

Position Statement

Hurricanes have had an increasingly profound affect on the state of Texas within the past five years. The state is continually improving disaster response efforts and this was especially apparent in this season's evacuation of gulf coast hospitals beginning days before landfall. To date, evacuation of neonatal and pediatric patients from hospitals has occurred mainly through collaboration among specially trained neonatal and pediatric transport teams with the required specialized equipment, skills and medical control.

Safely evacuating neonatal and pediatric patients from intensive care units, general hospital wards, and emergency departments is time consuming. Because of this, gulf coast hospitals in need of neonatal/pediatric evacuations have called upon the region's transport programs with the capacity to safely evacuate this special patient population. These evacuations have been under the guidance of the State Operations Center (SOC) whenever possible and well before FEMA directs this action. It is the position of the region's neonatal/pediatric transport programs who have carried out these missions that these evacuations will be improved when there is a well defined structure and process within the SOC solely dedicated to the timely, safe, medical transport and transfer of neonatal/pediatric patients in a disaster.

Proposal

This proposal is to work within the Children's Hospital Association of Texas (CHAT), to establish a volunteer group of transport programs with the capacity and desire to rapidly mobilize resources at the direction of the SOC and FEMA in the event of large scale disasters requiring neonatal/pediatric medical transports. This volunteer group of programs would be named and identified as the Children's Transport Association of Texas (CTAT). There would be no personal or company bias within this association of participating transport programs or their supporting institutions. Focus will be given to the disaster need at hand and the safe, quality transport of this specialty population.

We are respectfully requesting support from the State of Texas for the following:

1. Endorsement in the creation of the CTAT within CHAT
2. A seat at the RMOC and the SOC
3. Application of the Pediatric Disaster Coalition task force White Paper and Memorandum of Understanding (MOU)
4. Establishing a response process that aligns with state disaster operations
5. Establishing a mechanism for combining staff members and equipment of specialty programs on larger government aircrafts in a coordinated effort to assure safe neonatal/pediatric transports
6. Establishing a process for these teams to participate in timely repatriation of patients to their originating hospitals