DISASTER PREPAREDNESS FOR PEDIATRIC PRACTICES

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EFFECTIVE DISASTER PLANS

• Prepare in Advance
• Anticipate the worst: loss of infrastructure, isolation and chaos
• Take what will be most needed

• Find the safest place to expensive or irreplaceable items
• Minimize the risk to the remaining practice structure
• Improvise with the resources on hand
• Adapt to changing conditions and demands
PREPARE AN OFFICE DISASTER KIT

- Pediatric office should have fundamental supplies to ensure self-sufficiency for at least 72 hours
- Prepare and Office Disaster Kit which containing the supplies & equipment needed to provide basic medical care in virtually any location
OFFICE DISASTER KIT

- Preparedness and Evacuation Supplies
- Shelter-in-Place and Immediate Recovery Supplies
- Emergency Supplies
- Pack supplies in easily transportable containers (e.g. plastic bin with wheels)
- Keep a list of supplies in the Office Disaster Kit with a checklist and schedule for checking expiration dates
ESSENTIAL SUPPLIES

• Thoughtful placement and storage of high-importance equipment and supplies to reduce risk and preserve maximal office functioning in case of physical damage to the office
ATTEND TO FACILITY ISSUES

- Consider the steps that you and your office can take to mitigate damage to your office space, building or facility
- Structural Issues
- Contact information for Utility Companies
- Contingency Plans for office repairs
- Research options for generators
- Consider how to maintain vaccines if loss of power
- Research potential alternate practice sites in case the primary office is damaged
HANDLE VACCINE ISSUES

• Designate an alternative site with 24 hours access where vaccines can be safely stored
• Consider appropriate transporting
• Protocols for vaccines storage during power outage an once power is restored
REVIEW INSURANCE COVERAGE

1. Make certain coverage is appropriate and current

2. Pay attention to exclusions, limits and deductibles

3. Check for coverage for: vaccines, business interruption, civil disruption, natural disasters i.e. floods, hurricanes

4. Prepare a video office inventory and upload to online backup or portable drive
PROTECT PATIENT RECORDS & OFFICE FILES

• Research potential ways to record crucial health data or records, files, scan documents and back up files
• Have multiple methods for redundancy
• Keep one copy offsite in a different physical location
• Consider simultaneous online backup
ENSURE EFFECTIVE COMMUNICATION

Anticipate how you might communicate, to whom, and what messages you want to provide in a crisis.

Investigate options for communicating with patients and other community members.

<table>
<thead>
<tr>
<th>Word of mouth</th>
<th>Flyers</th>
<th>Answering service</th>
<th>Text</th>
<th>Satellite phone</th>
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DEVELOP SERVICE AND EVACUATION PLANS

• Decide what services might be provided under increasingly severe conditions
  • Considered a tiered response due to patient demand and external conditions
  • Who will be notified in different crises or disaster situations (e.g. when the practice remains open, when services will be provided at an alternate site)
• Develop plans to communicate practice changes and updates with staff, families and community members
• Identify patients who are technology or otherwise dependent and share information with utilities, emergency medical services and special needs shelters
PLAN FOR CONTINUING OPERATIONS

• A disaster or pandemic can significantly impair your revenue, billing and collections

• Plan ahead to minimize business disruption and financial liability to keep your practice operating under adverse conditions

• Back up payroll information

• Consider alternate billing and collection procedures in case of disruption

• Consider securing a line of credit for emergency funds
PREPARE OFFICE STAFF/EMPLOYEES

• Promote team building and buy-in from colleagues and staff by discussing roles, responsibilities and expectations in advance

• Review disaster preparedness plan details with staff including where the planning materials, essential supplies and Office Disaster Kit are kept
PREPARE OFFICE STAFF/EMPLOYEES

• Assign chain of command and share contact information

• Conduct practice drills

• Be prepared to discuss HR issues such as absences, pay and how benefits might be handled in case of a disaster
PROMOTE PROFESSIONAL SELF-CARE STRATEGIES

• Identify mechanisms to allow staff to attend to personal/family needs in the aftermath of a disaster
• Explore possible supplemental staffing
• Possible collaborative agreements with other practices
• Cross training staff
• Employee assistance programs
DEVELOP A PREPAREDNESS PLAN FOR YOUR HOME AND FAMILY

- AAP Family Readiness Kit
- Make a plan in case of evacuation
- Make a Disaster Preparedness Kit for Home
- Scan vital home documents and store them in multiple ways
- Review home and property insurance coverage including special hazards
Children and COVID-19: 6/10/21
Summary of State-Level Data Provided in this Report

Detail and links to state/local data sources provided in Appendix

Cumulative Number of Child COVID-19 Cases*
• 4,008,572 total child COVID-19 cases reported, and children represented 14.1% (4,008,572/28,338,538) of all cases
• Overall rate: 5,326 cases per 100,000 children in the population

Change in Child COVID-19 Cases*
• 14,421 new child COVID-19 cases were reported the past week from 6/3/21-6/10/21 (3,994,151 to 4,008,572) and children represented 19.0% (14,421/75,947) of the new weekly cases
• Over two weeks, 5/27/21-6/10/21, there was a <1% increase in the cumulated number of child COVID-19 cases (30,702 new cases (3,977,870 to 4,008,572))

Testing (11 states reported)*
• Children made up between 6.0%-19.7% of total state tests, and between 5.1%-34.7% of children tested were tested positive

Hospitalizations (24 states and NYC reported)*
• Children were 1.4%-3.2% of total reported hospitalizations, and between 0.1%-1.9% of all child COVID-19 cases resulted in hospitalization

Mortality (43 states, NYC, PR and GU reported)*
• Children were 0.00%-0.23% of all COVID-19 deaths, and 8 states reported zero child deaths
• In states reporting, 0.00%-0.03% of all child COVID-19 cases resulted in death

See detail in Appendix: Data from 49 states, NYC, DC, PR, and GU; Analysis by American Academy of Pediatrics and Children’s Hospital Association

* Note: Data represent cumulative counts since states began reporting; All data reported by state/local health departments are preliminary and subject to change. For example, this week (6/10/21) due to available MA data and calculations required to obtain child total cases, there was a decline in cumulative child cases.
COVID-19 VACCINE

• The Pfizer-BioNTech COVID-19 Vaccine is the only vaccine authorized for people ages 12 -15 yo
• The Moderna and Johnson & Johnson vaccines are authorized for people ages 18 and older.
• Children less than 12 should not get the COVID-19 vaccine right now.
• The Pfizer-BioNTech COVID-19 Vaccine is administered intramuscularly as a series of two doses (0.3 mL each) 3 weeks apart.
• Vaccine Multiple Dose Vials arrive in thermal containers with dry ice. Once received, remove the vial cartons immediately from the thermal container and preferably store in an ultra-low temperature freezer -80oC to -60oC.
COVID-19 VACCINE

Vaccination providers enrolled in the federal COVID-19 Vaccination Program must report all vaccine administration errors, all serious adverse events, cases of Multisystem Inflammatory Syndrome (MIS) in adults and children, and cases of COVID-19 that result in hospitalization or death following administration of Pfizer-BioNTech COVID-19 Vaccine

Side effects:

• Fatigue, Headache, Muscle pain, Fever, Chills, Nausea
• 226 cases of myocarditis or pericarditis in people ages 30 and younger who have received an mRNA COVID-19 vaccine and are investigating about 250 more reports
• According to VAERS the most common symptoms were chest pain, elevated cardiac enzymes, ST or T wave changes, dyspnea and abnormal echocardiography
• CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older
PEDIATRIC COVID-19 VACCINE

- Moderna announced in an early analysis of phase 2 and 3 results that its clinical trial showed that the vaccine had an efficacy of 96 percent against symptomatic coronavirus infection in 12- to 17-year-olds.

- Pfizer-BioNTech: Possible emergency use authorization request by early fall for 2-11yo

- Pfizer is currently recruiting children 6 months to 11 years old for its pediatric vaccine study.

- The exact timing will depend on how quickly the company can finish the study in this age group.
RESOURCES


