



The Florida Children's Disaster Preparedness Coalition

Florida Children's Preparedness Coalition First Annual Face to Face

Meeting Minutes

Day 1 September 18, 2014

Welcome and Introductions: Meeting began at 1:15pm

The meeting opened with a brief greeting from Dr. Mike Haney, Coalition Chair. He welcomed coalition members for their ongoing participation that led to the First Annual Face-to-Face meeting. Dr. Haney then introduced workgroup leaders (Dr. Mulligan, Kelli Stannard and himself). Followed by the introduction of Victor Johnson, Florida Department of Health staff was introduced and thanked for the coordination of the meeting. Stephanie Brown was also introduced and thanked for her contribution to the coalition during her time with Florida Department of Health Bureau of Preparedness and Response. During this time, each participant introduced themselves and their work children's disaster preparedness.

Attendees

- | | |
|--------------------------------|-----------------------------|
| 1. Mike Haney (DOH) | 2. Dr. Deborah Mulligan |
| 3. Victor Johnson (DOH) | 4. Gail LaRosa (DOH) |
| 5. Nancy Leiva (DOH) | 6. Dr. Lew Romig |
| 7. Dr. Rex Northup | 8. Cesar Rivera (Redcross) |
| 9. Mike Whitehead | 10. Sharon Hawa (presenter) |
| 11. Melia Jenkins (EMSC) | 12. Bonnie Newsome (EMSC) |
| 13. Elise Lynn (DCF) | 14. Kelli Stannard (DOH) |
| 15. Mark O'Neil (USF) | 16. Dr. Andy Rucks |
| 17. Tonya Holloway (Red Cross) | 18. Lee Flowers (DOH) |
| 19. Jacquelyn McCullough (DOH) | |

Introduction of Speakers: Mike Haney

Andy Rucks

"Exploring Pediatric Surge Network Formation"

(See attachment for a copy of presentation)

What do you do if a disaster does not reach the level of a federal declaration – how do you deal with the issue of moving resources in and moving people out?

Dr. Rucks discussed the Southeastern Regional Pediatric Disaster Surge Network (SRPDSN) organization and the different workgroups. (See chart in presentation) SRPDSN has developed a pediatric resource typing and submitted it to FEMA for acceptance (is this something that can be useful in Florida?)

The public law workgroup is working to see if they can get federal legislation for the Department of Health and Human Services to declare small scale disasters.



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Exploring Pediatric
Network Formation.ppt

Sharon Hawa

Children Separated by Disasters, Reunification challenges and Resources

(For a copy of this presentation please email Jackie)

Nation Center for Missing and Exploited Children

National initiative post disaster reunification of children: A Nationwide Approach

- need to follow up with her regarding getting connections for the regional office

Sharon discussed a national document called "Post Disaster Reunification of Children" and how it can be a framework that states could use as an annex to their plan.

- The work being done with Sharon could possibly be something that could help members of our coalition. To be discuss with Mike Whitehead to see how it relates to what he is doing. Review this document, can it help us include information or create an annex to DOH Emergency Operation Plan?

Children's Disaster Preparedness Program updates/Questions and Comments:

Dr. Haney provided an update about the activities for the second day. He encouraged members to join any workgroup. Victor Johnson tasked everyone to think about ways to communicate children's preparedness such as using Twitter, Facebook, Instagram or any other social media. Victor also assured the group that the emphasis on children's disaster preparedness will continue and that Jackie would be assuming the duties.

Dr. Mulligan suggested we contact Department of Education (DOE) representative Julie Collins. She may have nontraditional ways to get information out to our targeted population. To be discussed more during the 2nd day of the meeting.

Dr. Mulligan suggested the group look at the Family Readiness Kit second Edition and the "Disaster Hero" video game and make sure that persons are aware of these.

Meeting Adjourn: 4:50 pm



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Day 2 September 19, 2014

Welcome and Introductions: Meeting began at 8:40am

Dr. Haney started the meeting with general information regarding lunch and the workgroup breakout session. Some of the comments made during this time were about the need for a reunification plan, new non-traditional ways of communicating and trainings.

Attendees

- | | |
|--------------------------|-------------------------|
| 1. Nancy Leiva | 2. Mike Whitehead |
| 3. Gail LaRosa | 4. Tanya Holloway |
| 5. Jeanine Posey | 6. Kelli Stannard |
| 7. Victor Johnson | 8. Dr. Deborah Mulligan |
| 9. Dr. Lou Romig | 10. Andy Rucks |
| 11. Debbie Kelley | 12. Melia Jenkins |
| 13. Elise Lynn | 14. Mark O'Neil |
| 15. Lee Flowers | 16. Dr. Tommy Schectmen |
| 17. Jacquelyn McCullough | 18. Sara Cox |
| 19. Mike Haney | |

Introduction of Speakers: Mike Haney

Charlotte Curtis-Children's Medical Services (CMS)

- CMS-new born and hearing screenings and 70000+ children enrolled in CMS. Charlotte is leaving CMS. Cassandra Pasley will be the new division director. Kelli Stannard will continue serving as a representative for CMS. Charlotte spoke about how CMS strengthens relationships with hospitals. Some of the partnerships happened by allowing them to be involved in the development process. To be successful you need to invite all members and end users into the conversation at the development state. "If they don't help build it, they won't own it."

Courtney Atkins- Whole Child

- Possible connections for CDPC. Six Whole Child Leon Groups in Leon.

Kristy Goldwire

- Maternal child health issues (healthy start coalition). Dr. Mulligan suggested that CDPC provides resources to them.

Matt Guse-Early learning coalition of the big bend

There is an early learning coalition in every county in Florida



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- Voluntary Prekindergarten Education Program (VPK), school readiness program. Seven counties in Florida involved. This program is heavily interested in finding a strategy to get those people who do not care to care. Some of those strategies include going out to tell people why you need them. It has been important to reach faith-based groups for day care for emergency workers.
- “Diversification of Messaging Based on Audience” Find the hook to make them care, to make them listen. To get the non-traditional stakeholders, diversify your message for the audience. If the system is going to be successful it will take the investment from all sectors of the community who need to be at the table. Every community is different but statewide core goals can exist. How they are implemented locally can be dependent on the local community.

General Notes and Comments

More collaboration and partnerships with other organizations is needed, this includes having DOE at the table. (Representation in the 15 health care coalitions)

- Dr. Mulligan talked about various councils such as the 11 health planning councils and the need to have CMS on these councils. She specifically mentioned the Health Council of South Florida.
- School Health Advisory teams, possible Florida Shots records/immunization and data systems/data exchange, Dr. Shechtman suggested that a registry of this information be available at shelters, etc. Data exchange issues and interoperability of data was discussed. How to connect these groups: Matt Guse (find the people who are easy sales. They will then bring the connections). They have to understand why this important, find your cheerleaders – persons of influence (Jerry Schebler CMS).

Before workgroup breakouts, Dr. Mulligan presented on Pediatric Readiness Project spearheaded by AAP.

- National Pediatric Readiness Project - Pediatricreadiness.org (data already collected on this website)
- Disasterhero.com (a tool that CDPC could adopt)

Priorities and workgroup notes:

- CMS representative in each of the 15 health care coalition regions, targeting everyone. We need to look at the 15 health care coalitions to see how we can have more representation. Jeanine Posey, Health Care Coalition Coordinator, mentioned not having connections with any of the panelists' programs in the health care coalition at the state level.
- How can we get more people involved? More representation in the regions from children's perspective? One issue, the same people are needed in a variety of groups. Who are our key partners? How do we address the needs of children? Other organizations have already identified the needs. What is the best way to get them involved with the health care coalitions? Florida



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AAP Eric Carr is the director of the Florida Chapter of AAP (we can get the right people engaged with the newsletter). Broward County has some groups that have several partners.

- Childrens preparedness goal? Are we taking the information that already exists and how do we make them pediatric friendly? The AAP already has an assessment survey (data from the National Preparedness Project) we can use that tool to **bring everyone (counties) up to a standard of care.** (Concern with using the survey is that it's subjective, how realistic is it?)
- Suggestion by Dr. Mulligan to adopt the pediatric readiness tool, we can pull Florida specific data and go from there.

Gap assessment survey document needs revision.

- Does not speak to infectious disease, guns or all hazards. It needs to address the simple influenza, mass catastrophes?
- Who is the target **audience** for this assessment? A lot of the questions are subjective. We need to tailor this document (nurses would have a different perspective) is this needed? We need the contacts of those hospitals that answered the pediatric readiness assessment?
- Suggestion to set up a call with Dr. Needle and others to figure out if we want to use the pediatric readiness assessment tool or continue on with the gap assessment. From there we can then address the missing information from this document. (Dr. Haney will take the lead for setting up the call with Dr. Mulligan, Dr. Schectman, Dr. Needle, Dr. Rumig, and others).
- We need to make sure that access to care is also addressed. The health care coalition is not a response entity, they are a resource entity. Partnerships with the media sources will help reach targeted populations, especially after a disaster.
- The biggest gap is needed with IT connectivity. There is a need to coordinate hospitals and pediatric offices to connect. Pharmacies also need to be a part of this coalition to figure out how we can get them to stand up and link with disaster responses.

Mission of this group: We need to focus on clear specific objectives

- Local partners in health care coalitions need to have a representative for children during an exercise
- Mike Whitehead: The comprehensive emergency management plan. Mass care has a reunification line, however, nothing specific addressing children. To have an impact at the county level, start with the CEMP to get buy-in.
- Dr. Mulligan: suggested using 1.) Public health nurses, 2.) Texas A & M tool approval with DEM Nova.edi/idep (a tool for training and exercises)

Notes from the Flip charts:

CDP Coalition

1. By 2015 get representation in each HCC
2. Identify specialists familiar with children's emotional needs during disasters



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3. Establish contact between state and local representatives and state workgroup state

State Guidance Workgroup

1. Within 45 days review results of gap survey / AAR
2. Complete state guidance document
3. Finalize presentation for Governors Hurricane Conference

Education and Awareness Workgroup

1. Governors Hurricane Conference – Workshop specific to children issues (total of 1.5 hours)
 - a. Market workshop
 - b. Set up a booth as well?
2. EMSC participation
 - a. We need EMSC POC's
 - b. Add a EMSC representative in each of the 15 HCC
3. Statewide training program
 - a. Need state approval
 - b. Host training in Ft. Lauderdale (possibly by spring 2015)
4. What do we want children's representatives to do at local level coalition
5. Smoke on Water Exercise-November 5-6
 - a. Dr. Mulligan to present to 5 and 6 graders at two different schools during the exercise
6. Texas Pediatric Disaster Response and Emergency Prep Class to be adopted
 - a. video chat workshop

Objective CDP coalition

- Involve local pediatricians, hospitals, pharmacies in back up planning
- Represent needs of children in local exercises
- Childrens coalition Facebook group
- Who else can we get involved in our coalition? (Priority-continue to get more representatives)
 - CMS representative in each of the 15 HCC
 - Engage Healthy Start Early Learning
 - Send potential contact links to coalitions



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- How do we get the message out?
- FL AAP can disseminate information from our coalition
- What is the goal/scope of this committee?
 1. Ensure information is child friendly
 2. Look at CEMP ESFs for children guidance
 3. Look at guidance from local plans
 4. AAP minimum standard of care- expectation
- Pediatric Readiness Project- pull Florida response
- Gap assessment-should be all hazards also to include infectious disease
- Set up call to discuss draft gap assessment
- Assess COOP planning access to care
- Ask for hospital names of hospital contract

Left for lunch at 12:00pm

Started at 1:20pm

Education and Awareness Specific

Utilize some of the existing workshops such as the Governors Hurricane Conference to highlight the needs of children. We could do this by having a booth with the children's preparedness in the exhibit hall or have a children's preparedness workshop.

- Tanya Holloway and Mike Whitehead will write and submit a proposal to Governors Hurricane Conference. Jackie will make sure that it gets approved and sent.
- Dr. Rumig offered to be a speaker for the conference. The group agreed for the Title: "Small Packages, Big Problems."
- Also Jackie follow-up with Emily Wilson regarding the training from Texas A & M and getting DEM to say yes.

Jackie will follow up with Sara Cox and the group to get a section in the "Smoke on Water Exercise." November 5-6.

Closing Comments and Action Items:

- Connection with school nurses and/or school nurses association and Pharmacy (possibly Dr. Brantley or Dr. Thompson to speak during next coalition meeting in October).
- Facebook and Twitter for Florida DOH Children's Preparedness Coalition (Consult with Ann Rowe).

Meeting adjourned at @ 2:30