WELCOME
ACKNOWLEDGEMENT

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School Disaster Preparedness and Triage

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Objectives

This talk will help the learner to:

- Identify personnel, equipment and infrastructure for school preparedness
- Consider the triage children who are victims of multiple casualty incidents (MCIs) using internationally accepted criteria (SMART)
Community Resources

- Pediatric emergency and trauma centers
- Pre-hospital care providers, including EMS, fire departments and police
- Social services
- Schools
- Local health clinics
- Departments of Health
- Government (city, state and federal)
- Local and national media

Photo Courtesy of FEMA
National Association of School Nurses
Disaster Position Statement

- Prevention and mitigation
  - Ongoing assessment to identify hazards
  - Conduct safety programs
  - Collaborate on drill planning, execution, and evaluation
    - Evacuation
    - Shelter in place
    - Lock down
    - Active shooter
National Association of School Nurses
Disaster Position Statement

- **Preparedness**
  - School nurse interfaces with EMS, hospitals, and public health
  - Establish standard operating procedures
    - Reunification
    - Orchestration of disaster plan
  - Identifying unique preparedness needs
National Association of School Nurses
Disaster Position Statement

- Triage
- Coordination of the first aid response team
- Direct hands-on care to victims of the emergency
- Mental health support to students
- Important link to the medical/public health community and to parents (Fitzpatrick, 2006).
National Association of School Nurses Disaster Position Statement

- Recovery
- Assists school community with recovery and serves as liaison
- Evaluation and revision of school emergency plans
- Schools may be identified as:
  - Emergency shelter resource for the community at large
  - Primary location for volunteer services and/or to reunite families
Plans for Surge Capacity Facilities

- Hospitals without formal pediatrics services
- Community health centers
- Rehabilitation hospitals
- Urgent care centers
- Physicians’ offices
- Nursing homes
- School-based health centers
- Field hospitals in gymnasiums, warehouses, arenas and convention centers
- Religious or faith-based facilities
Equipment Necessary for Pediatric Disaster Preparedness

- Airway equipment
- IV access devices (intravenous lines, intraosseous needles)
- Warming blankets
- Radiant warmers
- Normal saline
- Pediatric nutrition supplies
  - Formula
  - G-tube feeds
  - Child-friendly non-perishable items
Consider the Needs of Children in Family Preparedness Planning

- Pre-designated meeting locations
- Listing of key phone numbers
- Create an emergency kit
  - Prescription medications
  - Common medications
  - Formula/Food
  - Diapers
  - Clothes
- Create a list of trusted adults and a safety “password”
- Comfort objects and foods
Pediatric Triage

GUIDING PRINCIPLE IN DISASTER:

Do the most good for the most patients, a utilitarian ethic due to overwhelmed resources.
Pediatric Triage – JumpStart Algorithm

- Guiding principles in triaging children
  - Variations in normal vital signs with age
  - Children less than 9 years old triaged with JumpSTART
  - Apneic children more likely to have primary respiratory issue than adults
  - Developmental considerations
    - Pre-existing conditions/syndromes
    - Inability to walk/talk or obey commands, as used in adult triage
- Goal is triaging patient in less than 30 seconds
Primary Triage Performed at Disaster Site

- **Assumptions**
  - Medical resources are overwhelmed by need
  - Additional resources will eventually become available

- **A rapid sorting of patients based on:**
  - Severity of illness/injury
  - Likelihood of benefiting from expenditure of limited resources
  - Recognizing those patients who will likely benefit the most from immediate intervention
Primary Triage Performed at School

- Patients assigned to color triage groups
  - Immediate (Red)
  - Delayed (Yellow)
  - Ambulatory (Green)
  - Deceased/Non-recoverable (Black)

- No back flow to primary triage once sorted
  - Allows orderly progression through triage system
  - Each triage area has a team leader
SMART Triage System

- 1. Ensure you are wearing the correct protective equipment.
- 2. Unzip the pack. This will reveal your triage equipment.
- 3. Carry out your triage procedures.
- 4. Secure the pack and move to your next assessment.
- 5. Pediatric tape and adult triage tool inside.
It's a job for two

Team member two
Talks to uninjured survivors
Prepares equipment
Manages tags
Counts victims
Watches for hazards
Picks your route
Gathers information and communicates to others
Provides morale support

Team member one
Assess and tag
Applies rapid treatment
Attempt to correct airway blockage or uncontrolled bleeding
Provides morale support
Smart Triage Basics: Adolescents and Adults

- Quickly sorts ambulatory victims
- Respirations, Perfusion and Motor considered in that order
  - Airway repositioned if not breathing
  - Respiratory rate > 30 = RED
Instructions for Use of the SMART Tape™

6. REMEMBER:

The first colored box you come to determines the treatment / evacuation priority for that child – prioritize and move to the next child immediately.
Summary

- Children will be victims in most foreseeable disasters
- Disaster preparedness includes planning, training, and acquisition of appropriate medications and equipment
- Practitioners must be vigilant for the first child victim of a disaster

Photo Credit: FEMA
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