The New York City Pediatric Disaster Coalition: A Readily Replicable Model for Multidisciplinary Regional Pediatric Prehospital Triage and Transport Planning

Arthur Cooper, MD, MS; Michael Fogel, MD; Dario Gonzalez, MD; Katherine Uraneck, MD; David Prezant, MD; Mordechai Goldfeder, MPA, EMT-P; Avram Flamm, BEMS; Marsha Treiber, MPS; George Foltin, MD

1. Columbia University Medical Center, Affiliation at Harlem Hospital, New York, New York USA
2. Albert Einstein College of Medicine, New York, New York USA
3. North Shore-Long Island Jewish Health System, Schneider Children's Hospital, New York, New York USA
4. Office of Medical Affairs, Fire Department, City of New York, New York, New York USA
5. Department of Health and Mental Hygiene, City of New York, New York, New York USA
6. Office of Emergency Management, City of New York, New York, New York USA
7. Center for Pediatric Emergency Medicine, New York University School of Medicine, Bellevue Hospital, New York, New York USA

Introduction: A mass-casualty event (MCE) involving pediatric patients within the New York City metropolitan region could overwhelm existing pediatric resources. Because “children are not small adults”, their different physiology and behavior require specialized triage, transport, and treatment. The New York City Department of Health and Mental Hygiene (NYCDOHMH), recognizing the need to plan for MCEs with large numbers of pediatric victims, created and funded the New York City Pediatric Disaster Coalition (PDC). The PDC's goal is to establish an ongoing collaboration that addresses gaps in the ability and infrastructure of the NYC regional health care system to provide effective and timely, large-scale pediatric care during a MCE.

Methods: The PDC involves experts in pediatric emergency preparedness, emergency medicine, trauma surgery, and intensive care from 11 of 43 NYC Pediatric and Children's Hospital Services, the NYCDOHMH, NYC Office of Emergency Management, and the New York City Fire Department Office of Medical Affairs. Under the aegis of a Central Leadership Council, two committees met twice monthly to develop Pediatric Prehospital Triage/Transport and PICU Surge Capacity plans.

Results: After extensive literature review and multiple draft revisions, a Pediatric Triage/Transport Plan was formulated. The plan includes: (1) a modified START algorithm that adds rescue breaths and an uptriage option; (2) priority evacuation and transport; (3) pediatric disaster receiving hospitals; and (4) a pediatric transfer consultant. Once implemented, it will provide specific pediatric triage criteria for transport that matches acuity/severity of illness to appropriate tiered resources.

Conclusions: The PDC has provided an effective multidisciplinary approach to planning for a large scale regional MCE involving pediatric patients. Specific Pediatric Triage and Transport Protocols were created, and are being integrated into regional EMS system protocols. This approach, and the EMS protocols it has generated, could be used as a model for other large urban centers.

Keywords: coalition; disaster; New York City; pediatrics; preparedness; triage

Prehospital and Disaster Medicine http://pdm.medicine.wisc.edu

Prehosp Disaster Med

Israel Trauma Coalition Resilience Centers

Talia Levanon
Israel Trauma Coalition, Israel

Introduction: Terrorism, war, disasters caused by natural hazards, tragedy, and bereavement are global phenomena of which the Israeli people are exposed to regularly, leading to an accumulation of knowledge and experience in emergency preparedness and real-time coping mechanisms.

Over the years, mass-casualty events and emergencies presented the need for a comprehensive, multi-disciplinary continuum of care, based on cross-sector cooperation and a proactive approach to emergency preparedness.

Conceptualized, developed and adopted by the Ministries of Health and Welfare, the Israel Trauma Coalition and the Prime Minister's Office, the city-wide model of resilience and preparedness is an excellent example of inter-sector cooperation. This model operates in nine local councils with resilience centers in North and South Israel.

In the Israeli context, this model can be adapted and adopted to any global situation that calls for resilience, emergency preparedness, and crisis management.

Methods: The Resilience Centers reflect this mode of collaboration by combining a clinical response to psycho-trauma on three levels: (1) individual; (2) teams; and (3) local councils, from the acute phase to rehabilitation. The work includes direct care, team training and support for volunteers and professionals, community resilience, and—most critically for Israel’s homeland security—coordination of emergency response plans within local municipalities.

Results: Resilience results from preparedness. This collaborative model has several advantages, including a comprehensive overview of the field, cost-effectiveness, and the provision of continuum of care with follow-up in the local community. The model has passed the “test of fire” during Operation Cast Lead, and played a pivotal role in the provision of a seamless combination of trauma care.

Keywords: Israel Trauma Coalition; resilience

Prehosp Disaster Med

Training and Drills

Mass-Casualty Paradox in Environments with Limited Healthcare Resources

Susan I. Brundage, MD, MPH; Sabine Girod, MD, DDS, PhD; Adam L. Kushner, MD, MPH; T.B. Kamara, MD; Eva Hancilies, MD; T. Peter Kingham, MD

1. Stanford University, Palo Alto, California USA
2. Connaught Hospital, Freetown, Sierra Leone
3. Society of International Humanitarian Surgeons, New York, New York USA

Introduction: The definition of a mass-casualty incident (MCI) is any event the number and severity of casualties...