

American Academy of Pediatrics
“Enhancing Pediatric Partnerships to Promote Pandemic Preparedness” Meeting

TEXAS STATE ACTION PLAN
February 2012

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State Models:

Regional spokesperson used to consistently message the public in some areas.
State DSHS web site was excellent resource of current information

Key Challenges:

1. Very large state, difficult to know what is happening within each region, as well as across the whole.
2. Very challenging to know what resources are available.

Action Steps:

1. Improved Resource Identification:
 - A. Accurate categorization of child healthcare services available at hospitals in the state.
 1. Neonatal care-number of beds and level of care, number of ventilators.
 2. Pediatric care-dedicated unit, nursing, number of ventilators, level of complexity (e.g. does the hospital have a PICU, does the staff regularly care for children on ventilators, does the staff provide care for children with TPN, type of pharmacy support for children?)
 3. What surgical services are available and where?
 4. Ancillary services with pediatric expertise or not?
 5. Identify social worker/case manager support at each facility.
 - B. Identify the planning and preparedness committees for pandemic response in Texas and either establish pediatric members or establish a separate group of committees for children with primary care pediatric and pediatric specialist physician membership.
2. Develop protocols that address the unique needs of children during pandemic disasters:
 - A. The need for children to be treated with their family members
 - B. Family based treatment centers with adult and pediatric providers
 - C. Utilization of child life specialists to address needs of children
 - D. Careful documentation and tracking of children that may be separated from their families due to different circumstances:
 1. Death of parent(s)
 2. Hospitalization of parent
 3. Unknown status of parent
 4. Child separated from adult (identity either known or unknown)
3. Determine surge capacity for all hospitals for pediatric patients to include:
 - A. Mass outpatient services (screening) or vaccination
 - B. Inpatient services for non-ICU services
 - C. ICU level services

*For more information, contact Laura Aird, MS, Manager, Disaster Preparedness and Response
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4. Develop regional database about services for children:
 - A. Providers (private and public)
 - B. Hospitals (with outline of capabilities pertinent to children)
 - C. Physician extenders
 - D. Encourage children's hospitals to stockpile critical supplies of clinical, infection control and lab material that may be needed in the event of an emergency.
 - E. Coordinate the use of clinical, infection control and lab material through a web based resource to maximize the distribution of local, state and national stockpiles.
5. Develop and maintain a shared online resource describing clinical work load, clinical capacity, and critical supplies on hand and current utilization in the event of an emergency, which could be updated daily if needed.
6. Enhance communication plan between state DSHS officials and pediatric community through the development of:
 - A. Regional communication directors for both physician audiences and for public messages
 1. Match resources and message, manage expectations, and minimize variability of message
 2. These regional individuals need to coordinate messages
 - B. Organization of weekly topical meetings
 1. Disease burden/testing/treatment
 2. Surge and capacity data by region
 3. Prevention strategies (school issues, vaccination)
7. Maximize the use of the immunization registry for data sharing among providers and for reporting to national agencies.
8. Make a statewide push to providers to develop a practice registry of complex children that may be at high risk in any emergency—pandemic or weather. Make statewide push with providers to incorporate conversation about this into parental plans of care.
9. Continue Texas Pediatric Society Infectious Disease and Immunization monthly conference calls with the Department of State Health Services Epidemiology staff, Public Health representatives statewide, and primary pediatrics care statewide.
10. Get vaccine in times shortages to health care workers, primary care clinics, specialty clinics first before commercial outlets, and in proportion to those facilities historical utilization.
11. Promote school-based vaccine programs in independent school districts and private schools. Disseminate information on model programs in use in Texas.
12. Continue to use Texas Pediatric Society for education of providers in emergencies via information from the Texas Pediatric Society staff and committees, sent out via email, fax, newsletters, conference calls, webinars, and social networks.
13. Continue to use the Texas Pediatric Society website as a resource for providers in an emergency using input from Texas Department of State Health Services, large Public Health Departments, content experts in Texas, summaries of federal information, and links to outside sources.
14. Educate Texas Pediatric Society membership of disaster/epidemic information sources:
 - A. HAN, Health Alert Network alert in Texas
 - B. AAP, American Academy of Pediatrics Disaster webpage
 - C. COCA, Clinician Outreach and Communication Activity from CDC website
 - D. CIDRAP, Center for Infectious Disease Research and Policy website.

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15. Consider project or task force looking at better access for underserved children to immunization services with Texas Medical Association (TMA), Department of State Health Services (DSHS), Texas Academy of Family Physicians (TAFP), Texas Immunization Stakeholder Working Group (TISWG), Vaccines for Children (VFC), and The Immunization Partnership (TIP).
16. Work to make ImmTrac record information on high risk versus not high risk for flu vaccine.
17. Find and disseminate the best pediatric triage tools for disasters, possibly Utah's, available.
18. Disseminate plans for emergency department overflow programs for pediatric care, possibly Texas Children's Hospital, Dell Children's, Cook Children's Medical Center.
19. Promote fast, easy, ImmTrac vaccine information entry with disasters.
20. Look at Michigan Immunization Childhood Registry (MICR) as a model for better pediatric care and disaster response via an excellent immunization registry.
21. Create a list of content experts to be available to speak to the press in the event of disasters, coordinate this with the Texas Medical Association staff, and possibly the Department of State Health Services.
22. Make available best plans for mass vaccine programs to Texas Pediatric Society membership via Texas Pediatric Society website.
23. Work with Hospital Regional Groups, Department of State Health Services, emergency care, and children's hospital leadership to be able to assess emergency department, clinic and hospital clinical overload and for key supply shortages in disasters.
24. Continue to gather and share key viral epidemiology data in Texas to all with interest with the help of the Department of State Health Services Epidemiology and Texas Pediatric Society.
25. Ask American Academy of Pediatrics to prepare disaster planning modules for MOC.
26. Support Department of State Health Services efforts to gather contact information for all providers in Texas via email or via preferred method of contact.
27. Promote Texas Pediatric Society providers various committees preparation of concise reviews of new disaster events or responses.
28. Ask Texas Pediatric Society leadership to define "Pediatric Disaster Preparedness" as a group task force or advisory committee, possibly bridging Infectious Disease, Immunization, Emergency Medicine and Advocacy committee members.