Children in Disasters: The Smallest Voices
Children are not small adults
Children are Different: Physical

- Every breath they take
- Environmental changes
- Increased exposure to dangerous chemicals
- Increased vulnerability to respiratory infections
The ins and outs of circulation
- Lack of appropriate oral fluids may lead to dehydration and shock and chemical imbalances
- Vomiting and diarrhea may lead to rapid deterioration and shock
- Low blood volume means earlier shock when bleeding occurs
Children are Different: Physical

- It’s all in their heads
- A child’s head is a large, heavy target
- Head injury is the leading cause of traumatic morbidity and mortality
- Chemical and biologic agents are more likely to affect a child’s brain and to do so quickly
Children are Different: Cognitive/Behavioral

- Can’t plan for themselves
- May not understand abstract concepts
- May not recognize danger
- May not know how to escape
- May hide from rescuers
Children are Different: Psychological

- Children of different ages react differently to trauma
- Very sensitive to the emotions around them
- Require safety and security for emotional health
- Somatic symptoms are deceptive
- Susceptible to posttraumatic stress disorder
Children are Different: Special Needs

- 15-20% of children have chronic medical problems
- Require additional planning and advance decision-making
- Have additional physical vulnerabilities
- Resources for normal emergency care are inadequate
Initial medical care in disasters will never be better than it is every day
Children are Different: Deficiencies in Emergency Care

- 90% of kids are treated at hospitals with limited pediatric capabilities
- Only 6% of Emergency Departments have all the equipment needed to care for critically ill kids
- Only 50% of all hospitals have 85% of the equipment needed
- There are no universal standards for staff training in pediatrics
Children are Different: Deficiencies in Emergency Care

- Pediatric training for EMS providers has improved but is still minimal
- Specialized equipment, training, protocols and medical oversight are inconsistently available and used
- Many children do not have access to specialized medical systems and resources, including mental health
Children are prime targets for terrorism

- Specific training, protocols, drugs and other treatments for agents of terrorism are lacking
- Diligence in realistic child/family disaster planning is largely not mandated and standards not defined.
Children are Different: Deficiencies in Disaster Planning

- Medical surge capacity for pediatric patients is ill-defined and inadequate
- Child-specific disaster planning must be in place wherever children spend their time
- Families must be empowered to plan and prepare
Priorities
Priorities for Meeting the Needs of Children in Disasters

- Assure the needs of children are met well *every day*
- Development and support of *systems* of pediatric care
- Make quality emergency pediatric care accessible to all families
- EMS for Children program
Priorities for Meeting the Needs of Children in Disasters

- Integrate children and families in all disaster planning and preparedness efforts
- Define, mandate and support appropriate pediatric/family preparedness initiatives
- Prioritize and support research initiatives to guide planning and response
Priorities for Meeting the Needs of Children in Disasters

- Empower families
- Develop and support initiatives that emphasize family disaster planning and self-sufficiency
- Recognize and support the roles of primary medical care providers in family planning
- Make preparedness financially feasible
- Keep families together
American Academy of Pediatrics

- Disaster Preparedness Advisory Council
- AAP Partnership for Children’s Disaster Preparedness
- CHILDisaster Network
- www.aap.org/terrorism
- Representation on numerous national-level committees
- Supports federal EMS for Children program
- Members with experience
Safe Harbor

COMMUNITY

FAMILIES

CHILDREN
Thank you!

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