gilchrest, MPA, BS, EMT-P. Anthony Gilchrest is the EMS Program Manager for the Emergency Medical System for Children (EMSC) National Resource Center at Children's

National Health System. Over the past two years, Anthony has worked in partnership with the National Library of Medicine (NLM) and Assistant Secretary for Preparedness and Response to create the Health Resources for Children in Disasters and Emergencies website, coordinated a multi-disciplinary workgroup in the development of the Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies, and established the EMSC Pediatric Disaster Planning and Preparedness Community of Practice.

Stephanie Griese, MD, MPH, FAAP. Lt. Commander (U. S. Public Health System) Stephanie Griese is a medical epidemiologist at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, and is currently serving as the Co-Lead for the Ebola Children's Health Team. The Children's Health Team works across CDC's response to ensure the needs of children are integrated throughout CDC efforts. Core activities include establishing science to better explain the impact of Ebola on children, ensuring domestic preparedness efforts reflect pediatric concerns, and advancing international response efforts focused on children. Prior to joining CDC's Office of Public Health Preparedness and Response in 2013, Dr. Griese served as a CDC Epidemic Intelligence Service Officer with the North Carolina Division of Public Health.

Sunday Gustin, RN, MP. Sunday Gustin is the Administrator for the Office of Early Childhood Services in the Division of Family and Community Partnership of the New Jersey Department of Children and Families. Early Childhood Services reaches families from pregnancy/ infancy to preschool and kindergarten entry. This prevention-focused work includes the statewide Strengthening Families Initiative, the network of evidence-based Home Visiting programs, New Jersey's Early Childhood Comprehensive Services/Help Me Grow initiative, Project LAUNCH, and the Children's Trust Fund. In November 2012, the Office of Early Childhood Services participated in a state-level interagency task force to assess the disaster recovery needs of parents and families with infants and young children.

Cynthia Hansen, PhD. Dr. Cynthia K. Hansen currently serves as Senior Advisor to the Director of National Healthcare Preparedness Programs, leading the NHPP portfolio for pediatrics, behavioral health and at risk individuals in the Office of Emergency Management, Office of the Assistant Secretary for Preparedness and Response (ASPR), in the Department of Health and Human Services. Dr. Hansen joined ASPR in September 2008 and has developed policies and plans regarding state and local emergency preparedness across ASPR, integrating the Federal Response into state and local planning efforts, providing evaluation services and technical assistance to improve healthcare preparedness programs and leading interagency initiatives to strengthen emergency preparedness grant coordination.

Sharon Hawa. Sharon Hawa is the Manager for Emergency Preparedness & Response, National Center for Missing and Exploited Children. She began her emergency management career with the American Red Cross in Greater New York immediately following the tragedies of 9/11. She spent the next 12 years working and volunteering with the Red Cross disaster response units in both New York and later at their headquarters in Washington D.C. where she supported critical emergency services. Sharon also worked for the New York City Office of

Emergency Management as a human services planner and member of the external affairs unit, and managed the City's Community Emergency Response Team program.

Joe Keys. Joe Keys has been employed by Los Angeles County's Department of Health Services for thirty-six years. Currently assigned to Olive View, UCLA Medical Center, he served as the hospital's incident commander for the first fourteen hours of the response to the Sayre wild fire in November 2008. As the former director of the county's Medical Alert Center, Joe has had many opportunities to work with experts in disaster planning and response. His experiences include working with the U.S. Secret Service to plan emergency medical responses for visiting dignitaries, coordinating emergency preparedness activities for Los Angeles' Olympic Games and collaborating in the development of the Rapid Emergency Digital Data Information Network or Reddi-Net.

Steve Krug, MD, FAAP. Dr. Steve Krug is the head of the Division of Emergency Medicine at the Ann and Robert H. Lurie Children's Hospital of Chicago and Professor of Pediatrics at the Northwestern University Feinberg School of Medicine. He has been actively involved within the Emergency Medical Services for Children (EMSC) program for over 25 years, and serves on the Advisory Boards for the EMSC National Resource Center and the National EMSC Data Analysis Resource Center. Dr. Krug is the Chair of the American Academy of Pediatrics Disaster Preparedness Advisory Council, and serves as a subject matter expert to various federal departments on pediatric disaster readiness. He is also the editor-in-chief for the journal, *Clinical Pediatric Emergency Medicine*.

Evelyn Lyons, RN, MPH. Evelyn Lyons is the Emergency Medical System for Children (EMSC) Manager within the Division of EMS and Highway Safety, Illinois Department of Public Health. She has coordinated the Illinois EMSC program since 1994. Her responsibilities include developing and implementing pediatric emergency care and disaster preparedness initiatives within the state of Illinois, as well as coordinating several data projects. Her background includes over 30 years of experience in emergency nursing and emergency medical services.

Paul Myers, PhD, CEM. Dr. Paul Myers is an instructor for the Homeland Security and Emergency Management program of the University of California, Los Angeles. Previously, he served as Save the Children's emergency preparedness lead in the United States. He also held various levels within the American Red Cross, including being the educational lead for the Preparedness department at the National Headquarters and a Director of Emergency Services. Paul graduated from UC Santa Barbara with a PhD in Communication where his research combined health communication and mass-media persuasion in the context of health threats, emergency management and counter-terrorism. He served as a police constable with London's Scotland Yard before immigrating to the U.S.

Scott Needle, MD. Dr. Scott Needle is the Chief Medical Officer of the Healthcare Network of Southwest Florida, a Federally Qualified Health Center. He has been a member of the American Academy of Pediatrics' Disaster Preparedness Advisory Council since 2007, and was recently appointed to the Health and Human Services' National Advisory Committee on Children and

Disasters. Dr. Needle has written and lectured extensively on the needs of children and the role of pediatricians in disaster preparedness, response and recovery, and has worked closely with numerous local, state, and federal groups, including the Department of Health and Human Services' Assistant Secretary for Preparedness and Response, the Florida Children's Preparedness Coalition, and the Institute of Medicine.

Laura Prestidge, RN, MPH. Laura Prestidge is the Pediatric Preparedness Coordinator for Illinois Emergency Medical Services for Children, which is a program within the Office of Preparedness and Response in the Illinois Department of Public Health. She is responsible for assisting in the development of disaster preparedness initiatives specific to children within the state of Illinois. Ms. Prestidge has been in this role since 2010. Her background includes 17 years of experience as an emergency department nurse. She has been involved in disaster response since 2003 as a member of the Illinois Medical Emergency Response Team. She is also a nurse with the Wisconsin 1 Disaster Medical Assistance Team.

Joe Rios. Captain Joe Rios is a 25-year veteran of the Newtown Connecticut Police Department where he serves as the executive officer reporting directly to the Chief of Police. He holds a Bachelor's Degree in Criminal Justice from Norwich University and is a graduate of the FBI National Academy's 221st session.

Kathy Rodgers, RN, MSN, CNS, CCRN, CEN. Kathy Rodgers has been the Director of Trauma at the Level III trauma Center at CHRISTUS St. Elizabeth Hospital in Beaumont, Texas, since its inception in 1997. She has helped to successfully evacuate the hospital three times due to hurricanes. Ms. Rodgers has been actively involved in the mobile medical units developed by the State of Texas in response to the disasters in Texas. She is currently on the board for the Texas Trauma Acute Care and Emergency Foundation, Texas Trauma Coordinator Forum, Regional Advisory Council for Trauma, and a member of the state trauma subcommittee.

Andrew Rucks, Ph.D. Dr. Andrew C. Rucks is Professor in the Department of Health Care Organization and Policy at the University of Alabama at Birmingham, School of Public Health. His academic teaching focuses on finance, leadership, and management. Andy works extensively with state and local health departments. His focus is on developing a regional pediatric disaster surge network for response to disasters affecting children, continuity of operations planning, strategic planning, budgeting, preparedness exercises and drills, and process optimization.

Vicki Sakata, MD, FAAEM, FAAP. Dr. Vicki L. Sakata double boarded and double residency trained in Pediatrics and Emergency Medicine. She is the Clinical Associate Professor at the University of Washington, Seattle; Mary Bridge Children's Hospital Staff Emergency Medicine Physician; Senior Medical Advisor, Northwest Healthcare Response Network; and WA-1 DMAT and MAC-T Medical Officer with deployments to Hurricanes Katrina and Rita as well as the San Diego Wildfires. Dr. Sakata's international medical experience has been in multiple countries in Central and South America, Africa, Pakistan and Haiti. She has been the invited speaker and coordinator for several regional and national Pediatric, Emergency Medicine and Disaster

Conferences. Her MD is from University of Colorado, and she did her Residency training at University of Washington, Seattle, WA.

Rick Schobitz, PhD. Captain Rick Schobitz is Chief of Intensive Outpatient and Residential Treatment Services at Brooke Army Medical Center, Fort Sam Houston, Texas. He manages Intensive Outpatient program consisting of four treatment tracks, provides care or oversee care of more than 40 patients per day, developed the Residential Treatment Program (RTP) for patients with PTSD, and serves as Chief of Training and Research. He currently oversees hiring of RTP staff, renovations to a medical ward, development of treatment programming, and coordination of start to program with stakeholders within Brooke Army Medical Center and the Southern Region Medical Command. Prior to 2013, he served as Director of Psychology Training (2010 to 2013) and Chief of Psychology Services (2012 to 2013), also at Brooke Army Medical Center. From 2008 to 2010, he was Deputy Director of the Behavioral Medicine Division in the Office of the Chief Medical Officer, TRICARE Management Activity, Falls Church, Virginia. He received his doctoral degree in Clinical Psychology in 2003 from the Virginia Commonwealth University in Richmond, Virginia.

David Schonfeld, MD, FAAP. Dr. David J Schonfeld is a developmental-behavioral pediatrician and Professor of Practice in the School of Social Work and Pediatrics at the University of Southern California and Children's Hospitals, Los Angeles. He established the National Center for School Crisis and Bereavement, the goal of which is to promote an appreciation of the role schools can serve to support students, staff, and families at times of crisis and loss; to collaborate with organizations and agencies to further this goal; and to serve as a resource for information, training materials, consultation, and technical assistance. Dr. Schonfeld has provided consultation and training on school crisis and pediatric bereavement in the aftermath of a number of school crisis events and disasters within the United States and abroad.

Merritt Schreiber, Ph.D. Dr. Merritt D. Schreiber is Associate Professor of Emergency Medicine and Director, Psychological Programs, at the Center for Disaster Medical Sciences, University of California, Irvine School of Medicine. He develops best practice models for disaster medical, mental and public health in mass casualty events and accidental trauma in children. Dr. Schreiber created the PsySTART Rapid Mental Health Triage and Incident Management System. He is also the originator of a novel Psychological First Aid program for children, parents, teachers and family members called "Listen, Protect and Connect".

Patty Seneski, RN, ENP. Patty C. Seneski is the Emergency Preparedness Manager for Banner Desert Medical Center and Cardon Children's Medical Center. Ms. Seneski has wide variety of clinical nursing experience and is an Emergency Nurse Practitioner, with an expertise in forensic nursing, and disaster management. She is a certified instructor of clinical aroma therapy, and is competent in Healing Touch. Ms. Seneski is a past President of the International Association of Forensic Nurses; and co-author of the forensic nursing textbook "The Color Atlas of Sexual Assault."

Stephen Sollid, MD, PhD. Dr. Stephen J. M. Sollid is a trained anesthesiologist with his main clinical activity in the Norwegian Air Ambulance as a HEMS physician. He has a PhD in patient safety and risk management from the University of Stavanger, is an Associate Professor of Prehospital Critical Care at the same university and currently also Dean of the Norwegian Air Ambulance Academy. His main interest and research activity is in prehospital patient safety and risk management strategies. On July 22nd 2011 Dr Sollid was one of the HEMS physicians involved in the triage and treatment of victims from the shootings at Utøya.