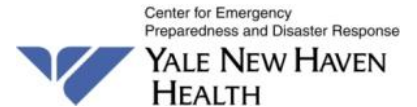


WELCOME

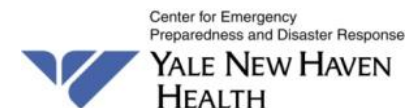


ACKNOWLEDGEMENT

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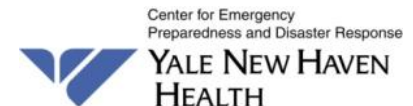
Connecticut Association of School Based Health Centers
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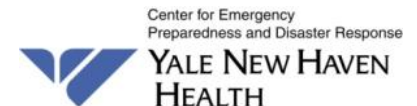
School Disaster Preparedness and Triage

Mark Cicero MD, FAAP

Assistant Professor of Pediatrics

Section of Pediatric Emergency Medicine

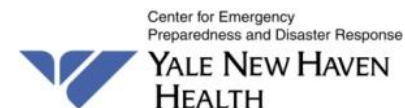
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Objectives

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)

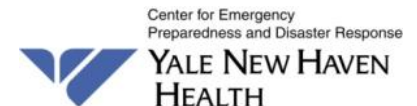


Community Resources

- 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**

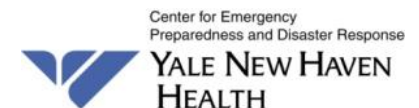
- Ongoing assessment to identify hazards
- Conduct safety programs
- Collaborate on drill planning, execution, and evaluation
 - Evacuation
 - Shelter in place
 - Lock down
 - Active shooter



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

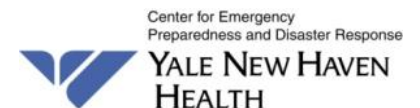
- Pre-designated meeting locations
- Listing of key phone numbers
- Create an emergency kit
 - Prescription medications
 - Common medications
 - Formula/Food
 - Diapers
 - Clothes
- Create a list of trusted adults and a safety “password”
- Comfort objects and foods



Pediatric Triage

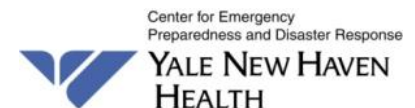
GUIDING PRINCIPLE IN DISASTER:

Do the most good for the most patients,
a utilitarian ethic due to overwhelmed resources.



Pediatric Triage – JumpStart Algorithm

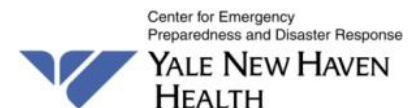
- Guiding principles in triaging children
 - Variations in normal vital signs with age
 - Children less than 9 years old triaged with JumpSTART
 - Apneic children more likely to have primary respiratory issue than adults
 - Developmental considerations
 - Pre-existing conditions/syndromes
 - Inability 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

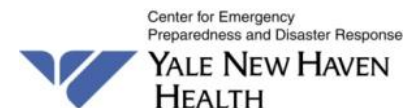
- **A rapid sorting of patients based on:**
 - Severity of illness/injury
 - Likelihood of benefiting from expenditure of limited resources
 - Recognizing those patients who will likely benefit the most from immediate intervention



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

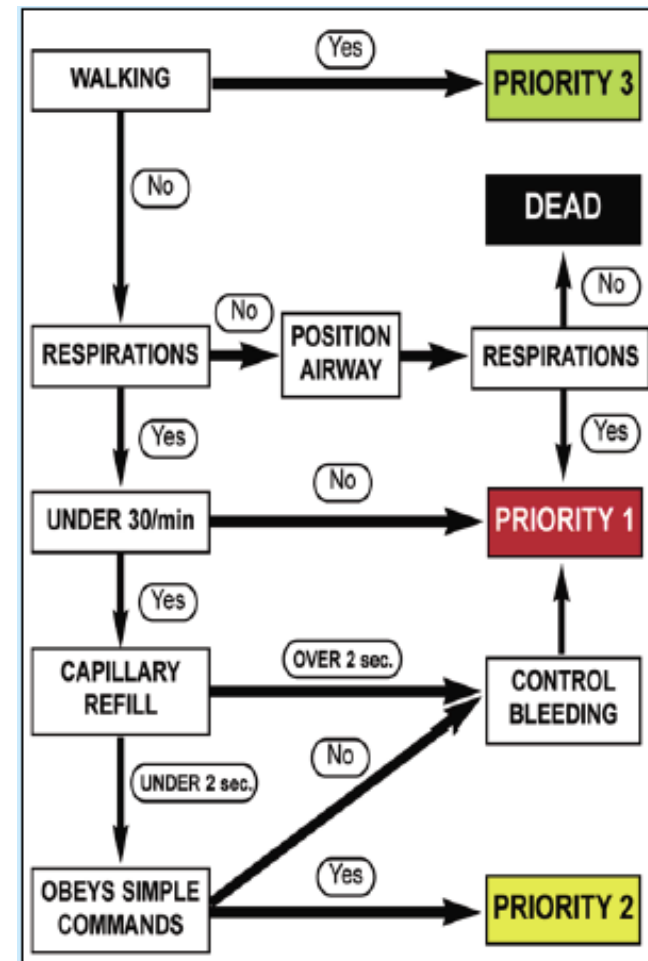


Team member one

- Assess and tag
- Applies rapid treatment
- Attempt to correct airway blockage or uncontrolled bleeding
- Provides morale support

Smart Triage Basics: Adolescents and Adults

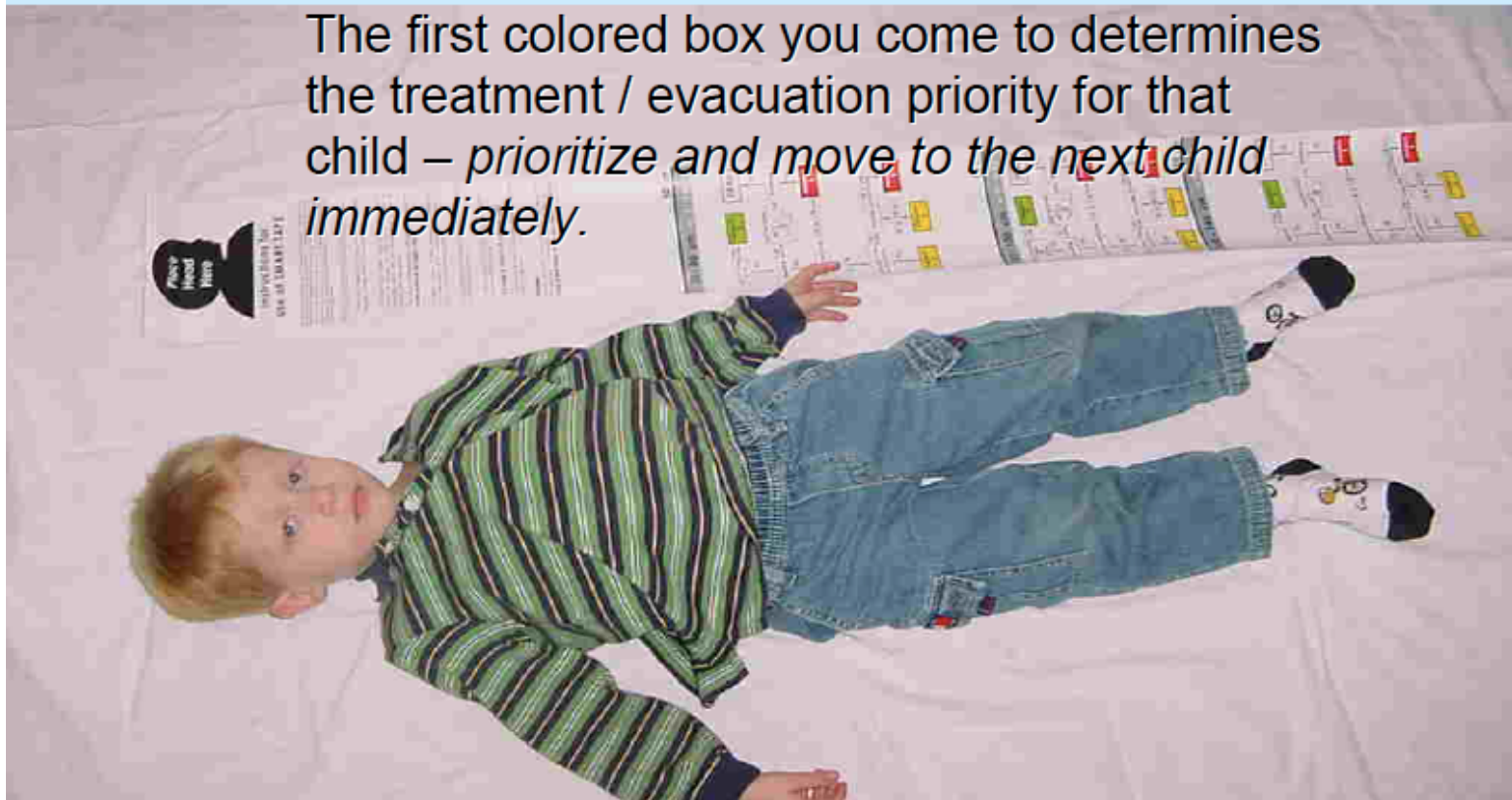
- Quickly sorts ambulatory victims
- Respirations, Perfusion and Motor considered in that order
 - Airway repositioned if not breathing
 - Respiratory rate $> 30 = \text{RED}$



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

Questions?



Contact Information

Mark X. Cicero, MD

Assistant Professor of Pediatrics, Director, Pediatric Disaster Preparedness
 Section of Pediatric Emergency Medicine Department of Pediatrics
 Yale University School of Medicine
 (203) 737-7434
mark.cicero@yale.edu

Mark Schneider, PhD, NREMT, CDIA+

Education and Training Manager
 Yale New Haven Center for Emergency Preparedness and Disaster Response
 (203) 688-2577
mark.schneider@ynhh.org

Rebecca Cohen, MPH, Eastern Region

Business Development Coordinator
 Yale New Haven Center for Emergency Preparedness and Disaster Response
 (203) 688-2567
rebecca.cohen@ynhh.org

www.ynhhs.org/cepdr • T. (203) 688-5000 • Email: center@ynhh.org

