BRONX FIRE DISCUSSION: GROUP C

GROUP C/ PART 1: PEDIATRIC CONSIDERATIONS

Information Gathering & Official Notification (Hospitals, FDNY, NYCEM)

- How and when did you first learn that the incident involved multiple pediatric patients?
  - First hospital to receive patients received a phone call about a patient with altered mental status. Once the patient arrived, the hospital realized they were suffering from smoke inhalation
  - Emergency medical technicians told ED that there was a big fire but that it was unknown how many would come in or in what timeframe
    - The hospital received one phone call but got walk-in notifications every five to 10 minutes. Hospital received total of seven critical patients.
  - Another hospital has dedicated pediatric ED. When ED Chair was notified of the mass casualty incident (MCI), he activated the "emergency tree," which activates a host of resources.
  - Third hospital received a phone call from admin on-call alerting them that another hospital in the system had received a notification
  - Additional hospital received a Level B notification, and 20 minutes later, a Level C notification
  - Hospital located outside of NYC did not hear anything until secondary transfers came in around 1:00 p.m.
- What additional information would have helped you to better prepare for and treat pediatric patients?
  - Bronx coalition was not connected to NYCEM
  - GNYHA and the New York City Fire Department (FDNY) have a good system for MCI Levels, but more groups should be involved
    - Consider specifying in notification that pediatric cases are included in the Level B/C alerts. Current notifications only indicate incoming patients.

Pre-Hospital Efforts & Internal Activation (FDNY, Hospitals)

- How were transport decisions for pediatric patients made by EMS at the scene? Did hospitals think these were made appropriately?
  - FDNY shared that transport decisions are made based on proximity and capabilities
    - Patients were evacuated from this event in waves
    - FDNY tries to keep family units together
- What pediatric-specific resources beyond the ED activated and/or pulled into the ED?
  - One hospital reported needing social work team support since many young people arrived unaccompanied, and due to several unidentified decedents
  - PDC: Part of PDC plans include having a Family Assistance Center and mental health professionals

Management of Pediatric Patients

- FDNY was important in providing cyanide antidote and even had extra doses
- Reunification should start immediately; need for good screening tools that can be used immediately
- Secondary transport is important because primary transport took several patients to places where the intensive care they needed was not available

GROUP C/PART 2: MENTAL HEALTH CONSIDERATIONS

Immediate Mental Health Supports

- One hospital reported that all patients were seen by a social worker
- Another hospital reported that the Director of Social Work and an on-call social worker also came. An adult psychiatric consult and resident were also available.

Critical Incident Stress Debriefing (CISD)

- Has your organization conducted a CISD or similar debrief?
  - One hospital reported an after-incident debrief during which all staff discussed how they felt about what happened. An Employee Assistance Program is available to staff.
  - This is all happening during the pandemic, with all the trauma from two years of COVID-19
  - Once the event was declared over, another hospital's ED team had a quick debrief
  - Another hospital has SOS (source of support) every time a tragic event impacts staff, which involves social work and pastoral assistance

Intermediate-Term Mental Health Supports & Forward Planning

- PDC: Children are in a dynamic state; even infants can have mental health problems
- Is there an opportunity to make sure children have an opportunity to get services/referrals?
- New York City Department of Health and Mental Hygiene: Service Center applied PSA/crisis counseling following the acute phase
  - Directed patients to BronxWorks and American Red Cross for case management to address medical concerns
  - Had medical vans onsite at hotels; many people did not want to leave because they were traumatized and felt safe there
  - Deploy a team of mental health professionals to the Service Center. Use NYC Well for ongoing needs and share information about Project Hope.
- Service Center seemed unique to this event, and we thought this was valuable

Pediatric Consideration Recommendations

- Pediatric disaster plan and Pediatric Incident Responder Team/Subject Matter Experts should be real and drilled; work towards a full-scale exercise for the City
- Need coordinated secondary transport system by those familiar with the capabilities of all the City's Intensive Care Units
- Bed availability dashboard recommended to view capacity for burn patients and where beds are available
- Hospitals should adapt plans so that adult resources can be used for older pediatric patients
- Create linkages between hospitals within event-related patients to facilitate the reunification process
- Include Pediatric Disaster Coalition in situational awareness processes and workflows so that SME resources can be used as needed during an incident involving large numbers of pediatric patients

Mental Health Recommendations

- Training for pediatric mental health in emergencies. Every child needs to be screened and referred appropriately. Need a rapid intervention tool that will immediately reveal the at-risk patients so that long-term follow-up/interventions can be employed.
- Need additional mental health support for hospital staff