

Lessons Learned

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We Were Prepared. *Or Were We?*

- UMMC recently revamped disaster plan
- Each entity had their charge
 - ✓ Call in lists were set
 - ✓ Essential personnel identified
 - ✓ Phone trees in place
 - ✓ Emergency transportation in scheduled
 - ✓ Triage protocol done
 - ✓ Ways to expand emergency areas and surgical areas identified



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Our Division of Developmental Behavioral Pediatrics Had Our Jobs Outlined

- Emergency room duties were to help manage:
 - Anxiety
 - Grief
 - Separation from absent or missing parents
- Serve as a holding area for children whose parents required hospitalization
- Treat those children requiring more intensive psychological services



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Division's Disaster Plan Meeting

- A meeting was held to identify those who would be responsible in each area
- First responders identified
- Spaces for where the services would take place were identified

We were all “Good to Go!”



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The Big Storm Came: Katrina August 29, 2005

- Hurricane Katrina headed straight for the Mississippi Gulf Coast
- Our hospital braced for a real disaster
 - UMMC administration encouraged nonessential personnel to go home
 - Our center 200 miles inland was predicted to have hurricane force winds (sustained winds and gusts up to 70 miles per hour)
 - All areas activated disaster plans



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The Surprise Factor

- Childcare centers and schools closed
- Many hospital workers were single parents
- Dual parent household had both parents involved in disaster relief
- Limited supply of needed commodities
 - Thousands in our area were without power and telephones
 - Gas
 - Electricity
 - Clean water



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Taking Care of the Caretakers

- Suddenly the focus was to get essential personnel in to work (physically and emotionally)
- Essential personnel included not just the physicians and nurses but many additional support staff.
- To have needed personnel for patient care in the hospital and ER, 2 essential pieces needed to be in place:
 - *childcare for the children of those personnel essential to keep the hospital running*
 - *Support both mentally and physically for those essential personnel*



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An Emergency Childcare Facility was Born

- We need staff in and a place for their families
- A makeshift childcare center was set up
 - Night 1: 30 children
 - By night 2: 100 children
 - The next 4 days 130 to 180 children
- A joint effort occurred
 - Child Life and Hospital School programs
 - School of Nursing
 - Pediatric Residents
- Day 7: UMMC contracted with a Church run daycare to take over



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Childcare Needs were Resolving but Mental Health Needs Growing

- The MS chapter of the AAP lead a group to the coast
 - Anxiety, depression, anger and grief were in the faces of those who met with us.
 - Determination and hopefulness were also there in many
 - Quickly became clear that no matter how determined, recovery could not happen without long-term support



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Lessons Learned

- Essential personnel must have a safe place for their children to be or they will not/cannot come to work.
- Disaster planning must include a contingency plan for hospital employees to be assured that their children are safe and secure
- Mental health needs do occur acutely but long-term needs are real and should be part of disaster planning in large scale disasters.



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"It is easier to build strong children than to repair broken men." — Frederick Douglass, abolitionist and statesman



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Reference:

Buttross, S. *Responding Creatively to Family Needs of Hospital Staff: Caring for children of Caretakers During a Disaster.*
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