July 2022

# The Advisor

Pediatric Emergency Response Edition

*A quarterly publication by Kansas Healthcare Coalition Clinical Advisors*

## All Kansas K-9 Teams Pass Certification

*Dr. Lillian Lockwood, the Northeast & Metro Kansas Clinical Advisor*

Four Kansas Task Force Canine Search Teams successfully completed their Live Find (LF) Disaster Certification Evaluation testing on April, 23-24, 2022 at Crisis City Regional Training Center, Lindsborg, Kansas, located just southwest of Salina. Twelve teams from Kansas, Oklahoma, New York, Minnesota, Texas, and Arizona tested, with 7 teams passing the rigorous Urban Search and Rescue disaster testing standards.

Before a K9 and their human partner can even take the LF Disaster Certification test, they must first pass a LF Foundation Skills Assessment test that demonstrates a K9 team's readiness to proceed toward Certification Evaluation testing. The Foundation Skills Assessment-LF (FSA-LF) testing includes five elements. The obedience component includes: ability to be led on leash by a stranger, heeling on-lead around other dogs, off-lead heeling, 5 minute down-stay out of handler's sight, and emergency stop. This obedience testing ensures these dogs can interact with humans, other dogs, and the disaster environment in a safe and friendly manner.

Other testing components include bark indication on live human scent, direction and control (demonstrating the ability of the handler to direct where the dog should move while off-lead away from the handler), agility (tests the ability of the K9 to navigate wobbly, slippery, or unstable surfaces, traverse elevated planks, turn on an elevated surface, ascend a ladder, crawl, and move through a dark tunnel at the direction of the handler). The last component of FSA-LF, tests the K9 team's ability to in-corporate all the previously tested skills into a live-find search. During this timed test, the handler must be able to demonstrate knowledge of disaster safety awareness, logical search strategy, appropriate care of the disaster search K9, and the ability to communicate with their dog effectively to search in the disaster environment.

The K9 must use its skills to search independently out of sight of the handler with commitment to indicating victim location. This is necessary because these dogs with their four legs and extraordinary balance can often more safely search unstable rubble areas and notify their handler by bark indication if any victims are present. During this search portion of the test, the dog also demonstrates the ability to search on the rubble pile with handler direction available. All of this preparation culminates into an opportunity to take the (LF) Disaster Certification Evaluation test. This test is a more difficult timed search test with two larger search areas with an unknown number victims in each search area. Teams must re-test in both the FSA and Disaster Certification every three years.

Even though this testing may sound difficult, for working disaster K9 teams this is really just the beginning. Teams continue to fine tune and expand their search skills through frequent training all year-round. Teams often take opportunities to travel to other locations and other States to train. Novel experiences allow dogs and handlers to learn new skills valuable to the unpredictable nature of disasters. These hours spent in training ensures they are ready to respond when disasters occur. For example, four teams responded to the recent tornado disaster in Andover, Kansas. Task Force canines and their handlers have dedicated many hours to each other, their teammates, and to the communities they serve. "For many, like me," states Dr. Lockwood, "this is a calling in addition to their regular paid occupation. Kansas is fortunate to have these dedicated teams available for disaster response. These wonderful dogs are among the most talented dogs in the country and along with their handlers are an extraordinary asset to our disaster response system in Kansas."

# Pediatric Emergency Preparedness

*Paul YoungPA-C, MMSc and Tom Pedigo PA-C, MMSc*

There is perhaps not a more anxiety producing situation for a health care practitioner than a severely sick or injured child. That is, unless one is dealing with multiple sick or injured children in a disaster situation.

The Department of Health and Human Services estimates that almost a quarter of the U.S. population is under the age of 18. It is therefore imperative that all healthcare providers and hospitals are prepared for pediatric emergencies of all types and scale.

Certainly, the breadth of knowledge required for pediatric care is extensive. Many of us who may be required to care for pediatric patients do not have the experience of working full time in a pediatric facility that is geared towards all the unique needs of children. Therefore it is imperative that we ensure we maintain a constant level of training that allows us to provide care to children until definitive care is available. Luckily, there is an abundance of training and guidelines that have been developed to help prepare not only health care providers but hospital and healthcare systems as a whole.

The old adage that children are not just small adults remains true. Pediatric emergency training is widely available and practitioners should maintain certifications to ensure competence in pediatric care. Common programs include the Neonatal Resuscitative Program and Pediatric Advanced Life Support. However, in preparing for disaster situations where transferring pediatric patients to definitive care may be delayed, consideration should be given to training that prepares practitioners to care for critically ill children for extended periods of time such as the Pediatric Fundamental Critical Care Support Class through the Society of Critical Care Medicine. Further, practitioners need to work with their facilities to ensure pediatric specific equipment is available and staff are comfortable with the use of said equipment. This should be a priority for facilities to obtain such equipment, preferably through well organized equipment bundles such as the Broselow Pediatric Resuscitation System. All healthcare providers need to take the time to understand how to use these systems.

However, despite the training and tools available to practitioners and hospitals for pediatric care, these do not replace a fully developed pediatric hospital system. Hospitals need to ensure they know where the closest pediatric facilities are and what capabilities are available at those hospitals. They also need to take into consideration what transport is available that is capable of caring for critical pediatric patients.

Finally, although healthcare providers and hospitals focus on the care of the sick and injured, pediatric patients that present to us, especially in disaster situations have additional needs that must not be overlooked. Children who may only need minimal care and ultimately be discharged. In disaster situations where children may be separated from their families or families cannot go home basic needs to be considered. Feeding, clothing and keeping them safe often times will fall upon the shoulders of health care practitioners and health care facilities. Plans to provide for these needs to be met. Further, plans to help reunite children with their families in a safe way need to be developed to close the loop of care. We as care providers need to engage with the community to help with these needs, such as law enforcement, school systems.

https://asprtracie.hhs.gov/technical-resources/31/pediatric-children

https://www.aap.org/en/patient-care/disasters-and-children/professional-resources-for-disaster-preparedness/pediatric-preparedness-resource-kit

https://cpr.heart.org/en/courses/pals-course-options

https://www.aap.org/en/learning/neonatal-resuscitation-program/

https://www.sccm.org/Education-Center/Educational-Programming/Fundamentals/Pediatric-Fundamental-Critical-Care-Support

Meeting Reminder: **The Clinical Advisors typically meet via TEAMS on the last Wednesday of each month at noon. Please contact Mindi Bremer for questions about the meeting, sw@hccpkansas.com.**

# Introducing Jeremy Brandt

*Northeast Kansas Healthcare Coalition Co-Clinical Advisor*

*Jeremy Brandt is a physician assistant and licensed X-ray technologist. He serves as lead provider in the Frankfort Clinic, part of Community Health Care System (CHCS) based in Onaga, Kansas, as well as co-clinical advisor for the Northeast Kansas Healthcare Coalition. Jeremy is also a Lieutenant Colonel in the Kansas Air National Guard 190th Air Refueling Wing located at Forbes Field in Topeka, Kansas. He continues to serve in the Guard after more than 20 years in the Armed Forces. Brandt previously deployed to Iraq in support of Operation Iraqi Freedom in 2004 with the 2-130 Field Artillery Battalion (headquartered in Hiawatha). Jeremy values the experience he continues to gain in the National Guard.*

Jeremy shares some answers to common questions about the Air National Guard:

**- What does the National Guard do?**

My short answer: As my previous Medical Group Guidon (MDG) Commander, Colonel William "Bill" Hefner liked to say, "We put healthy people on healthy airplanes, launch and recover." My long answer: I'm an Aeromedical Physician Assistant in the 190th Air Refueling Group / Medical Group. Because the Guard has multiple missions, my duties vary depending on what mission we are fulfilling. When not activated or mobilized, we focus on readiness, medical, and non-medical training items – essentially the same required by those in active duty Air Force. The difference being we accomplish them in 24 days (a weekend a month) and for me, usually an extra day or two a month."

**- What is your focus in ensuring medical readiness?**

I ensure the medical readiness of all of members. This includes physicals, occupational exams, occupational shop visits and even flying on our air refueling missions to integrate with aircrew. The Guard has a great medical group from top to bottom – administrators, technicians, nurses, other providers (PAs, APRNs, CRNAs, dentists, optometrists and physicians) as well as leadership. When activated, these duties shift to a clinical focus therefore readiness and preparation are paramount.

**- When was the last time you deployed?**

I haven't deployed since 2004 which was with the Kansas Army National Guard. Opportunities continue to come up, but to date, since moving to the air side, all the opportunities have been for volunteers. As there is a time and place for everything, I have felt the need to let others take advantage of these opportunities but always make myself available should they go unfilled. Being home to support my family, patients and Community Health Care System is very important to me and I try to make that my priority. I am prepared for the fact that at any time I may need to serve in an active duty capacity."

**-What should civilians know about the National Guard?**

The National Guard is a very relevant and active force. There are ongoing contingencies all over the world. I never take our active duty brethren for granted. Without a doubt, the operational tempo over the past 15 years could not have been sustained without direct contribution from the guard. There was a time when the guard was a force used as a reserve - a last line entity, but not anymore. The Guard trains and prepares at an exceedingly high level to enable mission execution that is second to none. It is a lot to juggle some weeks and a lot is expected from airmen but they never disappoint, always rising to the challenge.

**- What does your work at Community Health Care System include?**

I have been fortunate to work for CHCS for 23 years. I enjoy caring for friends and neighbors alongside an awesome team top to bottom. I'll avoid mentioning specific departments so as not to leave one out; but, I would say we truly have a great system and I am proud to be a part! I should say though that I really enjoy coming into clinic every day. We have a special team working to provide the best care for our patients. This past couple of years has been unique (I'm tired of hearing "challenging" and "unprecedented times"...) but the staff just keeps moving forward, never complaining, working hard and making our clinic safer for our patients through their efforts."

*Jeremy and his wife Holly have 4 children, a wonderful daughter in law and one tremendously cute grand daughter! Their youngest child has just graduated high school. The Brandts are looking forward to re-capturing some old hobbies and barreling into life's next phase!*

**Healthcare Coalition Partners of KS, LLC**
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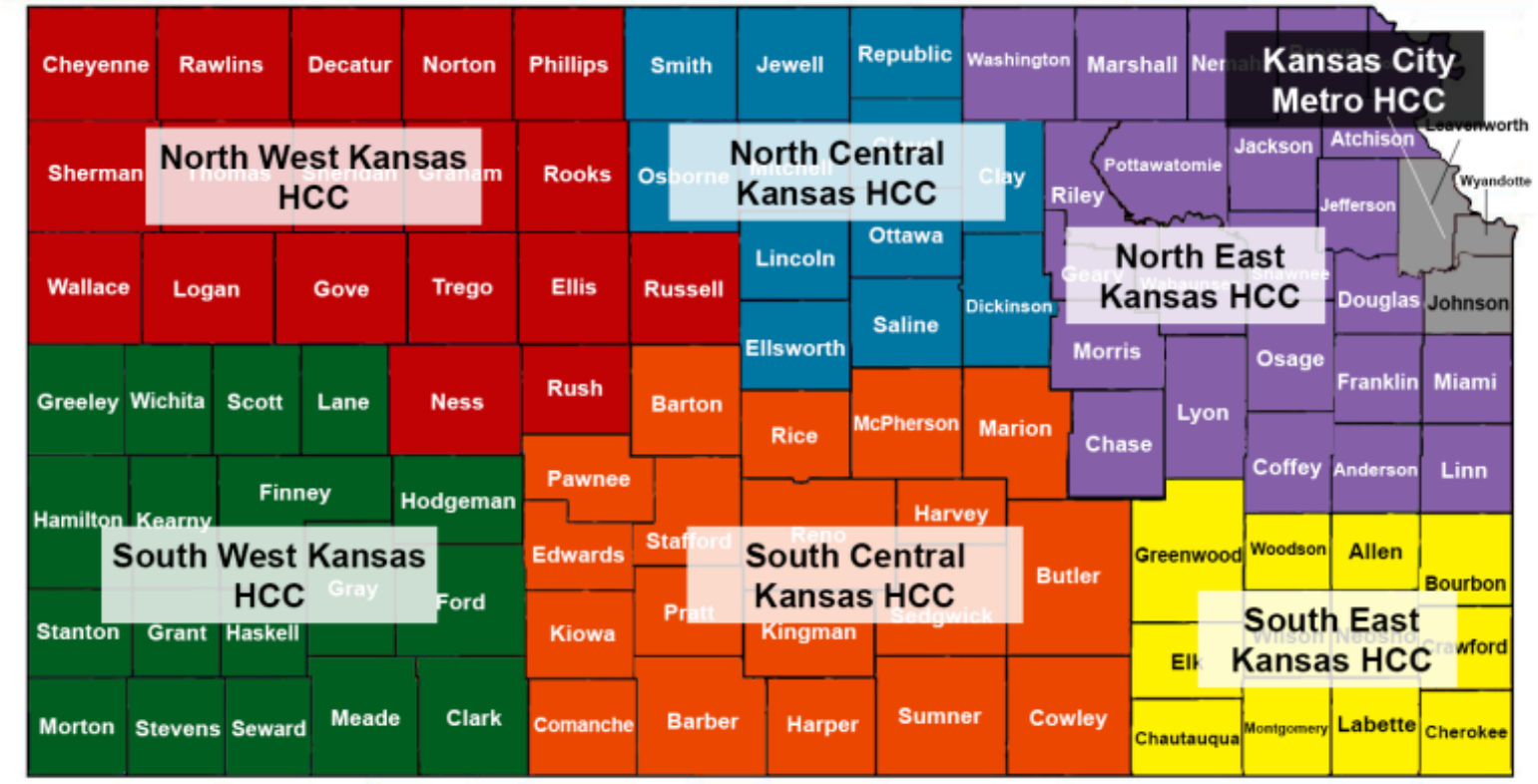
# Introducing Paul Young, PA-C

*Northwest Kansas Healthcare Coalition Clinical Advisor*

Paul Young is a Certified Physician Assistant and founding partner of SLY Medical. He attended Emory University School of Medicine Physician Assistant Program where he earned a Master Degree in Medical Science. He graduated with highest honors and was awarded the Who's Who Among Students in American Universities and Colleges.

Paul has spent the last 15 years predominantly working in emergency departments in the Denver area including a Level 1 Trauma Center. In addition, Mr. Young has spent time working in primary care in Boulder, Colorado.
Additionally, Young works for the United States Department of Health and Human Services as part of the Colorado 3 Disaster Medical Assistance Team. He has been deployed several times to major disaster relief efforts.

Prior to working as a Physician Assistant Mr. Young worked as an EMT and paramedic throughout Colorado and New Mexico. He has also completed a certificate in global health through The Johns Hopkins School of Public Health and a Fellowship in Wilderness Medicine through The Academy of Wilderness Medicine.




## Clinical Advisors:

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