Pediatric Issues Regarding Disaster Education and Training

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Pediatric Issues Regarding Disaster Education and Training

- All EMS and hospitals, not only pediatric ambulance services and children’s hospitals must be prepared for a surge of critically ill children.
- Currently the United States has fewer than 300 children’s hospitals, a fraction of all hospitals (5%).
- In the event of a large scale disaster the appropriate training and utilization of both pediatric and non-pediatric resources will be crucial to minimize the morbidity and mortality of the pediatric population.
- Lack of pediatric training in non disaster situations.
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• Ensure all healthcare professionals who may treat children during an emergency have adequate pediatric disaster medicine training specific to their role.

• Continuing education becomes crucially important for many EMS providers and other community hospital acute care clinicians as they rarely treat a sufficient number of pediatric patients to develop and maintain skills.
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• Currently national standards for pediatric disaster education do not exist, core competencies have yet to be identified
• Establish of a Pediatric Disaster Medicine Education and Training Working Group to serve as an oversight body that would establish a national curriculum, provide appropriate peer review and quality control over the development and distributions of competency based pediatric disaster training materials
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• The scope of practice capabilities for pediatric response must be defined for each discipline specific responder including identification of core competencies and the articulation of a minimum task specific skill-set for pediatric response

• The working group will establish core competencies and guidelines for a standard modular pediatric disaster training curriculum
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• The curriculum would be applied across a spectrum of professions from basic training of non-medical emergency responders and volunteers to advance training for DMAT members, pre-hospital and hospital based EMS providers, MRC volunteers, VA, Public Health

• Expand the capabilities of all federally-funded medical response teams through the comprehensive integration of pediatric-specific training, guidance, exercises, supplies and personnel
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• Key elements of a standardized curriculum and training program will include the development of core competencies, pediatric-specific severity criteria and treatment guidelines, clinical practice guidelines for triage and treatment and guidance for EMS, hospitals, emergency management, fire and law enforcement, on the incorporation of pediatric-related objectives into routine drills and exercises.

• Commission supports the adoption of requirements by the states and territories for the licensure/renewal of BLS and PALS.

• Efforts to develop consensus-based guidelines for altered standards of care and interventions for use in disasters must include pediatric experts, as children have different standards of care than adults.