

## Appendix O - Special Needs Patients

It is essential that plans for the delivery of health and medical care during pandemic influenza address caring for populations with special healthcare needs. These needs may vary from providing for alternate means of decontamination for babies and other non-ambulatory persons, to having translators available, to providing mental health assessment resources within the healthcare setting. Involving organizations and services designed to serve groups with special needs under normal conditions may be a successful approach.

Populations recognized as having special needs in a mass casualty event include but may not be limited to the following:

**Children.** The unique physiology and wide variation in physical and cognitive development by age within childhood requires that triage personnel be trained in pediatric triage standards and other pediatric assessment protocols; family care and adult care be available; appropriately-sized supplies, equipment, and medication doses be available; and safe use of decontamination procedures be ensured. Provisions for treating children whose parents are not present and for treating parents who will not leave their children are important considerations.

**Persons with physical or cognitive disabilities.** As under normal standards of care, provisions to accommodate the special disability-related needs of some persons are important aspects of the organization of care. These are likely to include issues of alternative and safe decontamination procedures, enhanced communication and issues involving informed consent.

**Persons with preexisting mental health and/or substance abuse problems.** Preexisting mental health and substance abuse conditions are known to exacerbate an individual's ability to cope with physical and emotional trauma. Provisions should be made for screening and direction to appropriate services as part of triage or other assessment protocols.

**Frail or immunocompromised adults and children.** Individuals in these groups who are victims may require adjustments in treatment regimens and special monitoring, but these adjustments will be made within the context of any overriding goal to maximize lives saved.

**Persons with limited English proficiency.** Local and regional planning may have to take into account the need for communication tools in languages other than English. Although printed materials of a general nature may be prepared in advance, printed materials and signs will not be an adequate response for those who cannot read any language. An additional challenge may be present if undocumented individuals fear discovery and reprisal if they come forward for health care in a mass casualty event. Involvement of

formal and informal networks, organizations, and media outlets that serve persons with limited English proficiency is essential.

**Low socio-economic families.** This population may provide a unique challenge to pandemic influenza planners because many hourly wage workers do not have the option of sick leave (should closing of schools be implemented) and many children depend on school as their main source for food and nutrition. Coordination with youth and social service agencies is important so that EMS workers are not confronted with underage children being left unattended without supervision and/or proper nutrition.