

## Letter to the Editor

### Pediatric Disaster Preparedness: Are we ready?

Chaitanya Varma <sup>1</sup>, PS Raju <sup>2</sup>

<sup>1</sup>. Assistant Professor, Department of Pediatrics, Kasturba Medical College, Manipal, India

<sup>2</sup>. Senior Consultant, Chest clinic, Mahavir Hospital, Hyderabad, India

[pvc\\_varma@yahoo.com](mailto:pvc_varma@yahoo.com)

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Dear Editor,

No country is immune from disaster, though; certain areas might be more prone to a specific type of disaster. There are four main types of disasters: 1) Natural, like floods and earthquakes, 2) Environmental, like industrial accidents, 3) Conflict emergencies like war and terrorism, and 4) Pandemic emergencies like the recent H1N1 scare. A disaster has a major negative impact on all essential services including healthcare and disaster preparedness is the only way of reducing it. Pediatricians find themselves playing a central role during such an event as the families expect them to be knowledgeable, and look to them as a resource person for guidance. Handling a child during disaster is quite different to an adult. Children along with the elderly and disabled belong to the high vulnerability group. They are not ready to cope with the suddenness of the disaster physically, emotionally and psychologically. They have a larger and more permeable skin area which is susceptible during war and bioterrorism events. They are more easily affected during infectious pandemics. The logistics involved in Pediatric Emergency medical services, emergency equipment and intensive care is variably available in different countries. Handling children with special needs requires a team of multiple specialists including physiotherapists and child psychologists. Many children undergo bereavement as result of disasters which can have a huge emotional effect (1).

Pediatricians have a multipronged role to play in disaster management. They should provide all the available information not only to the adults but also the children in a language easily understood, according to their age and level of cognition. They should be able to satisfy all parents' queries, guide them regarding the needs of disabled children, emergency medications, and nearest emergency centre (2). Pediatricians should prepare, and regularly update office training programs in emergency procedures, including first aid, cardiopulmonary resuscitation, evacuation, the use of fire extinguishers, and participation in community disaster drills. They should make plans for storage of temperature-sensitive vaccines, medications, and supplies during extended periods of absent or limited power supply and coordination with local hospital and community emergency-response plans (3, 4). Pediatricians can prepare preparedness plans for schools and child care centers and act as a local level health coordinator with the public health department in case of a disaster.

During the past two decades there has been increased importance given to Disaster management and Adult emergency medicine. More developed is the country, higher is the level of preparedness. Many policies have been formulated by the International organizations like Red Cross and by almost all the national governmental organizations. But pediatric disaster preparedness plans have been unintentionally neglected and only minimally addressed. Not many developing countries have a pediatric disaster management in place. It's high time for a standard global charter to be developed for such an incident. Both the primary care pediatrician and the tertiary care pediatric subspecialist should keep themselves abreast to the needs of such a plan.

**Corresponding Author:**

Chaitanya Varma  
Department of Pediatrics, Kasturba Medical College,  
Manipal, India  
Tel: +91.9964143170  
E-mail: [pvc\\_varma@yahoo.com](mailto:pvc_varma@yahoo.com)

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