President’s Column

Elliot Rubin, MD, FAAP
President, NJAAP

Disaster Planning for Dummies: Three Steps for Preparing Your Office and Patients

While National Preparedness Month was spotlighted in September, natural disasters and the need to be prepared for them should be on your radar year round. Throughout the month, we were reminded that ten years have passed since Hurricane Katrina, four since Hurricane Irene and three since the most recent disaster, Super Storm Sandy. In the aftermath of Sandy, many of you may still be recovering, or continue aiding your patients and their families cope. In an effort to simplify your work in this regard, I have gathered together some of the tools that were developed in the wake of these past disasters and present them now in a few simple steps to prepare ourselves, our offices and our patients for events that would interrupt power and/or communications for an extended period of time and disrupt any sense of normal functioning. The resources mentioned throughout this article (plus additional ones) can be found on the www.AAPNJ.org home page by clicking on the Disaster Toolkit link. Each of the numbered links in this column corresponds with the similarly numbered link in the Toolkit. Additionally, there are many resources available through both AAP - (www.aap.org/disasters) and the CDC (beta.ready.gov) dealing with disaster preparedness that we should familiarize ourselves with. Many of the most important of these resources have also been included in the Disaster Toolkit for your convenience.

Ideally you have already reviewed this information and are 100% prepared for the next disaster. But, chances are you, like most of us, are aware of the need, but do not know where to start. To tackle this seemingly daunting task, I offer the following three steps that will help you get started.

STEP ONE: Prepare a Vaccine Action Plan for your office(s)

If you already have a standby backup generator, you may not need to do this. Start with (LINK#1) for information on safe vaccine storage and transport. Next, open (LINK#2) and fill out the worksheets, designating who is responsible and what their tasks are for securing and transporting vaccines. Make sure you have arranged a safe place to which they can be moved. Potential safe sites may include a partner’s residence, who has a standby or portable generator or perhaps your local hospital pharmacist, or a local EMS squad. Review these arrangements annually to ensure contacts are still in place. Not to overstate the obvious, but all these plans should be printed out in hardcopy and be readily available in multiple locations on and off site.

STEP TWO: Help your patients fill out a Special Needs Disaster Action Plan.

Certainly among the most vulnerable patients during a disaster will be those who rely on power and communication for nebulizers, ventilators, regular medications, etc. The AAP has provided guidelines for managing Emergency Preparedness for Children With Special Health Care Needs. Access the information and forms through (LINK#3). Both the patient and the practice should retain a copy of these forms and they should be updated regularly. Take time to complete the Emergency Information Form for Children with Special Health Care Needs at (LINK#4a,b). In addition, familiarize yourself and your special needs families with the NJ Department of Health Medical Needs Shelters. This information is available through (LINK#5)

THIRD STEP: Educate your patient’s families about the importance of their own preparation.

The CDC has an excellent campaign, that in addition to other valuable information, provides toolkits for families to help them prepare for the unexpected. You can get them started by giving them these 3 checklists handouts from FEMA: (LINK#6), (LINK#7) and (LINK#8).

So, even though thoroughly preparing your office and patients for disasters may seem like an overwhelming task, these three steps will move you and your patient’s families a little closer. Updating these plans on a regular basis, perhaps every September during National Preparedness Month, should become a regular part of your patients’ anticipatory guidance as well as ongoing quality improvement for your office.

Elliot Rubin, MD, FAAP
President, NJAAP