guidelines and summarize the existing data on the needs of children in the planning, preparation, and responses to disasters or terrorism. This review was followed by development of evidence-based consensus guidelines and recommendations on the needs of children in emergencies. The methodology used to develop the guidelines and recommendations in the current report was one of a previously validated, evidenced-based consensus process used in prior studies, supplemented by a modified Delphi approach for topic selection. There were several goals of this process:

1. Build collaboration among individuals with expertise in pediatrics, pediatric emergency medicine, pediatric critical care, pediatric surgery, and emergency management (including disaster planning, management, and response);
2. Review and summarize the existing data on the needs of children in disaster planning, preparation, and response;
3. Develop evidence-based guidelines and recommendations on the needs of children in disasters, and develop evidenced-based consensus guidelines for dealing with gaps in the evidence; and
4. Create a research agenda to address knowledge gaps based on the limited data that exist on the needs of children in disasters.

Results: The final recommendations focused on eight major areas:

1. Emergency and Prehospital Care
2. Hospital Care
3. Preparedness and Response
4. Biological, Chemical, and Radiological Terrorism Treatment
5. Decontamination, Quarantine, and Isolation
6. Mental Health Needs
7. School Preparedness and Response
8. Training and Drills

Keywords: emergency; pediatrics; preparedness
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Evaluation of the Pediatric Major Incident Preparedness in the Hospitals in North West of England

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Introduction: Since 2004, has been a statutory duty, under the Civil Contingencies Act, for designated receiving hospitals (those with emergency departments), to demonstrate fitness for and be able to respond to a major incident. The response should be sufficient for all hazards and for all ages of casualties.
Methods: The aim was to map the hospital capacity to manage an incident with a significant number of children against the current national Emergency Planning Guidance and latest UK "Services for Children in Emergency Departments" standards. Based on the guidance and standards, a template was created. All receiving hospitals in the North West region of England were identified and their emergency preparedness lead approached during summer 2008 for a face-to-face interview to populate the template.
Results: A total of 17 of 23 identified organizations (74%) were willing to meet within the study period, providing information on 24 acute hospitals. Ninety-six reported specific arrangements for incidents involving children, but only 79% had a pediatrician involved in the planning, and just 33% ever had tested their pediatric response at any level. A total of 18 out of 24 (75%) would use a specific pediatric triage system; 25% would apply their adult system. Twenty-one (88%) had conducted a live exercise in the last three years; only nine (38%) had included any children.
Conclusions: While there are no defined benchmarks of adequate preparation for a major incident involving children, based on this information, most hospitals could not claim that they were sufficiently prepared and are failing their statutory duty.

Keywords: capacity building; civil defense; disasters; pediatrics; preparedness
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Childrens' Reactions and their Caretakers' Condition after the Yogyakarta Earthquake

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Introduction: The aim of this study was to evaluate the relationship between the reaction of the children and their caretaker's condition after Yogyakarta Earthquake.
Methods: In total, 42 caretakers of children 3–18 months of age participated. A set of questionnaires, which mainly asked about the child's present condition, child rearing situation, and the condition when earthquake occurred, was given to the participants. In addition, Traumatic Event Severity Scales-Occurrence Scales (TESS-OS) were completed by caretakers.
Results: Children with frequent crying during the night were observed among the caretakers with high TESS-OS scores ($p = 0.04$). Caretakers who felt irritable while caring for the children had higher score of TESS-OS score ($p = 0.03$). In addition, caretakers who often felt depressed revealed a higher TESS-OS score ($p = 0.04$).
Conclusions: There is a possibility that childrens' reactions might be influenced by their caretaker's condition. During a disaster, comprehensive support, which includes caretakers and children, might be essential for families with small children.

Keywords: caretakers; disaster; small children; pediatrics; Traumatic Exposure Severity Scale
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