

**COMMISSION ON CHILDREN AND DISASTERS**  
**REPORT OF THE SUBCOMMITTEE ON PEDIATRIC MEDICAL CARE**  
**HUBERT H. HUMPHREY BUILDING, ROOM 705-A**  
**WASHINGTON, D.C.**  
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The Subcommittee on Pediatric Medical Care will explore ways to improve the current system for providing acute medical care to children in disasters, including improvements to the current processes for developing, stockpiling, and distributing medical countermeasures for children in a disaster, and ensuring an effective emergency medical response system for children, with sufficient pediatric-specific surge capacity.

Yesterday, the subcommittee heard two presentations. Tasmeen Singh Weik, Executive Director, Emergency Medical Services for Children, National Resource Center provided an overview of the EMSC and its current research program. The Federal EMSC Program is designed to ensure that all children and adolescents, no matter where they live, attend school, or travel, receive appropriate care in a health emergency. It is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration's Maternal and Child Health Bureau. Since its establishment, the EMSC Program has provided grant funding to all 50 states, the District of Columbia, and five U.S. territories. The EMSC program operates on an annual appropriation, which is currently \$19.45 million. Grant awards average \$130,000.

Ms. Weik described the goals of EMSC, one of which is to improve emergency preparedness and response for children in disasters. EMSC sent an assessment tool to determine a baseline on the presence of pediatric preparedness and response efforts and where core infrastructure improvements need to be made, not just in hospitals, but in other settings such as shelters, schools. EMSC is also looking at where states are including a pediatric medical presence in disaster teams, although budget challenges are forcing states to cut back. Through its National Resource Center, EMSC has accumulated a wealth of training information and resources on pediatric disaster preparedness and response. The challenge lies in driving state EMSC coordinators to the website and organizing the information in a user-friendly manner. The subcommittee discussed the possibility of developing a national clearinghouse, which the Commission must consider as part of its charge from Congress.

Dr. Jeffery Upperman, is Director of Trauma at Children's Hospital Los Angeles and also heads the Pediatric Disaster Response Resource and Training Center (PDRTC). The PDRTC provides training, resources and new models of virtual linkages with health care centers throughout Los Angeles County. We provide a unique environment that marshals all the forces of pediatric disaster training to provide excellent resources and training for the health care community. He described the challenges of the hospital system in Los Angeles County to plan for surge capacity in the event of disaster. PDRTC is developing innovative ways to test and evaluate methods of planning and training, including the use of computer games to motivate hospital personnel. PDRTC is also considering the need for regional partnerships and training with hospitals beyond

Los Angeles County to reduce surge capacity strains on hospitals and referrals to secondary or tertiary facilities.

The subcommittee discussed the need to develop and adopt national protocols/guidelines for pediatric readiness and continuing education and/or state and regional protocols.

- How can pediatric training in disasters be standardized, reduce regional differences, and ensure that remote areas have access to pediatric training and facilities?
- How can pediatric preparedness be integrated into DMATs and NDMS?

The subcommittee also discussed statutory and/or regulatory recommendations to facilitate the development and pre-authorization of medical countermeasures for pediatric use. One approach offered considers the expansion of the Emergency Use Authorization (EUA) procedure, through development of a consensus driven countermeasure approval process. The subcommittee determined that further consultation with the EUA working group under ASPR would be advisable to determine if there are other approaches that could prove more effective and practical to achieve.