DISASTER RESPONSE COLLABORATIVE

DRC Focus Area Session
Evacuation
March 4, 2025

Acknowledgements & Disclaimer

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- You must attend the entire live session to receive credit.
- Ensure you complete the session evaluation to receive credit.
- Ensure your name is on the session registration. If not, add your name to the chat.
- Follow the instructions at the end of the session to claim your credits in the PPN CE Portal.

Instructions to claim CE will be provided at the end of the session.

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Announcements

We are very pleased that you have joined us!

This session is being recorded. The recording and slides will be posted online - you will be notified.

Please add questions in the Q & A chat box (to be answered during the session and discussion time)

CE MOC Part IV (physicians), also CE for physicians (CME), nurses, social workers, and EMTs

Benefits of Pediatric Disaster Preparedness Self-Assessment for Children's Hospitals

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Agenda

Welcome & Introductions

- Building connections and setting the stage

Key Terms in Evacuation

- Reviewing common terms

Facilitated Discussion

- Exploring challenges, solutions, and next steps

Key Takeaways from February 4 Session

- Recap of insights and lessons learned

Participant Expectations

- Identifying priorities and key challenges

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Objectives

- Foster a collaborative learning environment by building connections among participants.
- Identify participant needs, challenges, and priorities to shape a relevant, supportive, and actionable DRC.
- Define participant roles and engagement within the DRC through June 2026.
- Examine common challenges in pediatric evacuation planning and explore potential solutions.
- Establish clear next steps and collaborative priorities to ensure continued progress in pediatric evacuation planning

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Introductions

Speakers:

- ❏ Kathy Lehman-Huskamp, MD
- ❏ Annette Newman (Matherly), MS, RN, CCRN
- ❏ Julie Shelton, MPH, CPHQ

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Introductions

We'd love to see you!
Cameras on if you can

Team Lead

- Hospital & Location
- What aspect of your hospital's evacuation plan are you most proud of?

Everyone

- Name
- Your Role in the Hospital

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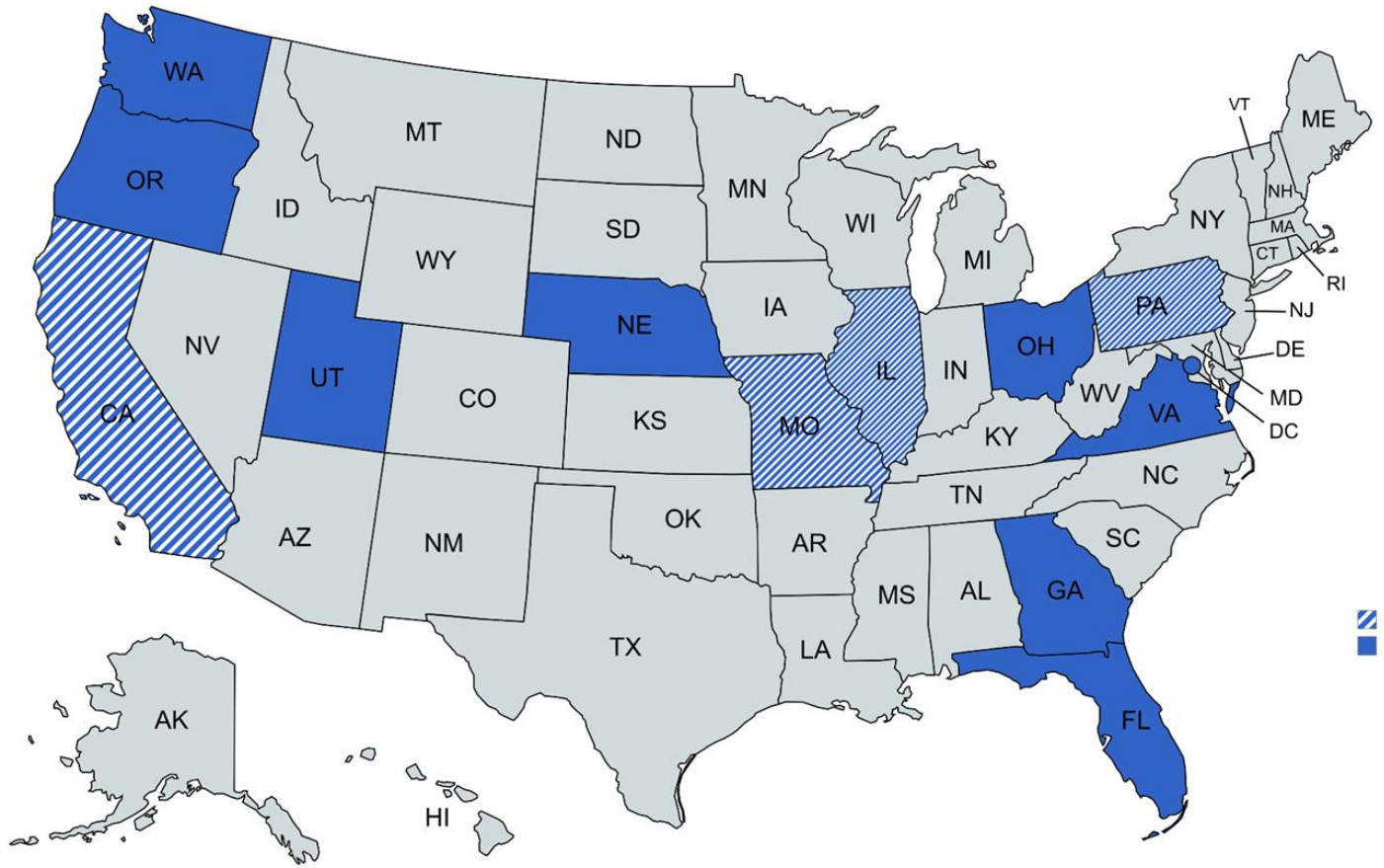
Our Pediatric Evacuation Planning Community



Created with mapchart.net

Total number of hospitals: 17

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Our Pediatric Evacuation Planning Community

- Carilion Roanoke Memorial Hospital
- Advocate Christ Medical Center
- Children's Mercy Kansas City
- Children's Hospital of Philadelphia
- Children's National Hospital
- Nationwide Children's Hospital
- AdventHealth for Children
- Advocate Lutheran General Hospital
- Valley Children's Hospital
- Children's Hospital and Medical Center
- Providence Portland Medical Center
- Primary Children's Hospital
- Stanford University Medical Center
- Children's Hospital of Georgia
- Seattle Children's Hospital
- St. Louis Children's Hospital
- Milton S. Hershey Medical Center

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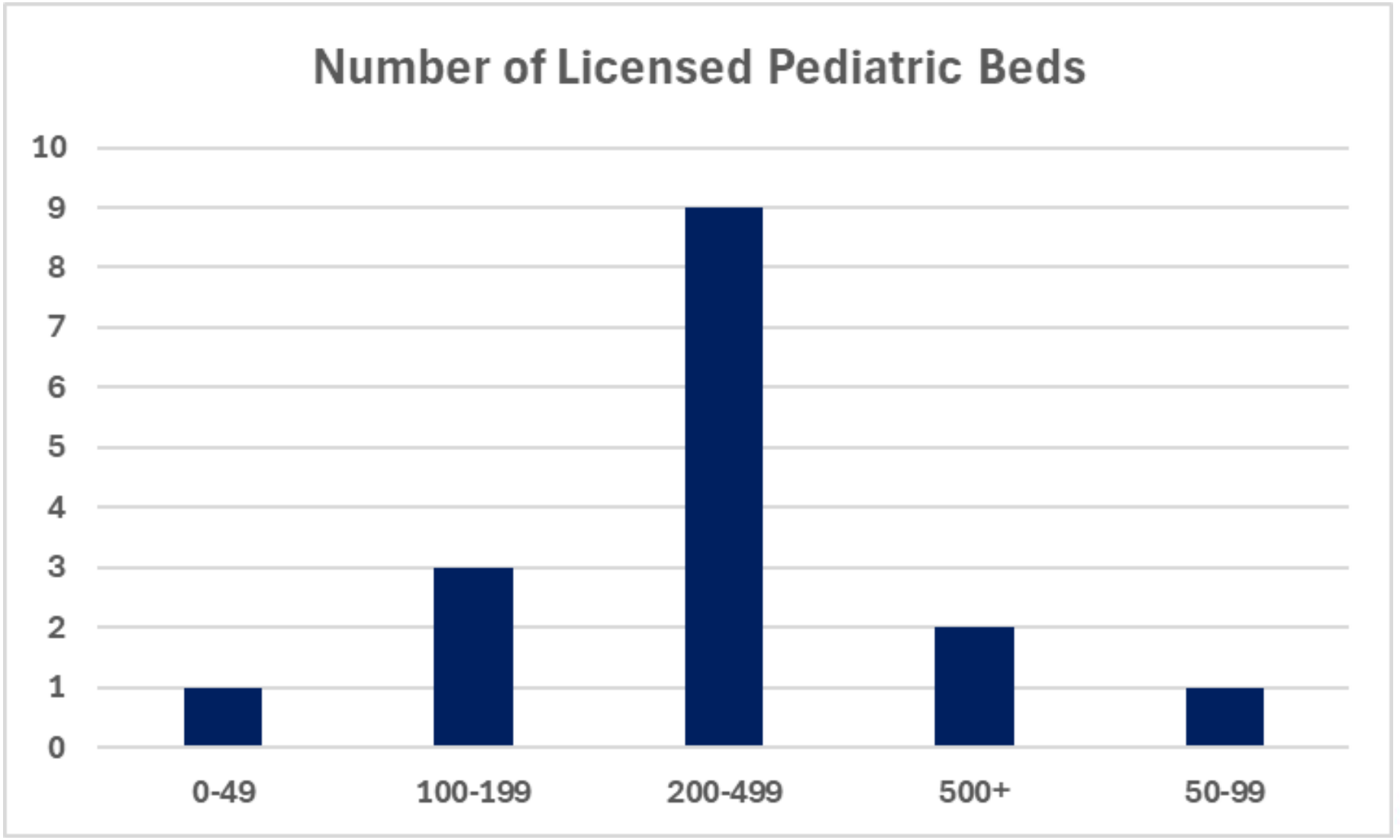
Who's Working with You on Pediatric Evacuation Readiness?



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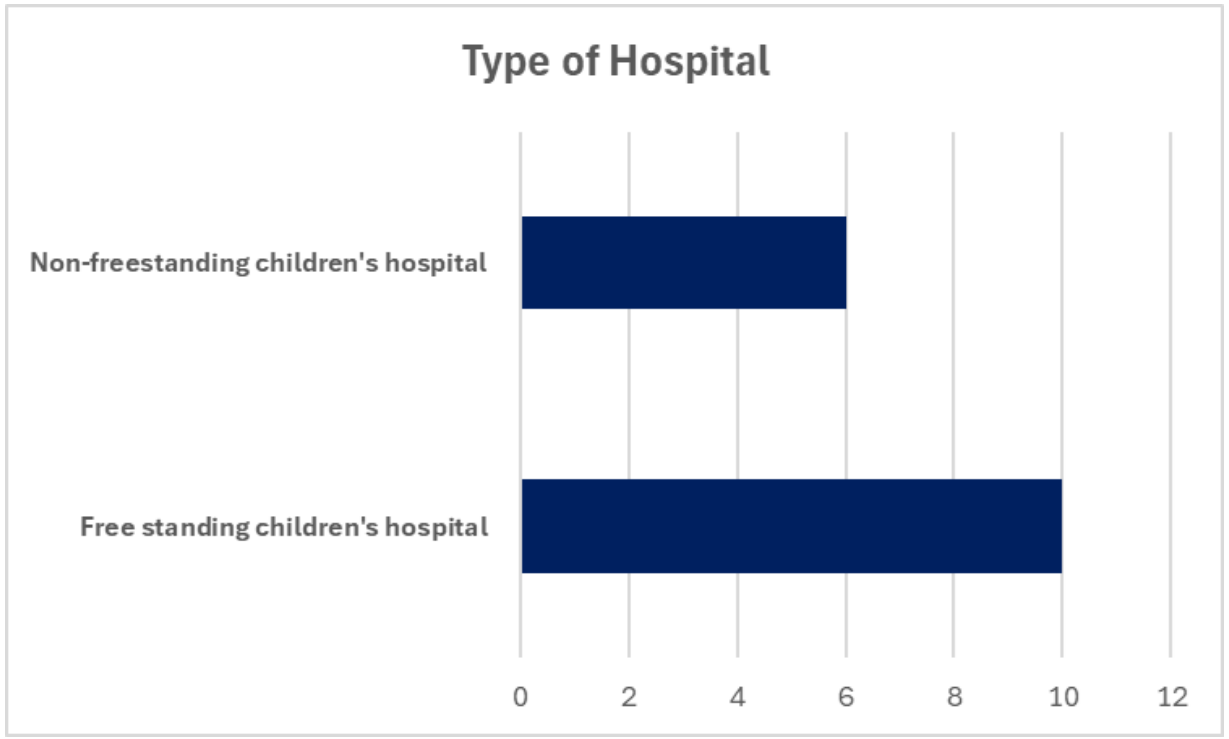

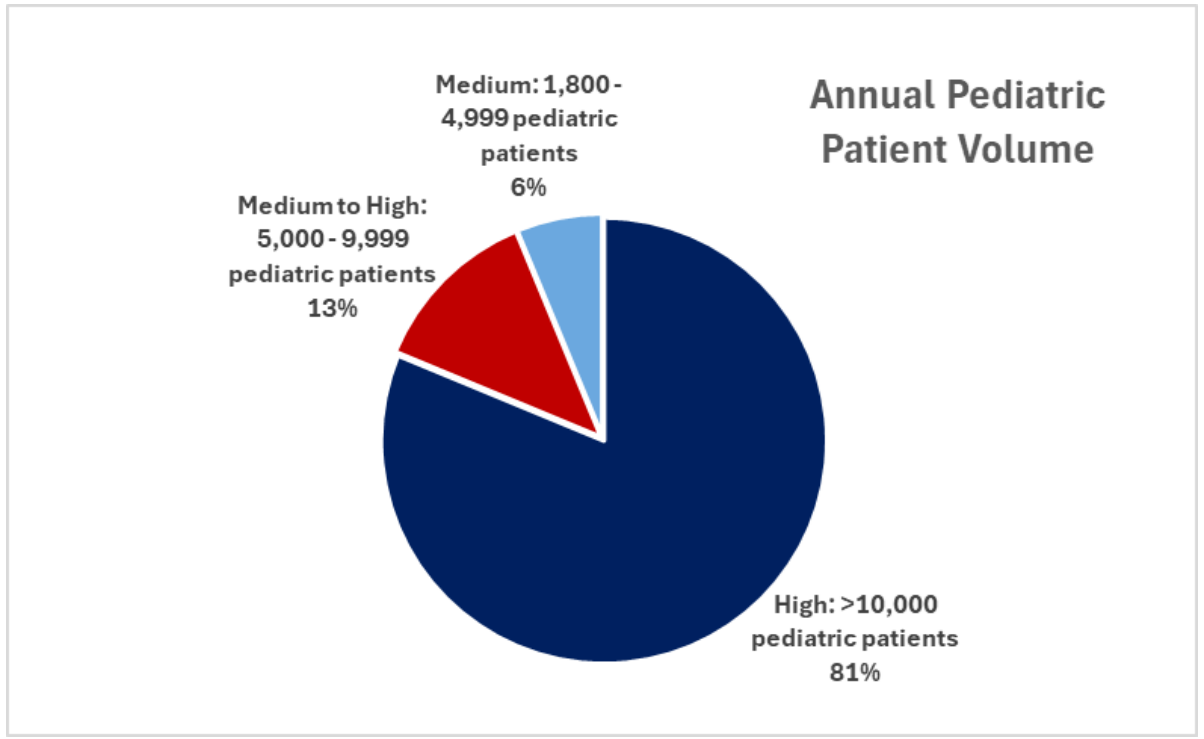

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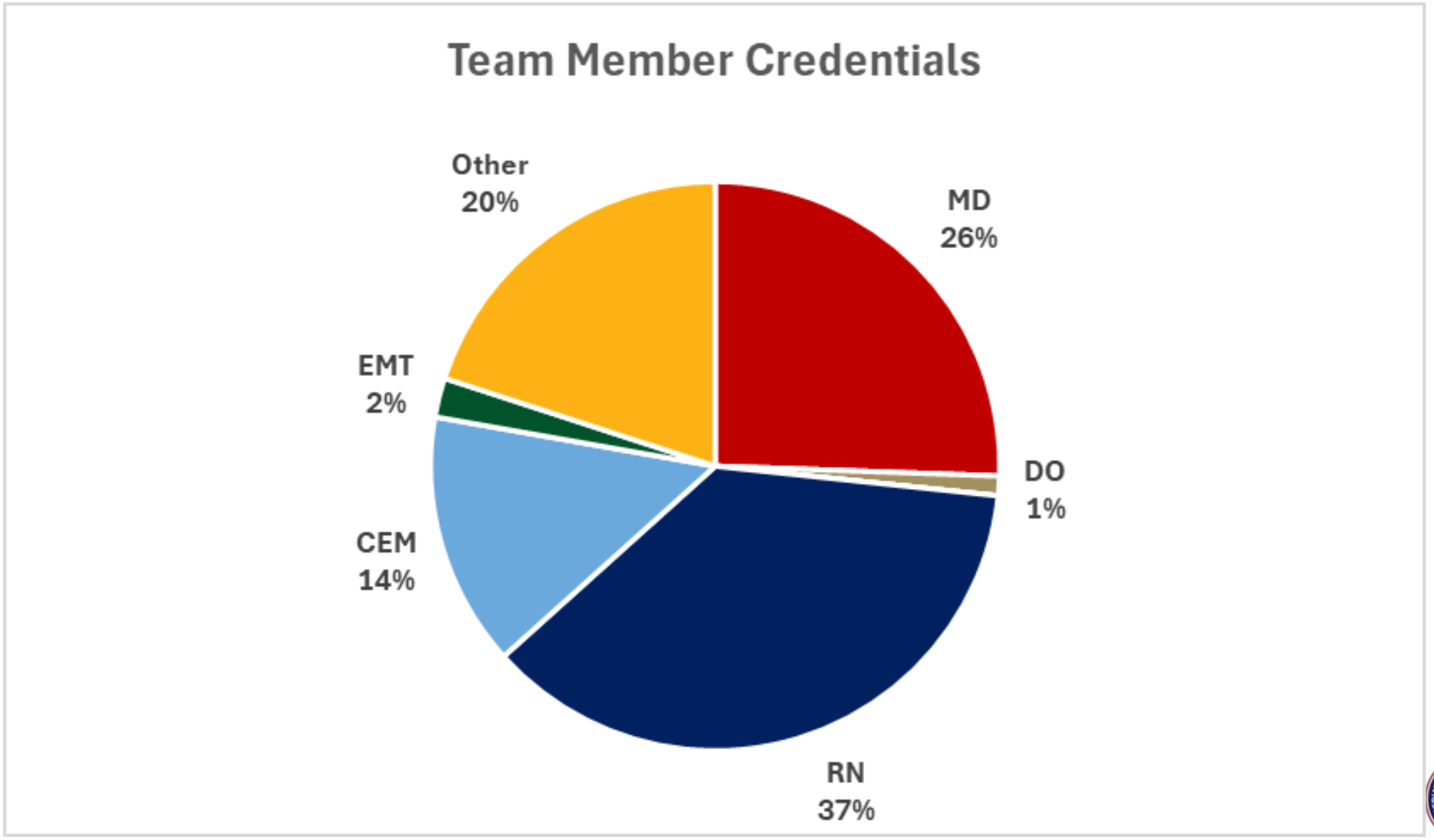

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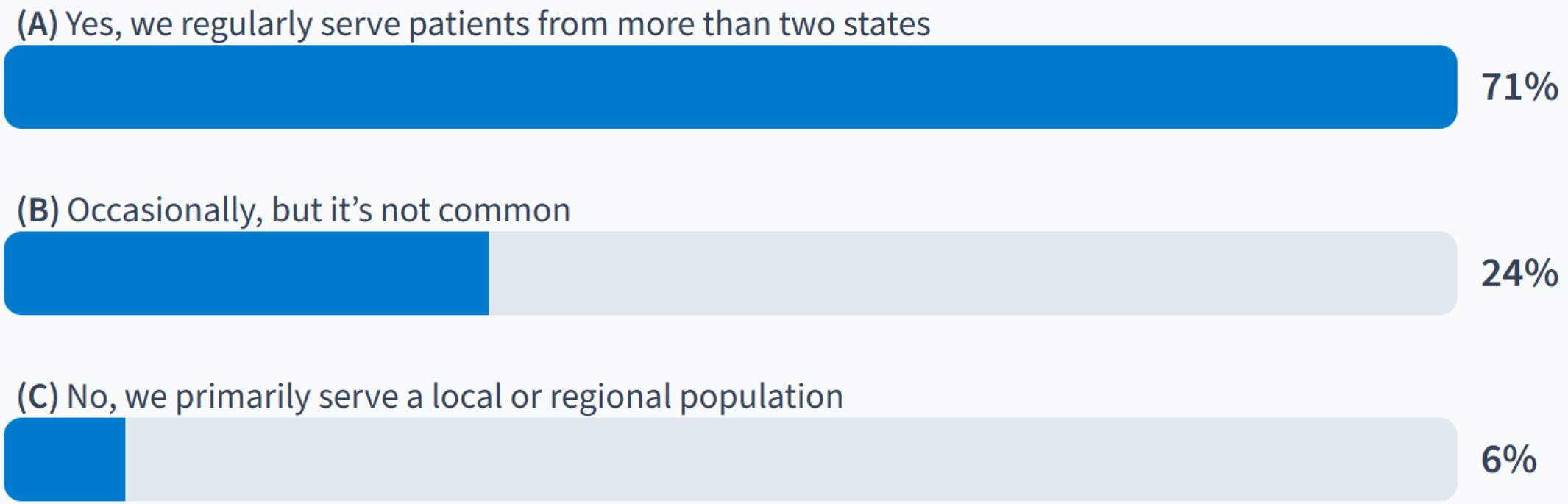
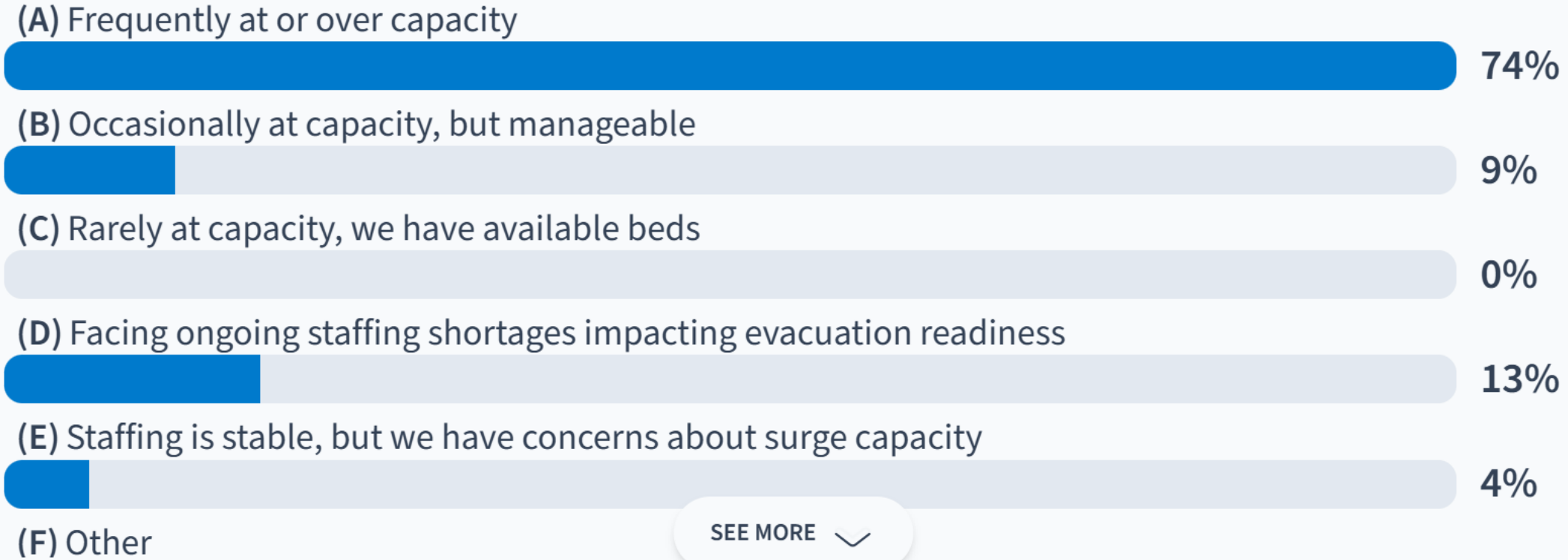
Does your hospital typically serve a patient population beyond a two-state catchment area?



Powered by Poll Everywhere

Which of the following best describes your hospital's current capacity and staffing situation?



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Key Terms

- Shelter in place
- Partial Evacuation
- Horizontal Evacuation
- Vertical Evacuation
- Full Evacuation

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Key Terms

- Controlled Evacuation
- Emergent Evacuation
- Crisis Standards of Care

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When was the last time your facility conducted a pediatric evacuation exercise or drill?

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What are the biggest barriers to advancing pediatric evacuation planning and exercises in your facility?

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Polling Results & Group Discussion

Poll Result Discussion

- **Lessons from Recent Drills:** For those who **have** exercised in the last year, what were the biggest takeaways?
- **Missed Opportunities:** Are there ways to integrate evacuation scenarios into existing hospital training or emergency drills?

Poll Result Discussion

- **Common Roadblocks:** Which barriers were most frequently selected? Are there any surprises?
- **Solutions Sharing:** What strategies have worked for hospitals that have **successfully overcome** some of these barriers?

Team Discussion

How can we leverage the **collective knowledge** in this group to create **practical solutions** for these challenges?

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Key Takeaways – DRC Evacuation Overview Session

Participation & Polling Results

- **140 participants** engaged in discussion
- **Poll 1:**
  - 33 partial evacuations | 8 full evacuations | 54 never evacuated
- **Poll 2:**
  - 29 prepared but stood down | 68 never had to prepare
- **Readiness Levels:**
  - 48 need more planning | 17 somewhat ready | 3 ready | 1 fully prepared

What Participants Liked Most

- **Collaboration & Shared Learning** – Connecting with peers facing similar challenges
- **Real-Time Incident Discussions** – Learning from actual experiences & lessons learned
- **Problem-Solving & Practical Tips** – Actionable strategies for evacuation planning

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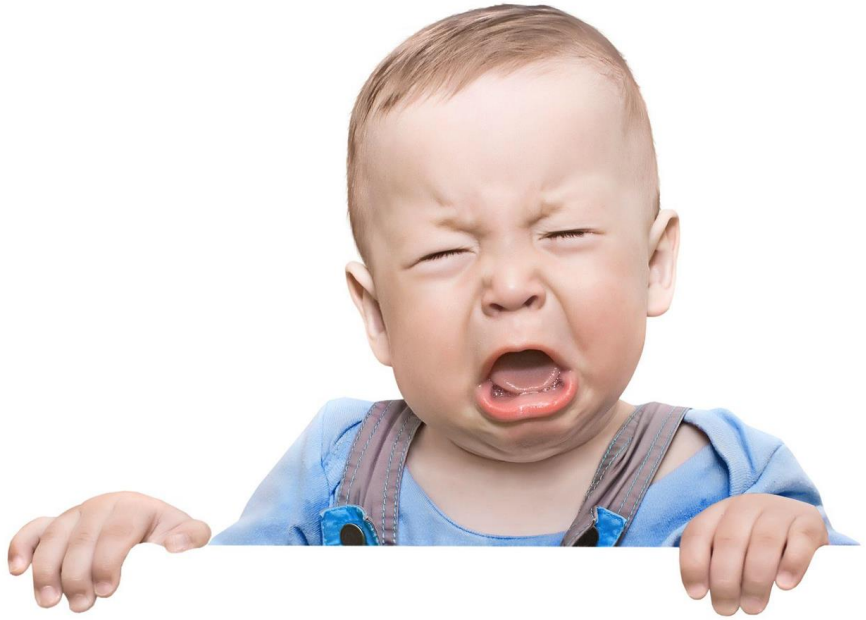
Key Challenges & Themes

What Participants Liked Least

- Breakout Sessions Were Too Short – 15 minutes felt rushed
- Limited Participation in Breakouts – Some groups were quiet, and not everyone could share
- Heavy Meeting Agenda – Too much content to cover in one session



Key Takeaway

Participants want more structured discussion time and real-world, practical takeaways to improve pediatric evacuation planning.

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What would make this pediatric evacuation collaborative most valuable to you?

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Overcoming Challenges & Moving Forward Together

Open Discussion

- **Planning for Future Sessions** – Next steps and priority topics
- **Enhancing Breakout Sessions** – Strategies for deeper engagement and discussion
- **Recommended Resources** – Tools and guidance to support evacuation planning
- **Strengthening Readiness** – Practical approaches to improve preparedness
- **Lessons Learned & Success Stories** – Insights from real-world experiences

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Expectations for Participating Children's Hospitals

- **Form a cohesive team** (disaster medical director and emergency manager + various representatives across the hospital and/or region, multidisciplinary encouraged)
- **Participate in DRC Sessions** (attend sessions; meet with your team in person; share the work!)
- **Assess current capacity and capabilities** (complete environmental scan, review disaster plan, choose focus area, note gaps both in chosen focus area and others [for future consideration])
- **Conduct exercise and drills** (Over 18 month period: 1 tabletop exercise (disaster plan) and 1-2 drills (disaster response) to address gaps and drive improvement using process measures)
- **Report best practices/lessons learned** (3-4 informal report outs on exercises/drills, project improvement work, gaps/barriers, successes and challenges)
- **Offer feedback and encouragement** (Collaborate, share ideas, resources)

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Focus Area

EMSC Emergency Medical Services for Children

Checklist of Essential Pediatric Considerations for Every Hospital's Disaster Policies

TABLE OF CONTENTS

Overview & Introduction 3
Domain 1: Pediatric Disaster Care Coordination 5
Domain 2: Regional Coalition-Building 6
Domain 3: Pediatric Surge Capacity 9
Domain 4: Triage, Infection Control, and Decontamination 11
Domain 5: Evacuation 12
Domain 6: Pediatric Patient Tracking, and Family Reunification 14
Domain 7: Legal and Ethical Considerations 17
Domain 8: Behavioral Health 19
Domain 9: Children and Youth with Special Health Care Needs 22
Domain 10: Exercises, Drills, and Training 23
Domain 11: Recovery and Resiliency 24
Acknowledgement 26

https://media.emscimprovement.center/documents/ED_Disaster_Checklist.pdf

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DRC Resources for Children's Hospitals

- Environmental scan "Children's Hospital Self-Assessment" - identify level of progress and/or gaps
- Intervention bundle guides and process measures
- Facilitated tabletop exercises and drills
- QI coaching and suggested improvement strategies
- Project management support
- Small group support from subject matter experts in each focus areas
- Shared best practices, standardized resources, and support from peers
- Centralized website to share and adapt hospital created resources (e.g., job action sheets, guidance, protocols)

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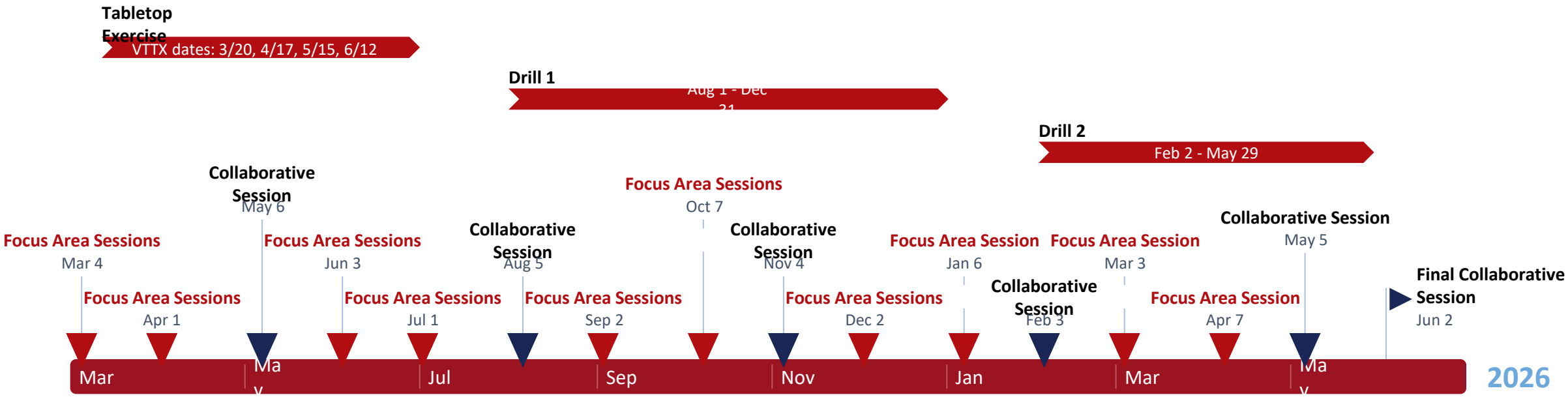
Our Journey: Exercises & Timeline



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Virtual Tabletop: What to Expect

Facilitator & Evaluator Preparation:

- Locate facility plans related to your selected DRC focus area; e.g. – facility evacuation plan
- Invite appropriate facility staff to exercise
- Arrange meeting space for in-person exercise participants
- Share facility plans and exercise documents with participants prior to exercise

Exercise Overview:

- Three-hour exercise: 1 - 4 pm Central
- Hosts manage virtual event environment
- Facility breakouts review disaster plans
- Facilitators ensure focus; Evaluators assess responses
- Facilities complete evaluations and improvement plans

All Facilitators and Evaluators must attend or watch the recording of the Facilitator & Evaluator Training (recording details TBD)

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Questions?

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DRC Upcoming Sessions

April 1, 2025
Focus Group Session
2:30-3:45 pm CT
Evacuation

May 6, 2025
Collaborative Session
1:00-2:30 pm CT

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Listen to Season 2 of Ready. Prep. Go!

Featuring compelling conversations with emergency, disaster and preparedness subject matter experts and those on the frontlines.

Dr. Julia Magana shares her experience handling a mass casualty event involving a school bus that rolled over. With limited information and resources, she and her team had to prepare for multiple children with potential injuries, focusing on airway assessments and calming techniques for the distressed kids.

The Host

Dennis Ren, MD, is a pediatric emergency medicine physician at Children's National Hospital and Assistant Professor of Pediatrics and Emergency Medicine at The George Washington University School of Medicine & Health Sciences in Washington, D.C.

Check out the episode trailer!

New episodes drop every other Tuesday. Available wherever you get your podcast and the Pediatric Pandemic Network website.

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To claim credit, text **CEPKOY** to 216-412-9068 or go to https://ce.pedspandemicnetwork.org/code and enter the session code: **CEPKOY**. You must be logged in to your PPN CE Portal account to claim credit.

The code will be active 45 mins after the session starts, and valid until 60 days after the session to claim CE.

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To create an account:

1. Go to https://ce.pedspandemicnetwork.org
2. Click Register on the top right corner on the webpage.
3. Click “Create new visitor account” and follow the prompts to create an account and complete your profile.

Users may view their previously claimed credit by going to My Account > Courses > Completed Activities.

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