Region V for Kids
Pediatric Disaster Center of Excellence

Pediatric After-Action Report (PAAR)

Event Title:	Responsible Reviewer/Agency:

This Pediatric After-Action Report (PAAR) is an all-hazards template designed for regional/community partners to evaluate the response to a specific hazard in a community that impacted the health and wellbeing of the pediatric population. It was develope[d] promote the inclusion of pediatric populations and their unique needs into regional disaster response and recovery. Refer to the [ ] section at the bottom of this document to aid in completion of the PAAR.

Executive Summary

Brief overview of Event:

Key Strengths:
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-
-

Key Areas for Improvement:
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-
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Hazard Type:	Location of Hazard:	Date(s) of Event:

Human Impact		
Acute Pediatric Morbidity and Mortality Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
How many pediatric patients were involved in the incident?		
How many pediatric patients sought immediate medical/mental health care following the event?		
What types of injuries were sustained, if any, by the pediatric patients involved?		
Were there any pediatric deaths associated with the event?		
Other considerations?		
Long-Term Pediatric Morbidity Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
How many affected pediatric patients do you anticipate will develop chronic medical conditions (lasting greater than 3 months)?		
How many affected pediatric patients do you anticipate will develop chronic behavioral/mental health conditions (lasting greater than 3 months)?		
What types of support services for medical and behavioral/mental health conditions were provided to pediatric patients, their caregivers, and families?		

	Description of Outcome	Opportunities for Improvement to Existing Systems (if applicable)
Other considerations?		

Special Populations Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
Were accommodations available for the pediatric population with physical, intellectual, or developmental disabilities during the response?		
Were there unique challenges in reaching or supporting the pediatric population from underserved or socioeconomically disadvantaged populations?		
Were cultural or religious considerations for the pediatric population and their families addressed appropriately?		
Other considerations?		

Healthcare System Impact

Hospital Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
How many pediatric patients presented to the emergency department(s) for care?		
How many pediatric patients required hospital admission?		
Were there any gaps in the needed pediatric equipment/supplies/protocols?		
Were there any pediatric transfers from one hospital to another associated with the event? Were there any gaps identified sharing patient information between hospitals?		

Besides patient encounters, were there any staffing, supply chain, structural, or other impacts on hospitals or healthcare systems from this event?		
Other considerations?		
Public Health/Emergency Management Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
What local, state, or federal public health agencies activated emergency response operations for this event?		
Please describe any coordination between local, state, and federal levels to address pediatric public health concerns.		
Were communication systems and protocols effective in informing families and caregivers about addressing specific pediatric needs? Any communication barriers identified?		
How were community volunteers integrated into the response? Were any gaps identified in their training to address pediatric populations?		
Other considerations?		
Emergency Medical Services Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
How many pediatric patients were transported by EMS? How many different hospitals received patients?		
Was any kind of pediatric medical command used (phone/virtual assistance/standing protocols)?		

Were there any gaps in needed pediatric equipment/supplies/protocols?		
Other considerations?		

Community Safety Infrastructure		
Family Reunification Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
How many children were known to be separated from parents/guardians?		
Where did the reunification with parents/guardians occur? (e.g., hospital, home, family assistance centers, other facility)		
What agencies supported reunification? (e.g. Red Cross, Law Enforcement, Social Services, National Center for Missing and Exploited Pediatric population, other)		
Were there any barriers/challenges in interagency coordination or prompt notification of parents?		
Other considerations?		
School/Childcare Point(s) of Contact:	**Description of Outcome**	**Opportunities for Improvement to Existing Systems** (if applicable)
How many schools/childcare centers were closed due to the incident?		
If closure occurred, how long were the schools/childcare centers closed?		
How many children were impacted by school/childcare closures?		

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Other considerations?		

Shelter/Nutrition Point(s) of Contact:	Description of Outcome	Opportunities for Improvement to Existing Systems (if applicable)
How many children were in shelters?		
Was short term (<72 hours) or long-term sheltering (>72 hours) needed?		
Were there any gaps in pediatric specific resources required during shelter operations (nutrition, supplies, equipment)?		
Did any of the children in shelters require medical attention? If so, how was that provided?		
Other considerations?		

Action/Improvement Plan

Impact Category (Human, Healthcare, Community)	Issue	Proposed Action	Responsible Agency/Dept	Priority (High, Medium, Low)	Comp Da

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Frequently Asked Questions

1. Does the Pediatric After-Action Report (PAAR) apply to individual hospitals?

   The PAAR is designed for regional review of community-wide events and their impact

on the pediatric population in that jurisdiction. If hospitals are involved in the response, they are encouraged to participate in completing the PAAR.

2. **How is the PAAR different from other**

AAR tools? The PAAR highlights the domains where the pediatric population is uniquely impacted during the response and recovery from a community-wide disaster. Like other AARs, the purpose

is to analyze the incident and use lessons learned to improve future actions.

3. **Who should act as the Responsible Reviewer for completing the PAAR?** The PAAR is designed for any agency

responsible for leading an AAR for community-wide events. This may include healthcare coalitions, emergency management agencies, or healthcare systems.

4. How is the

information included in the PAAR best gathered?

The Responsible Reviewer may choose to gather the information in a variety of ways:

1. The proc

ess may be incorporated as part of

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a planned debrief.

2. The Responsible

Reviewer may seek out Point(s) of C

ontact (POCs) within each domain o

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utlined in the PAAR. Each section ca

n be sent specifically to those POCs

and returned to the Responsible R

eviewer, who compiles that informa

tion into the PAAR.

3. The Responsibl

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ualPOCs to gather the information

within each domain.

5. **Should individual cases be discussed?** While providing totals (e.g. number

of deaths) and describing examples (e.g. type of injuries) is encouraged, Protected Health Information (PHI), such as child's name, DOB, address, medical record/social security numbers, and/or

any other personal identifiers should NOT be provided in this document. Specific hospitals, schools, etc. do not need to be named unless desired.

6. What is the benefit of completing the PAAR?

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The PAAR serves as a tool to specifically evaluate impacts on the pediatric population following a community-wide hazard. It can be incorporated with other AARs that might be completed for

general populations as part of disaster recovery.

7. **How can the PAAR be used in conjunction with the** [Pediatric HVA toolkit](#)? The PAAR is designed to address the response and recovery opportu

nities associated with a specific hazard involving the pediatric population. This information can then be used to help update/revise the scores outlined in the [Pediatric HVA toolkit](#). Both documents include

the same pediatric-specific domains.