

involved death, injury, or abduction of children. Of 2,032 events a total of 2,275 pediatric fatal injuries (FI) were recorded, as well as 2,280 pediatric non-fatal injuries (NFI). The most common weapons used in all attacks involving the pediatric population were explosives (1539 [66.8%]), firearms (543 [23.5%]), other (169 [7.3%]) and melee (83 [3.6%]). 275 of the 2,032 were related to abductions, with 71 cases involving the abduction of ten children or more.

Conclusion: Pediatric casualties in terrorist events represent a small proportion of overall victims, however, they have unique vulnerabilities, and when directly impacted by terrorism, can have long term physical and psychosocial sequelae, as well as a devastating emotional impact on the community.

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Lessons Learned from 28 Hospitals and City Agencies: Pediatric Disaster Exercise

Michael Frogel MD, John Jermyn, George Foltin MD, Arthur Cooper MD

New York City Pediatric Disaster Coalition, Brooklyn, USA

Introduction: Children are frequently victims of disasters. However, gaps remain in pediatric disaster preparedness. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty events that involve large numbers of children. The NYC PDC conducted a functional exercise testing surge, communications, and secondary transport. Participants included 28 NYC hospitals, the NYC Fire Department-Emergency Medical Services (FDNY-EMS), NYC Emergency Management (NYCEM), NYC DOHMH and the NYC Medical Reserve Corps (MRC).

Method: The hospitals and agencies participated in group and individual planning meetings. Scenario-driven, operations-based activities challenged participants to employ their facility's existing pediatric surge and secondary transport plans during an event. The exercise assessed: Communications, Emergency Operation Plans, Surge, Patient Tracking, Patient Transfer, Supplies, and Staffing. Internal and external evaluators assessed the exercise performance.

Results: An After-Action Report was written based on information from evaluation data, site-specific and group hot-washes, and an after-action conference. Strengths included meaningful improvement of plans before/after the exercise and doubling pediatric critical care capacity through the implementation of the exercise objectives. Challenges included: gaps in communication/patient tracking, lack of sufficient sub-specialty support, the need for "babysitters" and inadequate supplies of blood products and ventilators.

Conclusion: Conducting a multi-hospital and agency pediatric specific exercise demonstrated current planning and produced lessons learned to address planning and training gaps that can improve citywide planning and capabilities during future full-scale exercise and real-time events.

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Pediatric Outpatient, Urgent-care Emergency and Disaster Planning

Michael Frogel MD, John Jermyn, George Foltin MD, Arthur Cooper MD

New York City Pediatric Disaster Coalition, Brooklyn, USA

Introduction: Children are frequently victims of disasters; however important gaps remain in pediatric disaster planning. This includes a lack of resources for pediatric preparedness planning for patients in outpatient/urgent-care facilities. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to improve NYC's pediatric disaster preparedness and response.

After creating planning resources in Pediatric Long-Term Care Facilities, Hospital Pediatric Departments, Pediatric and Neonatal Intensive Care Units, and Obstetric/Newborn Services within NYC hospitals, the NYCPDC partnered with leaders and experts from outpatient/urgent-care facilities caring for pediatric patients and created the Pediatric Outpatient Disaster Planning Committee (PODPC). PODPC's goal was to create guidelines and templates for use in disaster planning for pediatric patients at outpatient/urgent-care facilities.

Method: The PODPC includes physicians, nurses, administrators and emergency planning experts who have experience working with outpatient facilities. There were 21 committee members from eight organizations (the NYCPDC, DOHMH, Community Healthcare Association of NY State, NY State DOH, NYC Health and Hospitals, Maimonides Medical Center and Presbyterian/Columbia University Medical Center). The committee met six times over a four-month period and shared information to create disaster planning tools that meet the specific pediatric challenges in the outpatient setting.

Results: Utilizing an iterative process including literature review, participant presentations, discussions review and improvement of working documents, the final guidelines and templates for surge and evacuation of pediatric patients in outpatient/urgent care facilities were created in 2018. Subsequently model plans were completed and implemented at five NYC Outpatient/Urgent-care facilities.

Conclusion: An expert committee utilizing an iterative process successfully created disaster guidelines and templates for pediatric outpatient/urgent care facilities. They addressed the importance of matching the special needs of children to available space, staff and equipment needs and created model plans for site-specific use.

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Systems of Care Approach to Improve Care for Children During Public Health Emergencies

Shana Godfred-Cato DO¹, Heather Fitzpatrick MPH², Stephanie Smiley MA², Kara Polen MPH¹

1. CDC, Atlanta, USA

2. American Academy of Pediatrics, Itasca, USA