

# IROQUOIS *Healthcare Association*

Representing 54 hospitals and health systems in 32 counties of Upstate New York

Preparedness Resources for Pediatrics & Children in Disasters Updated May 2016

**[FEMA Children and Disasters Website](#)** Below are resources from FEMA's newly launched website that may be of interest to hospitals:

- [Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals](#) This 1 hour lesson is designed as awareness level training for health professionals on tracking and reunification of children and includes a downloadable [reference card](#).
- [Children and Disasters Newsletter](#) The FEMA Children & Disasters Newsletter shares timely research, examples of successful youth preparedness programs, safety tips, and resources related to youth preparedness. [Subscribe](#) for t updates or [view archived issues](#).
- [The National Mass Care Strategy Multi-Agency Reunification Services Plan Template](#) Intended to supplement a jurisdiction's EOP and/or Mass Care Annex and provide guidance and suggested procedures for development of a Multi-Agency Reunification Services Plan. Hospitals should develop protocols for safekeeping and support of children until either reunification takes place or another agency can take custody. Internal protocol for verifying guardianship should be developed in advance and followed. Reunification of children should be supervised, supported, or conducted by law enforcement.
  - [Children Injured and Transported to Hospitals](#): If hospitals are submitting patient information to an outside entity for reunification (e.g., NCMEC, Red Cross), special emphasis should be placed on the description as photo submission may not be supported by other entities. Hospitals should be familiar with local resources and protocol and consider taking photographs and descriptions (e.g., clothing, accompanying items). The Unaccompanied Minors Registry prompts for a description of what children were wearing at the time they were found.
  - [Children Un-injured and Transported to Hospital](#): Some uninjured children may be transported to hospitals for safekeeping. To avoid overwhelming hospital staff, child welfare agencies, the lead agency for reunification, and/or law enforcement should coordinate with EMS and hospitals to mitigate the influx of unaccompanied minors to hospitals such as redirecting to the appropriate social services agency.
  - [Lost Person Finder \(LPF\)](#): The LPF Project focuses on tools and technologies to enable family, friends, and neighbors to locate missing people during a disaster event. The National Library of Medicine (NLM) initially created this web-based people finder software for finding people who were in hospitals after a disaster. After the Haiti earthquake, it was modified to allow public access.
  - [PEOPLE LOCATOR and ReUnite](#): ReUnite is a free iOS/Android app that assists users reunifying families after disasters and can be used by the public to search and report

missing or found persons including a field for their health status. Information gathered through this app is uploaded to the PEOPLE LOCATOR website <https://pl.nlm.nih.gov>, which features search and report as well including an option for interactive notification information scrolling. ReUnite can be downloaded at <https://lpf.nlm.nih.gov/>.

- TriageTrak and TriagePic: Healthcare providers can use this website (TriageTrak) and reporting tool (TriagePic) to respond to inquiries for missing persons after large scale casualty events, providing faster and more accurate reassurance, facilitate reunification and coordination with other organizations. See links at <https://lpf.nlm.nih.gov/>.
- Post- Disaster Reunification of Children: A Nationwide Approach Provides comprehensive overview of the coordination processes necessary to reunify children separated from their parents or legal guardians in the event of a large-scale disaster.
- Unaccompanied Minor Registry The Registry supports the National Center for Missing & Exploited Children (NCMEC) by allowing the public to report information related to children who have been separated from their parents or legal guardians as a result of a disaster. This tool will enable NCMEC to provide assistance to local law enforcement and assist in the reunification of displaced children with their parents or legal guardians.
- The Children in Emergencies Planning Guide Created to help emergency managers in their efforts to include children in emergency planning. Highlighted areas for hospitals:  
Organizational Responsibilities – Hospitals (Page 14)
  - Work with EMS to develop an accountability system to identify and track the movement and location of children from the field to hospital release;
  - Pediatricians and pediatric hospitals should develop and maintain Continuity of Operations Plans (COOPs);
  - Hospitals should be prepared to handle a surge in pediatric patients;
  - Purchase pediatric emergency response supplies, equipment and pharmaceuticals sufficient for a mass-casualty incident involving children;
  - Make every effort to keep families together within hospitals;
  - Prepare for pediatric overflow in general hospitals not accustomed to child patient issues;
  - Maintain pediatric pharmaceutical emergency supplies, validating expiration dates regularly in conjunction with public health.

#### Appendix 1: Protocol to Rapidly Identify and Protect Displaced Children (Page 19)

- Survey all children in your hospital, medical clinic or shelter to identify children who are not accompanied by an adult; these children have a high probability of being listed as missing by family members. Find out where they are sleeping/ being held and the name and age of person(s) who is/are supervising them, if available.
- Place a hospital-style identification bracelet (or, ideally, a picture identification card) on the child and a matching one on the supervising adult(s), if such an adult is available. Check frequently to make sure that the wristband matches that of the adult(s) seen with the child in the hospital or shelter. If there is no supervising adult, the child should be taken to the hospital's pre-determined pediatric safe play area where he/she can be appropriately cared for until a safe disposition or reunification can be made.

- Children identified as not accompanied should be considered at high-risk and immediately reported to the hospital's EOC and to NCMEC at 1-888-544-5475 which can crosscheck them with the names of children who have been reported missing.
  - After the "high risk" children have been reported, a complete list of all children names in the hospital, clinic or shelter should be sent to the office of emergency management or other agency responsible for tracking (if activated and the information is requested.)
  - Unaccompanied children and those not with legal guardians should undergo a social and health screening taking into consideration an assessment of the relationship between the child and accompanying adult, ideally performed by a physician with pediatric experience.
- Appendix 6: Hospital Decontamination and the Pediatric Patient (See Page 28)

## Additional Resources

**Minimum Pediatric Care Standards for NYS Hospitals, Emergency Departments and Intensive Care Units** NYSDOH Guidance Document (September, 2015) and its Appendix, Pediatric Consultation and Inter-facility Transfer Guidelines, were developed to assist hospitals with meeting recently enacted minimum standards for pediatric care under Title 10, Section 405 of the New York Codes, Rules and Regulations. The Guidance Document reviews the regulations, and provides detailed recommendations regarding implementation. The Appendix contains information regarding consultation with pediatric medical and surgical subspecialists prior to transfer, as well as the appropriate procedures for such transfer.

**Family Information Center Planning Guide for Healthcare Entities** This guide for healthcare providers describes the elements to develop a Family Information Center (FIC) plan, which includes providing information, support services, and reunification assistance to families of disaster patients. It includes activation, management, and demobilization of a FIC, example forms, diagrams, and needed resources. When activated, a FIC provides a secure and controlled area for families of patients, away from treatment areas, where information can be shared to facilitate family reunification, and provide access to support services.

**Post Disaster Reunification of Children: A Nationwide Approach** Provides a comprehensive overview of the coordination processes necessary to reunify children and parents or guardians.

**Medical Countermeasures for Children in Public Health Emergencies, Disasters, or Terrorism** This **American Academy of Pediatrics** statement policy statement provides recommendations to close the remaining gaps for the development and use of MCMs in children during public health emergencies or disasters. The FDA also has new resources available on **Pediatric Medical Countermeasures** including scientific, ethical and regulatory issues.

**Evacuation of a Neonatal Intensive Care Unit in a Disaster: Lessons From Hurricane Sandy** NYU Langone Medical Center safely evacuated 21 neonates from the NICU to hospitals in New York City in a span of 4.5 hours. The article describes challenges faced and lessons learned during the power outage and vertical evacuation; and identifies elements important to the functioning of an NICU in a disaster or an evacuation including a clear command structure, backups (personnel, communication, medical information, and equipment), establishing situational awareness, regional coordination, and flexibility as well as attention to families and to the availability of neonatal transport resources.

**[Ensuring the Health of Children in Disasters](#)** This AAP policy statement addresses how pediatricians and others involved in the care and well-being of children can prepare for and mitigate the effects of disasters, encourage preparedness and resiliency among children and families, and ensure that children’s needs, including those with special healthcare needs, are not neglected in planning, response, and recovery efforts. It also contains a list of family disaster resources and provider education resources.

**[Pediatric Preparedness Resource Kit](#)** This resource kit allows for pediatricians, public health leaders, and other pediatric care providers to assess what is already happening in their community or state, and help determine what needs to be done before an emergency or disaster. It promotes collaborative discussions and decision making about pediatric preparedness planning, and includes a Joint Policy Statement—Guidelines for Care of Children in the Emergency Department, as well as a Preparedness Checklist for Pediatric Practices.

**[Checklist: Guidelines for Care of Children in the Emergency Department](#)** Hospitals may use the checklist to determine if their emergency department is adequately prepared to care for children. It is based on the joint 2009 statement issued by the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association titled “Guidelines for Care of Children in the Emergency Department.”

**[Hospital Pediatric Guidelines for Disasters](#)** This 2008 NYC DOHMH initiative addresses the following topics for hospitals with no pediatric intensive care or trauma services:

- Decontamination of children
- Dietary considerations
- Equipment
- Family information & support center
- Infection control
- Pharmaceutical planning
- Psychosocial considerations
- Security
- Surge considerations
- Staffing recommendations
- Training
- Transportation
- Triage

**[Near-Term Strategies to Improve Pediatric Surge Capacity During Infectious Disease](#)**

**[Outbreaks](#)** This HHS ASPR report summarizes key findings and results of a national assessment of pediatric surge capacity. The assessment focused on readiness to transport large numbers of critically ill children; general emergency/ pediatric emergency surge capacity; readiness of children’s hospitals to surge during an infectious disease outbreak; and ability of non-pediatric facilities to care for children in large-scale disease outbreaks. The report includes mitigation strategies for identified gaps, a review of best practices, and tools for healthcare coalitions.

**[Checklist of Essential Pediatric Domains and Considerations for Every Hospitals Disaster Preparedness Policies](#)**

This checklist, developed by the Emergency Medical Services for Children National Resource Center can help hospital administrators and leadership incorporate essential pediatric considerations into existing hospital disaster policies.

**[Addressing Preparedness Challenges for Children in Public Health Emergencies](#)** Archived 2015 CDC Webinar discusses strategies to address the unique vulnerabilities of children in emergency planning, and the need for enhanced collaboration to improve outcomes for children.

[Stanford OB Disaster Planning Toolkit](#) A multidisciplinary committee created and tested a compilation of tools that can be employed during a hospital disaster. The toolkit addresses evacuation of L&D and antepartum units and shelter in place plans for actively laboring patients. A toolkit for evacuation of postpartum patients and surge protocols is planned.

[National Pediatric Readiness Project](#) Collaborative initiative to ensure that EDs have the essential guidelines and resources to provide emergency care to children. The site includes state results from a national ED readiness assessment, as well as:

[Pediatric Readiness Resource Toolkit](#) Designed to help emergency physicians and nurses, ED directors, quality or performance improvement directors, clinical nurse educators, and hospital administrators understand the Pediatric Readiness assessment score and use it to improve the care of children in an ED. The toolkit includes the following sections:

- [Guidelines for Improving Pediatric Patient Safety in the ED](#) Resources for delivery of pediatric care in the ED reflecting unique pediatric patient safety concerns.
- [Guidelines for Administration and Coordination of ED for Care of Children](#) Resources for physician coordinator and nursing coordinator staffing in an ED.
- [Physicians, Nurses, and Other Health Care Providers Who Staff the ED](#) Resources for emergency evaluation and treatment of children in an ED.
- [Guidelines for Policies, Procedures, and Protocols for the ED](#) Sample based on actual policies currently in use in EDs around the country.
- [Guidelines for QI/PI in the ED](#) Resources relating to integration of pediatric patient care-review processes into ED's Quality Improvement Performance Improvement plan.
- [Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED](#) Checklist of necessary pediatric equipment, supplies, and medications.
- [Policy Statements](#) From ACEP, AAP, and ENA.

[Pediatric/Neonatal Disaster Planning Reference Guide](#) This guide was created to help hospitals develop specific departmental EOPs that address the special needs of children and infants.

[Health Resources on Children in Disasters and Emergencies](#) National Library of Medicine's Disaster Information Management Research Center.

[National Center for Disaster Medicine & Public Health \(NCDMPH\)](#) This online learning page details opportunities on pediatric disaster health curriculum.

[Pediatric/Neonatal Disaster and Medical Surge Plan and Preparedness Toolkit](#) This toolkit can help neonatal and pediatric professionals build and sustain preparedness programs.

[Pediatric Surge Planning: Train the Trainer](#) This online course provides an overview of pediatric surge planning including ICS activation, and tools and actions for pediatric surge.

[Pediatric Aspects of Hospital Preparedness](#) This article emphasizes incident command, operational continuity, pediatric principles of surge capacity, and development of decontamination protocols, infection control, sheltering in place, and evacuation strategies.