

Results: Three PDMHI training sessions were held. A total of 67 providers were trained. Of these, there were 31 pediatricians, 18 nurses, 8 social workers, 4 psychologists, 2 psychiatrists, and 4 others. Pre- and post-tests measured knowledge before and impact 3 months post-intervention. 62.5% of responding primary care providers made changes to their practice. 92% felt better equipped to identify, treat, and refer patients. 81% would be willing to work in a disaster zone and felt prepared to treat patients with disaster mental health issues.

Discussion: PDMHI covers psychosocial responses to disasters from normal to mental health disorders. Participants gained tools for managing pediatric mental health issues in primary care. Study data showed an increase in the participants perceived knowledge and skills about pediatric disaster mental health, and willingness to participate in future disasters.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s60–s61

doi:10.1017/S1049023X19001365

Review of Disaster and Emergency Preparedness Among Summer Camps in the United States: Updates and Challenges

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Introduction: More than 14 million children in the United States attend summer camps yearly, including many special medical needs children. Summer camps are at risk for multiple pediatric casualties during a disaster. The American Camp Association, in the 2017 critical issues report, identified emergency preparedness as the top critical health and safety issue. Camps, compared to school-based settings, face unique challenges when planning for disasters, but research has been challenging because of the lack of access to camp leadership and data.

Aim: Provide a targeted up-to-date synopsis on the current state of disaster preparedness and ongoing collaborative research and technology interventions for improving preparedness among summer camps.

Methods: Researchers partnered with a national health records system (CampDoc.com) and American Academy of Pediatrics disaster experts to review results from a national camp survey. Main themes were identified to assess gaps and develop strategies for improving disaster preparedness.

Results: 169 camps responses were received from national camp leadership. A substantial proportion of camps were missing 4 critical areas of disaster planning: 1) Most lacked online emergency plans (53%), methods to communicate information to parents (25%), or strategies to identify children for evacuation/reunification (40%); 2) Disaster plans failed to account for special/medical needs children (38%); 3) Staff training rates were low for weather (58%), evacuation (46%), and lockdown (36%); 4) Most camps (75%) did not plan with disaster organizations.

Discussion: Collaboration with industry and disaster experts will be key to address the gaps identified. Current research and interventions include the recent release of a communication alert tool allowing camps to send mass text emergency notifications. Additionally, a recent pilot to incorporate disaster plans into the electronic health records platform emphasizing communication, evacuation, and identification of local experts has begun. Efforts to develop a unified disaster tool kit for summer camps remains a challenge.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s61

doi:10.1017/S1049023X19001377

Validation of the Pediatric Physiological and Anatomical Triage Score in Pediatric Patients with Burn Injuries

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Introduction: Triage plays an important role in providing suitable care to the largest number of casualties in a disaster setting. We developed the Pediatric Physiological and Anatomical Triage score (PPATS) as a new secondary triage method.

Aim: This study was performed to validate the accuracy of the PPATS in pediatric patients with burn injuries.

Methods: A retrospective review of pediatric patients with burn injuries younger than 15 years old registered in the Japan Trauma Databank from 2004 to 2016 was conducted. The PPATS, which was assigned scores from 0 to 22, was calculated based on vital signs, anatomical abnormalities, and need for life-saving intervention. The PPATS categorized the patients by their priority and defined the intensive care unit (ICU)-indicated patients as those with PPATSs more than 6. This study compared the accuracy of prediction of ICU-indicated patients between the PPATS and Triage Revised Trauma Score (TRTS).

Results: Among 87 pediatric patients, 62 (71%) were admitted to the ICU. The median age was 3 years (interquartile range: 1 to 9 years old). The sensitivity and specificity of the PPATS were 74% and 36%, respectively. The area under the receiver-operating characteristic curve was not different between the PPATS [0.51 (95% confidence interval: -0.51–1.48)] and the TRTS [0.51 (-1.17–1.62), $p=0.57$]. Regression analysis showed a significant association between the PPATS and the Injury Severity Score (ISS) ($r^2=0.39$, $p<0.01$). On the other hand, there is no association between the TRTS and the ISS ($r^2=0.00$, $p=0.79$).

Discussion: The accuracy of the PPATS was not superior to that of current secondary-triage methods. However, the PPATS had the advantage of objectively determining the triage priority ranking based on the severity of the pediatric patients with burn injuries.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s61

doi:10.1017/S1049023X19001389