

# NAPNAP Position Statement on Pediatric- Focused Advanced Practice Registered Nurses' Role in Disasters Involving Children

National Association of Pediatric Nurse Practitioners, Children in Disasters  
Special Interest Group, Catherine J. Goodhue, MN, RN, CPNP,  
Tina Rickenback, MSN, CPNP, APRN, Stacia Hays, DNP, CPNP-PC, CNE, &  
Marion Donohoe, DNP, APRN, CPNP-PC

The National Association of Pediatric Nurse Practitioners (NAPNAP) acknowledges the central role of pediatric nurse practitioners (PNPs) and their fellow pediatric-focused advanced practice registered nurses (APRNs) in disaster preparedness to provide guidance and care before, during, and after local, national, and global disasters that affect children and families. The term *disaster* encompasses natural (i.e., hurricanes, earthquakes, wildfires, mudslides, tornadoes, tsunamis, pandemics) and man-made (i.e., active shooter, chemical, biological, radiologic, nuclear, explosive) occurrences and

---

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on August 14, 2018. This document replaces the 2011 NAPNAP Position Statement on the Pediatric Nurse Practitioners' Role in Disasters Involving Children.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

Correspondence: NAPNAP National Office, 5 Hanover Square, Suite 1401, New York, NY 10004; e-mail: [info@napnap.org](mailto:info@napnap.org).  
J Pediatr Health Care. (2019) 33, A11-A13

0891-5245/\$36.00

Copyright © 2018 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.pedhc.2018.09.004>

implies a mass casualty incident. Because children depend on adults for basic care needs, critical decision making, physical safety, and medical care, they are more vulnerable during chemical, biological, environmental, and radiologic disasters. Children have the additional psychological need to be reunited with parents or caregivers if they have been separated during a disaster. Pediatric-focused APRNs are particularly prepared to address the needs of this population. All children are vulnerable in disaster situations based on their inability to self-care, but special consideration is needed for breastfeeding infants and children in daycare and school settings who are separated from parents during this time. Acute psychological first aid and ongoing attention to the mental health needs of children must be provided through assessment, crisis intervention, trauma informed care, promotion of resilience, and referral to mental health providers when indicated (Dziuban, Peacock, & Frogel, 2017; Schonfeld, Demaria, & the Disaster Preparedness Advisory Council, Committee on Psychosocial Aspects of Child and Family Health, 2015).

Children may be affected during any disaster, and specific attention should be given to their safety and needs. All health care providers who may need to treat children during an emergency should have adequate pediatric disaster clinical training specific to their roles. This should include the use of age- and size-appropriate supplies and medical equipment, knowledge of pediatric medication dosages, and knowledge of triage that is specific to children and families.

Preparation for pediatric emergency responses should be expanded through a comprehensive integration of pediatric-specific training, guidance, exercises, supplies, and personnel ([Disaster Preparedness Advisory Council, Committee on Pediatric Emergency Medicine, 2015](#); [National Advisory Committee on Children and Disasters, 2015](#)). Familiarity with an emergency plan for one's practice setting will help facilitate care during a disaster.

Pediatric-focused APRNs should become involved in pediatric disaster coalitions to assist in the development of pediatric disaster plans in their communities. Coalitions are composed of various health care providers, health care agency representatives, and other stakeholders including community agencies, governmental agencies, security groups, and first responders ([National Advisory Committee on Children and Disasters, 2015](#)).

Pediatric-focused APRNs should be part of emergency response teams as part of enhanced surge capacity in the immediate period after a disaster to assist with all aspects of response, including managing health care systems that may be overwhelmed. During recovery from a disaster, it is crucial that children and their families are provided a stable and safe environment. Key issues include postdisaster disease and injury prevention, nutrition, hydration, and identification and reunification of displaced children in all settings ([Blake & Fry-Bowers, 2018](#)). Pediatric-focused APRNs and other pediatric health care providers need to work within the established infrastructure of their community and with federal agencies to provide care for patients' long-term recovery needs.

Approximately 15,528 PNPs (PNP, or pediatric nurse practitioner, is a specific credential; those with the PNP credential make up the majority of the pediatric-focused APRN professional community) in the United States provide health care in a variety of settings ([NAPNAP, 2015](#)). They are a resource that should be both recognized and utilized during disasters. For example, pediatric-focused APRNs may be called on to assist families in shelters or field hospitals where advanced care is required and when hospitals are at maximum capacity. Although all pediatric health care providers may not be in the position to serve as first responders, every pediatric-focused APRN must have the necessary knowledge and skills to respond within his/her appropriate role when a disaster occurs. APRNs should be expected to know how to provide immediate physical and psychological care for those individuals involved, recognize their own limitations, know when and where to seek additional information and resources and understand the incident command system and its established processes ([Blake & Fry-Bowers, 2018](#); [Veenema et al., 2017](#)).

NAPNAP supports the following.

- A national leadership role for NAPNAP in the development of disaster preparedness guidelines that integrate the needs of children and their families and guarantee that children have access to appropriate services and support before, during, and after disaster

events. This includes PNPs serving as leaders and mentors during natural and man-made disasters.

- Active involvement of individual NAPNAP members in national, state, and local disaster preparedness efforts, such as the Medical Reserve Corps, Disaster Management Action Teams, Pediatric Disaster Teams and Coalitions, and local hospitals to ensure that there are personnel and appropriate equipment for the care of children.
- Collaboration/participation in mock mass casualty incident and in disaster and bioterrorism drills within the local, state, and federal community.
- Inclusion of pediatric-specific disaster preparedness and trauma informed care educational content in PNP educational programs and continuing education.
- National training and advocacy efforts at the local, state, and federal levels to make pediatric health care providers available in disaster response to help mitigate the effects on children.
- Advocacy efforts at the local, state, and federal levels to ensure adequate resources in communities for necessary disaster relief services, recovery efforts, and funding for research about disaster management.
- Rapid identification and reunification of displaced children with their families or referral to appropriate care in the event that parents are critically injured or do not survive the disaster.
- Specific attention to the mental health and psychological needs of children and families after a disaster and encouragement of PNP training in providing psychological first aid.
- Support and implementation of specific policies and processes for and consideration of breastfeeding mothers to support and protect them and their infants before, during, and after a disaster, emphasizing the critical importance of adequate nutrition and the immunological properties of breast milk, as well as provision of a safe venue for breastfeeding.
- Incorporation of disaster preparation screening and anticipatory guidance in the primary care setting, including vaccination to prevent illness.
- Encourage disaster preparedness training for children through local school systems.
- Education, promotion, and encouragement of all families and communities to have a disaster and reunification plan in place.
- Encourage all health care providers to develop their own personal disaster plan.

NAPNAP is committed to the care of children and families. NAPNAP recognizes that natural, technological, and pandemic disasters have a major and long-lasting impact on children and their families. Pediatric-focused APRNs are experts in providing health care to children and should therefore be involved in disaster preparedness policy and planning, pediatric disaster coalitions, preventive education, and active care of victims of disasters. The inclusion of

pediatric-focused APRNs in disaster plans will help ensure that vulnerable populations, especially children and families, have access to the necessary services to assist them in their immediate and long-term recovery. NAPNAP, an organization whose mission is to empower PNPs, pediatric-focused APRNs, and their interprofessional partners to enhance child and family health through leadership, advocacy, professional practice, education and research, fully supports the need to have nurse practitioners serve as leaders during a disaster response.

## REFERENCES

- Blake, N., & Fry-Bowers, E. K. (2018). Disaster preparedness: Meeting the needs of children. *Journal of Pediatric Health Care, 32*, 207–210.
- Disaster Preparedness Advisory Council, Committee on Pediatric Emergency Medicine. (2015). Ensuring the health of children in disasters. *Pediatrics, 136*(5), e1407–e1417.
- Dziuban, E. J., Peacock, G., & Frogel, M. (2017). A child's health is the public's health: Progress and gaps in addressing pediatric needs in public health emergencies. *American Journal of Public Health, 107*(S2), S134–S137.
- National Advisory Committee on Children and Disasters. (2015). *Healthcare preparedness for children in disasters: A report of the NACCD Healthcare Preparedness Working Group*. Washington, DC: Author. Retrieved from <https://www.phe.gov/Preparedness/legal/boards/naccd/Documents/healthcare-prep-wg-20151311.pdf>
- National Association of Pediatric Nurse Practitioners. (2015). *National association of pediatric nurse practitioners 2015 state map RN NP populations*. New York, NY: Author. Retrieved from <https://www.napnap.org/sites/default/files/userfiles/about/PNP-population-map-2015.pdf>
- Schonfeld, D. J., Demaria, T., & Disaster Preparedness Advisory Council, Committee on Psychosocial Aspects of Child and Family Health. (2015). Providing psychosocial support to children and families in the aftermath of disasters and crises. *Pediatrics, 136*(4), e1120–e1130.
- Veenema, T. G., Lavin, R. P., Griffin, A., Gable, A. R., Couig, M. P., & Dobalian, A. (2017). Call to action: The case for advancing disaster nursing education in the United States. *Journal of Nursing Scholarship, 49*, 688–696.