

A black and white photograph showing the aftermath of a disaster. The street is covered in rubble and debris. On the left, a large pile of debris includes what appears to be a tractor or heavy machinery. In the background, several multi-story buildings are severely damaged, with some structural elements exposed. A person is walking away from the camera down the debris-strewn street. A chicken is visible in the foreground on the right. The sky is overcast.

# Disaster Preparedness for the Outpatient Pediatrician

**Cherisse Mecham, MD**

# Disclaimer

I have no financial or personal conflicts of interest to disclose.

# Outline

- Importance
- History of Disaster Preparedness in Children
- Lessons Learned
- Tabletop Drill

# Why is disaster preparedness and management important?



[www.savethechildren.org](http://www.savethechildren.org)

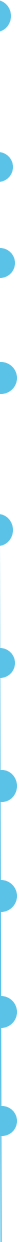
# Examples of Disasters

- Natural disaster (hurricanes, tornados, earthquakes)
- Biological (pandemics)
- Man-made (industrial spills, airplane crashes, building collapse)
- Terrorism (school shootings, civil unrest/riots, refugee crisis)

\* Can be large or small scale

# History of Disaster Preparedness for Children

1966  
1984  
2001  
2005  
2006  
2006  
2013  
2014  
2020  
2021



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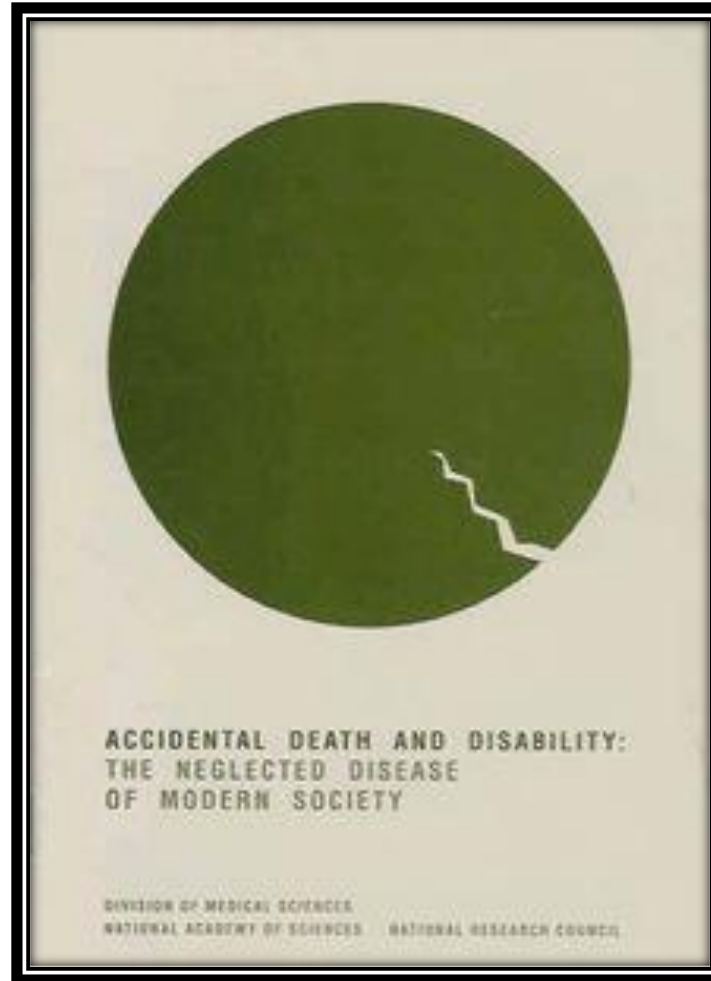
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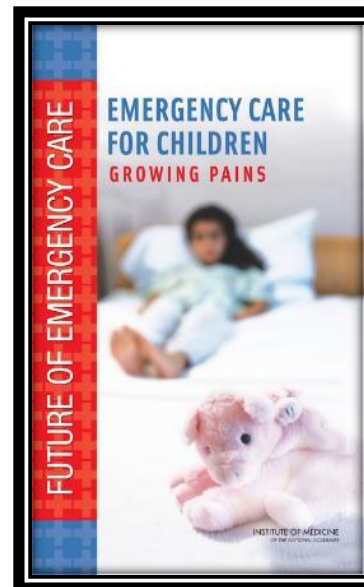
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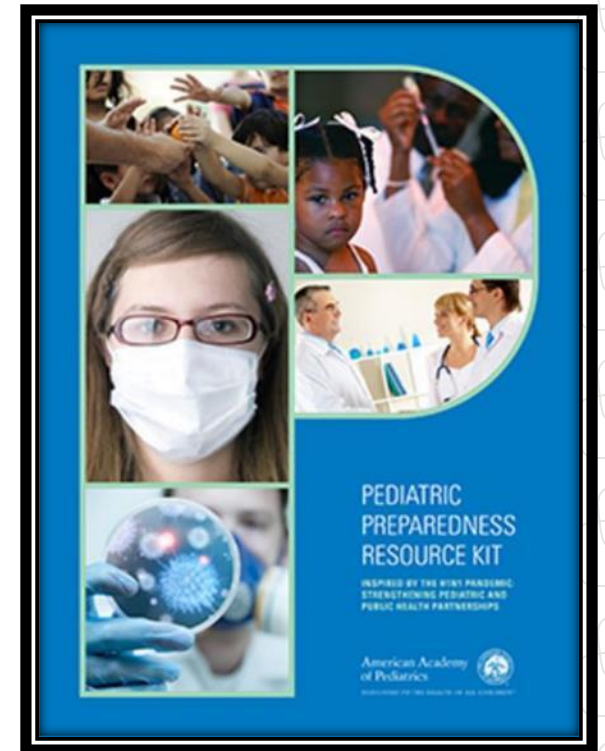
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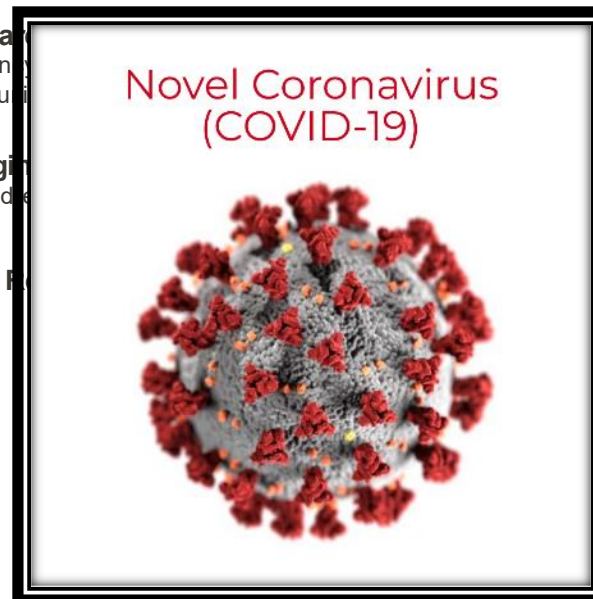
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- 2021 ● **CDC and AAP start promoting training modules and tabletop exercises for outpatient pediatric disaster training**



ation stockpiles



# Lessons Learned from Past Disasters

## Children are not small adults

- Pediatric specific needs in equipment, meds, care, sheltering, emotional support

## Continuity of care must be prioritized

- Disasters disrupt access to medical homes, immunization records, prescription refills, chronic disease management

## Mental health effects are long-lasting

- High rates of PTSD, depression, and anxiety

## School disruption has major health and social impacts

- School closures hinder social support, education, meals, stability

# Lessons Learned from Past Disasters



Preparedness is ongoing, not one-time



Resource equity and vulnerable populations need to be prioritized

- Disasters often magnify health disparities
  - Children with disabilities, medically complex children, and low-income and racially marginalized communities

# Pediatricians are vital in pediatric disaster response

- ★ Often the first trusted professional that families turn to for support
  - Help interpret public health info into understandable language for families
- ★ Helpful with coordination with public health, schools, shelters
  - Represent pediatrics on planning coalitions, school safety teams, and partner with local agencies
- ★ First line of defense regarding the patient's mental well-being after an event
- ★ Gatekeepers of scarce medical resources

# Tabletop Drill – Part 1



# Part 1

- It's a busy clinic morning with a full patient case list. Clinic has started a bit slow because several staff members and patients were running late because of rain. Multiple patients are currently in the waiting room and several are in rooms being seen or waiting to be seen.
- You are in the room seeing a patient when the power goes off for the building.



# Part 1

- Questions:
  - What are the first one or two things you would do next?
  - What are the most important things you would want to keep in mind when dealing with this event?

# Office-Based Preparedness



# Continuity of Operations Plan (COOP)

- Document that outlines how your practice would continue critical functions during emergencies
  - Without it, patients are negatively impacted, and clinics face longer recovery times and bigger financial losses
  - The document should consider your clinics Hazard Vulnerabilities Assessment.



# Clinic Hazard Vulnerabilities Assessment (HVA)

- List of highest risk events for your clinic
  - Looking for the overlap between events your clinic is most likely to experience and the events that would be most harmful to your clinic
- Pinpoint weak spots in operations, infrastructure, and staff readiness



# Clinic Vulnerabilities Assessment

## 2024-2025 Arizona Statewide Hazard Vulnerability Assessment

1. Extreme heat
2. Monsoon weather
3. Communications/telephone/network failure
4. Staffing shortage
5. Cyberattack

# Creating a Continuity of Operations Plan (COOP)

- Example of COOP: Missouri Department of Health
  - <https://health.mo.gov/emergencies/pdf/coop.pdf>
- AAP Disaster Preparedness Checklist
  - <https://downloads.aap.org/AAP/PDF/PedPreparednessChecklist1b.pdf>

# Creating a Continuity of Operations Plan (COOP)

## What to include:

- Essential Functions
  - Identify core services that must continue or resume quickly
    - Acute sick visits
    - Prescription refills
    - Vaccine storage and delivery
    - Communication with patients and families
- Delegation of Authority: Chain of Command
- Alternate Locations: secondary clinic sites or telehealth alternative

# Creating a Continuity of Operations Plan (COOP)

## What to include:

- Communication plan: how to contact staff and/or patients
  - Mass texting platforms, phone recordings, website/social media, pre-scripted messages
- Data and medical record access: when EHR is offline
  - Critical to backup data regularly
  - Paper records possible
- Supplies and Equipment: Emergency kits
  - Plan for refrigerated vaccines and medications

# Creating a Continuity of Operations Plan (COOP)

## What to include:

- Staffing contingencies
- Recovery and return to normal operations
  - Criteria for resuming full services
  - Post event review
  - Mental health support for staff and patients

# Emergency Supplies

## Clinical and Medical Supplies

- Basic first aid kit (bandages, antiseptic, gloves)
- Pediatric medications (acetaminophen, albuterol, epinephrine auto-injectors)
- Oxygen and delivery system, if applicable
- Nebulizer and tubing, with extra masks (infant, child sizes)
- Bag-valve masks (BVMs) in infant, child, and adult sizes
- Suction equipment
- Pulse oximeter, thermometers, BP cuffs (pediatric sizes)
- IV supplies (if typically used in office) – consider excluding if not routinely used

# Emergency Supplies

## Vaccine and Medication Cold Chain Protection

- Backup power for refrigerators/freezers (e.g., generator or battery backup)
- Coolers and cold packs for emergency transport or temporary storage
- Digital thermometer and temperature log sheets

## Infection Control Supplies

- Gloves, gowns, surgical/procedure masks, face shields
- Hand sanitizer and soap
- Disinfectant wipes and sprays
- N95 respirators (fit-tested if required for staff roles)
- Trash bags and biohazard disposal containers



# Emergency Supplies



## Power and Light

- Flashlights (preferably LED) with spare batteries
- Surge protectors and power strips



## Communication and Documentation

- Laminated emergency contact lists for staff and local agencies
  - Ensure kept up to date
- Paper prescription pads
- Paper copies of medical records, consent forms, and visit logs
- Clipboard, pens, and note pads

# Emergency Supplies



## Signage and Wayfinding

- Pre-printed signs:
    - “Clinic Closed Due to Emergency” or “Triage Area” or “Isolation Room”
  - Tape, string, or stands for posting signs
  - Copies of the COOP
- \* Tips: Check supplies quarterly for expiration or restocking needs

# Tabletop Drill – Part 2



## Part 2

- Your clinic receives word from the power company that the main power grid flooded from heavy rain and power likely won't return for several days to a week. Having looked at your patient schedule earlier that morning, you know your entire week was filled with patient appointments, including several time sensitive medication refills and sick visits. You have also been notified that due to the heavy rain and flooding, several patient families are unable to leave the clinic space right away.



## Part 2

- Questions

- Are there any changes to your clinic management plan that now changes due to estimated prolonged power outage?
- How do you communicate with patients and their families? What do you tell them?
- What do you do about the time sensitive appointments?

# Communication Plan for Patient Families

- Use redundant processes
- Message templates to potentially prepare in advance
  - Clinic closed
  - Clinic open – limited services
  - Telehealth only
  - Guidance for medication refills

# What makes good crisis communication for parents?

- Timely responses
- Ensure accuracy – don't guess!
- Describe risk without panicking
  - Use numbers (2 out of 100)
  - Plain language
  - Describe ways one can reduce risk
- Show empathy
- Reinforce what is being done to ensure safety and continuity of care
- Include a contingency plan

## Example clinic communication

- “Due to an ongoing power outage affecting our clinic, our clinic is going to be closed to in person visits for the rest of the day and until further notice. We know many of our patients have urgent medical needs and we are working on accommodations for this. If you are affected by our closures, please expect a communication from our team within the next 24 hours. We thank you for your patience. For urgent matter prior to us reaching you, please leave a portal message or call our nurse line and leave a message for us to call back. For life threatening emergencies, please call 911 or go to a local emergency department.”





# Children with Special Needs



- Especially vulnerable during disasters
- Individualized Emergency Plans (PEPs)
  - Major medical problem summary with updated medication list
  - Medical supplies, backup supplies (example batteries or extra trachs)
  - Communication methods for patient
    - Behavioral triggers and calming strategies
  - Emergency contacts and backup caregivers
  - IEPs or 504 plan copies

# Tabletop – Part 3



## Part 3

- Due to prior planning contingencies, your clinic was able to transition most urgent appointments over the next few days to telehealth. Refrigerated vaccines and medications were transported via coolers to a partnering hospital for storage until the clinic can be re-opened.
- In addition to the flooded power grid station, the heavy rains unfortunately also caused flooding in several locations throughout the city including buildings and roads. Your clinic experiences a bit of water damage but is mostly spared.

## Part 3

- Several car accidents occurred because of the flooded roads. You learn one of the accidents involved a school bus. 35 children were on board, 7 were injured, 2 died. The children all go to a nearby elementary school and several of them are patients within your clinic.



NBCnews.com

## Part 3

- Questions:
  - What conversations do you have with the families directly affected by the bus accident?
  - Several parents have asked how to talk to their child about the accident and the local school has asked for you to help provide resources for the families. What advice would you give?

# Psychological First Aid (PFA)

- Immediate short-term support to reduce initial distress after a disaster or crisis
  - Reduces initial distress and supports adaptive functioning and coping
- Core actions:
  - Approach in calm and compassionate manner
  - Normalize emotional responses
  - Ensure safety and help connect families to resources
  - Teach simple coping skills
  - Refer to mental health professionals as needed



# **How to talk to a child after a disaster**





# Family Resources: How to talk to a child after a disaster

- Parents often struggle with what they should and should not share with children
  - Important to filter the information into understandable information
- Ask “What have you heard?” “What questions do you have?”
  - Important to talk openly and not too vague
  - Why did it happen
  - Why is it being discussed so much
- Validate feelings
  - Children may need help identifying or communicating their feelings
  - May replay the disaster during play time (age-appropriate response)

# Family Resources: How to talk to a child after a disaster

- Minimize news exposure
  - Young children don't understand news cycles – may think event is happening over and over
  - Attempt to keep graphic images away
  - Older children: watch the news with them and discuss
- It's ok to not be ok
  - “It's ok if these things bother you. We are here to support each other.”
  - Family can reassure they are doing everything they can to keep them safe
- Provide extra affection, comfort, and patience
  - Check in frequently

# Family Resources: How to talk to a child after a disaster

- Keep at least one routine the same as before the disaster
  - Provides stability and creates a safe environment
  - Examples: Brushing teeth, Reading before bed, cooking together
- Remind parent to care for themselves so that they can be there for their children

# Family Resources: How to talk to a child after a disaster

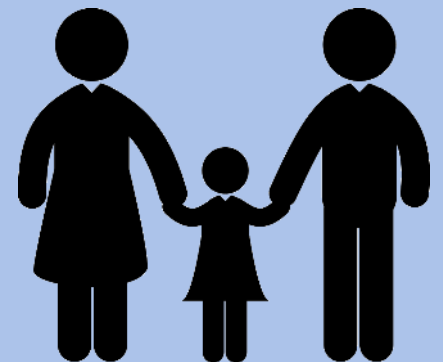
- Signs to look out for if a child isn't coping well
  - Anxiety
  - Fear it will happen again
  - Worry about safety of self and others
  - Regression of milestones (wetting the bed, clinginess, etc)
  - More irritable or tearful
  - Having trouble remembering things or doing prior routine tasks

# Tabletop – Part 4



## Part 4

- Several weeks go by and things have slowly returned to normal. Your clinic is back to functioning like normal. You have several patient visits coming up for children that attend the school affiliated with the bus accident. Some of the visits are of children who were on the bus or siblings of children on the bus.
- Most all the patient visits are for other concerns, but how can you continue to provide support and monitor the effects of that trauma while performing routine care?
- How can you help improve community and national response in the future?



# Mental health ramifications after disaster

- Up to 50% of children experience PTSD after experiencing a disaster
  - Symptoms include
    - Recurring thoughts of disaster
    - Hypervigilance
    - Difficulty sleeping or concentrating
    - Nightmares
    - Skill Regression
    - Irritability
  - These symptoms can be observed for years afterwards

# Mental health ramifications after disaster

- Up to 50% of children experience PTSD after experiencing a disaster
- Many have comorbid PTSD and Depression/Anxiety
  - Anxiety: up to 50%
  - Depression: up to 30%



# Trauma Informed Care

- Creating a long-term safe, supportive environment for individuals with a history of trauma.
- Key features:
  - Creating a calm environment
  - Understanding and recognizing signs of potential trauma
  - Integrate trauma knowledge into policies
  - Understanding long term effects of trauma:
    - Higher risk for chronic diseases
  - Training for all staff on how to talk to patients to avoid re-traumatizing

Recovery is not  
a race. You don't  
have to feel guilty  
if it takes longer  
than you thought  
it would.

- Anonymous

# Tips for speaking to a patient in a trauma informed way

## 1. Safety and trust

- “I’d like to ask you some questions so I can better understand your needs”

## 2. Offer control and choice

- “You can tell me as much or as little as you like”
- Ask permission for exam elements

## 3. Use respectful, neutral language. Avoid labeling

- “Can you tell me what you’ve been experiencing lately?”
- “It seems like it’s been hard to make appointments regularly – can you tell me more about that?”

## 4. Recognize and validate emotions

- “That sounds really difficult. Thank you for sharing that with me”

## 5. Be culturally sensitive and aware of power dynamics

- “Is there anything about your background or beliefs that you’d like me to be aware of in your care?”

## 6. Focus on Strengths and Empowerment

- “You’ve been through a lot, and you’re here seeking care – that takes strength”

# PTSD screening



# How to screen for PTSD

## For younger children (ages 3-6)

- Young child PTSD checklist
- Pediatric Emotional Distress Scale (PEDS)

## For ages 7-17:

- Child PTSD Symptom scale (CPSS)
- UCLA PTSD Reaction Index for DSM-5

# Young Child PTSD Checklist (Ages 3-6)

- 2-page checklist for caregiver
  - Best when known trauma experience
- Example questions:
  - “Has your child been more fearful or clingy than usual?”
  - “Do they have new problems sleeping, or wake up scared?”
  - “Do they talk about something scary happening, even during play?”
  - “Have they started acting out or having tantrums more often?”

Client Initials: \_\_\_\_\_ Client ID: \_\_\_\_\_ Date of Completion: \_\_/\_\_/\_\_

## YOUNG CHILD PTSD CHECKLIST (YCPC) (Caregiver: English)

For Child under 7 years old.  
Below is a list of symptoms that children can have after life-threatening events.  
When you think of ALL the life-threatening traumatic events from the first page, circle the number below (0-4) that best describes how often the symptom has bothered you in the LAST 2 WEEKS.

0	1	2	3	4		
Not at all	Once a week/ Once in a while	2 to 4 times a week/ Half the time	5 or more times a week/ Almost always	Everyday		
1.	Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?	0	1	2	3	4
2.	Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids?	0	1	2	3	4
3.	Is your child having more nightmares since the trauma(s) occurred?	0	1	2	3	4
4.	Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.	0	1	2	3	4
5.	Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive.	0	1	2	3	4
6.	Does s/he get upset when exposed to reminders of the event(s)? For example, a child who was in a car wreck might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her.	0	1	2	3	4
7.	Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach? Think of the same type of examples as in #6.	0	1	2	3	4
8.	Does your child try to avoid conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic?	0	1	2	3	4
9.	Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before.	0	1	2	3	4
10.	Does your child have difficulty remembering the whole incident? Has s/he blocked out the entire event?					
11.	Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)?	0	1	2	3	4
12.	Since the trauma(s), does your child show a restricted range of positive emotions on his/her face compared to before?	0	1	2	3	4

# Pediatric Emotional Distress Scale (PEDS)

- Screen for general emotional and behavioral stress after trauma, NOT just PTSD
  - Great for general screening tool
- Screening tool, no specific diagnostic cutoff

	Almost Never	Sometimes	Often	Very Often
1. Acts Whiny	1	2	3	4
2. Wants things right away	1	2	3	4
3. Refuses to sleep alone	1	2	3	4
4. Has trouble going to bed/falling asleep	1	2	3	4
5. Has bad dreams	1	2	3	4
6. Seems fearful without good reason	1	2	3	4
7. Seems worried	1	2	3	4
8. Cries without good reason	1	2	3	4
9. Seems sad and withdrawn	1	2	3	4
10. Clings to adults/doesn't want to be alone	1	2	3	4
11. Seems "hyperactive"	1	2	3	4
12. Has temper tantrums	1	2	3	4
13. Gets frustrated too easily	1	2	3	4
14. Complains about aches and pains	1	2	3	4
15. Acts younger than used to for age (bed wetting, baby talk, thumb sucking)	1	2	3	4
16. Seems to be easily startled	1	2	3	4
17. Acts aggressively	1	2	3	4

*If your child has had a major trauma or stress in the last year, please rate their behavior with regard to the trauma/stress.*

	Almost Never	Sometimes	Often	Very Often
18. Creates games, stories, or pictures about the trauma/stress	1	2	3	4
19. Brings up the trauma/stress in conversation	1	2	3	4
20. Avoids talking about the trauma/stress even when asked	1	2	3	4
21. Seems fearful of things that are reminders of the trauma/stress	1	2	3	4

# Child PTSD Symptom Scale (CPSS) – Ages 7-17

- 2- page screening questionnaire for patient
- Example questions:
  - “Did you ever have nightmares about something bad that happened, or wake up feeling scared?”
  - “Do you try hard not to think about what happened, or stay away from places or people that remind you of it?”
  - “Do you feel jumpy or get startled easily, like when you hear a loud noise?”
  - “Do you feel irritable or have fits of anger”

The Child PTSD Symptom Scale (CPSS) – Part I

Below is a list of problems that kids sometimes have after experiencing an upsetting event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE LAST 2 WEEKS.

Please write down your most distressing event:

Length of time since the event:

	0	1	2	3	
	Not at all or only at one time	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/almost always	
1.	0	1	2	3	Having upsetting thoughts or images about the event that came into your head when you didn't want them to
2.	0	1	2	3	Having bad dreams or nightmares
3.	0	1	2	3	Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I am there again)
4.	0	1	2	3	Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)
5.	0	1	2	3	Having feelings in your body when you think about or hear about the event (for example, breaking out into a sweat, heart beating fast)
6.	0	1	2	3	Trying not to think about, talk about, or have feelings about the event
7.	0	1	2	3	Trying to avoid activities, people, or places that remind you of the traumatic event
8.	0	1	2	3	Not being able to remember an important part of the upsetting event
9.	0	1	2	3	Having much less interest or doing things you used to do
10.	0	1	2	3	Not feeling close to people around you
11.	0	1	2	3	Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)



# UCLA PTSD Reaction Index - Ages 7-17

- Multi-page diagnostic questionnaire for patient
- Discusses symptoms in past month
  - CPSS symptoms in past 2 weeks
- Comprehensive
- More complex

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UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©		None	Little	Some	Much	Most
HOW MUCH OF THE TIME DURING THE PAST MONTH...						
1 <sub>E3</sub>	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2 <sub>D2</sub>	I have thoughts like "I am bad."	0	1	2	3	4
3 <sub>C2</sub>	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4 <sub>E1</sub>	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5 <sub>B3</sub>	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6 <sub>D4</sub>	I feel like what happened was sickening or gross.	0	1	2	3	4
7 <sub>D5</sub>	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8 <sub>E5</sub>	I have trouble concentrating or paying attention.	0	1	2	3	4
9 <sub>D2</sub>	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10 <sub>B2</sub>	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11 <sub>B4</sub>	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12 <sub>D7</sub>	I have trouble feeling happiness or love.	0	1	2	3	4
13 <sub>C1</sub>	I try not to think about or have feelings about what happened.	0	1	2	3	4
14 <sub>B5</sub>	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15 <sub>D3</sub>	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16 <sub>D2</sub>	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17 <sub>D6</sub>	I feel alone even when I am around other people.	0	1	2	3	4
18 <sub>B1</sub>	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19 <sub>D3</sub>	I think that part of what happened was my fault.	0	1	2	3	4
20 <sub>E2</sub>	I hurt myself on purpose.	0	1	2	3	4
21 <sub>E6</sub>	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22 <sub>D4</sub>	I feel ashamed or guilty about some part of what happened.	0	1	2	3	4
23 <sub>D1</sub>	I have trouble remembering important parts of what happened.	0	1	2	3	4
24 <sub>E4</sub>	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
25 <sub>D4</sub>	I feel afraid or scared.	0	1	2	3	4
26 <sub>E2</sub>	I do risky or unsafe things that could really hurt me or someone else.	0	1	2	3	4

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# When to refer

- Symptoms persist beyond 1 month
- There's functional impairment (school, home, social life)
- Comorbid conditions (depression, anxiety, suicidal ideation) are present

# Advocacy



"Pediatricians are not only caregivers at the bedside—they are powerful advocates in the halls of government. Protecting children's health means speaking up where policies are made."



[www.aap.org/advocacy](http://www.aap.org/advocacy)

# Advocacy Efforts

- Consider contacting local politicians
- Supporting the American Academy of Pediatrics

# Summary



# Summary

- Preparing for a disaster before it happens is key for a good response
  - U.S. still has a long ways to go in preparedness efforts
- Clinics:
  - Continuity of Operations Plan (COOP)
- Pediatricians are vital in disaster response
  - Invaluable resource for community planning
  - Gatekeeper to accessing medical resources
  - First line of support for families and assistance with mental health ramifications
  - Local and national advocacy



# Resources

- Understanding the Impacts of Natural Disasters on Children. Society for Research in Child Development. Aug 2020
- Preparedness Checklist for Pediatric Practices. American Academy of Pediatrics
- Arizona Coalition for Healthcare Emergency Response
- Emergency Medical Services for Children Innovation and Improvement Center