



Benton-Franklin Counties Child Health Notes

Promoting early identification and partnerships between families, primary health care providers & the community.

Emergency Preparedness for Children with Special Needs

Planning & Record Keeping

Follow these steps to help you prepare for an emergency or disaster with your child's special health care needs or disability in mind.

Create a Plan

The first step to creating an emergency plan is to sit down and talk with your family about different types of emergencies, how to prepare for them, and brainstorm ideas of how to care for your child with special needs during an emergency.



1. Assess your situation

Reflect and plan for your child's needs if there was:

- No water, electricity, telephone, heat, air conditioning or refrigeration
- No local access to prescription refills or health products
- Separation from family members
- Inability to leave your home or need for evacuation
- Limited health care access and emergency rescue services
- A lack of transportation

2. Start Planning

- Plan for backup sources of heat, refrigeration and electricity.
- You can use a Red Cross shelter for storing medicine, charging equipment and getting meals. You do not have to be staying in a shelter to use its resources.



- If your child depends on dialysis or other life-sustaining treatment, know the location of more than one facility and find out the facility's plans for emergencies and how your child will get treatment, medications, etc. Get their emergency contact numbers.
- Create and practice an escape plan for your home.
- Be sure there are clear exit paths for a child who uses mobility devices or has vision loss.



*Talk to your local police and fire departments to see if they have emergency services or plans for people with special needs. **Smart 911 is a free service** that allows families to create a safety profile for their household that includes any information they want 9-1-1 to have in the event of an emergency.*



Obtain a medical alert and/or identification bracelet for your child. Some organizations sell decals that can be put on the home or car to alert responders that there is a child with special needs ([see example](#)). Ask for the emergency plan at your child's school or child care. Plan with them how your child will get medications, etc.

3. Create a support network

Create a network of family, neighbors or friends who can help you and your child.

- Tell them about your child's special needs and share your emergency plan and where your emergency supplies are stored.
- Give a trusted member of your network a key to your home.
- Agree upon a system with your network to signal for help if phones and electricity are not working.
- Show others how to handle your child's wheelchair or other equipment.



Pack an Emergency Supply Kit

In addition to supplies needed for a general disaster kit, you may need to add several things to the kit for your child with special needs.

General Information on Links and Supplies:

A current copy of your child's [Care Plan](#), including the [In Case of Emergency Form](#).

- Current medical information and records stored on a CD, flash drive or phone app (keep one paper copy in a waterproof bag)
- Batteries for hearing aids and communication devices
- Special dietary foods and supplies
- Items that calm or entertain your child
- Identification to be carried by each child in case your family gets separated



Power Supplies:

- A generator for backup power support (due to deadly fumes, *never* use a generator indoors)
- An AC adaptor for your car for small electrical equipment such as a nebulizer
- Battery-powered versions of medical equipment your child uses
- Manual wheelchair or other non-electric equipment
- Backup chargers for a cell phones could include a hand-crank USB cell phone emergency charger, a solar charger or a battery pack. Some weather radios have a built-in hand crank charger



Backup chargers for a laptop or tablet could include a 12V USB adapter that plugs into a car, an inverter or a battery jump pack with a USB port.

Medical Supplies and Medications:

- Talk with your child’s doctor about how to get an emergency supply of medicines. If your child takes medicine given by a clinic or hospital, talk with them about how to plan for a stoppage due to a disaster.
- Ask your pharmacist about how long the medicine can last and storage needs of the medicines.
- Keep a two-week supply of medical care items such as needles, nasal cannulas, bandages, etc.
- Keep a cooler and chemical ice packs for storing medications that must be kept cold.
- Keep prescription information in your wallet, survival kit and car that includes the name, location and phone number of an out-of-town pharmacy.



Other Helpful Tips:

- Pack smaller “to go” kits for use in an evacuation and store in multiple places (car, work, school, etc.)
- Update supplies yearly, replace water every six months and update emergency contact and medical forms as needed
- If you can’t contact your doctor or pharmacy in a disaster, ask for help from emergency responders or staff at emergency shelters or service centers



You can get help in getting medication from a Red Cross shelter or by dialing

211 for the Washington State Information Network.

Emergency Preparedness Resource List

Special Needs Information

Disaster Preparedness Checklist
For children with special nutritional needs

Keeping Children and Youth with Special

HealthCare Needs Safe During Emergencies and Disasters

American Red Cross Information for People with Disabilities. Information designed to assist people with disabilities and medical concerns to prepare for disasters

Preparing Makes Sense for People with Disabilities or Special Needs

American Red Cross Information for People with Disabilities

General Emergency Preparedness Information. American Red Cross



Disaster Preparedness for Children with Special Needs

Natural disasters and terror attacks can overwhelm children and families and result in devastating physical and psychological effects. It is important for health care providers to be familiar with the symptoms of stress and trauma in children and adolescents as often physical symptoms can be vague and non-specific. Without the connection to psychological symptoms, diagnosis and treatment can be challenging. Children, depending on age and developmental stage, may have difficulty verbalizing their symptoms, thus further complicating diagnosis and accurate treatment.



After a disaster or terrorism event children and adolescents are at an increased risk to experience both adverse physical and psychological reactions including, but not limited to, sleep and eating disturbances, avoidance or withdrawal and a loss of interest in activities once enjoyed, extreme outbursts, irritability, anger, headaches, stomachaches, behavior problems, trouble concentrating or paying attention, fear and worry about their safety and the safety of others, possible regression and engagement in risky behaviors and self-harm.

<http://nctsn.org/resources/public-awareness/national-preparedness-month>

To considerably decrease the risk for adverse effects in youth and families, preparedness strategies can be implemented prior to a disaster. "Being prepared for terrorism and disasters reduces anxiety and promotes confidence and resilience in children and families," says Alan Steinberg, PhD, associate director of the National Center for Child Traumatic Stress at UCLA.

Educating parents on the importance of including children in preparation activities is a key way providers can promote resilience and well-being for their pediatric patients. The [National Traumatic Child Stress Network](#) (NCTSN) has a robust selection of free resources available to help providers and families prepare for and respond to disasters.



The [Psychological First Aid](#) (PFA) program is a free six-hour certified training offered to health care providers to educate them on the core goals of PFA and help them respond in a supportive and trauma-sensitive manner. [Help Kids Cope](#), a free app on [Google Play](#) and in the [iTunes](#) store, is a great resource for parents when talking to their kids about disasters that may occur and how to best prepare for them.

A free flyer to give to parents can be downloaded [here](#). Whether it is sheltering-in-place at home, evacuating to a designated shelter or helping your family heal after reuniting, Help Kids Cope equips parents to explain different disasters to their children using age-appropriate language, provides parents with checklists to prepare for disasters, teaches them what to do before, during and after a disaster and helps them understand how youth and adolescents typically respond to disaster.

<http://www.nctsn.org/content/help-kids-cope>

New AAP Family Readiness Kit

Please Consider Sharing



Family Readiness

You may find this resource of interest to you and the families you serve.

September is National Preparedness Month, an annual campaign to encourage Americans to prepare for emergencies and disasters. The American Academy of Pediatrics (AAP) recently developed and released an updated AAP Family Readiness Kit.

The purpose of the kit is to assist families to get disaster-ready. Consider sharing this kit with families as a way to encourage families in planning for emergencies.

The AAP Family Readiness Kit is attached to this email. It can also be found by visiting this link: www.aap.org/en-us/Documents/disasters_family_readiness_kit.pdf.



National Preparedness Month
 "Don't Wait. Communicate. Make Your Emergency Plan Today."



ANNOUNCING DISASTER MOBILE APP: HELP KIDS COPE

IS YOUR FAMILY READY FOR THE NEXT DISASTER?
ACT NOW. PROTECT YOUR FAMILY. DOWNLOAD HELP KIDS COPE.

WITH HELP KIDS COPE:

- Learn what to do Before, During, and After ten disaster types.
- Hear what to say "In the moment" to help calm and support your kids of all ages.
- Hear audio clips of other parents' experiences.
- Understand how kids commonly respond during and after disasters.
- Use the checklists to prepare your entire family before disasters.
- Explain different disasters to your kids using age-appropriate language.
- Find tips on caring for yourself as you care for your family.
- Connect to activities, children's books, tip sheets, and more!

HELP KIDS COPE is available on Google Play and iTunes. Now available for Android and Apple devices (iPhone, iPad, & iPod touch). For iPad users: Tap on the "iPad Only" drop-down menu and select "iPhone Only" from the menu to view the app.

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NCSN | |

UNIVERSAL DEVELOPMENTAL SCREENING



Kadlec Clinics will soon begin conducting universal developmental screenings using the Ages and Stages 3 Questionnaire. AAP guidelines recommend routine screening at 9, 18, (24) and 30 months or whenever concerns are identified (Identifying Infants and Young

Children with Developmental Disorders in the Medical Home, Pediatrics 2006; 118: 405-420).

Without the use of standardized tools, only 30% of children with developmental disabilities are identified before school entrance. However, when standardized tools are used, 70-80% of children with developmental disabilities are identified. (Palfrey et al. J Pediatr. 1987;111:651-655; Squires et al. JDBP. 1996; 17(6):420-427).

Studies have shown that incorporating a screening test before a well-child care visit does not increase the length of the visit. (Schonwald et al. Clinical Pediatrics 2009; 48:648-655; Sices et.al. 2009; Pediatrics; 122: 1095)

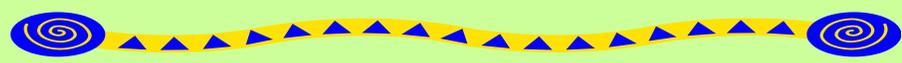
Validated screening tools are shown to result in faster referrals and early intervention services, which lead to better health and developmental outcomes. [Ages and Stages Questionnaire \(ASQ-3\)](#) is a parent-completed tool for use on children ages one month through 5- ½ years. The ASQ 3 takes about 10-15 minutes to complete, has 30 items in five domains and scoring takes less than five minutes.

Plans are in the works to partner with Great MINDS (Medical Homes Include Developmental Screening) to host a brief training for health care providers highlighting the importance of using a screening tool, billing codes and procedures, results, resources and referrals.



“I like the ASQ:SE, which is an easy non-threatening tool to use to assess important social-emotional developmental milestones of the baby.... This tool lends itself well to developing educational activities to foster a healthy parenting relationship.”

— Cynthia Suire, MSN, RN



Let's
Talk

Let's Talk about Stress in Adolescence

According to the *Stress In America* survey by the American Psychological Association (APA), teens in America are experiencing stress levels equal to or higher than adults. On the survey, teens reported feeling significantly more stress during the school year. However, even during the Summer months, teens reported their stress levels to be higher than what they believed was healthy.



Many teens also reported feeling overwhelmed, sad or depressed as a result of stress. Over one-third of teens reported feeling fatigued or tired as a result of stress, 35 percent reported lying awake at night, 26 percent reported over-eating or eating unhealthy foods and 23 percent reported skipping a meal due to stress in the past month. Although teens recognize that stress impacts their personal relationships, they are more likely than adults to underestimate the impact of stress on their physical and/or mental health.

There are many sources that can contribute to stress for teens:

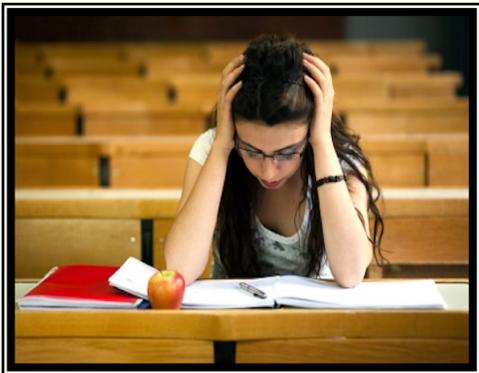
- ◆ School pressure and career decisions
- ◆ After school or summer jobs
- ◆ Dating and friendships
- ◆ Pressure to wear certain brands or kinds of clothing or hairstyles
- ◆ Pressure to experiment with drugs, alcohol or sex
- ◆ Pressure to be a certain body size or shape
- ◆ Dealing with the physical and cognitive changes of puberty
- ◆ Family and peer conflicts
- ◆ Being bullied or exposed to violence or sexual harassment
- ◆ Crammed schedules – juggling activities, friends and family obligations



Teens are particularly vulnerable to the effects of stress because the prefrontal cortex, which is responsible for reasoning and calling off the stress response, is not fully developed.



Now that school is in full swing, stress may be an important factor to consider when children and teens present with changes in behavior or recurring illnesses.



Symptoms of stress for teens may include:

- ◆ Acting irritable or moody
- ◆ Anxiety or panic attacks
- ◆ Losing interest in activities they used to enjoy
- ◆ Sleeping too much or too little
- ◆ Eating too much or too little
- ◆ Hostility towards parents or family members

Stress may also manifest as physical symptoms, such as frequent headaches or gastrointestinal problems or significant weight gain or loss. Since too much stress can inhibit immune functioning, teens with unmanaged stress may present with frequent illnesses such as colds and infections. It is important for providers to talk to parents and teens about managing stress and to screen adolescents for unhealthy stress levels.

Teens who have unhealthy stress levels may also be more likely to turn to drugs or alcohol to manage their stress. Parents can be a great resource for helping teens manage stress. Here are some tips for parents to help their children manage stress. If a parent or other adult is not able to help or a teen needs additional help managing stress, providers can help by providing a referral to a counselor or support group.



Vaccine Corner

Why should your patients get vaccinated?

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others.

What kind of Flu Vaccine is available?

- Standard-dose trivalent shots
- High-dose trivalent shot
- Trivalent shot containing virus grown in cell culture
- Recombinant trivalent shot that is egg-free
- Quadrivalent flu shot
- Intradermal trivalent shot
- Quadrivalent nasal spray vaccine* *Not recommend for the 2016-2017 flu season*



What about Flu Mist?



A quadrivalent nasal spray vaccine is available; however, CDC is not actively recommending the vaccine for the 2016-2017 season. As a result, many insurances may not cover the cost of receiving a dose. WA State Department of Health will not supply any VFC doses.

Why isn't it recommended?

- 1) On June 22, 2016, preliminary data was shared regarding the effectiveness of FluMist Quadrivalent during the 2015-2016 influenza season at a meeting of the Advisory Committee on Immunization Practices (ACIP). Based on a review of these data, the ACIP issued a seasonal recommendation that FluMist Quadrivalent should not be used in any setting for the 2016-2017 influenza season.
- 2) The CDC study did not demonstrate statistically significant effectiveness of FluMist.
- 3) The other four studies demonstrated statistically significant moderate overall effectiveness of FluMist, ranging from 46% to 58%.
- 4) FluMist did not demonstrate statistically significant effectiveness against A/H1N1pdm09 viruses in four of the five studies.
- 5) In all studies, the overall effectiveness of FluMist was lower than that observed with inactivated influenza vaccines (IIV).
- 6) Safety was never a factor in the ACIP's decision to not recommend FluMist.



What should I do?

Get in and get vaccinated. The influenza injectable vaccine is recommended for individuals who are six months of age and older. If you have any health concerns regarding the vaccine please contact your health care provider.

WIC Corner

On October 3, 2016 Washington WIC is adding 3 formulas:

- Similac Sensitive
- Similac for Spit-Up
- Similac Total Comfort



Good Start Gentle will be removed from the formulary.

Similac Advance and Good Start Soy are the standard WIC formulas and don't require a prescription.



The new formulas all have 19 calories per ounce. Because the 19-calorie formulas don't meet USDA's definition of a standard formula, USDA is requiring medical providers to sign off on these formulas to ensure they have oversight of their patient. However, you won't need to identify a medical diagnosis or prescribe foods for these formulas.



To accommodate this change, the WIC Prescription Form has been revised. It's now called the WIC Medical Documentation Form.

The complete list of WIC formulary and the Medical Documentation Forms to issue these formulas can be accessed starting October 3, 2016 at <http://www.doh.wa.gov/YouandYourFamily/WIC/WICFoods/InfantFormula>

What is changing with WIC's formulary?

On October 3, 2016:
WIC is adding Similac Sensitive, Spit-Up and Total Comfort. WIC is removing Good Start Gentle.

What's the difference between the three Similac products?

Similac Sensitive: 19 kcal/oz.

Lactose is less than 2% of the total carbohydrate or 98% less than Similac Advance. Contains prebiotic galacto-oligosaccharides (GOS). Used for lactose sensitivity or intolerance to Similac Advance or Good Start Soy.

Similac for Spit-Up: 19 kcal/oz.

Lactose is less than 2% of the total carbohydrate or 98% less than Similac Advance and contains added rice starch. Used with frequent spit-up, reflux or intolerance to Similac Advance or Good Start Soy.

Similac Total Comfort: 19 kcal/oz.

Contains 2% lactose as total carbohydrate or 98% less than Similac Advance. Protein is 100% whey protein and partially hydrolyzed. Contains prebiotic galacto-oligosaccharides (GOS). Used for lactose sensitivity and intolerance to Similac Advance.

I prefer to prescribe Good Start Gentle, how can my patients get this formula?

WIC won't provide Good Start Gentle after October 2nd. Your patient may be able to get the formula through Medicaid, TRICARE or their insurance provider. There must be a compelling medical need as Medicaid and TRICARE don't typically provide standard formulas that aren't formulated to treat a specific medical condition. Clients can also purchase any formula with SNAP benefits (Food Stamps).

Can I prescribe these formulas for children over age 1?

Yes, use the revised WIC Prescription Form for children found at:

<http://www.doh.wa.gov/YouandYourFamily/WIC/WICFoods/InfantFormula>

These formulas will be listed on the prescription form starting October 3, 2016. Prescribe formula the way you typically do for children. You'll need to identify a qualifying medical diagnosis and prescribe food.



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