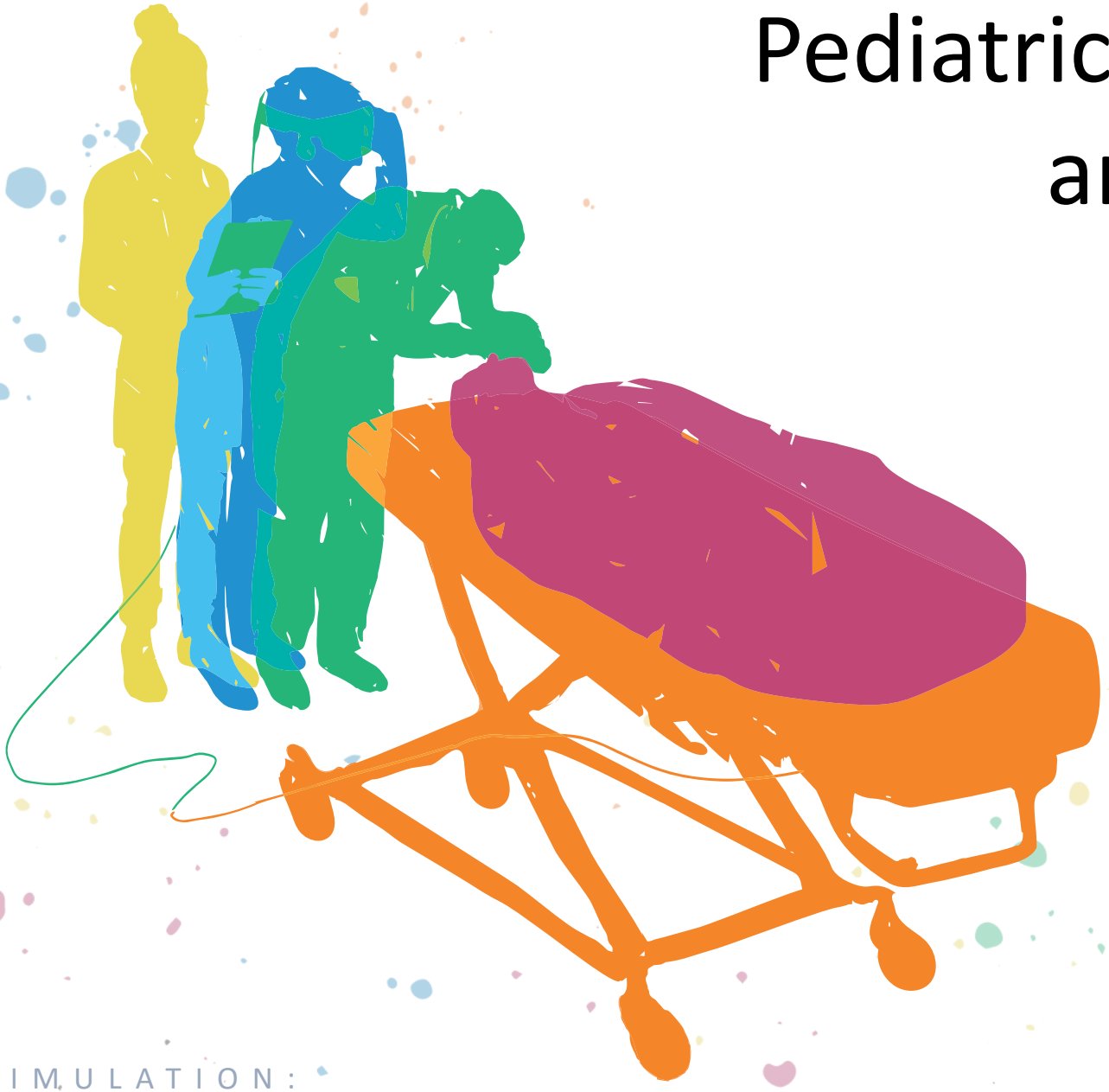

Pediatric Disaster Simulation and Caregivers with a Physical Disability

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Disclosures:

Nothing to disclose

Introduction

- Caring for children who have parents with a physical disability in times of crisis, includes particular care and communication challenges.

- These unique care contexts are not typically addressed in traditional educational programs, and practitioners and learners are often left underprepared.

- We will review a large-scale simulation involving persons with disabilities as simulated caregivers for pediatric victims of a disaster.

Objectives:

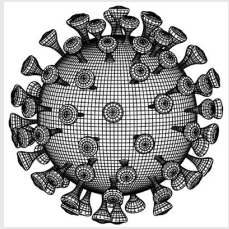
- 1: Discuss the impact that disasters may have on the disabled community
- 2: Discuss methods used to identify anticipated and concrete challenges faced by the disabled population in a disaster simulation
- 3: Review the results of the thematic analysis of our study
- 4: a. Identify lessons learned as a result of the simulation
  b. Discuss policy changes to improve care of families with disabled members

DEFINITON OF A DISASTER:

SOCIETAL DISASTERS
(TERRIORISM, CONFLICT)

NATURAL DISASTERS
(EARTHQUAKES, HURRICANES, FLOODS)

BIOLOGICAL DISASTERS
(EPIDEMICS, PANDEMICS)



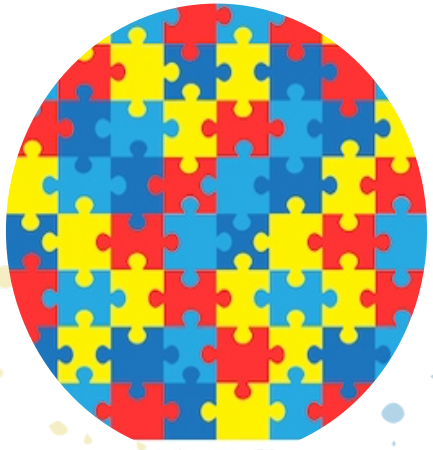
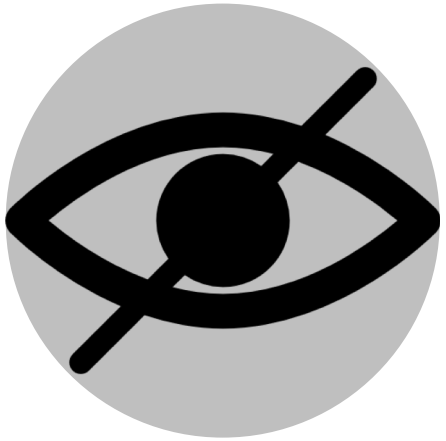
TECHNOLOGICAL DISASTERS
CHEMICAL OR RADIOLOGICAL SUBSTANCE RELEASE

ALL ARE MAJOR BARRIERS TO PROPER HEALTHCARE DEVELOPMENT

DEFINITION OF PEOPLE WITH DISABILITIES:

The International Classification of Functioning, Disability and Health defines disability as “an umbrella term for impairments, activity limitations and participation restrictions.”

Physical, sensory, cognitive or mental health


Invisible Vs. Visible Disability

Visible: Disability is apparent based on their physical appearance

Invisible: Disabilities that are not physically evident

Disabilities in Disasters

- Burden of disasters and risk of adverse health outcomes fall disproportionally on vulnerable populations
- People with disabilities have an increased morbidity and mortality in disasters due to:
  - Functional impairment
  - Social factors

Relevance today…

- The COVID-19 pandemic continues to expose how people with disabilities are disproportionately affected
- People with disabilities are facing decreased access to important services and support, increased social isolation and increased mortality

The Disaster Simulation

- On October 18th, 2018: A “Code Orange” disaster simulation
- An active shooter opened fire on a densely populated Montreal street.
- **Goal: Observe what challenges were experienced by individuals with disabilities acting as parents and grandparents to children in a complex disaster.**

The Participants

- **Participant 1 & 2:** Both hearing impaired.
  - ➢Were accompanying their grandchild to the ER.

The Participants

Participant 3: Physical disability requiring a wheelchair

- Given an aid
- Tasked with locating her child who was in the ICU

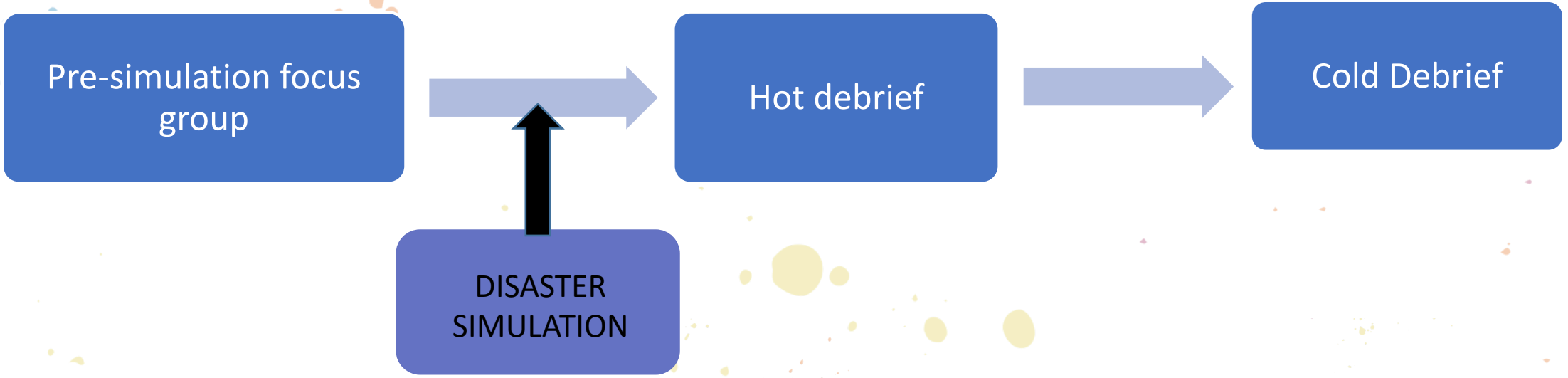
The Participants

Participant 4: Visually impaired.

- Assigned a mannequin infant who had suffered severe injuries

Methods of Evaluation

Qualitative data: Audio recordings collected from the participants at 3 time points.



- All meetings transcribed using NoNotes.com
- Conventional thematic analysis with both data and investigator triangulation

Main findings

3 Emergent Themes

- **1. Lack of accessibility**
- **2. Communication challenges**
- **3. Ableism**

1. Lack of Accessibility- Hearing Impaired

I. Unable to Hear Instructions:

- *"Whether it's a siren, whether it's an alarm, […] we don't hear that"*

II. No protocol for physicians to access resources for interpretation:

- *"I always have [my ipad] with me. Ninety-eight percent of the doctors and nurses refuse to use it. Refuse to use it".*

1. Lack of Accessibility- Visually Impaired

I. Not provided proper resources to be able to follow directions:

- *"Being told to go right, left, right… when there was no access to a cane or other means of guiding"*

II. Unable to complete basic hospital tasks:

- *"To have things in Braille for very important documents. They're probably not more than 10 or 15 in the whole hospital maybe. Have them in Braille just in case."*

1. Lack of Accessibility- Physically Impaired

I. Locations in the hospital that are meant to be accessible to all, are not:

- *“The rooms are big in PICU but, how difficult it is to bring a parent to the bedside when they're in a wheelchair–the physical, the design of those rooms which are massive and so they were really, really, struck by that. ”*
- *“They say there's a sign for people that can see that it’s accessible but in reality the bathrooms are too small, things are not in the proper place, so there's a lot of problems for accessibility.”*

2. Communication Challenges- Hearing Impaired

I. Healthcare workers do not know how to communicate effectively

- *"I think if there were an interpreter, it would be okay. I would consider it equal, without an interpreter, I would feel very stuck."*
- Written language is many times not a deaf individual's first language so must be mindful that written word is not an automatic solution

II. Fear of being miscategorised as neurological patient on first triage

- *"It's a simple* solution of communication and awareness, creating awareness *materials and communication options that you facilitate interactions."*

2. Communication Challenges- Visually Impaired

I. Need to have some form of physical contact when communicating:

- *"At least have a physical contact so I know exactly where they're at and they're actually talking to me. So, that's where the frustrated part falls."*

3. Ableism

Definition: discrimination and social prejudice against people with disabilities or who are perceived to have disabilities

3. Ableism: General

I. Are not cared for equally in a complex disaster:

- *"I think people with disabilities not likely to easily survive and again, the reality is if you have staff or volunteers for every disabled person that you might want to help or save, you could be saving five other people. That's just the reality."*

3. Ableism: General – con't

II. Problem with recognition when considered to have an invisible disability:

- *"People assume that blind people are very visible whereas deaf people, it's referred to as the invisible so now even for those who are visible, as being said here today, a blind person is standing there and is going unseen."*
- *"With an invisible disability, you can imagine, people are non-anticipant in our needs."*

3. Ableism: General – con't

III. Prejudice that individuals with sensory/physical disabilities are assumed to be unintelligent:

- *"They think deaf people are dumb."*
- *"We're educated, a lot of people are very educated. Just because we're in a wheelchair, don't be fooled because people will talk down to you."*

Discussion

We learned that our healthcare system is lacking in **accessibility and communication leading to overall ableism.**

- Infrastructure that is meant to be accessible in the hospital are actually accessible to all individuals.
- Resources are not widely available in hospitals to facilitate proper communication for people of all abilities.
- Hospital workers do not accommodate people with both visible and invisible disabilities. And oftentimes, those with invisible disabilities go unrecognized.
- Prejudice against people with disabilities leads to them receiving worse care.

Limitations & Challenges:

- **Accessibility:** Evaluating the participants in a way that is accessible to all. As such, feedback had to be done orally with no written components.
- **Representation:** Only included 3 individual sensory and physical disabilities, while disabilities is an extremely broad term encompassing many different kinds of individuals and abilities .

Successes

- First large-scale simulation observing the disabled population within a complex pediatric based disaster.
- We were able to uncover major concerns and gaps in experience by people living with disabilities.
- Demonstrated the importance of the use of simulation to improve care for people with disabilities.

Recommendations

- Globally, There is a need for having people with diverse abilities at all levels of healthcare to ensure that policies are implemented that address all needs.

- National Policy should ensure useful resources should be readily available in all hospitals

- At the hospital levels, all staff should undergo sensitization courses and simulation sessions on how to recognize, and communicate safely and effectively with people with disabilities.

QUESTIONS?

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#IMSH2021

SIMULATION:
BRINGING LEARNING TO LIFE

THANK YOU!