

GEORGIA CHAPTER

Updates from Georgia on Pediatric Disaster and Emergency Preparedness

By Natalie E. Lane, MD, FAAP

Eight million people populate the state of Georgia. A quarter of those are children. Georgia has a number of vulnerabilities to include half of the population living in the city of Atlanta, 14 military installations, the second largest airport in the country, nuclear power plants, centers of global communication, and the headquarters office of the Centers for Disease Control and Prevention.

Additionally, Georgians are no strangers to natural disasters. Georgia ranks 15th in the country for tropical storms. Wildfires and severe thunderstorms have caused extensive damage in recent years. In the last two years, winter ice and snowstorms have paralyzed a number of communities. Many may remember the stranded motorists on the interstates of Atlanta in February 2014. In a matter of hours, the city came to a virtual standstill. The recent Ebola threat put Georgia in the middle of the discussion as Emory University in Atlanta housed an infected physician and subsequently successfully treated three more patients.

A number of Georgia initiatives are underway to better prepare and care for children in a disaster. Although many organizations in the state have been working separately to promote initiatives, there is a move to better align these organizations to ensure energies are applied through shared efforts and that the end results can definitively affect change. Much of the impetus behind these initiatives stemmed from the 2014 Enterovirus (EV-D68) outbreak that disproportionately affected the pediatric population and caused high morbidity in children with underlying pulmonary disease. A key concern was the lack of communication among practitioners, hospitals, state and federal entities. The Georgia Department of Health Office of Preparedness and Trauma, led by Patrick O'Neal, MD, felt that we could do better. He reached out to a number of organizations to offer his encouragement and support to improve the approach to children in preparation and response in disasters.

The Children's Hospital of Atlanta (CHOA) is the state's regional coordinating hospital for disaster preparedness and as such reaches out to address needs and serve as a resource. Through the efforts of Greg Pereira, Trauma Coordinator at CHOA, a number of institutions and practitioners have become more involved in each of the state's Regional Coordinating Hospitals. These hospitals serve as centers for disaster preparedness in their individual catchment areas. Through his efforts and that of a newly formed coalition of pediatric hospitals and pediatric practitioners known as the Pediatric Health Improvement Coalition (PHIC) co-chaired by Kathryn Cheek, MD, FAAP, of Columbus, Georgia and Daniel Salinas, MD, FAAP, of CHOA, there is a pediatrician representative speaking up on behalf of children's interests as it applies to emergency and disaster preparedness throughout the state.

The Georgia American Academy of Pediatrics (GAAAP) has a large and active chapter. Natalie E. Lane, MD, FAAP, of the Children's Hospital of Georgia (CHOG) in Augusta serves as the chair of the chapter emergency medicine committee and is the Disaster Preparedness Chapter Contact to the AAP Disaster Preparedness Advisory Council and is working closely through chapter leadership to establish a means of improved communication regarding potential disasters preferentially affecting children. A committee of Dr Lane, Harry Keyserling, MD, FAAP, GAAAP committee on infectious disease, and Joanne Kennedy, MD, FAAP, of the committee on hospital medicine have worked with Cherie Drenzek, DVM, MS, at the Georgia Department of Public Health, section of epidemiology to ensure improved communication regarding earlier notification of disease affecting the pediatric population. A working list of contacts from the emergency departments, hospital epidemiology and hospital services at individual hospitals across the state is being developed by the GAAAP in order to improve the communication among these organizations and hopefully enhance the surveillance and reporting of pediatric infectious outbreaks or other events affecting pediatric patients disproportionately.

Representatives from the CHOG, CHOA, Wellstar Health System, the Georgia Department of Health and Dr Cheek's private practice recently participated in the Southeastern Regional Pediatric Disaster Surge Network (SRPDSN) multistate table-top exercise in May 2015 organized by Andrew Rucks, PhD, of the University of Alabama at Birmingham in collaboration with the Alabama Department of Health. Lessons learned are vast and valuable for each individual institution and office but the exercise made it clear that there is still much work to be done.

The primary hospitals that see children in Georgia are Memorial Health Hospital in Savannah, GA; Navicent Health in Macon, GA; Columbus Regional in Columbus, GA; CHOA, and CHOG. Each hospital will send representatives to

participate in the Pediatric Disaster Response and Emergency Preparedness course developed by the Texas A&M Engineering Extension Service (TEEX) and the National Emergency Response & Rescue Training Center (NERRTC) in November 2015 in Atlanta. Participation by these institutions will help improve each hospital's preparedness as well as potentially assist other smaller institutions that may need assistance in planning for children.

Regionalization of pediatric care in Georgia has not yet been achieved, but a number of regions within the state have developed Regional Trauma Advisory Committees (RTAC) that report to regional Emergency Medical Services (EMS) Councils and provide input into development of protocols and regional quality measures. Dr Lane sits on the local RTAC. Input from the Region 6 EMS-Children's committee in Augusta has been available for input to recent state guidelines involving spinal immobilization and other measures. It is reasonable to believe that regionalization of trauma services may feed into regionalization for children. Mr Pereira and other members of CHOA sit on the state's Trauma Commission.

Finally, the state of Georgia, with a 78.7% hospital response rate received a "readiness score" of 71.3% for emergency preparedness for children from the National Pediatric Readiness Project initiative of 2012. See http://www.pediatricreadiness.org/State_Results/Georgia.aspx. The state Emergency Medical Services for Children (EMSC) program, led by Earnest Doss, EMS-C grantee administrator and Deputy Director of Trauma and EMS at the state's Department of Health, is addressing the gap analysis and instituting initiatives to bring a statewide conference to address the real needs of the institutions and providers of emergency care for children. Atlanta was the host for the regional EMSC Symposium held on June 23 and 24, 2015.

D. Lane, Mr Doss and Rick Ward, Executive Director of the Georgia AAP Chapter were invited to attend the DPAC meeting in Atlanta at the Centers for Disease Control and Prevention offices on May 5 and 6, 2015, and share progress in the state of Georgia in disaster and emergency preparedness. This was a great opportunity to see how the national AAP has joined with the CDC to enhance the interest in and progress of the care of children in disasters. A number of contacts were made between the GAAAP, Georgia EMSC and the CDC. It was a great opportunity. Georgia has made strides but has a number of challenges ahead. Maintaining the momentum to affect change is key, and many of the organizations and leadership are committed to this task. Communication and forging relationships to collectively improve the emergency preparedness for children is an achievable goal. For more information, contact Dr Lane at nlane@gru.edu or the AAP disaster preparedness and response staff at DisasterReady@aap.org.