

# DRC Full Collaborative Session #21

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Carrying it Forward: Impact and Sustainability  
in Pediatric Disaster Planning and Response



June 2, 2026

# Acknowledgements & Disclaimer

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**Children's National.**

# Agenda

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5 min **Welcome/Overview**

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40 min **DRC Team Presentations**

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30 min **Group Discussion, Sustaining Action Plans**

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5 min **PPN/DRC Updates**

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5 min **Final Words and Thank You**

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# Objectives

1. Apply insights from peer hospital presentations to inform ongoing improvement, integration, and resilience in your institution.
2. Identify practical strategies and resources to sustain and advance pediatric disaster preparedness and response initiatives.
3. Maintain an action plan to advance identified improvement opportunities, ensuring pediatric disaster preparedness gains are monitored and sustained.

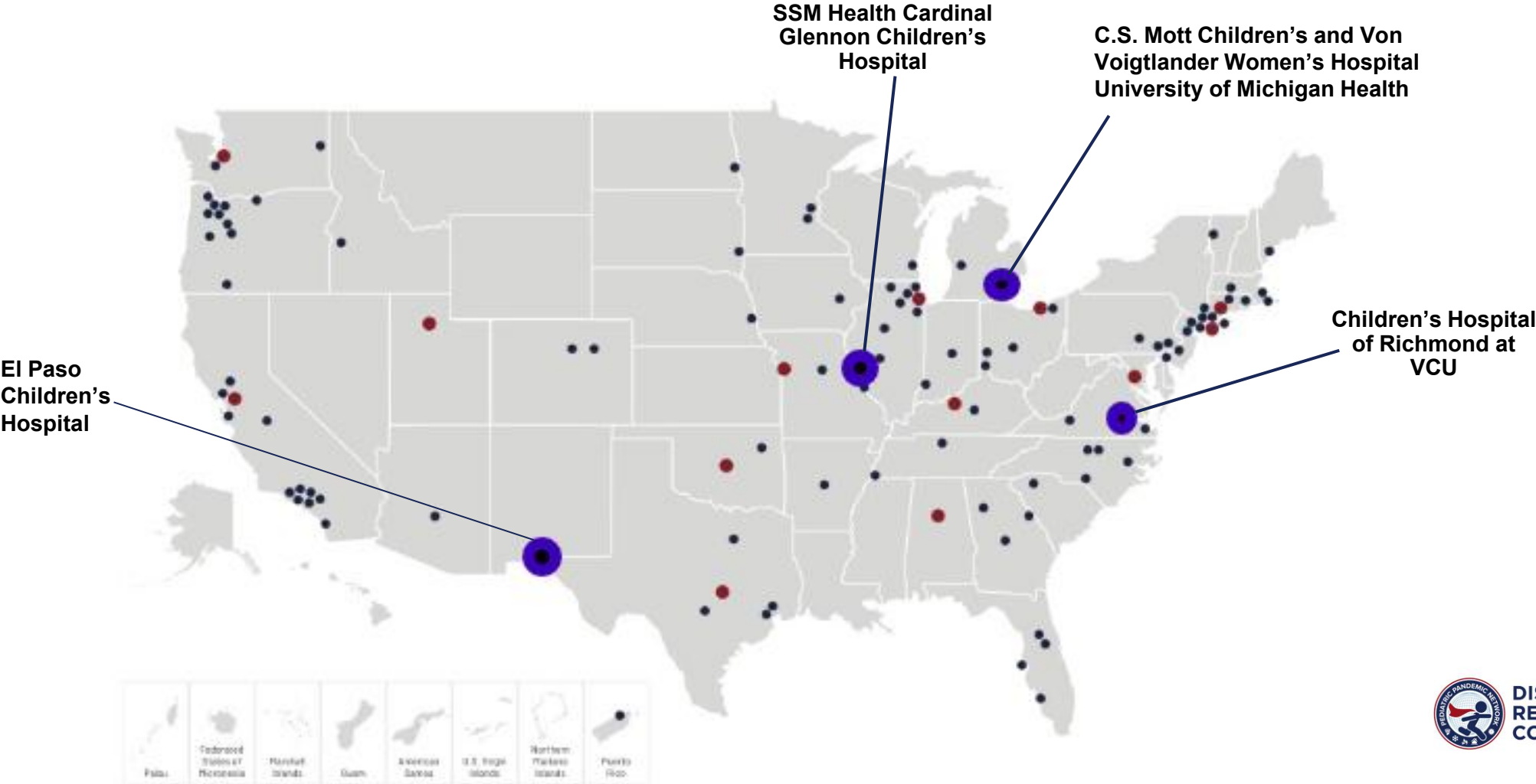
# DRC Team Presentations



# Hospitals Reporting Out Today

● = Registered PPN Hub Site Hospital

● = Registered Children's Hospital



# SSM Health Cardinal Glennon Children's Hospital

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Reunification

Rachel Mazzara, MPH, CPH



# About Us:



## **Cardinal Glennon Children's Hospital**

*St. Louis, MO*

195 Beds, Bi-state patient population, located in a dense urban area

**Rachel Mazzara, MPH, CPH**

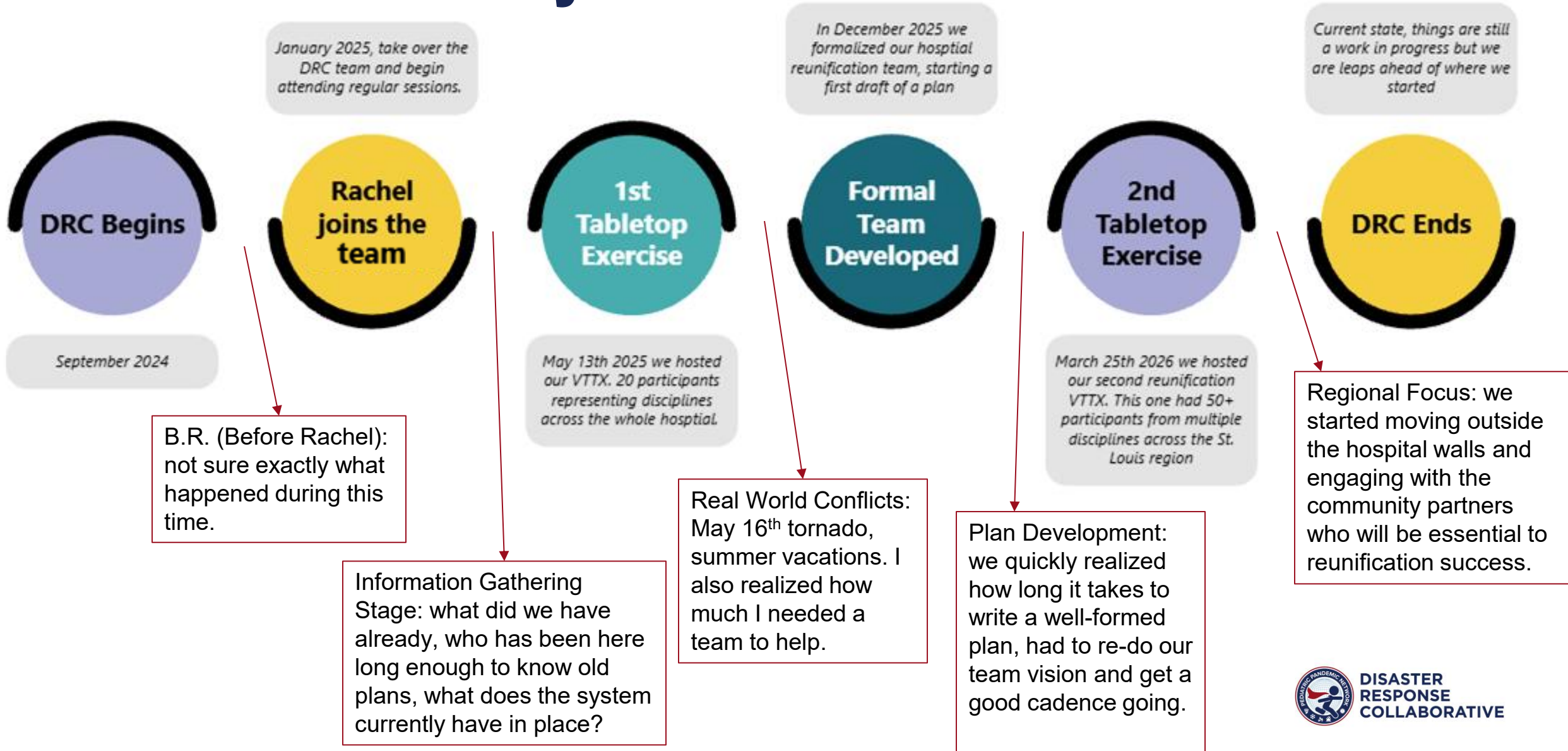
*Emergency Preparedness Specialist*



# Goals

1. Complete our first reunification plan, specifically supporting the needs of our children's hospital.
2. Increase general understanding of reunification processes across multiple hospital departments.
3. Connect with other hospitals to learn from their real-world events and other best practices.

# Our DRC Journey



# Strength, Struggle, Surprise

- Plan development
- Leader engagement

Strength



- Time and logistics
- Team development

Struggle

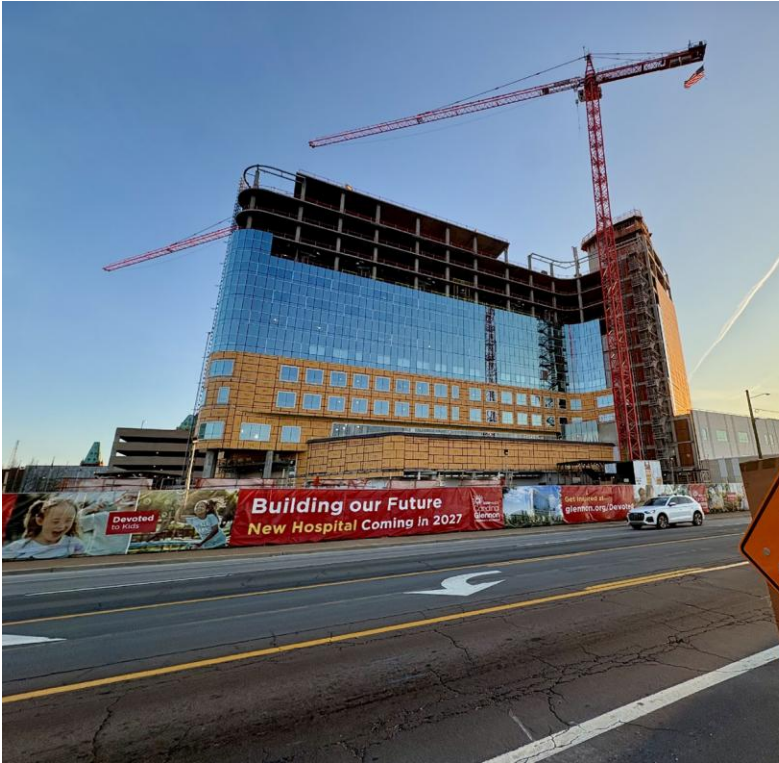


- Unexpected partners
- So many different lessons learned

Surprise



# Next Steps



- We are opening a new hospital in October of 2027!
- All the DRC lessons learned will need to be reapplied as we re-do our reunification plan, adjusting for new spaces, different risks, and a less familiar facility.

# Children's Hospital of Richmond at VCU

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Surge Capacity

Nicole Laurin, MS, RN, CPEN



# Team Composition

Nicole Laurin, MS, RN, CPEN – Pediatric Trauma Program Manager

Jonathan Silverman, MD – Pediatric Emergency Medicine Medical Director

Kelly Strickler, BSN, RN, CPEN – Pediatric Emergency Department Clinical Coordinator,

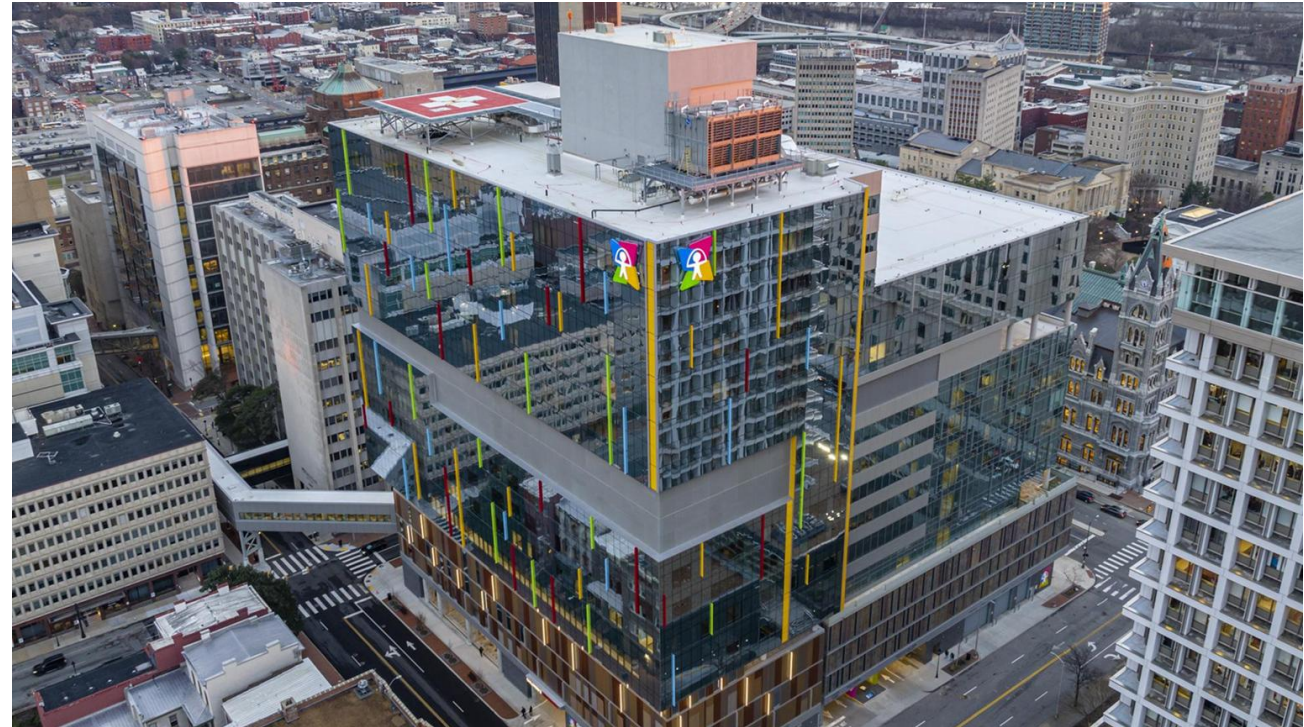
Stacy Coleman, RN, DNP, NHA, CEN, CPEN – Pediatric Long-Term Care Nursing Director

Marcos Grant-Pena, MS, RN – VCU School of Nursing DNP Student

Chris Patterson, MPS – Emergency Preparedness Coordinator

Pediatric Disaster Subcommittee

**Executive Sponsor:** Karen Webb, DNP, RN, NEA-BC



# What Did you Want to Accomplish?

## Background:

- Large, small urban academic medical center, with recent expansion and physical relocation of pediatric services into a dedicated tower
- Operate under one comprehensive plan for the medical center
- Identified need for additional pediatric preparedness and planning specific to new location

## Goal:

- Evaluate, identify, and address gaps in current plan
- Improve readiness for acute surge/influx
- Enhance staff awareness, engagement, and role clarity

# What Actually Occurred?

## Which Changes Resulted in Improvements?

Participated in DRC facilitated VTTX in June 2025 using a modified trauma MCI scenario

- Multidisciplinary participation (ED, EM, PICU, OR, Trauma, Nursing, Senior Leadership)
- Evaluated existing MCI plan
- Identified robust, comprehensive plan

Highlighted gaps and created awareness for involved disciplines

Assigned DNP student for project support

Completed PDPACH

Selected development of pediatric annex as primary strategy

Developed initial framework for annex

Convened secondary tabletop discussions for OR and Acute Care

# Strength, Struggle, Surprise

- Executive sponsor engagement and support

Strength



- Team bandwidth
- Time
- Real world events

Struggle



- Unexpected DNP student turnover
- New dedicated EM Coordinator

Surprise



# Next Steps

Project continuation with incoming DNP student

Collaboration with new dedicated emergency preparedness coordinator

- Continuation of progressive drills to refine processes
- Staffing education and training

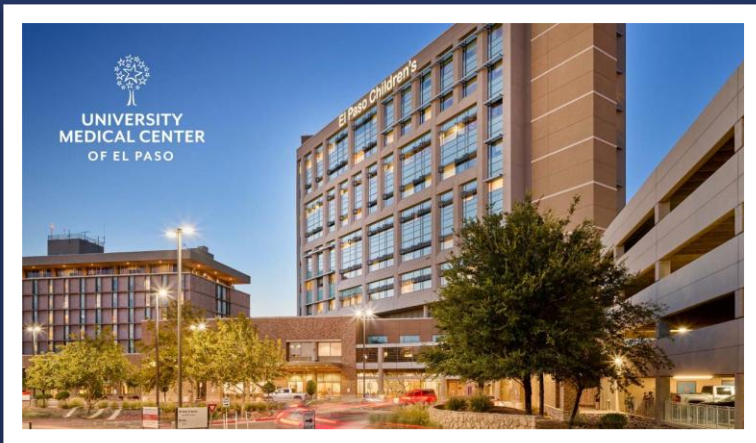
Partnership & participation with external partners in regional exercises

# El Paso Children's Hospital

Surge Capacity & Family Reunification

Don Berger, MSOSH, MPA, CHSP

Naomi Bastardo, RN



# Team Composition



**Naomi Bastardo, MSN, RN**  
**Associate Administrator**  
**Emergency Department**



**Don Berger, MSOSH, MPA, CSHP**  
**Administrative Director Safety**  
**Operations**



**Gabriel Zubia, B.S. in Kinesiology, CHSP, CHEP**  
**Safety & Emergency Management Specialist**



# What did you Want to Accomplish?

## Background:

- Why did you choose to participate in DRC?
  - To participate and learn from other children's hospitals across the country
  - Past events – active shooter incident in 2019 – Walmart, COVID Pandemic.
- Why did you select the focus area(s) that guided your work?
  - Pediatric Surge – improve our preparedness both within El Paso Children's Hospital as well as University Medical Center.
  - Patient Tracking and Family Reunification – communication between hospitals, first responders, and family can be difficult and confusing during an actual event. Improving our hospital plan.

## Goal:

- What did you specifically want to accomplish with your DRC project?
  - To serve as the regional anchor for pediatric disaster readiness, ensuring that every child in our community receives immediate, specialized, and high-quality medical care during public health emergencies and mass casualty events.

# How will we know if a change is an improvement?

- Our team participated in the self-assessment and conducted tabletop drills for both the pediatric surge and the patient tracking and family reunification. Functional exercise for Patient Tracking and Family Reunification.
- Who was involved?

El Paso Children’s Hospital	University Medical Center
Pediatric Emergency Department	Emergency Department
Patient Care (PICU, PIMCU, Peds, HemONC, NICU)	Trauma Department
Imaging, Lab, Surgery, Rehab, Child Life Services	Patient Experience, Registration, Case Management
Patient Registration, Case Management	Safety, Security, Environmental Services
Administrator on Duty (AOD)	Perioperative Services, AOD



# How will we know if a change is an improvement?

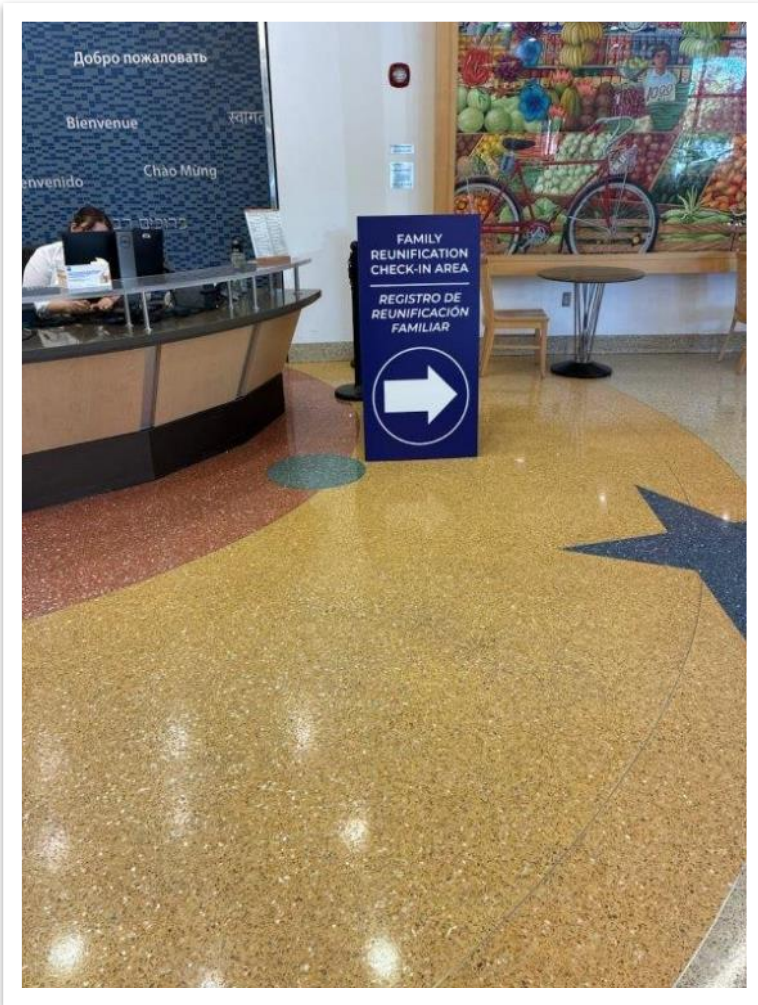
- After both tabletop exercises and the functional exercise we participated in a community-wide full scale exercise through the regional advisory council on trauma which helped put together a regional pediatric mass casualty drill
- Identify gaps and strengths discovered

Strengths	Opportunities
Surge – Ability to surge in Pediatric Areas	Family Reunification TTX – Signage and procedures
Patient Tracking – Pulsara	Patient Tracking – Wristbands
Surge – Trauma and Emergency Care	Command Center – Vests, Separate HCC
Communication – EM Resource, Everbridge	
Family Reunification	

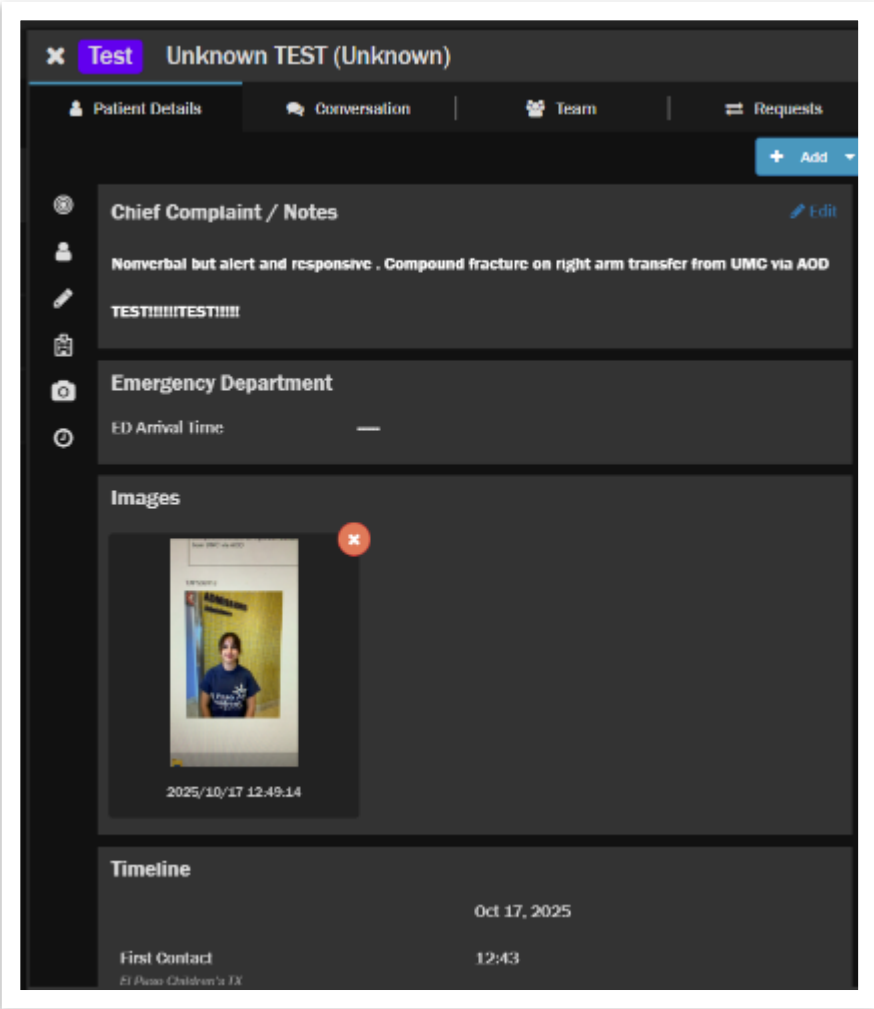
# How will we know if a change is an improvement?

- Clarify any barriers (and how they were overcome)
  - ED overload
  - Volunteers for exercise (scheduling)
- Process measures and other objectives were used
  - Triage and Surge Capacity
    - Within 15 minutes of the start of the incident or exercise establish a pediatric triage area
    - Triage pediatric patients are correctly categorized using JumpSTART or ESI
  - Patient Tracking and Family Reunification
    - Establish a secure Family Reunification Area within 45 minutes of the start of the exercise
    - Successfully log and track all unaccompanied pediatric patients
    - Match each unaccompanied pediatric patient with their searching parent or guardian

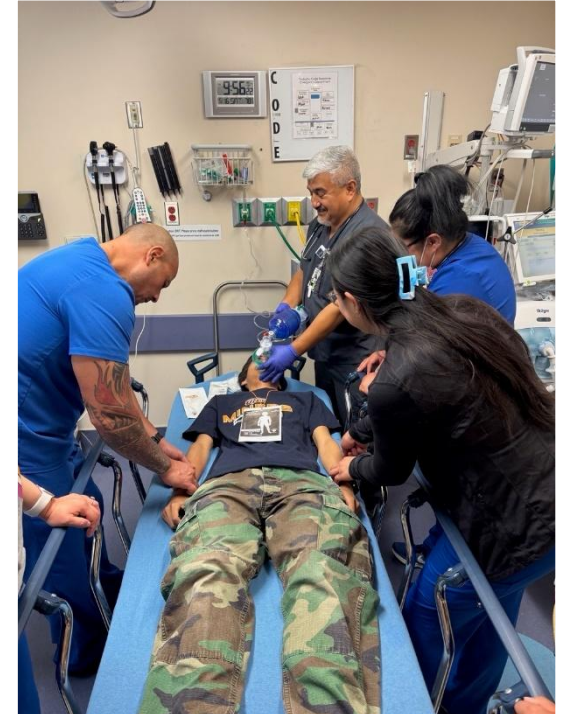
# Family Reunification Functional Drill



Check-in



# Pediatric Mass Casualty Exercise



**Saturday morning - unannounced**  
21 trauma patients UMC/EPCH  
Gunshot wounds  
Some brought by ambulance  
Some walk-ins

- Pediatric Surge
- Patient Tracking and Family Reunification



# What changes can we make that will result in improvement?

- **Indicate any action items and change strategies made**
  - Dual family reunification did not work – combined UMC with EPCH
  - Use of Pulsara instead of WebEOC for patient tracking and family reunification
  - Ensuring hospital staff has access to mental health benefits that might be needed as a result of disasters, especially for those providing pediatric patient care
  - Delineation of duties for multiple AODs due to co-located EDs
  - Response team to include specific personnel for pulsara entries
- **Provide information on what worked and what didn't work**
  - Patient surge capacity in EPCH – Use of double occupancy, surge areas
  - Family Reunification – Worked well during full-scale exercise after discussions and changes made from TTX and functional drill
  - Communication regarding number of patients – only one paramedic to input information into Pulsara led to communication issues for the hospitals during the full-scale exercise regarding knowing how many patients to expect
  - Having exercise on weekend – some people out of town, no response

# Strength, Struggle, Surprise

- What has gone well for you? Why do you think that worked well?

Strength

- What is a struggle you faced? Were you able to overcome the challenge?

Struggle

- Did you have any unexpected issues or Aha moments during your project?

Surprise

# Next Steps

- Using the information learned from other hospitals that participated in the DRC and from participating in the tabletop exercises and full-scale exercise has been very beneficial for overall emergency preparedness. We will continue to review materials and presentations to see what other changes can be made to our emergency management plans.
- During a recent shooting in nearby New Mexico, the hospital received patients by ambulance and air however they do not use Pulsara nor WebEOC. Communication to the hospitals regarding the number of patients enroute is difficult to obtain. The same happens in rural areas including the interstates where multi-vehicle crashes occur especially during severe weather such as dust storms, heavy rains, or winter snow and ice conditions.

C.S. Mott Children's  
and Von  
Voigtlander  
Women's Hospital  
University of  
Michigan Health

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Surge Focus: Unplanned MCI

Marie M. Lozon, MD  
Stuart Bradin, DO



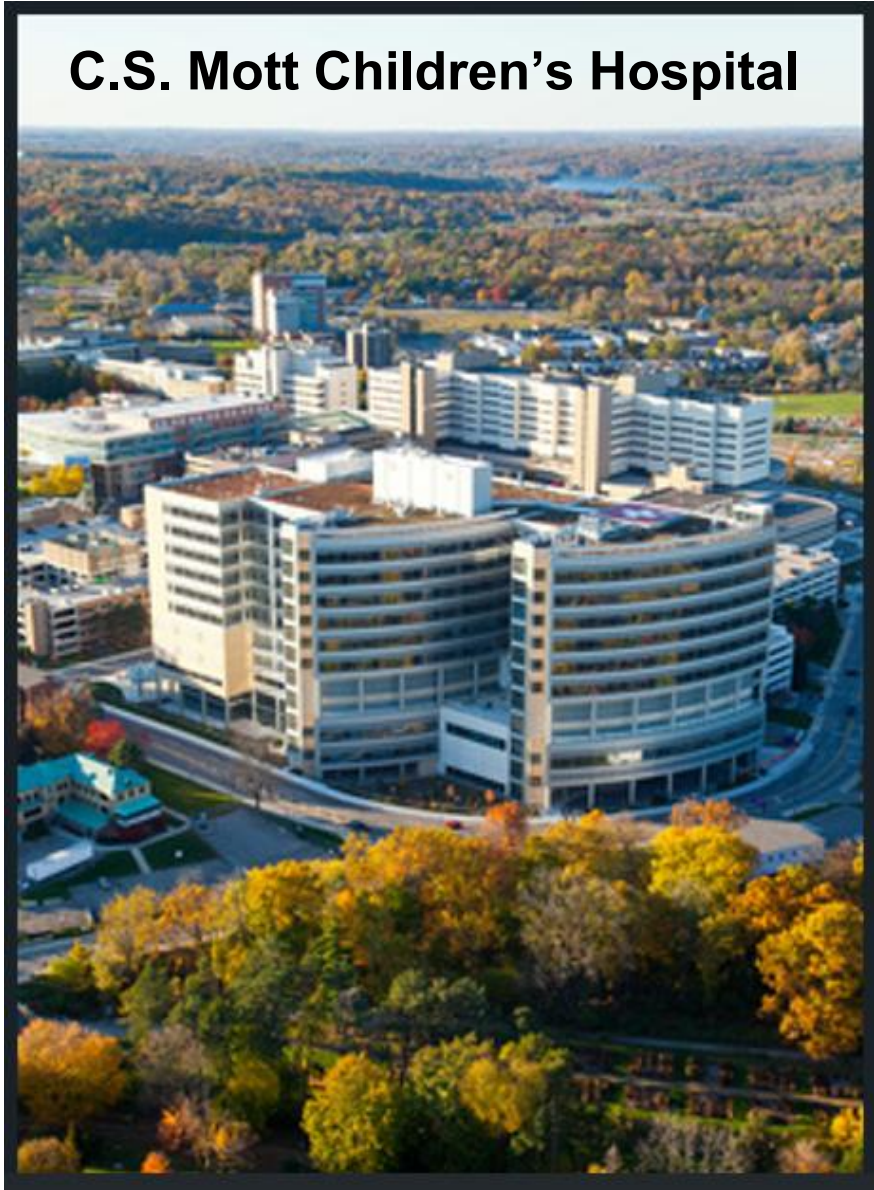


**Disaster Planning is Very LOCAL  
for an MCI Surge...and you have to  
LIVE IN YOUR WORLD...GO BLUE!!**



# Team Composition

## C.S. Mott Children's Hospital



Shout outs to our Trauma Coordinator, our Administrative Leadership (CMO; Chief of Facilities of Mott) and our Exercise Planning Team...too many people to name but many worked on this for 10 months!!!

### Emergency Management

*Julie Stafford*

*Jacquelyn Smith*

*Judith Cavender*



# What Did you Want to Accomplish?

## Background:

- We are part of a **very large academic medical campus**. Our Children's and Women's Hospital provides quaternary care **and** we are a **level ONE trauma center**, but our Emergency Management Operations are centralized with all hospital campus representation (Children's, Adult Hospitals, Cardiac Hospital, Cancer Center, etc). **We wanted to spend significant time focused on specific preparedness of the children's services for no-notice surge such as MCI.**
- We chose **Surge** because we wished to assess the MCI Plan when most or all of the victims were pediatric; the scenario was an active shooter at a school.

## Goal:

- To improve the children's hospital's focus on preparedness and MCI planning and improve pediatric surgical team's focus on preparedness through partnership.

# We were ambitious: conducting full scale, active shooter, no-notice MCI using actor-victims

- Both Children's and Adult Emergency Departments
- Both Pediatric Trauma Surgery and Adult Counterparts
- Surgical and PACU Areas, including anesthesia floor runners and staff
- Radiology Services
- Blood Bank/Pathology
- Security Services throughout Campus
- Pediatric ICU
- Pediatric Hospitalists
- Family Assistance Center and Family Reunification Team
- Social Work
- Child Life
- Public Information Officers (inc. those assigned to social media)
  
- Ann Arbor Public Schools Safety Officers and School Family Assistance Team with FAC Activation
- Ann Arbor Fire
- Ann Arbor Police
- Ann Arbor EMS
- Ann Arbor Emergency Management
  
- Community Health System (Trinity Health)

**For Official Use Only (FOUO)**

## Mass Casualty Incident – Active Shooter Full Scale Exercise

After-Action Report/Improvement Plan  
UMH, Academic Medical Center, Ann Arbor



# What Actually Occurred?

## Which Changes Resulted in Improvements?

- Our Project was multi-year: DNC to uplift Children's Hospital Preparedness, DRC to effectuate the complex full-scale exercise and analyze results
- Exercise planning was very detailed in order to accommodate goals of Michigan Medicine and community partners
- Many stakeholders could test their unit, department, or organizational preparedness
- **Barriers** were the size and complexity of the exercise, but size and complexity was also a **strength**
- For Surge and MCI, a metric of Surgical Team and Surgical Services involvement was a **win and improvement**
- Focused administrative personnel and effort in children's emergency department on preparedness a **win and improvement**, but not that team member's sole focus
- Small but substantive wins in role knowledge, communication tech (Everbridge), community engagement, security personnel presence and expertise, PIO performance

# Strength, Struggle, Surprise

- Deep bench for staff at nearly all levels
- New levels of commitment to disaster from Surgery/Trauma
- Abundant “Stuff”

Strength



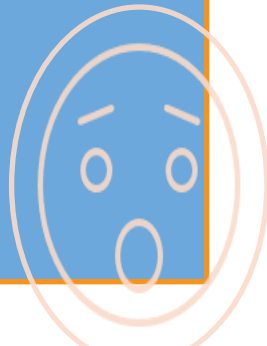
- Children’s hospital leaders taking focused ownership of EMO *evolving*
- Family Reunification process not fully optimized, but improved!

Struggle



- School reps highly engaged-will be valued in true incident
- ACS COT push to improve MCI prep has borne fruit at our children’s hospital
- All STAFF so much smarter, better and braver than we thought!

Surprise



# Next Steps

We will continue to **scrutinize our After-Action Report** and other post-exercise survey data for opportunities, especially for the elements we felt were not optimized:

**When Children's Hospitals face existential threats to everyday operations...we must carve out effort and time for preparedness**

- We excel at the everyday very sick child...it's **recognizing the surge** tipping point and responding
- **Activation:** Recognizing the *When* and Exercising the *HOW*
- **Reunification Optimization!** We are good (Family Assistance Center rock solid) but we have to be better and recognize the missing pieces

# DISCUSSION

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Clarify how you will track  
action plans  
to maintain ongoing  
progress and sustainability



# PPN Updates

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Julie Shelton, MPH, CPHQ



# DRC To-Do List

## Completed

- Maintain a DRC team
- Attend sessions or review recordings
- Focus area choice
- Tabletop Exercise (TTX)
- TTX data follow up survey
- Update facility's disaster plan
- Drill #1 & action steps
- Drill 1 Data Collection Survey
- Drill #2 & action steps
- Drill 2 Data Collection Survey

## Present Tasks

- Final Collaborative Evaluation**
- Create an account in Open PPN if not already complete
- Access your facility's DRC Dashboard

## Next

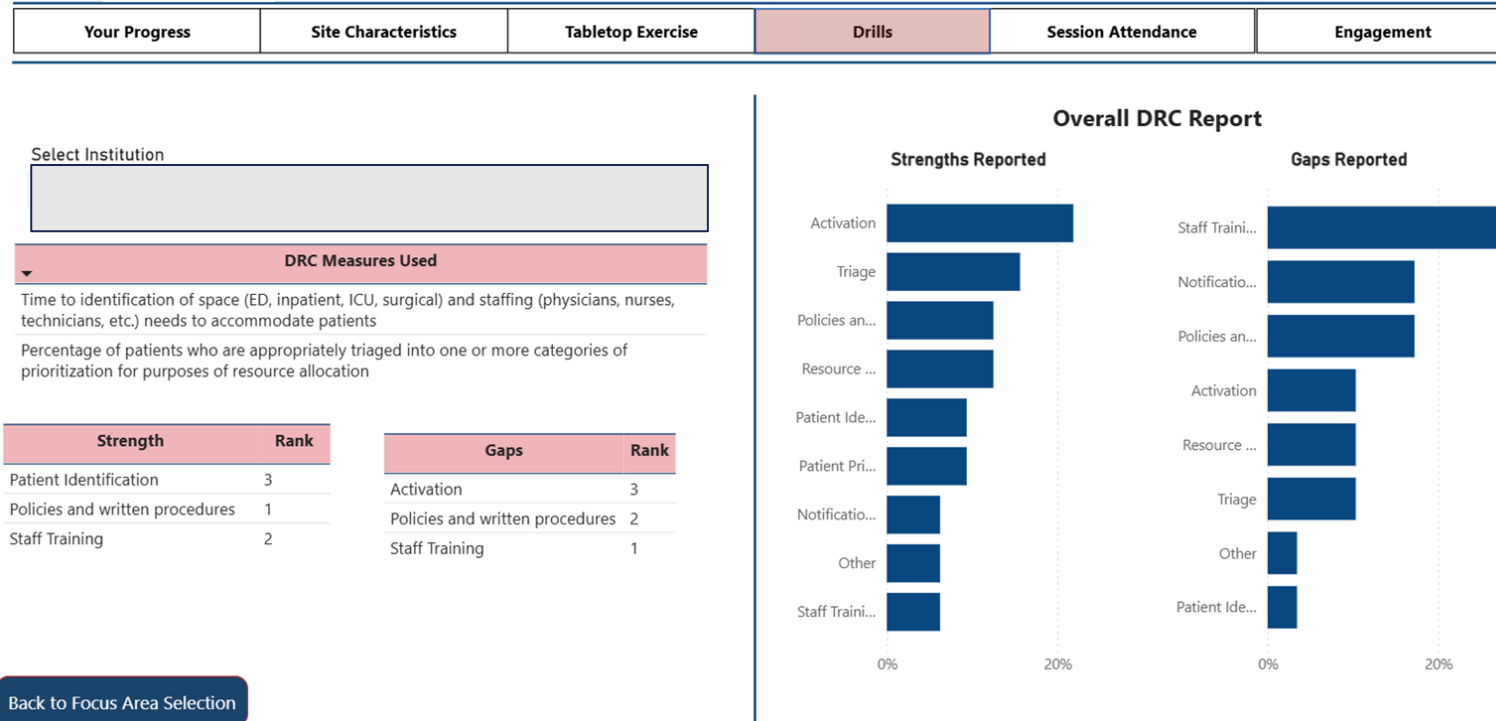
- Share your DRC success with hospital leadership
- Register and attend the Disaster Response Community of Practice



# PPN Analytics Portal: DRC Dashboard

## Benefits

- Central Repository
- HIPAA Compliant
- Data-driven & QI Insight
- Share Knowledge and Comparison
- Manage your team
- **Participate in Collaboratives**



# Disaster Response Community of Practice



Learn more about the Community of Practice and register for the August 11th session [here](#).

# PPN Continuing Education

## Physicians, Nurses, Social Workers

### Instructions for claiming credit for the Disaster Response Collaborative June 2, 2026: Full Collaborative, Carrying it Forward: Impact and Sustainability in Pediatric Disaster Planning and Response

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

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1. Go to <https://ce.pedspandemicnetwork.org>
2. Click Log in on the top right corner on the webpage.
3. Select a PPN sign-in option and follow the prompts to log in or create an account on OpenPPN, the PPN's single sign-on app.
4. After logging in to the PPN CE portal, follow the prompts to create an account and complete your profile.

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Pediatric Pandemic Network  
**Continuing Education**





# Session Evaluation

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**You!**



In recognition of your participation in the  
2024-2026 Disaster Response Collaborative  
to strengthen pediatric disaster planning  
and response.



**Mark Batshaw, MD, FAAP**  
Co-Principal Investigator  
Pediatric Pandemic Network



**Charles Macias, MD, MPH, FAAP**  
Co-Principal Investigator  
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**Christopher Newton, MD, FACS, FAAP**  
Co-Principal Investigator  
Pediatric Pandemic Network



**Joelle Simpson, MD, MPH**  
Co-Principal Investigator  
Pediatric Pandemic Network



# Thank you...DRC Administrative Team



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FAAP, FACEP, FAEMS



Jonathan Eisenberg, MD, FAAP



Kevin McCulley



Laura Aird, MS



Julie Shelton, MPH, CPHQ



Brigitte Glines, CA-PEM,  
IAEM-CEM, DMV



Brent Kaziny, MD, MA, FAAP



Ashley Liebre, MPH



Mike Saleh, MHI, MHE

# Pediatric Evacuation Focus Area Oversight Group

- Abby Bailey, NR-Paramedic; Norton Children's Hospital
- Patricia Frost, RN, PHN, MS, PNP; National Pediatric Disaster Coalition
- Shana Godfred-Cato, DO; Primary Children's Hospital
- Kathy Lehman-Huskamp, MD; Medical University of South Carolina
- Chris McCarthy; Emergency Preparedness Solutions, LLC
- David McCarthy, BA, NREMT; Emergency Preparedness Solutions, LLC
- Annette Newman (Matherly), MS, RN, CCRN; Pediatric Pandemic Network
- Kate Remick, MD; Dell Children's Medical Center
- Cathy Shanahan, MD; Lurie Children's Hospital
- Julie Shelton, MPH, CPHQ; Pediatric Pandemic Network

# **Pediatric Patient Tracking & Family Reunification Focus Area Oversight Group**

- **Sarita Chung, MD, FAAP; Boston Children's Hospital**
- **Anna Lin, MD, FAAP; Lucile Packard Children's Hospital Stanford**
- **Rachel Mazzara, MPH, CPH; SSM Health Cardinal Glennon**
- **Brittni Blaser, MIHMEP, MoCEM II; Children's Mercy**
- **Kristy Deutschmann; SSM Health Cardinal Glennon**
- **David McCarthy, BA, NREMT; Emergency Preparedness Solutions, LLC**
- **Tracy McCallin, MD, FAAP; Rainbow Babies & Children's Hospital**
- **Laura Aird, MS; Pediatric Pandemic Network**

# Pediatric Surge Capacity Focus Area Oversight Group

- Elizabeth Foster, MPH; Rainbow Babies & Children's Hospital
- Amyna Husain, DO, FAAP; Johns Hopkins Hospital
- Sarita Chung, MD, FAAP; Boston Children's Hospital
- Deanna Dahl Grove, MD, FAAP; Rainbow Babies & Children's Hospital
- Brent Kaziny, MD, MA, FAAP; Texas Children's Hospital
- Nathan Timm, MD, FAAP; Cincinnati Children's Hospital
- David McCarthy, BA, NREMT; Emergency Preparedness Solutions, LLC
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- Matthew Denenberg, MD; Corewell Health
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- Tim Scholten, MHA, BSN, RN, NE-BC; Corewell Health
- Kari Wellnitz, MD; University of Iowa
- Brandon Kappy, MD; Children's National Hospital
- Brigitte Glines, CA-PEM, IAEM-CEM, DVM ; UCSF Benioff Children's Hospitals
- Julie Shelton, MPH, CPHQ; Pediatric Pandemic Network



DISASTER  
RESPONSE  
COLLABORATIVE

# TICD Focus Area Oversight Group

- **Nicholas Glomb, MD, MPH, FAAP, UCSF; UCSF Benioff Children's Hospitals**
- **Irene Navis, AICP; Navis Strategic Solutions, LLC**
- **Brigitte Glines, CA-PEM, IAEM-CEM, DMV; UCSF Benioff Children's Hospitals**
- **Frank Walter, MD, FACEP, FACMT, FAACT; University of Arizona**
- **Fred Henretig, MD, FAAP, FACMT; Children's Hospital of Philadelphia (retired)**
- **Danielle Zerr, MD, MPH; Seattle Children's Hospital**
- **Larry Kociolek, MD, MSCI, FSHEA, FPIDS; Lurie Children's Hospital**
- **Doneen West, PharmD; UCSF Benioff Children's Hospitals**
- **David McCarthy, BA, NREMT; Emergency Preparedness Solutions, LLC**
- **Chris McCarthy; Emergency Preparedness Solutions, LLC**
- **Dawn Bailey; CYSHCN Consultant, State of Arizona**
- **Bradley Goldberg, MD, FAAP; CHLA**
- **Jonathan Eisenberg, MD, FAAP; Dell Children's Medical Center**
- **Laura Aird, MS; Pediatric Pandemic Network**

# Thank You

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Questions?

Email: [dncppn@austin.utexas.edu](mailto:dncppn@austin.utexas.edu)

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