Joint Meeting
Sunday, March 5, 2006
Crystal Gateway Marriott, Crystal City, VA

Emergency Preparedness in MCHB Interdisciplinary Training Programs

Incorporating Emergency Preparedness in Training Opportunities
Small group discussion:
How might the mornings' presentations serve as a basis for the inclusion of training on emergency preparedness in your program's curricula?

General Themes from the small groups:

- Create all hazards plans: for self, consumers/patients, organizations.
- Involve yourself before an emergency
- Communication is vital.
- To best train our trainees/students, we must communicate across programs, share resources and create partnerships.

Follow-up Suggestions:

- Courses/grants: pre/post assessment training; community mobilization – how to train this; how do we train peer-educators, community activists; mental health awareness in the community.
- Plan for collective sharing – teach this to trainees!
- Expand coordination among federal agencies in grants – mandate the inclusion of MCH population in all grants & plans
- Study the long-term effects
- Create response plans
- Begin developing more materials – talk to our populations to see what they need, be culturally sensitive & family centered
- Think about response & training for disasters in a developmental framework: both the development of the person & the development of the impact (1-5-10 years)
- Add emergency preparedness issues to MCH & AAP medical home issues (UT LEND)
- Be sure to care for the caretakers (to maintain the workforce).

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Small Group Reports

(LEND—LEAH—SPH—PPC)

1. *Given the discussions of this morning thus far, what might you do within your current programs to provide information, promote skill development and increase understanding of needs of children with special needs, people with disabilities and vulnerable populations in disasters? What activities, experiences and speakers might you integrate into your training program?*
    - Examine
        i. Return home and evaluate existing resources and plans at all levels
        ii. Examine emergency plans in neighborhoods, communities, universities, hospitals through the lens of children & disabilities
        iii. Adjust what is available to make it work at your level (local, personal)
        iv. Identify possible disasters in our programs' local areas
        v. Remember that adolescents are often a special needs population due to their developmental vulnerability
        vi. Look at current emergency plans and compare them against the MCH population and its vulnerability. Find the holes and determine how to fill them.
    - Train
        i. Discuss the presentations and PPTs from today's meeting. Distribute the PPTs to programs as a teaching tool for their trainees
        ii. Connect with local agencies – how might they be able to help trainees increase their problem solving skills. An emergency requires thinking on your feet and adaptation.
        iii. Create a core lecture or training orientation to emergency preparedness. Link this to possible local emergencies
        iv. Find credible presenters to talk to trainees
        v. Focus on the interdisciplinary nature of our programs. Make sure students/trainees are exposed to this interdisciplinary network, and bring in speakers not only from health care but from the community.
        vi. Impress on faculty, trainees and families the benefits of having organ donor cards, advanced directives, emergency prep plans
    - Share & Teach Trainees to Share
        i. Work with local businesses and the media to create informational pieces on the need for emergency preparation

ii. Distribute links and resources to the community and provider agencies
iii. Discuss the importance of a "good neighbor policy": if you have a neighbor with special needs, check on them when a disaster arises, offer your working fridge to store their meds, etc.
iv. Take time to find the "invisible" people in your community and talk with them about what their needs are. Take these personal stories to people making policies.
v. Capitalize on existing partnerships and relationships with organizations poised to disseminate information and resources. Use networks (like the monthly LEAH conference calls) to design an approach. Use local and State Adolescent Health Resource Centers etc to disseminate.
vi. Partnerships with a "sister" training program to back up data and information, scanned documents.

2. *Given that you already have busy training schedules with little additional time or resources, what low-cost modifications could be made in your current training program to incorporate issues related to disaster preparedness and the needs of vulnerable populations?*
   - Resources
     i. Locate existing resources for all hazards. Look at MCH, LEND, LEAH, SPH, PPC networks.
     ii. Distribute University of New Mexico's "Tip Cards" to trainees to use with families and clients.
     iii. Conduct needs assessments (local, state, national) – have trainees participate as part of their projects.
     iv. Use existing outlines (i.e. domestic violence) to create a Plan.
     v. Maintain your clinical skills by volunteering.
     vi. Collaborate with other programs at your university to make the most of both money & expertise.
     vii. Think infrastructure & community. Mobilize local people to create local plans. (National plans may not be relevant in your local area.)
   - Seminars
     i. Incorporate emergency preparation issues into existing case-studies and core seminars
     ii. Look through the syllabus and find at least one training topic into which emergency preparation issues can be incorporated.
     iii. Have a mandatory orientation to emergency preparation for all trainees and faculty

iv. Create a seminar in which 1st responders come in. This would be a reciprocal exchange of information as they would learn about special populations.
v. Utilize consumer advisory councils for seminar speakers
vi. Utilize existing forums (i.e. Grand Rounds) to reach many people. Require trainees to attend.

- Trainees
  i. Impress upon the administration at your program the need to have a plan. Share it with trainees.
  ii. Make sure trainees/students are incorporating aspects of emergency preparation into any leadership project.
  iii. Utilize trainees to get projects done. Trainees often have fewer regulations to consider than faculty or administration.
  iv. Create opportunities for trainees to self-select these areas for additional research

3. What ideas do you have for materials that should be developed that you could use in your training programs?
   - A "Guide To Making Your All-Hazards Plan" – have this as a trainee requirement on an individual level then take the Guide to their family mentor, helping them develop a plan for their family.
   - Develop a case-based-learning tool on an emergency or disaster
   - Pediatric-specific materials for trainees and families
   - Webinars to hear from programs who've "been there"
   - Create a blog or website where people from all areas of the country can share resources and brainstorm around emergency preparation and CYSHCN. Adapt AAP's 2-pager that helps families organize basic information on their medical needs in case of an emergency or sudden travel.
   - Courses or case studies highlighting the mental health issues of a disaster: concerns & treatment issues for the MCH population, both pre- and post-.
   - Mini-Courses on community mobilization
   - Presentations that show examples of pre- and post- disaster experiences. (use ATMCH or MCHB?)
   - Continuing Education modules for faculty on emergency prep
   - Distance learning courses or presentations on emergency prep
   - How-to and why-to create ICE numbers in your cell phones (In Case of Emergency)
   - A resource list of what's out there.

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The PPCs used the following task grid when generating their ideas:

Goal: Enhance quality and quantity in range of PPC training experiences in emergency preparedness

Objective	*Possible Activities*	*Potential menu of outcome evaluation strategies (in addition to documenting trainee activity, many might serve as education for faculty and staff)*	*Supports needed to accomplish*
1. Faculty, staff and students become self-aware in regard to how to prepare self and office for 'all hazard' disaster (AHD) & develop plan for themselves	a. Introduce to national resources re preparation (see resources distributed at Joint Mtg. 2006) b. Visit www.areyouprepared.com c. Identify 1 person at each PPC site to find and distribute list of local resources d. Do an inventory of ones personal and institutional AHD Plan e. Create personal/family AHD Plan	a. certificates earned by completion of national web sites b. Discussion where trainees (initially faculty too??) describe their personal AHD Plan for critique c. Find, design use a checklist to evaluate the comprehensiveness of ones AHD Plan	a. Trainee $$ to reward for certificates b. Time for faculty and staff to complete
2. Trainees to gain skill in developing AHD Plan for families of children with pediatric pulmonary issues	a. Trainee and client family develop a specific AHD plan for __ hrs survival b. Discuss with faculty, other trainees how this specific plan might be revised expanded to fit similar populations of families c. Discussion of the benefits and problems	a. Plan meeting above 1.c checklist criteria, especially with specifics as to: -specific items needed to enact the plan, -built in redundancy of plan, -pre-disaster linkages needing	a. time for faculty and trainees b. money and storage for families

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	with registries for the use in AHD planning	to be made. c. generalized written example Plan that might be useful to similar population of children/families for sharing as a template with other individuals and or organizations (i.e. a template)	
3. Develop skills in providing technical assistance to community based agencies (school, home health agency, etc…) that provide services to families of children with chronic pulmonary conditions.	a. Examine an agency AHD Plan and discuss how this plan would/would not meet the needs of families of children with chronic pulmonary conditions. b. Suggest necessary changes to improve responsiveness. c. Review available national defense management system modules and suggest refinements to better meet the needs of families of children with special health needs. d. Location/creation of a checklist to assist agencies to ensure their AHD Plans are comprehensive, have a plan for routine updates, and are efficient.	a. Written/verbal reports to faculty and agency	a. greater knowledge by trainees b. cooperation of agencies
4. Insure emergency preparedness training	a. Faculty to work with their academic and accrediting agencies to insure	a. requirements in place b. future trainees come with	a. faculty time, desire and energy

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is part of all pre-service and graduate interdisciplinary training	requirements.	basic exposure to emergency preparedness	b. access to the powers of the accrediting bodies
5. FEMA and state and local disaster preparedness agencies to see PPCs as their expert contact re preparation for children with chronic pulmonary conditions	a. PPC MCH Program Director to contact FEMA with PPC interest and expertise b. Each PPC director to contact their state agency (SEMA) and any local agency re PPC willingness/interest in providing this expertise	a. Contacts are made b. Federal and state plans show increasing applicability/ usefulness/ consideration of needs of families of children with chronic pulmonary conditions	a. faculty time, desire and energy
6. PPCs generate Center specific AHD Plans that provide for redundancy to support their normal functions of training and TA	a. Directors meet in conference call to determine what would be necessary, desirable to share to enable this activity: -ongoing training -support for the local PPC faculty to be available to support families of children with chronic pulmonary conditions during and immediately after a disaster in their area		a. time b. willingness to share c. added federal financial support to any PPD who steps in to help another during the times for these slated activities