Abstract:
On any given day in the United States, most children needing medical services receive care through a pediatric medical home. The same medical home has a critical and underutilized role in disaster readiness, response, and recovery. Pediatricians can effectively help families and children prepare for crisis and address physical and behavioral sequelae after an event. To be available to patients, practices also need to take steps to minimize disruption and ensure their own continuance of operations. Primary care pediatricians can improve resiliency across the community by engaging in advocacy and collaboration with other local groups to ensure that children's needs are being met in disaster.

Keywords:
disaster preparedness; medical home; pediatric practice; community resilience

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Office Readiness, Personal Preparedness, and the Role of the Medical Home in Community Resiliency

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Although disasters are not a new phenomenon, these events continue to surprise. With unforeseen scale such as Hurricane Katrina, chains of consequences as seen in Fukushima, unexpected locations (as in Hurricanes Irene and Sandy), or even entirely new sorts of events—9/11, Deepwater Horizon, and the Boston Marathon bombing—every disaster reminds us to continue to prepare for the unexpected. One constant in every disaster is the involvement of children, whether directly affected or indirectly exposed (such as through media coverage). Children have unique physiologic, developmental, behavioral, psychological, social, and therapeutic needs apart from adults; disasters highlight these differences and mandate special and deliberate consideration to be effectively addressed. Pediatricians, being experts in the health and well-being of children, are well-suited to be advocates and consultants on the needs of children in disaster.

Pediatricians are becoming involved in disaster planning on the federal and state levels through organizations such as the American Academy of Pediatrics (AAP) and its constituent state chapters.[1] Nevertheless, there remains a need for pediatricians to also engage on the local level as well. All disaster preparedness and response starts locally. The federal Stafford Act, which guides the national response, defines a disaster as an event that overwhelms the local capacity to respond; therefore, the stronger the local capacity and resiliency implies a greater likelihood in being able to contain the crisis and reduce negative consequences.[2] Pediatricians have knowledge of many of the characteristics and resources of their local communities, particularly toward the people and agencies that impact children and families and contribute to their well-being.

Emergency departments (EDs) have long been considered a focus of disaster response, as children (and adults) often seek care from these facilities first, particularly in mass-casualty events. The ED also has at least some capability to stabilize and treat patients in response to virtually any type of health event. However, the office-based primary care pediatrician also plays a vital role in disaster preparedness, response, and recovery. In the United States, the majority of pediatric health care is provided in office-based practice; the primary care pediatrician is the first and often only point of contact for most children accessing health care services.[3] Most primary care pediatric offices are also "medical homes," a concept first described by the AAP in 1967, where the patient and family receive comprehensive, longitudinal, accessible care from 1 coordinating pediatrician or practice.[4] These characteristics of the medical home serve to improve everyday health but also crisis-related family preparedness as well as resiliency and recovery. Finally, in preparing for and dealing with disaster situations, families trust and prefer to seek guidance from their primary care physician, such as their pediatrician.[5,6] Primary care, office-based pediatricians need to be prepared for families' questions and concerns, and should capitalize on their unique strengths and capabilities to enhance community resilience and ensuring children's needs are met in disaster.

HOME AND FAMILY

If preparedness starts locally, the most "local" level consists of the individual family. Surveys have repeatedly shown that families and individuals are not prepared for disaster to the extent they should be.[6–8] Pediatricians can promote family preparedness through the medical home, by way of individual counseling and anticipatory guidance as well as office posters and handouts. Although pediatricians commonly, and legitimately, express concern over the time and effort involved in imparting the myriad of anticipatory recommendations,[9–11] disaster preparedness need not be done at every single encounter; in fact, much advice can be delivered in accordance with certain times or events, such as National Preparedness Month in September, the start of hurricane season on June 1, or after a recent crisis in the news. Furthermore, a study by Olympia et al[12] strongly supports the effectiveness of such guidance, finding that families encouraged by a physician to prepare for a disaster were 3 times more likely to do so compared to those that did not receive such advice.

Preparedness recommendations can be found on numerous Web sites, but most offer similar suggestions: make a kit, have a plan, and be informed and involved.[13–15] Table 1 lists some common components of a home disaster kit, which should be able to provide self-sufficiency for 72 hours, by which point outside help hopefully will have arrived. Parents should be encouraged to learn about the local risks, discuss disasters and preparedness with their children, make plans in case of family separation, inquire as to school and child care plans, and ensure that children know their contact information. Pediatricians can direct families to community-specific resources, such as the local department of health or emergency management. Parents and families also should be encouraged to develop plans in conjunction with their neighbors and social groups.

Families of children and youth with special health care needs (CYSHCN) warrant particular attention

TABLE 1. Some recommended items for a home disaster kit.

Water	First aid kit
Nonperishable food with manual can opener	Flashlight
Infant diapers and jarred food	Radio
Hand sanitizer	Batteries
Toiletries	Duct tape
Personal identification	Paper and pencils
Important documents	Books, toys, and games
Cash	Sleeping bag or blanket
Medications	Change of clothing
Spare eyeglasses	Sunscreen