

Children & Disasters

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September 2016

TO: AAP Disaster Preparedness Contact Network

FROM: Daniel B Fagbuyi, MD, FAAP, Member, Disaster Preparedness Advisory Council
Laura Aird, MS, Manager, Disaster Preparedness and Response

RE: AAP DISASTER PREPAREDNESS AND RESPONSE UPDATES

Dear Colleagues:

The American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council (DPAC) is pleased to provide you with information on its activities. Additional information can be found in previous [Contact Network Newsletters](#). For more information on the DPAC, including a list of members and liaisons, see [AAP Disaster Preparedness Advisory Council](#) or email DisasterReady@aap.org to receive a copy of the DPAC meeting minutes. Also see the AAP DPAC [Strategic Plan for Disaster Preparedness 2016-2020](#).

ZIKA VIRUS

The AAP collaborates with the Centers for Disease Control and Prevention (CDC) and other agencies and organizations to support pediatricians and others who care for children during public health emergencies such as the Zika virus outbreak. The CDC has awarded \$450,000 in new funding (for Year 4 of a 5-year Cooperative Agreement) to implement a Zika Response Project. The AAP also received \$350,000 in funding from the US Department of Health and Human Services (HHS) to implement an AAP [Project ECHO](#) Zika project. See the [AAP News article](#) for more information.

The AAP has released AAP News articles titled "[AAP News: CDC Releases New Guidance on Caring for Infants with Congenital Zika](#)", "[CDC: Pregnant Women Should Avoid Travel to Small Area of Miami](#)", and "[CDC Issues Zika Guidance for Schools](#)". Pediatricians can learn more by visiting the [AAP](#), [CDC](#), and [World Health Organization](#) Zika Web sites. Recent updates follow:

CDC Clinician Outreach and Communication Activity (COCA) Call

A CDC COCA call titled, "[Zika Update: Clinical Laboratory Testing and Care of Infants with Congenital Zika Virus Infection](#)", took place on August 23, 2016. During this COCA Call, information was shared with clinicians regarding updated interim clinical guidelines, which included evaluation and management recommendations. Members can view the archived version of the webinar, a transcript, and presentation materials/resources online.

Clinical Evaluation and Management of Infants with Congenital Zika Virus Infection

On July 21-22, 2016, the CDC sponsored a meeting in collaboration with the AAP titled "Clinical Evaluation and Management of Infants with Congenital Zika Virus Infection". The purpose of the meeting was to bring together a variety of pediatric subject matter experts, professional organizations, federal partners, and family advocates to provide individual expert input regarding evaluation and management of infants with evidence of congenital Zika virus infection. The general sessions describing the state of the science were [webcast and recorded](#). See a [Reuters](#) article highlighting the meeting titled, "[Doctors devise care plan for babies as Zika threat looms in US](#)".

As a result, the CDC released an article, "[Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection – United States, August 2016](#)", published in the [Morbidity and Mortality Weekly Report](#). The guidance updates recommendations for the initial evaluation and testing of infants with confirmed or possible congenital exposure to Zika infection, and establishes recommendations for the outpatient management and follow-up of infants with laboratory evidence of congenital Zika virus infection, with or without apparent associated birth defects. The guidance also emphasizes that families and caregivers will need ongoing psychosocial support and assistance with coordination of care. Resources for [families](#) and [health care providers](#) are available. See the [AAP News](#) article regarding the guidance.

National Conference 2016

Two sessions during the AAP National Conference will focus on Zika. A plenary session titled, "[Preparing for Emerging Infectious Disease Outbreaks: Zika and More](#)", on October 24, 2016, from 10:30am - 10:50am, will highlight steps pediatricians can take to advocate for children and improve hospital and office practice preparedness during these situations. A session titled, "Q & A: Emerging Infectious Disease Outbreaks - Zika and More", on October 24, 2016, from 3:00pm - 3:45pm, will focus on lessons learned during recent infectious disease outbreaks such as Zika. Faculty will highlight steps that pediatricians can take to advocate for children and improve hospital and office practice preparedness during these situations. Both sessions will be presented by Eric Dziuban, MD, DTM, CPH, FAAP.

Funding

The CDC awarded [\\$25 million](#) to help 53 states, cities, and territories protect citizens from Zika virus infection and associated adverse health problems, including birth defects. The funds can be used to identify and investigate a possible outbreak of Zika, coordinate response across all levels of government and non-governmental partners, and identify and connect families affected by Zika to community services. Funding can also be used to purchase repellent, screens, and supplies.

The CDC also awarded [\\$16 million](#) to states and territories to fight Zika. The purpose of this funding is to establish, enhance, and maintain information-gathering systems to rapidly detect microcephaly and other adverse outcomes caused by Zika virus infection. The CDC also awarded [\\$2.4 million](#) to Chicago, Houston, New York City, Philadelphia, and Los Angeles County to establish, enhance, and maintain information-gathering systems to rapidly detect microcephaly and other adverse outcomes linked to Zika virus infection.

The HHS shifted [\\$81 million](#) in funds from other projects to continue work on developing vaccines to fight Zika. The funding is intended to keep Zika vaccine research going despite the lack of funding from US lawmakers.

Congress' Actions on Zika

See a summary of Congress' actions on Zika virus [here](#) from the AAP Department of Federal Affairs.

Public Health Emergency in Puerto Rico

A [public health emergency](#) was declared in Puerto Rico for Zika virus. The AAP provided Friends of Children Disaster Relief funding to assist the AAP Puerto Rico Chapter.

Revised Recommendations for Reducing the Risk of Zika Virus Transmission by Blood and Blood Components

The US Food and Drug Administration issued a revised guidance recommending universal testing of donated Whole Blood and blood components for Zika virus in the US and its territories. The revised guidance is available [here](#).

US Zika Pregnancy Registry

The AAP strongly encourages all members to support the [US Zika Pregnancy Registry](#). The CDC is collaborating with state, tribal, local, and territorial health departments to collect information about pregnancy and infant outcomes following laboratory evidence of Zika virus infection during pregnancy. The data collected through this registry will be used to update recommendations for clinical care, plan

for services for pregnant women and families affected by Zika virus, and improve prevention of Zika virus infection during pregnancy. People who are eligible for inclusion in the Registry include:

- Pregnant women in the United States with laboratory evidence of Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and periconceptionally, prenatally or perinatally exposed infants born to these women.
- Infants with laboratory evidence of congenital Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and their mothers.

Pediatric health care providers can:

- Identify and report suspected congenital Zika virus exposure to their state, tribal, local, or territorial health department for possible testing.
- Collect pertinent clinical information about infants born to women with laboratory evidence of Zika virus infection or infants with congenital Zika virus infection.
- Provide the information to state, tribal, local or territorial health departments or directly to CDC registry staff if asked to do so by local health officials. Pediatricians or their office staff can find state-specific contact information [here](#) (AAP member log-in required).
- Notify state, tribal, local, or territorial health department staff or CDC registry staff of adverse events (eg, perinatal or infant deaths).

If you are a health care provider or represent a health department and you have questions about the registry, please [email](#) or call 770-488-7100 and ask for the Zika Pregnancy Hotline. In addition, the CDC has developed a new [tool](#) on assessing and caring for infants who may be infected.

Additional Guidance/Articles

- August 2016: [Estimating the Number of Pregnant Women Infected With Zika Virus and Expected Infants With Microcephaly Following the Zika Virus Outbreak in Puerto Rico, 2016](#)
- July 2016: [Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure – United States, July 2016](#)
- July 2016: [Zika Virus Response Planning: Interim Guidance for District and School Administrators in the Continental United States and Hawaii](#)

Questions

The CDC maintains a 24/7 Zika consultation service for health officials and health care providers. To contact the service with questions related to children's and adolescents' health, call 770-488-7100 and ask for Zika Clinical Inquires or email ZikaMCH@cdc.gov.

FAMILY READINESS KIT

Funded in part by the Health Resources and Services Administration of the HHS Health Resources and Services, Emergency Medical Services for Children (EMSC) Program, the [AAP Family Readiness Kit](#) was revised to help families get disaster-ready. This kit includes general guidelines for readiness that can be used in most situations. Simple steps to help families build a kit, make a plan, be informed, and get involved are included. Pediatricians should consider sharing this kit during routine office visits.

A team of subject matter experts was identified to assist with the development of the kit. Deanna Dahl-Grove, MD, FAAP, and Sarita Chung, MD, FAAP, served as the lead editors. Steven Krug, MD, FAAP, and Deborah Mulligan, MD, FACEP, FAAP, were guest editors. A team of authors was identified and developed specific content for the revised Kit, including: Brent Daniel Kaziny, MD FAAP; Christopher S. Kennedy, MD; Kathy Lehman-Huskamp, MD, FAAP; Marie Lozon, MD, FAAP; and Nathan Timm, MD, FAAP.

INFLUENZA

The AAP disaster preparedness and response staff finished up Year 3 of a 5-year Cooperative Agreement with the CDC. In Year Four, the AAP will continue to support health care providers, Head Start and other early education and child care providers, and others who care for children to employ influenza prevention and control strategies for the 2016-2017 influenza season. We are looking to identify pediatricians with expertise in emergency preparedness or infectious diseases who wish to be trained to work with child care providers or to present on these topics at child care conferences. If you are interested, please email DisasterReady@aap.org.

The CDC Advisory Committee on Immunization Practices (ACIP) voted that live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine, should not be used during the 2016-2017 flu season. The AAP supported this recommendation, as noted in an *AAP News* article, "[AAP Backs New ACIP Recommendation on Influenza Vaccine](#)". A [letter](#) from AAP Executive Director/CEO Karen Remley, MD, MBA, MPH, FAAP, includes information and resources for members as they make the transition for the upcoming season in light of the recent recommendation that health care providers should not use LAIV due to poor effectiveness.

Two webinars that focus on influenza prevention and control will be conducted. The AAP will host a CDC [Clinician Outreach and Communication Activity](#) pediatric-focused influenza prevention and control webinar on October 27, 2016, at 2:00pm ET. If you would like to be included on a calendar appointment for this webinar, please e-mail DisasterReady@aap.org.

The second webinar will be designed for caregivers who work in Head Start and other early education and child care settings. This webinar is taking place on November 18, 2016, at 2:00pm ET. For additional details, e-mail DisasterReady@aap.org.

What's the Latest with the Flu

The AAP policy "[Recommendations for Prevention and Control of Influenza in Children, 2016-2017](#)" offers updated recommendations for routine use of seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in children. Important details are highlighted in the *AAP News* articles "[Intranasal Flu MISSED its Target](#)" and "[AAP Updates Recommendations for Flu Vaccine in Children](#)". In addition, see the CDC article, "[Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices](#)", for more information.

Consider taking the following steps to be prepared for the upcoming flu season:

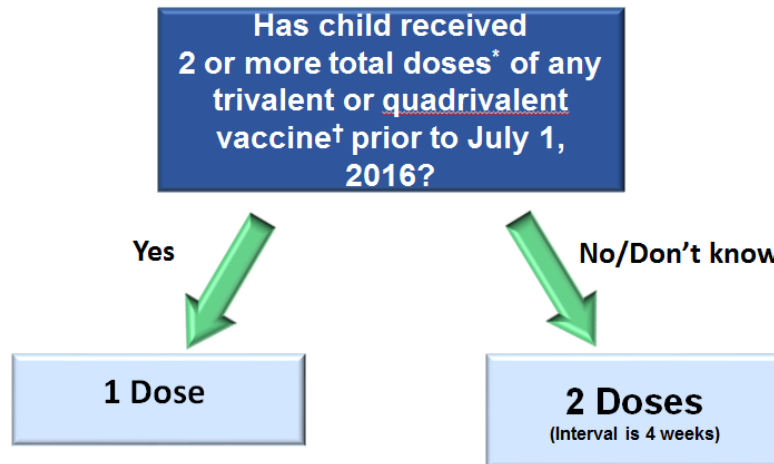
- Get vaccinated and talk with colleagues about why they should get vaccinated, too.
- Encourage all of your patients to get vaccinated. Make a special effort to identify those patients at increased risk of complications from influenza and encourage them to get vaccinated.
- Protect children younger than 6 months of age by immunizing their caregivers and close contacts of those infants to reduce their exposure to influenza.
- Meet with staff to discuss what worked and improve what didn't work in the office during the last flu season.
- Train staff on standard precautions, infection control, seasonal influenza, and strategies for communicating the importance of immunization.
- As a large number of children are enrolled in Head Start or other early education and child care programs throughout the country, partner with these programs to encourage vaccination of all children, staff, and caregivers. Share information about AAP training materials and other [resources](#).

The [2016-2017 vaccines strains](#) have been updated from last season. This year, the trivalent inactivated vaccine includes an A/California/7/2009 (**H1N1**) pdm09-like virus, an A/Hong Kong/4801/2014 (**H3N2**)-like virus, and a B/Brisbane/60/2008-like virus. The quadrivalent vaccine contains an additional B virus (B/Phuket/3073/2013-like virus). There is no preference for any licensed or recommended injectable vaccine over another.

The intranasal live attenuated influenza vaccine (or LAIV4) sold under the trade name "FluMist Quadrivalent" should NOT be used in any setting during the 2016-2017 influenza season in light of the evidence for its poor effectiveness in recent seasons, particularly against influenza A (H1N1) pdm09 viruses.

Some children 6 months through 8 years of age need 2 doses (given 4 weeks apart) of seasonal influenza vaccine if they have received fewer than 2 doses of any trivalent or quadrivalent influenza vaccine (including LAIV) prior to July 1, 2016. The second dose is sometimes missed, so attention to follow-up is needed. See the updated AAP dosing algorithm:

Number of Seasonal Influenza Doses for Children 6 Months Through 8 Years of Age



<http://pediatrics.aappublications.org/content/early/2016/09/01/peds.2016-2527>

*The 2 doses need not have been received during the same season or consecutive seasons.

†Receipt of LAIV4 in the past is still expected to have primed a child's immune system, despite recent evidence for poor effectiveness. There currently are no data that suggest otherwise.

Optimal protection is achieved through annual immunization. The AAP and CDC recommend annual seasonal influenza vaccine for all people 6 months and older. Not everyone understands the importance of annual immunization, so it is valuable for you, as a clinician, to explain why getting a [flu vaccine is crucial](#).

Guidelines for giving flu vaccine to presumed egg allergic children have been updated. Children with an egg allergy can receive any licensed influenza vaccine that is otherwise appropriate for their age, without special considerations. The CDC provides additional information about updated recommendations for [flu vaccine and people with egg allergies](#).

It is especially important to vaccinate children and adolescents who are at an increased risk of complications from influenza, including those with chronic medical conditions, such as asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression, or neurologic and neurodevelopmental disorders. Children younger than 5, but particularly children younger than 2 years old, are also at an increased risk of hospitalization and complications attributable to influenza.

Another far less common, but still an important concern associated with influenza, is possible exposure and infection with animal influenza viruses. For example, swine have their own influenza viruses that usually do not infect people, but can cause illness in people on rare occasion. When that happens, these are called "variant" infections. Local fairs in the US typically bring an increase in interactions between people and swine, which increases the risk of these types of infections. As of August 26, 2016, 18 human infections with influenza A (H3N2) variant viruses have been detected. The CDC posted an [online spotlight](#) describing the first four infections reported and issued [guidance](#) for people attending agricultural fairs where swine might be present during fairs. The guidance includes additional precautions for people who are at high risk for serious flu complications. This year, no person-to-person transmission of these variant viruses has been identified. The Michigan Department of Health has also issued a [news release](#).

Plan to participate in the CDC [Clinician Outreach and Communication Activity](#) pediatric-focused influenza prevention and control webinar on October 27, 2016, at 2:00pm ET. To receive a calendar appointment, e-mail DisasterReady@aap.org.

For more information, see the [AAP Red Book Online Influenza Resource page](#) or the [CDC FluView](#). All What's the Latest with the Flu messages will be [archived](#). Members of the AAP also have access to [Flu Vaccine Recommendations Speaking Points](#).

LOUISIANA FLOODING

The AAP supported its members in Louisiana by connecting early on with the chapter leaders and state Maternal and Child Health coordinator. Connections were made with colleagues in other organizations and agencies to ensure that children in mass care shelters had the supplies and food that they needed. Select AAP member experts offered feedback on a document to enhance safe sleep practices in emergencies. The AAP disaster preparedness staff continues to monitor the [flooding](#) situation in Louisiana and offers support to the AAP Louisiana chapter as needed. Floods are one of the most common hazards in the US and account for approximately 30% of disasters worldwide. The floods in Louisiana have left an estimated 40,000 houses damaged; some 86,000 people have applied for federal disaster aid in the wake of the disaster. Resources are available. The [Federal Emergency Management Agency](#) (FEMA) offers the following safety tips to prepare for flooding, and this is good information for pediatricians to pass on to families:

1. Turn around, don't drown.
2. Avoid walking or driving through flood waters. Just 6 inches of moving water can knock you down, and 2 feet of water can sweep your vehicle away.
3. If there is a chance of flash flooding, move immediately to higher ground.
4. If floodwaters rise around your car but the water is not moving, abandon the car and move to higher ground. Don't leave the car and enter moving water.
5. Avoid camping or parking along streams, rivers, and creeks during heavy rainfall. These areas can flood quickly with little warning.

See the AAP [Flash Floods/Flood Recovery](#) and [Promoting Adjustment and Helping Children Cope After Disaster and Crisis](#) Web pages for more information.

NATIONAL PREPAREDNESS MONTH

Each year during September, the AAP supports the FEMA sponsored National Preparedness Month to enable citizens to prepare for and respond to all types of emergencies, including natural disasters and terrorist attacks. This year's theme is "[Don't Wait. Communicate. Make Your Emergency Plan Today.](#)" The AAP Children and Disasters Web site has a dedicated resource page for [National Preparedness Month](#). This Web page includes ideas for members who wish to get involved or implement general preparedness activities, including strategies to address influenza prevention and control in high risk children.

The FEMA [America's PrepareAthon](#) is an opportunity for individuals, organizations, and communities to prepare for specific hazards through drills, group discussions, and exercises. The goal of the campaign is to increase the number of individuals who understand which disasters could happen in their community, know what to do to be safe and mitigate damage, take action to increase their preparedness, and participate in community resilience planning.

The AAP and the CDC have collaborated to release [Ready Wrigley](#) disaster preparedness activity books for children 7 to 10 years of age. Each book includes tips, activities, and stories to help the families prepare for disasters. During National Preparedness Month, pediatricians can share the Ready Wrigley book on [mosquito bites](#) with parents, guardians, teachers, and child care providers. The book includes information on preventing bites, tips to keep mosquitos outside of the house, and strategies to remove standing water. A separate book was also developed for [kids in areas with Zika virus](#). Mosquitos like to lay eggs in and around [standing water](#). This becomes a major concern with Zika virus. Consider discussing with families the importance of preventing mosquito bites and removing standing water from items in and around their home.

PARENTAL PRESENCE DURING TREATMENT OF EBOLA OR OTHER HIGHLY CONSEQUENTIAL INFECTION

The AAP Committee on Infectious Diseases released a new clinical report titled, "[Parental Presence During Treatment of Ebola or Other Highly Consequential Infection](#)". This report offers guidance to health care providers and hospitals on options to consider regarding parental presence at the bedside while caring for a child with suspected or proven [Ebola](#) virus disease or other highly consequential infection. Within the report, the AAP acknowledged the significant contributions of the CDC Children's Preparedness Unit throughout the Ebola Public Health Emergency and in the development of this report.

PEDIATRIC AND PUBLIC HEALTH TABLETOP EXERCISE

The AAP and the CDC conducted an inaugural [Pediatric and Public Health Tabletop Exercise](#) in January 2016 that paired a select group of public health professionals with AAP Chapter leaders and subject matter experts in five states within federal region VI (AR, LA, NM, OK, and TX) to discuss and drill children's preparedness strategies. A recent AAP News article titled, "[Pediatricians, Public Health](#)

[Professionals Take Part in Preparedness Exercise](#)", highlighted the event. Efforts are ongoing to leverage lessons learned and key findings from the exercise to improve connectedness between public health preparedness professionals and pediatricians. Results from a follow-up survey revealed that public health officials may not be aware of pediatric resources in their communities and pediatricians may not know how to navigate the public health system. The tabletop exercise helped to close this gap and showed the mutual benefit from this type of collaboration. Ninety-five percent of participants also stated the exercise helped build relationships with participants outside of their agency or area of expertise.

The AAP and CDC conducted follow-up to the Pediatric and Public Health Tabletop Exercise at 1, 3, and 6 months post-exercise. Results reinforced the need for pediatric and public health leaders to collaborate in preparedness efforts. The AAP is working with the CDC to develop a virtual exercise, so all states can benefit from these experiences.

SUPPORTING THE GRIEVING CHILD AND FAMILY

The death of someone close to a child often has a profound and lifelong effect on the child and results in a range of both short- and long-term reactions. Pediatricians, within a patient-centered medical home, are in an excellent position to provide anticipatory guidance to caregivers and to offer assistance and support to children and families who are grieving. The recently released clinical report, "[Supporting the Grieving Child and Family](#)", offers practical suggestions on how to talk with grieving children to help them better understand what has happened and its implications and to address any misinformation, misinterpretations, or misconceptions. This clinical report was developed by AAP DPAC member David Schonfeld, MD, FAAP, and Thomas Demaria, PhD, from the National Center on School Crisis and Bereavement. An [AAP News article](#) highlights key details in the clinical report.

APPLAUSE, PLEASE

The DPAC applauds the following agencies and individuals for their efforts to address pediatric disaster preparedness and the needs of children:

- The AAP members and CDC colleagues for their participation in the July 21-22, 2016, Clinical Evaluation and Management of Infants with Congenital Zika Virus Infection meeting.
- The AAP members for their participation in the September 22-23, 2016, National Institute of Child Health and Human Development/National Institutes of Health [Bridging Knowledge Gaps to Understand How Zika Virus Exposure and Infection Affect Child Development](#) meeting. Participants will include Dixie Griffin, MD, FAAP; Amy Houtrow, MD, PhD, MPH, FAAP; Yvonne (Bonnie) Maldonado, MD, FAAP; V. Fan Tait, MD, FAAP; and Fernando Ysern, MD, FAAP.

EDUCATION/TRAINING

[American Academy of Pediatrics 2016 National Conference](#)

October 22-25, 2016

This year, the AAP National Conference will be held in San Francisco, CA. Register for the conference at www.aapexperience.org/register. To make your hotel reservation, please call 800-468-6322 or visit www.aapexperience.org/hotels. For more information, email aapsupport@cmrus.com. For details about the sessions and events that focus on disaster medicine, see the [Upcoming Events](#) Web page.

[National Healthcare Coalition Preparedness Conference](#)

December 13-14, 2016

The National Healthcare Coalition Preparedness Conference is intended for health care, public health, emergency medical services, emergency management, health care coalitions, and other professionals to share best practices, training models, plans, tools, and other resources that promote and advance development of health care coalitions and describe effective coalition work in preparedness and response. This event is hosted by the [MESH Coalition](#), in partnership with the [National Pediatric Disaster Coalition](#), the [International Association of Emergency Medical Services Chiefs](#), and the [Veterans Emergency Management Evaluation Center](#). See the [agenda](#) or register for the conference [here](#).

[New Course Zika Virus: What Pediatricians Need to Know](#)

The AAP has released a free 30-minute online *ArcheMedX* module, "Zika Virus: What Pediatricians Need to Know". This online course gives an important overview of the Zika virus, where it came from, how it got to the Western Hemisphere, as well as an overview of the risk factors for Zika virus infection. The course also includes important information regarding clinical manifestations and current screening, diagnostic, and follow-up recommendations.

KEY RESOURCES

[FEMA Mobile App](#)

The FEMA App provides safety tips to help families prepare for and recover from more than 20 natural and man-made hazards. The App also enables users to receive weather alerts from the [National Weather Service](#) for up to five locations, provides a family communications plan, emergency meeting place, customizable checklist of emergency supplies, and maps of open shelters and disaster recovery centers. Information entered into the family communications plan and emergency meeting place can be accessed without internet connectivity.

FIFTEENTH ANNIVERSARY OF SEPTEMBER 11TH

September 11, 2016, marked the fifteenth anniversary of the September 11, 2001, terrorist attacks. The National Library of Medicine Disaster Health information guide for [Health Effects from the Collapse of the World Trade Center](#) has been recently updated with a [Disaster Lit[®] search](#) and new resources.

[National Business Emergency Operation Center](#)

The National Business Emergency Operation Center (NBEOC) is a virtual organization that serves as the FEMA clearinghouse for two-way information sharing between public and private sector stakeholders in preparing for, responding to, and recovering from disasters. The goals of the NBEOC are to:

- Facilitate a public-private sector exchange of information about needs and capabilities.
- Support the ability of state, local, and tribal governments to recover from disasters by connecting them with FEMA's regional private sector liaisons and the NBEOC's national network of resources.
- Foster cooperative and mutually-supportive relationships that eliminate duplicative partnership development efforts.
- Assist Regional and Joint Field Office partners in identifying where support is available or needed to restore business operations to the affected areas.
- Engage key stakeholders who bring resources, capabilities, and expertise to bear during disaster response and recovery efforts to determine impacts on their ability to provide services to the public.
- Improve situational awareness across the affected areas.

Participation in the NBEOC is voluntary and open to everyone. Participation allows members to receive updates and the ability to listen into region-specific calls during a disaster. If you are interested in joining or sharing ideas, please contact Fema-PSR@dhs.gov.

[Weighing Children in Kilograms Infographic](#)

The Federal EMSC Program recently released an [infographic](#) based on data from the [National Pediatric Readiness Project](#) assessment. The infographic states the importance of weighing children and recording the weight in kilograms, based on a patient safety recommendation identified in the AAP policy "[Guidelines for Care of Children in the Emergency Department](#)".

OPPORTUNITIES

Join the AAP Mentorship Program

Mentorship is one of the most important tools for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping to nurture and grow our future leaders and that a mentorship program is a key opportunity to engage new and existing members. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians. [Click here](#) for more information and to join the program.

Please note: Mentors are asked to commit at least one full year. However, the program offers opportunities for short-term "flash" mentoring. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress. Mentors/mentees should be prepared to answer all communications in a timely manner.

Would you Like to Present on a Future Children's Hospitals and Preparedness Webinar?

The AAP and the CDC are interested in stories about how you and your children's hospital responded in an emergency, so other children's hospitals can learn from your experiences. If you want your story to be included in a future webinar presentation, please let us know by sending an email to DisasterReady@aap.org.

We appreciate your efforts to care and advocate for the needs of children! This newsletter may be reproduced with attribution: email DisasterReady@aap.org with questions.