**Report Due Date:** August 15, 2023

Email reports to Heather Fitzpatrick – hfitzpatrick@aap.org)

**Chapter Submitting the Report:** *Idaho Chapter of the AAP*

*For convenience, the original expectations of the Ambassadors are listed below; feel free to include other activities the Ambassador completed during this project, as well.*

Original Expectations for Ambassadors

* Participate in training.
* Build relationships with community partners and connect them with the AAP chapter.
* Make contact with state health care coalition (HCC) to encourage pediatrician/pediatric expert involvement.
* Work with [PHEP](https://www.cdc.gov/orr/readiness/phep/index.htm) program to reach diverse populations.
* Develop 3 concrete steps for the next 6 months to improve readiness for 1 threat/potential disaster that could impact the state.

*Use the space below (and expand as needed) to provide your response to the questions. There is no limit but 2-3 paragraphs for each response is generally sufficient. Feel free to add more detail, though, if needed.*

**Regarding the activities expected of the Ambassador during this project, which proved to be most beneficial to helping improve pediatric disaster preparedness for the chapter’s service area?**

**I think the most beneficial was working with our community partners to develop a common operating picture for family reunification and clarify roles and responsibilities, as well as formal lines of communication. This process proved successful in our real-life event involving the multi-casualty YMCA bus crash.**

**Which activities were either not implemented or didn’t go as you expected? What roadblocks did you encounter that made these activities unachievable? If the project was extended by 6 months, would the Ambassador be able to overcome these roadblocks?**

**Time did seem to get away from us so the following will be completed within the next few months:**

1. **We have not yet met with our PHEP contacts to review our project and get their insight, but we do have a meeting planned for August 18, 2023.**
2. **The hospital family reunification plan was completed, and the county emergency reunification plan was exercised (both in play and real-life) but it will take the next 6 months to complete the education and training for our provider groups and support services.**
3. **We have worked with our HCCs 3 & 4 but will require 3 months to get project visibility for the entire state.**

**If the Ambassador and chapter were given more time and/or resources, what activities would you continue? Would you change the approach or activities based on the experiences of the last few months?**

**We would like to continue enhancing the resources we have developed for our pediatric providers and empower them to encourage families in their practices to prepare for disasters. Children are inordinately affected by disasters and can experience significant secondary trauma when chaos persists after the original incident. This is especially true of those with special health conditions and functional access needs.**

**What did you learn about engaging community partners during this project? Did they understand the importance of addressing the needs of children in disaster preparedness planning? What were the biggest strengths you saw in terms of pediatric preparedness? What was the most significant gap or concern that you might want to address next?**

**For the most part, the support was overwhelmingly positive. There were only a few who mentioned they thought we were too focused on children and that vulnerable adults needed to be considered as well. This was addressed and I think it did satisfy those who had concerns. The biggest strengths were the multi-specialty support groups at St Luke’s Children’s Hospital including providers, emergency staff, peds trauma, social services, child life, spiritual care, and our wellness team, who provided insight and perspective.**

**Were you able to make connections with your HCC and/or the PHEP grantee in your area? If yes, were they considering the needs of children in their efforts? Do you feel that your connection with HCC and/or the PHEP grantee will continue and is there openness to ongoing pediatric input?**

**As mentioned above, we have prior connections with 2 of our HCCs and I do sit on those meetings regularly. We did not connect with PHEP but do have a meeting this week.**

**To clarify, I am the physician liaison for emergency management at St Luke’s which includes assisting with emergency plan development, exercises, and education. I am also a member of the State of Idaho Medical Advisory Committee (SIDMAC) that was created during COVID for evaluating strategies to employ in crisis standards of care. I also attend the HCC meetings for district 3 and 4, the state MOCC calls and projects and planning with the ID Office of Emergency Management, so I have an ongoing opportunity to bring the unique needs of children into the forefront.**

**Who was your primary audience for the education session that you offered? What topic did you cover? Did the session go as you expected? Did you identify other topics that you would prioritize in future education sessions on pediatric disaster preparedness? What would your priority audience(s) be in the future?**

**Our primary audience for our first presentation was the pediatric hospitalist group and the service line Medical Director of pediatrics. We covered the hospital family reunification process. It went mostly as planned although some of the providers did not initially see it as their role. This changed the next day when we had a real-life event and they seemed glad to have the foundation for this complex process.**

**What are your plans to share what you have learned and accomplished so far in your role as a Pediatric Disaster Preparedness Ambassador?**

We will do a presentation at one of our chapter meetings and continue to reach out to our providers to encourage and support their efforts. – need more here

**What would you want the AAP to do differently in supporting a project like this in the future? Think about things like communication strategies, meeting formats, staff support, etc.**

**The meeting cadence was good, and we really enjoyed and learned a lot from the other ambassadors discussing their projects and challenges. –needs more here**

**Last question – if you had the opportunity to participate in the AAP Pediatric Disaster Preparedness Program in an ongoing way, would you and the chapter want that? Would funding (or lack of it) influence that decision?**

**I think our chapter is always looking for ways to improve preparedness and care for the children of Idaho. Funding always helps with creating resources and covering costs involved with a project, but our continued efforts would not be based on that alone.**