Planning for the Needs of Children in Disasters

FEMA

Federal Emergency Management Agency
Emergency Management Institute
Planning for the Needs of Children in Disasters

Student Manual

FEDERAL EMERGENCY MANAGEMENT AGENCY
EMERGENCY MANAGEMENT INSTITUTE

G 366
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Introductory Information

Workshop Description

The purpose of this workshop is to provide guidance for Emergency Managers and implementers of children’s programs about meeting the unique needs that arise among children as a result of a disaster or emergency. This workshop correlates with an Independent Study (IS) course by the same name and may be taken separately or in conjunction with the IS course.


This course will prepare you to create, update, or revise an Emergency Operations Plan (EOP) for your community or organization to effectively address the unique needs of children in disasters.

This course is designed to help accomplish the goals and priorities of FEMA:

FEMA’s mission is to support our citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

Workshop Objectives

In order to create effectively address the needs of children in disasters, you should be able to:

- Explain how children’s needs in disasters are unique.
- Describe the critical components of a child’s world.
- Explain the importance of coordinated disaster planning efforts.
- Create a list of local organizations to include on a planning team to create the community’s Emergency Operations Plan (EOP) or to revise the EOP to integrate the unique needs of children.
- List ways that proper planning can help to ensure that the needs of children are met during emergency response operations.
- Explain how the unique needs of children can be met in shelters.
- List four effects of disaster on children.
- Explain three main priorities for helping children to return to their normal routine and education.
- Discuss the factors that lead to resilience among children faced with disaster.
- Explain how demographic information can be used when planning for the needs of children in disasters.
- Identify funding resources for hazard mitigation.
- Evaluate an Emergency Operations Plan (EOP) against recommendations in “The Unique Needs of Children in Emergencies.”
Target Audience and Prerequisites

The target audience for this course includes local and state emergency managers and planners. The list that follows includes other individuals or groups that are crucial to meeting the needs of children in disasters and may benefit from taking this course:

- Schools
- Child care providers
- Businesses with child care centers at their facilities
- Pediatricians and medical facilities that care for children
- Children’s social services mental health facilities
- Judges and other members of the legal system
- Private-sector organizations that support children
- Voluntary Organizations Active in Disasters (VOADs)
- Non-governmental organizations (NGOs) and non-profits
- Faith-based organizations

Although participants may also want to take the corresponding IS course, there are no prerequisites for attendance.
Welcome! This workshop will provide guidance about meeting the unique needs that arise among children as a result of a disaster or emergency.

The information you learn today will assist you in improving your community’s mitigation and emergency operations plan to meet the needs of children.

The instructor will go over any necessary administrative information at this time.

Reminder about Mobile Devices

Please turn electronic devices OFF or on silent mode!

If you must answer an important call during the workshop, please be courteous and step outside the room.
Course Materials and Handouts

- Student Manual
- Appendices
- Toolkit: Sample EOPs
- Evaluation forms

This Student Manual contains the slides and key points that the instructor will bring out during the workshop. In addition, there are valuable resources in the appendices, including a list of websites and a glossary. You also have a Toolkit containing sample emergency operations plans (EOPs). Evaluation forms may be provided so you can submit honest feedback to help improve future offerings of the course.

Workshop Purpose

After completing this workshop, you should be able to create, update, or revise an Emergency Operations Plan (EOP) for your community or organization to effectively address the unique needs of children in disasters.

After completing this workshop, you should be able to create, update, or revise an Emergency Operations Plan (EOP) for your community or organization to effectively address the unique needs of children in disasters.
We’ll begin by defining the needs of children and then discuss ways that these needs can be addressed in each phase of emergency management. Finally, you’ll have the opportunity to evaluate a sample plan.

Throughout the workshop, as you think of ideas that would be beneficial to implement in your community, add them to the Action Item List, which is included at the back of this guide. The slide shows an example to help you get started.

It may be helpful for you to remove the Action Item List page from the manual and keep it ready on the table.
All the people attending this workshop today bring with them a wealth of knowledge and experience. You will learn as much from each other as you will from the instructor, and you may be able to form valuable partnerships.

Go ahead, introduce yourself. Get to know one another and exchange contact information.

Take 5 minutes to answer the questions included on the next page of this manual. These questions are designed to help you see strengths and weaknesses of the Emergency Operations Plan (EOP) for your community or organization, regarding planning for the needs of children in disasters. Your answers will help you focus throughout the workshop on areas that may need improvement in your EOP.
Focus on Your Community

1. Using the list in the table, check the organizations, facilities, and programs that were involved in the creation of the Emergency Operations Plan (EOP) for your community or organization, and that are routinely involved in disaster preparedness drills and exercises.

<table>
<thead>
<tr>
<th>Organizations, Facilities, and Programs that Support Children</th>
<th>Helped Create The EOP</th>
<th>Active In Drills And Exercises</th>
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</thead>
<tbody>
<tr>
<td>Local Emergency Management Agencies</td>
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<tr>
<td>Local Emergency Planning Committee (LEPC)</td>
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<td>Fire Department</td>
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<td>Police Department</td>
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<td>Public Works Department</td>
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<td>Emergency Medical Services (EMS)</td>
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<td>Local Hospitals</td>
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<td>Pediatricians</td>
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<tr>
<td>Social Services / Human Services</td>
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<tr>
<td>Mental Health Agencies</td>
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<tr>
<td>Child Care Association Representatives, Licensing Agencies, etc.</td>
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<td>Faith-based Groups</td>
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<td>Courts and Legal Counsel</td>
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<td>Educational Administrators / Superintendent of Schools</td>
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<td>School Teachers, Counselors, and Nurses</td>
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<td>Home School Associations</td>
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<td>Voluntary Agencies</td>
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<tr>
<td>Others</td>
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</tbody>
</table>

2. To the left of each item in the list, check the agencies, organizations, and individuals in your community whose role regarding planning for or responding to the needs of children in disasters is specifically and clearly defined in the EOP.

3. Consider the individuals and groups in your community who oversee the needs of children and are in charge of helping to ensure that the needs of children are met during and after a disaster. How do they coordinate with each other?

4. What protocols are currently in place in your community’s Emergency Operations Plan to preserve family unity during evacuations? Who is trained to implement these protocols?
Evaluating Your EOP

- Does it identify the needs of children?
- Are valid and tested plans in place?
- Are the duties of each agency understood?
- Do the agencies coordinate with each other?

Count the number of boxes you checked in the table on the previous page. This should give you an idea of how well your community or organization has planned for the needs of children.

How does your EOP rate? As you think of ways to improve the EOP, write them on your Action Item List.
Unit 1: Introduction to Children’s Needs

Upon completion of this lesson, you should be able to:

- Explain how children’s needs in disasters are unique.
- Describe the critical components of a child’s world.

Because children require special protection during disasters, the Emergency Operations Plan for your community or organization must consider the physical, mental, and emotional dangers to children and include appropriate prevention and mitigation methods.

The Unique Needs of Children in Disasters

- Children require special protection during disasters
- The EOP must consider physical, mental, and emotional dangers to children

Children are not simply little adults. They have unique physical and emotional needs when a disaster strikes. To help ensure the physical security and emotional stability of children in disasters, communities must customize their emergency planning efforts.
### Increased Vulnerability to Physical Harm

- Injury or assault
- Sexual violence and exploitation
- Gang initiations
- Criminal activities
- Attacks by feral animals

Children are at an increased vulnerability to physical harm, whether from the disaster itself or from situations the children may be placed in because of the disaster.

### Different Response to Illness, Injury, and Treatment

- Weaker immune system
- Lower bone density
- Different medical treatment and medication standards

Children respond to illness, injury, and treatment differently than adults do. Consider including pediatric medical professionals in your planning efforts.
Reliance on Routines for Emotional Stability

Children are more confident and secure when they can rely on:
- Routines for meals, playtime, naps, and bedtime
- Participation in regular daily activities
- Normal interaction with other children and guardians

Children rely on stable routines in their daily lives and are profoundly affected by disruption to these routines.

Video

The Children of Katrina and Rita

The instructor will now play a video, from the corresponding Independent Study (IS) course, that will illustrate why it’s so important to plan for children’s needs.
The Critical Components of a Child’s World

What people and organizations are of critical importance in the daily life of a child?

Because stable routines are critical to the physical and emotional well-being of a child, planners should take steps to minimize impacts to the people and organizations that are of critical importance in the daily life of a child.

Families

- Are the first means of accounting for children
- Make decisions about evacuation and shelters
- Provide physical, emotional, and spiritual stability
- May be headed by:
  - Mother and/or father
  - Adoptive or foster parents
  - Other relatives
  - Guardians

Planning for ways to preserve family unity is the most important step you can take to provide for the physical safety and emotional stability of children in disasters.

Emergency managers should remember that there are many different definitions of “family.”
Child Care Providers

- Part of day-to-day life for many families
- Critical to community infrastructure
  - Employment and revenue necessary to community’s economy
  - Quality child care necessary for parents to return to work after a disaster

When a disaster destroys child care facilities, it causes a ripple effect throughout the community. Without quality child care, parents cannot return to work. Consider ways you can help protect this critical infrastructure.

Schools

- Provide:
  - Structured environment
  - Positive role models
  - Nutritious meals
  - Social interaction
- Can help shape child’s perception of the disaster
- Can help teach children to cope

Although most communities include school buildings as potential shelters in their emergency planning efforts, schools must also be considered as critical components of a child’s world. The importance of schools in a child’s life cannot be emphasized enough.

Including schools in emergency operations planning is essential to provide for the unique needs of children in disasters.
Children require strong emotional support not only from their families, teachers, and other caregivers, but also from their peers. Separation from classmates and friends can be very difficult for a child during and after a disaster. Once reunited, classmates and friends can support each other in dealing with the emotional and psychological impacts of the disaster.

Social services agencies play a key role in the lives of many children in a community, including foster children, orphans, and other at-risk children. Understanding the roles and responsibilities of child social services is critical when planning for disaster events, whether your community is directly affected by a disaster or is hosting families who have been evacuated from a disaster area.
Unit 2: Preparing to Meet Children’s Needs

This unit will focus on steps that can be taken during the preparedness phase to plan for the needs of children in disasters.

Preparedness Phase

Those activities designed to strengthen a community’s ability to respond effectively to an event:

- Hazard analysis
- Emergency operations plan development
- Mutual-aid agreements
- Warning systems

Review the information on the slide for a reminder of the definition of the preparedness phase of emergency management. Consider how these activities can be targeted toward children’s needs.

Unit 2: Preparing to Meet Children’s Needs

Upon completion of this lesson, you should be able to:

- Explain the importance of coordinated disaster planning efforts.
- Create a list of local organizations to include on a planning team to develop an Annex to the community’s EOP or to revise the EOP to integrate the unique needs of children.
Brainstorming Activity

Individually: What Can You Do?
In your current role, what can you do to help ensure that the critical components of a child’s world are prepared for disaster?

As a Group: What Can We Do?
How can different community members work together to prepare for children’s needs?

Answer individually:
In your current role, what can you do to help ensure that the critical components of a child’s world are prepared for disaster?

Answer as a group:
How can different community members work together to prepare for children’s needs?

Coordination among all stakeholders is vital to effective disaster planning. Listed on the slide are a few ways that community members can help plan for the needs of children. Can you think of some more?

Children’s organizations, facilities, and programs should:
- Have their own disaster plans
- Be involved in the community’s disaster plan
- Involve and inform parents

Remember to add your ideas to the Action Item List.
Plan Coordination: What Emergency Managers Should Do

Local emergency management agencies should:
- Train others to create disaster plans
  - Evacuation, shelter-in-place, and lockdown
  - Emergency supply kits
  - Communication and transportation
- Be the central coordinator of plans

Schools and child care centers may need help in creating disaster plans. Emergency operations officials can help by providing information and training. They also need to coordinate the plans to help ensure that all emergency plans work well together.

Facility-specific Disaster Plans

- Examples: child care facilities, schools, after-school programs, faith-based groups
- Each will have a unique focus and makeup
- Plans should be coordinated with the local Emergency Management Agency

Facility-specific disaster plans, such as those for child care providers and schools, will each have a unique focus and makeup. These facilities should coordinate their plans with the local Emergency Management Agency.
Community-wide Disaster Plans

- Should be developed in coordination with ALL agencies and organizations
  - Governmental agencies
  - Private organizations
  - Voluntary agencies
- Should integrate the needs of children

Community-wide disaster plans should be developed in coordination with other agencies and organizations to successfully integrate the needs of children.

Brainstorming Activity: Planning Team Members

Who should be included on the planning team to create or revise the EOP to specifically address the needs of children?

Be ready to explain your selections.

Spend a few minutes in your group discussing the question. Be prepared to share your responses with the rest of the class.
Proper planning can help to ensure that the needs of children are met during emergency response operations.

Response Phase

Actions taken immediately before, during, and just after an event to save lives, reduce injuries, and prevent damage to property and the environment:

- Emergency plan activation
- Search and rescue
- Emergency alert system
- Shelter and evacuation
- Emergency medical assistance

Review the information on the slide for a reminder of the definition of the response phase of emergency management. Consider how the activities during this phase can be targeted toward children’s needs.
How Communities Can Plan for Responding to Children’s Needs

- Plan ways to preserve family unity
- Consider establishing a Children’s Issues Coordinator
- Include children’s services in planning effort
- Coordinate with voluntary agencies
- Define roles and responsibilities
- Determine legal considerations

Can you think of some people in your community who might be good candidates to fill the role of Children’s Issues Coordinator?

The three vital components for successful planning across multiple agencies are coordination, cooperation, and communication. Emergency managers must work together with schools, child care providers, social services, voluntary agencies, legal services, and more.

How Communities Can Meet the Needs of Children in Emergency Shelters

- Establish child-friendly areas in shelter
- Work with voluntary agencies that respond to children’s needs
- Provide mental health services with qualified counselors
- Help ensure appropriate medical care with on-site medical staff

Children’s needs must be considered when planning and establishing emergency shelters. Remember, children are more vulnerable to exploitation and violence and must be protected in shelter environments. They also need opportunities to resume normal activities such as playing with other children.
**Brainstorming Activity:** Coordinating Response Efforts

How can emergency management officials in your community work with children’s facilities and programs to ensure that the unique needs of children are met during a disaster?

What are some roadblocks, and how can they be overcome?

Discuss the question with your group members and be prepared to share your responses with the rest of the class.

Did you think of any new Action Items? Be sure to record them on your list.
Unit 4: Helping Children Recover from Disaster

Even with the most well-coordinated response, a disaster will have a lasting impact, especially for children.

Recovery Phase

The process of returning the community to as near the pre-event condition as possible:
- Crisis counseling
- Damage assessment
- Debris clearance
- Reconstruction

Review the information on the slide for a reminder of the definition of the recovery phase of emergency management. Consider how the activities during this phase can be targeted to address the needs of children.
After the Disaster: The Effects on Children

- Physical illness or infection
- Fears and anxiety
- Separation from family
- Interruption in education

Long after the danger has passed, disasters can have lasting physical, emotional, psychological, and social effects for children that must be dealt with during the recovery phase.

Physical Effects

- More vulnerable to:
  - Blood loss
  - Diarrhea
  - Infections
- Increased chances of injury:
  - Cannot swim or run quickly to flee
  - Too immature to recognize danger

As you’ve learned, children are more vulnerable to the physical effects of a disaster and may sustain injuries or contract illnesses for which they will need special treatment.

Communities should consider including a person with pediatric medical expertise on the emergency planning team or on a subcommittee for children’s needs.

Some of these effects were discussed in Unit 1. In this unit, you’ll learn more about how to deal with these needs during the recovery phase.
Psychological Effects: Fears and Anxiety

“It will happen again”
“I’m scared of things that remind me of the disaster”
“I have nightmares”
“I’ll be separated from my parents”

The psychological effects of a disaster on children will generally include increased fears and anxiety, trauma associated with being separated from their families, and cognitive or developmental delays due to interruption in children’s education.

Separation from Family

- Intensifies fears and trauma
- Increases vulnerability to outside harm
- Increases feeling of isolation

Because children may be in a different location from their families (e.g., school or child care) when a disaster strikes, they may be separated from the parents and siblings. This separation can be traumatizing, particularly if prolonged.

More information about psychological effects of disaster on children is included in appendices 3 and 4 of the document, “The Unique Needs of Children in Emergencies,” which is included in this manual as Appendix D.
**Interruption in Education**

- Disrupts the routines children rely on for emotional stability
- May cause developmental delays or significant gaps in learning
- Disrupts personal social network

Often during emergencies, even when a school building is left intact by the disaster, the building may be used as a temporary shelter, and other issues such as loss of power may prevent the school from operating. As a result, children may suffer developmental delays, gaps in instructional knowledge, or social problems.

**Priorities for Restoring a Child’s World**

Help children return to normal routines by:

- Providing temporary services
- Restoring child infrastructure
- Offering mental health services

In order to return children to their normal routine in the aftermath of a disaster, the critical components of their world must be restored as quickly as possible. This unit will focus on three main priorities for helping children return to their normal routine and education.
The first priority for helping children return to their normal routine and education is to provide temporary housing, schools, and child care. In some instances, this may require some creative thinking.

When rebuilding after a disaster, emphasis should be placed on restoring the child infrastructure that was in place in the community prior to the disaster, or the critical components of their world.
Provide Quality Mental Health Services

- Psychosocial programs
- Local mental health programs
  - Critical incident stress debriefings
  - Puppet/playhouse games
- Extra counseling staff in schools

In addition to these services, faith-based organizations can be a tremendous source of strength for many families during the recovery phase.

As children and their families recover from a disaster, they will need access to mental health services from qualified professionals.

Social services staff should expect an increased workload as families learn to cope with the stress brought on by a disaster.

Video

In Their Words: High School Students Reflect on 9/11

The instructor will now show a video, from the corresponding IS course, that will show how high school students near the World Trade Center were affected by the 9/11 attacks.
Brainstorming Activity: Recovery Programs

What programs in your community do you know of that help children and families recover after a disaster or other emergency?

How do they help in a child’s recovery effort?

Discuss the questions with the members of your group and be prepared to share your responses with the rest of the class.

Consider adding an Action Item to your list about contacting some of these organizations.

Building Resilience in Children

- Connectedness, commitment, and shared values
- Participation
- Structure, roles, and responsibilities
- Support and nurturance
- Critical reflection and skill building
- Resources
- Communication

In addition to knowing about formal recovery programs that may already exist or be available in your community, it’s important to be aware of ways that teachers, child care providers, parents, and other caregivers can help children build resilience to more easily recover from disasters. Several factors are important to building resilience in children and families.

The elements are interrelated. When families feel connected to the community, they are more likely to participate in community activities. This involvement helps them understand the community structure and gives them a support system while increasing their resilience and making them more capable of providing a nurturing environment for their children.

After these connected communities respond to an event, they can critically reflect on their actions and assess the effectiveness of their response. Communication is essential to all the other factors.

A table is included in Appendix C that shows how parents and other caregivers can help children cope with disaster by addressing the factors for building resilience.
Unit 5: Mitigating the Effects of Disaster on Children

Upon completion of this unit, you should be able to:

- Explain how demographic information can be used when planning for the needs of children in disasters.
- Identify funding resources for hazard mitigation.

The best way to provide for the needs of children in disasters is to prevent the effects from occurring.

Mitigation Phase

Those activities that prevent the occurrence of an event or lessen its impact:
- Safety codes
- Building codes
- Training
- Public education
- Risk mapping
- Hazard identification

Remember that mitigation can happen at any point and should not be an afterthought.
Brainstorming Activity: Mitigation Measures

How can communities reduce future disaster impacts on homes, schools, and child care facilities?

What is your community doing to reduce impacts on child-related facilities?

Don’t forget to add your ideas to the Action Item List!

Your instructor will tell you what type of disaster to focus on during your discussion. Be prepared to share your responses with the rest of the class.

Understanding Demographics

- Using a Geographic Information System (GIS), you can:
  - Track locations of critical infrastructure (Fire station, EMS, hospitals, etc.)
  - Identify households with children
  - Map schools, child care centers, etc.
  - Identify the most vulnerable areas based on hazard

Valuable demographic information can be provided by:
- Law enforcement
- Fire rescue / emergency medical services
- Mail carriers
- School districts

Understanding the demographic makeup of the community will help emergency managers in planning for a disaster and mitigating the effects of disaster.
Communities may need to be creative when determining how to pay for mitigation projects. Consider creating a local funding source that could be used to match Federal, State and private sector funding for hazard mitigation projects.

In Tulsa, Oklahoma, a non-profit organization was created so donations can be accepted for mitigation projects. Tulsa Partners is dedicated to “building a disaster-resistant and sustainable community.” The Napa River Flood Protection Project is funded through a half-cent local sales tax. The money is used for flood protection, drainage improvements, dam safety, and watershed management projects.
In addition to local funding sources, FEMA provides funding for hazard mitigation projects through three major grant programs.

**Federal Hazard Mitigation Funding Opportunities**

- **Pre-Disaster Mitigation Grant Program**
  - Awarded on a competitive basis
- **Hazard Mitigation Grant Program**
  - After a总统declared disaster
- **Flood Mitigation Assistance Program**
  - Applicable to NFIP-insurable structures
In this unit, you will have the opportunity to evaluate one or more sample emergency operations plan(s).

Components of an Effective Plan for Children’s Needs

What are some specific components that should be included in an Emergency Operations Plan (EOP) to effectively address the needs of children?

Before you evaluate a plan, consider what should be included in one to ensure that it effectively addresses children’s needs. Focus your list on components that are specific to planning for children’s needs.
Group Activity: Organization and Assignment of Responsibilities

What are the responsibilities of each group or individual?

How might those roles differ in your community?

Save the Children’s planning guide, “The Unique Needs of Children in Emergencies,” contains a great deal of information that will be valuable to you as you work to address the needs of children in disasters. In this activity, you will explore some of the information included in that document.

Your instructor will assign your group a section of the document to review and report about to the class.

Group Activity: Analyze a Plan

- Are the needs of children identified?
- How does the EOP plan for different situations?
- How are drills and exercises conducted?
- What roles and responsibilities are defined?
- How do agencies coordinate with each other?
- How can the plan be improved?

At this time, you’ll review a sample plan (or more), from those provided in the Toolkit. After you have read the plan, discuss the questions provided on the next page with your group. Be prepared to share your responses with the group.
Group Activity: Analyze a Plan

Read the sample plan you have been assigned and discuss the following questions. Be prepared to share your responses with the class.

1. Does the EOP adequately identify the needs of children during and after disasters?

2. How does the EOP plan for different situations?

3. What procedures for drills and exercises are identified?

4. How well are the roles and responsibilities of each agency or organization defined?

5. What protocols are in place for the agencies to coordinate with each other?

6. In what ways could the plan be improved?
Workshop Summary

- Questions?
- Review
- Action Items

Through eye-opening discussions and valuable resources, this workshop has equipped you to prepare for and respond to children’s needs during and after a disaster. You’ve learned about and contributed to discussions of various ways to meet children’s needs during all phases of emergency management.

We hope you are inspired to go back to your community and develop or revise your Emergency Operations Plan (EOP) to better address the unique needs of children in disasters.

If you have questions for the instructor, please ask them now. Your instructor may have some questions for you, too.
Individual Activity:
Action Item List

- Circle 2 items on your list that you will commit to doing next week.
- Continue to put these items into practice for 3 weeks so you form a habit.
- After 3 weeks, circle 2 more items and continue through the list.

Following the suggestions on the slide is a good way to ensure that the great ideas you’ve come up with during this workshop will get implemented. If you try to do them all at once, you may quickly become overwhelmed. Try a few new ideas each week.

Thank you for attending!

You may also be asked to complete workshop evaluation forms. Remember, your honest and thorough feedback will help to improve the course for future participants, which will help communities across the nation better plan for the needs of children in disasters.
Appendix A: Glossary

ABA: American Bar Association.
ACEP: American College of Emergency Physicians.
AHRQ: Agency for Healthcare Research and Quality
CCR&R: Child Care Resource and Referral Agency.
CDC: Centers for Disease Control and Prevention.
CDS: Children’s Disaster Services of the Church of the Brethren.
CRC Team: Critical Response Childcare Team.

Critical Response Childcare Team: A group of experienced Children’s Disaster Services volunteers who have received additional training that prepares them to work with children after a mass casualty event such as an aviation incident. The presence of a compassionate care giver, along with carefully selected play activities, has a significant impact on the recovery of a child who has experienced the trauma of such a loss.

DCYF: Division for Children, Youth, and Families.
ED: Emergency Department.
EIF: Emergency Information Form.
EMS: Emergency Medical Services.
EMSC: Emergency Medical Services for Children.
EOC: Emergency Operations Center.

Flood Mitigation Assistance Program: A FEMA program with the goal of reducing or eliminating claims under the National Flood Insurance Program (NFIP). FEMA provides FMA funds to assist States and communities implement measures that reduce or eliminate the long-term risk of flood damage to buildings, manufactured homes, and other structures insurable under the NFIP.

FMA: Flood Mitigation Assistance.

GAO: Government Accountability Office.

Geographic Information System: A geographic information system (GIS) is a database system with software that can analyze and display data using digitized maps and tables for planning and decision-making. A GIS can assemble, store, manipulate, and display geographically referenced data, tying this data to points, lines, and areas on a map or in a table. GIS can be used to support decisions that require knowledge about the geographic distribution of people, hospitals, schools, fire stations, roads, weather events, the impact of hazards/disasters, etc. Any location with a known latitude and longitude or other geographic grid system can be a part of a GIS.

GIS: Geographic Information System.
**Guardian ad litem:** A person required to be appointed by the court to represent a child, usually in neglect or abuse proceedings. May be an attorney or a court-appointed special advocate (or both). Makes recommendations to the court concerning the best interests of the child.

**Hazard Mitigation Grant Program:** A FEMA program that makes funds available in the aftermath of a presidentially declared major disaster for mitigation projects. Any community in the State where the disaster declaration has been made with a certified Community Hazard Mitigation Plan is eligible for HMGP funding in the aftermath of a major disaster.

**HIPAA:** Health Insurance Portability and Accountability Act.

**HMGP:** Hazard Mitigation Grant Program.

**Homeland Security Exercise and Evaluation Program:** A capabilities and performance-based exercise program. HSEEP provides tools and resources for States and local jurisdictions to establish self-sustaining exercise programs. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization.

**HSEEP:** Homeland Security Exercise and Evaluation Program.

**ICS:** Incident Command System.

**Incident Command System:** A standardized, on-scene, all-hazard incident management concept. ICS allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents without being hindered by jurisdictional boundaries.

**Is Child Care Ready?:** A guide developed by the National Association of Child Care Resource & Referral Agencies (NACCRA) as a practical toolkit to help child care programs keep children safe and their businesses open during and after natural disasters, terrorist attacks, chemical emergencies, and other catastrophes.

**Journey of Hope:** One of several age-specific programs developed by Save the Children designed to help children and their caregivers recover from disaster.

**LEPC:** Local Emergency Management Planning Committee.

**Masters of Disaster®:** Curriculum available from the American Red Cross that meets national educational standards and can be used to help reduce children's anxiety about unknown aspects of disasters and tragic events.

**MOU:** Memorandum of Understanding.

**NACCRA:** National Association of Child Care Resource and Referral Agencies.

**NASP:** National Association of School Psychologists.

**NCJFCJ:** National Council of Juvenile and Family Court Judges.

**NCMEC:** National Center for Missing and Exploited Children.

**NEDARC:** National EMSC Data Analysis Resource Center. (See also EMSC.)

**NFIP:** National Flood Insurance Program.


**NOAA:** National Oceanic and Atmospheric Administration.

**NRC:** National Resource Center. (See also EMSC.)
**OEM:** Office of Emergency Management.

**Open for Business®:** A planning system developed by the Institute for Business & Home Safety to teach providers about the importance of business continuity planning, how to conduct “hazard hunt” assessments of their facilities, and ways to reduce risks through low-cost improvements such as wind-resistant windows. Additional suggested improvements included tornado shelters, NOAA weather radios, smoke alarms, and backup generators.

**PDM:** Pre-Disaster Mitigation.

**PIO:** Public Information Officer.

**Pre-Disaster Mitigation Grant Program:** Provides funds to states, territories, Indian tribal governments, communities, and universities for hazard mitigation planning and the implementation of mitigation projects prior to a disaster event. Funding these plans and projects reduces overall risks to the population and structures, while also reducing reliance on funding from actual disaster declarations. PDM grants are to be awarded on a competitive basis and without reference to state allocations, quotas, or other formula-based allocation of funds.

**Presidential Disaster Declaration:** Puts into motion long-term federal recovery programs, some of which are matched by state programs, designed to help disaster victims, businesses, and public entities.

**Psychosocial:** Involving aspects of social and psychological behaviors.

**PTO:** Parent-Teacher Organization.

**PTSD:** Post Traumatic Stress Disorder.

**Safe Spaces:** A program developed by Save the Children to provide safe areas for children to play while being supervised by caring adults. Safe Spaces can be set up in evacuation shelters and other locations using kits that contain materials to mark off the area, activity supplies, and administrative supplies.

**SATEERN:** Salvation Army Team Emergency Radio Network

**SBC Disaster Relief:** Southern Baptist Convention Disaster Relief, a partnership ministry of the state Baptist conventions and the North American Mission Board, Southern Baptist Convention.

**STEP:** Student Tools for Emergency Planning.

**Student Tools for Emergency Planning:** A program, developed as a joint effort between state emergency management agencies and FEMA, that empowers students to encourage their families to make their own emergency kits and communications plans.

**VOAD:** Voluntary Organizations Active in Disaster
Appendix B: Resources

- Resources for Emergency Management Officials
- Resources for School Administrators and Teachers
- Resources for Child Care Providers
- Resources for Medical Professionals
- Resources for Children’s Social Services
- Resources for Parents and Caregivers
- Resources for Children
- List of Voluntary Agencies
- Acknowledgements
Resources for Emergency Management Officials

While not an all-inclusive list, the following websites and documents will help emergency management officials when planning for the unique needs of children in disasters.

Web Links

- American Red Cross Disaster Preparation Training
  [http://www.redcross.org/services/prepare/0,1082,0_239_,00.html](http://www.redcross.org/services/prepare/0,1082,0_239_,00.html)
- American Red Cross Disaster Preparedness Materials
- Church World Service Emergency Response Program, Disaster Recovery Help
  [http://www.disasterrecoveryhelp.org](http://www.disasterrecoveryhelp.org)
- Council of State Archivists: Intergovernmental Preparedness for Essential Records Project
  [http://www.statearchivists.org/iper/index.htm](http://www.statearchivists.org/iper/index.htm)
- The Homeland Security Exercise and Evaluation Program (HSEEP) Volumes
  [https://hseep.dhs.gov/](https://hseep.dhs.gov/)
- International Association of Emergency Managers
- Special Population Planner
- FEMA Resources:
  - Flood Mitigation Assistance Program
  - Hazard Mitigation Grant Program
  - Interactive Web-based course: Basics of Individual Assistance
    [http://training.fema.gov/ocean/IS403/IA_Menu.htm](http://training.fema.gov/ocean/IS403/IA_Menu.htm)
  - Mapping and Analysis Center
    [http://www.gismaps.fema.gov/gis01.shtm](http://www.gismaps.fema.gov/gis01.shtm)
  - Mitigation Planning
    [http://www.fema.gov/plan/mitplanning](http://www.fema.gov/plan/mitplanning)
  - Pre-Disaster Mitigation Grant Program
- Models for Disaster Resilience:
  - Napa, California, Flood Control & Water Conservation
  - Tulsa Partners
    [http://www.tulsapartners.org/](http://www.tulsapartners.org/)
  - Tulsa, Oklahoma, Stormwater Management Plan
Downloadable Documents

- Building Community Resilience for Children and Families
  www.nctsnet.org/.../BuildingCommunity_FINAL_02-12-07.pdf

- Community Arise
  http://www.cwserp.org

- FEMA Publications Catalog
  http://www.fema.gov/doc/library/femapubcatalog.rtf

- Help in Child Welfare Legal and Judicial System Responses to Children and Families Affected by Disasters
  www.abanet.org/child/disasters.pdf

  Available from: http://www.fema.gov/library/viewRecord.do?id=1867

- Tips for Managing and Preventing Stress: A Guide for Emergency and Disaster Response Workers
  http://mentalhealth.samhsa.gov/cmhs/Katrina/workers.asp

Resources for School Administrators and Teachers

While not an all-inclusive list, the following websites and documents will help school administrators and teachers when planning for the unique needs of children in disasters. Also see the Resources for Children page.

Web Links

- American Red Cross Disaster Preparation Training [http://www.redcross.org/services/prepare/0,1082,0_239_00.html]
- American Red Cross Facing Fear: Helping Young People Deal with Terrorism and Other Tragic Events [https://americanredcross.com/disaster/masters/facingfear/]
- Emergency Preparedness for Teachers, Students, and Families [http://readyclassroom.discoveryeducation.com/]
- National Association for the Education of Young Children [http://www.naeyc.org/families/disaster.asp]
- National Center for School Crisis and Bereavement [http://www.cincinnatichildrens.org/svc/alpha/s/school-crisis/default.htm]
- National Clearinghouse for Educational Facilities [http://www.edfacilities.org/]
- Save the Children [http://www.savethechildren.org]
• Save the Children Recovery and Resilience-Building Programs  

• Tips for Talking About Disasters 
  http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp

• U.S. Department of Education 
  http://www.ed.gov

• FEMA Resources: 
  ▪ EMI School Program 
    http://training.fema.gov/emiweb/emischool/
  ▪ Interactive Web-based Course: IS-362 Multi-Hazard Emergency Planning for Schools 
    http://www.training.fema.gov/EMIWeb/IS/is362.asp
  ▪ Resources for Parents and Teachers 
    http://www.fema.gov/kids/teacher.htm

Downloadable Documents

• American Red Cross Masters of Disaster® Quick Start Guide for Educators  

• Building Community Resilience for Children and Families 
  www.nctsnet.org/.../BuildingCommunity_FINAL_02-12-07.pdf

• Community Arise 
  http://www.cwserp.org

• Coping with Disasters: A Guidebook to Psychosocial Intervention 
  www.mhwwb.org/CopingWithDisaster.pdf

• FEMA Publications Catalog 
  http://www.fema.gov/doc/library/femapubcatalog.rtf

• The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds 
  www.aap.org/pressroom/playFINAL.pdf

• Listen, Protect, and Connect: Psychological First Aid for Children, Parents, and Other Caregivers After Natural Disasters 

• Practical Information on Crisis Planning: A Guide for Schools and Communities 

• Resilience for Kids and Teens: A Guide for Parents and Teachers 

• School-Based Emergency Preparedness: A National Analysis and Recommended Protocol 
  Available from: http://www.ahrq.gov/prep/schoolprep/
• STEP: Student Tools for Emergency Planning Information Sheet

Resources for Child Care Providers

While not an all-inclusive list, the following websites and documents will help child care providers when planning for the unique needs of children in disasters. Also see the Resources for Children page.

Web Links

- American Academy of Pediatrics: Children & Disasters 
  http://www.aap.org/disasters/child-care.cfm
- American Red Cross Disaster Preparation Training 
  http://www.redcross.org/services/prepare/0,1082,0_239_00.html
- Church World Service Emergency Response Program, Disaster Recovery Help 
  http://www.disasterrecoveryhelp.org
- Council of State Archivists: Intergovernmental Preparedness for Essential Records Project 
  http://www.statearchivists.org/iper/index.htm
- Emergency Preparedness for Teachers, Students, and Families 
  http://readyclassroom.discoveryeducation.com/
- God’s Can Do Kids and Renew U Curriculum 
  http://www.ldr.org/care/children.html
- The Institute for Business & Home Safety 
  http://www.disastersafety.org/
- Model for Child Care Readiness: Tulsa Partners 
  http://tulsapartners.org
- National Association for the Education of Young Children 
  http://www.naeyc.org/families/disaster.asp
- National Association of Child Care Resource & Referral Agencies, Children and Disasters 
  http://www.naccrra.org/disaster/
- Ready Business 
  http://www.ready.gov/business
- Ready Business (Spanish) 
  http://www.listo.gov/negocios
- Save the Children 
  http://savethechildren.org
- Save the Children Recovery and Resilience-Building Programs 
- Independent Study Course: IS-394.a Protecting Your Home or Small Business From Disaster 
  http://training.fema.gov/EMIWeb/IS/IS394A.asp
Resources for Parents and Teachers
http://www.fema.gov/kids/teacher.htm

Downloadable Documents

- Building Community Resilience for Children and Families
  www.nctsnet.org/.../BuildingCommunity_FINAL_02-12-07.pdf
- Community Arise
  http://www.cwserp.org
- Coping with Disasters: A Guidebook to Psychosocial Intervention
  www.mhwwb.org/CopingWithDisaster.pdf
- FEMA Publications Catalog
  http://www.fema.gov/doc/library/femapubcatalog.rtf
- The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds
  www.aap.org/pressroom/playFINAL.pdf
- Is Child Care Ready? A Disaster Planning Guide for Child Care Resource & Referral Agencies
- Listen, Protect, and Connect: Psychological First Aid for Children, Parents, and Other Caregivers After Natural Disasters
- Resilience for Kids and Teens: A Guide for Parents and Teachers
Resources for Medical Professionals

While not an all-inclusive list, the following websites and documents will help medical professionals when planning for the unique needs of children in disasters.

Web Links

- American Academy of Pediatrics: Children & Disasters
  http://www.aap.org/disasters/pediatricians.cfm
- Children’s Health Fund
  www.childrenshealthfund.org
- Council of State Archivists: Intergovernmental Preparedness for Essential Records Project
  http://www.statearchivists.org/iper/index.htm
- Emergency Medical Services for Children
  http://bolivia.hrsa.gov/emsc/
- EMSC National Resource Center
  http://www.childrensnational.org/EMSC/
- National Emergency Medical Services for Children Data Analysis Resource Center
  http://www.nedarc.org/nedarc/index.html

Downloadable Documents

- A Disaster Preparedness Plan for Pediatricians
- Emergency Information Form
  http://www.aap.org/advocacy/blankform.pdf
- The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds
  www.aap.org/pressroom/playFINAL.pdf
- Hospital Guidelines for Pediatrics in Disasters
- Pediatric Disaster Preparedness in the Wake of Katrina: Lessons to be Learned
Resources for Children’s Social Services

While not an all-inclusive list, the following websites and documents will help professionals in children’s social services when planning for the unique needs of children in disasters. Also see the Resources for Children page.

Web Links

- American Red Cross Disaster Preparation Training
  http://www.redcross.org/services/prepare/0,1082,0_239_,00.html
- Camp Noah
  http://www.campnoah.org
- Child Welfare Information Gateway: Disaster Preparedness
  http://www.childwelfare.gov/highlights/disaster/prepare.cfm
- Church World Service Emergency Response Program, Disaster Recovery Help
  http://www.disasterrecoveryhelp.org
- Disaster Response TeenCorps
  http://www.allthingsnewministry.org/drtc.html
- God’s Can Do Kids and Renew U Curriculum
  http://www.ldr.org/care/children.html
- Tips for Talking About Disasters
  http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp

Downloadable Documents

- Community Arise
  http://www.cwserp.org
- Coping with Disasters: A Guidebook to Psychosocial Intervention
  www.mhwwb.org/CopingWithDisaster.pdf
  www.nwtemc.org/documents/copingwithdisasters.pdf
- FEMA Publications Catalog
  http://www.fema.gov/doc/library/femapubcatalog.rtf
- Help in Child Welfare Legal and Judicial System Responses to Children and Families Affected by Disasters
  www.abanet.org/child/disasters.pdf
- Tips for Managing and Preventing Stress: A Guide for Emergency and Disaster Response Workers
  http://mentalhealth.samhsa.gov/cmhs/Katrina/workers.asp
Resources for Parents and Caregivers

While not an all-inclusive list, the following websites and documents will help parents and other caregivers when planning for the unique needs of children in disasters. Also see the Resources for Children page.

Web Links

- American Academy of Pediatrics: Children & Disasters
  http://www.aap.org/disasters/families.cfm
- American Red Cross Disaster Preparation Training
  http://www.redcross.org/services/prepare/0,1082,0_239_00.html
- American Red Cross Masters of Disaster® Family Kit
- Camp Noah
  http://www.campnoah.org
- Church World Service Emergency Response Program, Disaster Recovery Help
  http://www.disasterrecoveryhelp.org
- Disaster Response TeenCorps
  http://www.allthingsnewministry.org/drtc.html
- The Dougy Center for Grieving Children and Families
  http://www.dougy.org/
- Emergency Preparedness for Teachers, Students, and Families
  http://readyclassroom.discoveryeducation.com/
- Helping Children After a Natural Disaster: Information for Parents and Teachers
- National Association for the Education of Young Children
  http://www.naeyc.org/families/disaster.asp
- Preparing for Disaster: The Parent View
  http://www.naccrra.org/for_parents/coping/disaster.php
- Publications from Channing Bete Company®
  http://www.channingbete.com
  - Family Emergency Preparedness: A Presentation Kit
  - Helping Children Cope with Disaster: A Parent and School Staff Handbook
  - How Prepared Is Your Family for an Emergency? A Launch & Learn (CD)
  - Preparing Children for Emergencies – What Parents Need to Know
- Ready America
  http://www.ready.gov/america
- Ready America (Spanish)
  http://www.listo.gov/america
- The Institute for Business & Home Safety
  http://www.disastersafety.org/
• Tips for Talking About Disasters
  http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp
• Independent Study Course: IS-7 A Citizen’s Guide to Disaster Assistance
  http://www.training.fema.gov/EMIWeb/IS/is7.asp
• Independent Study Course: IS-22 Are You Ready? An In-depth Guide to Citizen Preparedness
  http://training.fema.gov/EMIWeb/IS/is7.asp
• Independent Study Course: IS-394.a Protecting Your Home or Small Business From Disaster
  http://training.fema.gov/EMIWeb/IS/IS394A.asp
• Resources for Parents and Teachers
  http://www.fema.gov/kids/teacher.htm

Downloadable Documents

• 4 Steps to Prepare Your Family for Disasters
  www.aap.org/family/frk/fourstepsFRK.pdf
• Are You Ready? An In-depth Guide to Citizen Preparedness
  Available in English and Spanish from: http://www.fema.gov/areyouready/
• Community Arise
  http://www.cwserp.org
• Helping Children Cope with Disaster
  Available in English and Spanish from: http://www.fema.gov/rebuild/recover/cope_child.shtml
• The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds
  www.aap.org/pressroom/playFINAL.pdf
• Know the Rules… Safety Tips for Children Displaced in Natural Disasters and Their Caregivers
• Listen, Protect, and Connect: Psychological First Aid for Children, Parents, and Other Caregivers After Natural Disasters
• Resilience for Kids and Teens: A Guide for Parents and Teachers
• Sesame Street, Let’s Get Ready! Magazine for Parents and Caregivers
  Available in English and Spanish from: http://www.sesameworkshop.org/initiatives/emotion/ready
• What’s the Plan? Parent Brochure by NACCRRRA
  Available from: http://www.naccrra.org/for_parents/coping/disaster
Resources for Children

The following are some websites and books designed especially for children, to help them prepare for and cope with disasters.

Web Links

- Disaster Response TeenCorps
  http://www.allthingsnewministry.org/drtc.html
- FEMA for KIDS
  http://www.fema.gov/kids/
- Publications from Channing Bete Company®
  http://www.channingbete.com
  - Getting Ready for Emergencies – What Would YOU Do?
  - Know What?® We Are Prepared for Emergencies!
  - Mimi Mouse Learns to Prepare for Emergencies! (DVD)
  - Who Knew?® The Ready for Emergencies Issue
- Ready Kids
  http://www.ready.gov/kids
- Ready Kids (Spanish)
  http://www.listo.gov/ninos
- Sesame Street Let’s Get Ready!
  http://www.sesamestreet.org/ready
- Sesame Street ¡Preparémonos!
  http://www.sesamestreet.org/preparemonos/

Downloadable Documents

- The Adventures of the Disaster Twins
  Available in English and Spanish from: http://www.fema.gov/kids/twins/
- Can Do and the Storm
  Available from: http://www.thecandoduck.com/
- Herman, P.I.C., and the Hunt for a Disaster-proof Shell
  Available from: http://www.fema.gov/kids/herman/
- My Hurricane Story
  Available from: http://www.mercycorps.org/publications/11851
- Sesame Street Children’s Activity Book
  Available in English and Spanish from:
  http://www.sesameworkshop.org/initiatives/emotion/ready
List of Voluntary Agencies

The following is a list of organizations that may provide for the needs of children in disasters. A complete listing of National Voluntary Organizations Active in Disasters is available from http://www.nvoad.org/.

This list is not intended to be all-inclusive. You should also check for local organizations that may exist in your area.

- American Red Cross
  http://www.redcross.org
- Brethren Children’s Disaster Services
  http://www.brethren.org/site/PageServer?pagename=serve_childrens_disaster_services
- Church World Service Emergency Response Program
  http://www.disasterrecoveryhelp.org
- Evangelical Lutheran Church in America
  http://www.elca.org
- Habitat for Humanity
  http://www.habitat.org
- KaBOOM!
  http://kaboom.org/
- Mercy Corps
  http://www.mercycorps.org
- National Center for Missing and Exploited Children
  http://www.missingkids.com
- North American Mission Board: Southern Baptist Disaster Relief
  http://www.namb.net/site/c.9qKILUOzEpH/b.224451/k.A400/Disaster_Relief.htm
- The Salvation Army
  http://www.salvationarmyusa.org
- Save the Children
  www.savethechildren.org
Acknowledgements

Representatives from the following organizations provided valuable input during the development of this course: Save the Children, the American Red Cross, the International Association of Emergency Managers, and the American Academy of Pediatrics.

Many of the resources listed separately in this appendix contributed information for the course. Additional information was provided by the following sources.


Appendix C: Ways to Help Children Cope with Disaster

<table>
<thead>
<tr>
<th>Factors for Building Resilience</th>
<th>Ways that Parents Can Help Children Cope</th>
</tr>
</thead>
</table>
| Connectedness, commitment, and shared values | • Keep the family together as much as possible.  
• Allow children to return to normal activities as soon as possible, to connect them with their peers and caregivers.  
• Encourage children to volunteer and help others. |
| Participation | • Include children in recovery activities.  
• Include children in discussions and planning.  
• Provide opportunities for children to participate in school, cultural, faith-based, or extracurricular activities. |
| Structure, roles, and responsibilities | • Assign chores and responsibilities to children.  
• Educate children about their roles during a disaster.  
• Provide consistency in their routines. |
| Support and nurturance | • Reassure children with firmness and love.  
• Be patient and understanding, and give children extra time and attention.  
• Hug children often and hold them when they need comforted.  
• Provide opportunities for children to interact with extended family, other caregivers, and their peers. |
| Critical reflection and skill building | • Encourage children to describe what they’re feeling and allow them to speak freely about what scares or puzzles them.  
• Provide creative play opportunities. |
| Resources | • Watch for changes in your children’s behavior, and seek help from a mental health specialist or clergy member if the child does not respond to the other suggestions. |
| Communication | • Calmly and firmly explain the situation, including what will happen next.  
• Use positive behavior and language around children.  
• Encourage children to ask questions and listen when they talk.  
• Try to answer questions and address concerns with concrete, easy-to-follow information.  
• Give constructive information about how they can be prepared to protect themselves.  
• Limit exposure to the media (e.g., television, radios, computers, and reporters who want to interview the children). |

Sources: Adapted from “Helping Children Cope with Disaster,” published by the American Red Cross, Building community resilience for children and families, published by the Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center, and “Ten Tips to Help Children with Disaster,” developed by Save the Children.
Appendix D: The Unique Needs of Children in Emergencies

Much of the information used in this workshop and its corresponding Independent Study (IS) course was based on information in the document, “The Unique Needs of Children in Emergencies: A Guide for the Inclusion of Children in Emergency Operations Plans,” published by Save the Children. This document is included in this guide, beginning on the next page.
The Unique Needs of Children in Emergencies

September 2007
This guide is a project of Save the Children’s Domestic Emergencies Unit.

The Domestic Emergencies Unit promotes emergency management practices that address children’s needs on the national, state and local levels in the United States, through partnership, advocacy and program implementation.

Save the Children is the leading independent organization creating lasting change for children in need in the United States and around the world. For more information, visit savethechildren.org. Save the Children USA is a member of the International Save the Children Alliance, a global network of 28 independent Save the Children organizations working to ensure the well-being and protection of children in more than 120 countries.

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Please contact us if you use any or all of this guide so we may provide you with updates, or to ask questions or offer comments and suggestions.
Mail: U.S. Programs: DEU, Save the Children. 54 Wilton Road, Westport, CT 06880
Phone: (800) 728-3843
E-mail: usemergency@savethechildren.org
Download this guide and learn more about our work at: www.savethechildren.org/usemergency

Disclaimer: This document is intended to be used as a practical and informative guide only, to assist public officials by providing suggestions and ideas for the development of a document to municipal emergency operations plans. It is not intended to replace the actual experience and training that such a task demands, nor should it be used as a legal authority for any purpose.
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Purpose

This guide was created to help local and state emergency managers/coordinators in their efforts to develop and maintain a Children in Emergencies supplemental document to the community’s standard Emergency Operations Plan (EOP) that addresses the special needs of children. This guide is meant to drive the active planning process, not to take its place. There is no single format that can adequately fit every community – developing this capacity is both the legal and the moral responsibility of the community leaders themselves.

This Guide is intended primarily for use by personnel responsible for the development and maintenance of the community’s EOP in local emergency management agencies. It is strictly a guide. It establishes no requirements and its recommendations may be used, adapted or disregarded.

Why Develop a Children in Emergencies Document?

Children (0-18 years of age) are a highly vulnerable segment of the population in times of disaster. Under normal conditions, there are components at the governmental, private and non-profit level which together form the networks on which children depend to support their development and protect them from harm. In addition to these systems, children fall under the supervision of their parents, guardians and/or primary caregivers. Once a disaster occurs, however, most or all of these foundations in a child’s life may suddenly collapse. The child care centers and schools to which they were enrolled may be damaged, destroyed or used for shelters. Their parents or guardians may be stretched between caring for the needs of their children and addressing the needs of the whole family’s recovery. The child victims, who are generally incapable of managing their own needs, can suffer disproportionately and may fall behind their peers in development and education. Additionally, the physical and psychological damage sustained by children can far outweigh the same effects inflicted on fully-grown members of society, often requiring years of physical, psychological and other therapy to address.

The Planning Process in Brief

Form the Planning Team

The planning team for the development of the Children in Emergencies document should be drawn from various groups that have a role or stake in the emergency response needs of children. The list below is by no means to be considered all-inclusive. Nor is it necessary for every community to involve all of these positions in its effort – the key to forming a planning team is for the planning coordinator to ensure that membership represent an accurate cross section of the organizations involved in the jurisdiction’s emergency response effort as it relates to children, parents, guardians and pregnant women.
Possible Planning Team Members (Agencies, Organizations and Individuals)

- The Office of the Chief Executive
- Emergency Services (law enforcement, fire/rescue and EMS)
- Emergency dispatchers
- Public health and safety officials
- Social service agencies and volunteer organizations (including a children’s services agency)
- Area hospitals (children’s and general)
- Urgent care providers
- Suppliers of equipment and materials for the educational, health, hygienic and nutritional needs of children
- Pediatricians
- Educational administrators/Superintendent of schools
- Teachers’ organization leaders
- Child care association representatives
- Public Information Officer (PIO)
- Local media
- Jurisdiction’s legal counsel
- Emergency managers and agency representatives from neighboring jurisdictions (to establish mutual aid agreements)
- State and/or Federal representatives, as appropriate
- Mass care coordinator and mass care facility managers
- Parent and guardian organization representatives
- Other organizations or agencies involved in the care of children or child/family recreation (e.g., community recreation department, child care licensing agency)
- Organizations managing transient populations that include children (hotel associations, tourism boards)
- Mental health agencies
- Poison control centers
- Social service agencies
- Local Emergency Management Planning Committee (LEPC) members
- Faith-based groups and churches
- School nurses
- Courts (as needed)
- Community zoning officials

Perform Document Research

Once the planning team has been established, the team should begin by assessing all of the information that is available as a result of the Basic EOP development, including (most importantly) the hazard risk assessment, the base map of the community and the inventory of emergency management resources available both within and outside the community.
In addition, the planning team may need to gather information that provides them with insight into the following:

- Statutory authorities (laws, regulations, statutes and other legal information) relating to the emergency care of children in the community
- Base map of the community, upon which all child care facilities are located (e.g. schools, child care centers)
- Population and demographic information for all children in the community
- Number of special needs children in the community and information regarding the kinds of need and the facilities available to attend to those needs
- Community school system information, including:
  - Name, address, and contact information for each school
  - Number and age of students in each school
  - Each school’s status as a community shelter (or shelter for neighboring community)
- Child care information, including:
  - List of community child care facilities, including business names, addresses and contact information for each facility
  - Capacity of each facility
  - Viability of each facility to provide emergency shelter
  - Number of children enrolled in each facility
- Hospital and health care information
  - Name, address and contact information for each
  - Number of pediatric beds in each facility
  - Number of pediatric physicians in the hospital system
  - Hospitals in neighboring jurisdictions willing to accept pediatric casualty overflow (including all information above)
  - Name and contact information for all private pediatricians in the community
- Mass care shelter information
  - Shelter administrator name
  - Shelter address and other pertinent information
  - Shelter capacity for children
- Non-Governmental Organizations (NGO) information
  - List of child-focused NGOs operating the community (disaster and non-disaster related)
  - Contact information and area of focus
- Transportation information
  - Inventory of vehicles that would be used to transport children during an evacuation or following a disaster
  - Status of child-safety devices or capacities of the vehicles
  - Address and contact information for transportation providers
  - Probable evacuation routes and plans for facilities serving/housing children
- Resource Database
  - List of suppliers who can provide emergency supplies and equipment related to the care of children (diapers, wipes, formula, feeding implements, etc.), including address and contact information
  - Inventory and pricing information for relevant supplies and equipment
• Emergency management information
  o Equipment, supplies and facilities that meet the emergency needs of children
  o Information regarding emergency services staff training in pediatric emergency response
  o Available courses within and outside the community that focus on pediatric emergency management

• Psychosocial (emotional support) information
  o Name and contact information of community pediatric psychologists
  o Name and contact information of school social workers
  o Name and contact information of local experts on child development

• Hazard Information
  o Community risk as it relates to children, the facilities housing/serving them and neighborhoods where there are notably higher densities of children
  o Mitigation options available to minimize the risk to children and facilities housing/serving them

With proper planning and guidance, emergency management agencies can minimize the risk faced by the community’s children. Children, families and those tasked with the care of children (teachers, child care centers, etc.), can all take action before disasters occur to prepare for and mitigate their effects. Response and child-stewardship organizations that are most likely to assume the role of protecting children in the immediate aftermath of a disastrous event can be equipped for and provided with proper training to manage the specific needs of this special population. And the community can plan for the specific needs that children will have in the longer-term recovery phase, when these vulnerable lives are gradually brought back to normalcy.

Assumptions

The following list of assumptions is provided only to present examples of the kinds of assumptions that a planning team’s efforts may be based on. For any given community these assumptions may or may not be true:

• Children whose parents or guardians are present will remain under parental guardianship or under the care of the legal guardians
• The location of the community’s children during the school year and during regular school hours is predictable as determined by the department of education and the individual educational facilities
• Outside of regular school hours, the location of children is dictated primarily by families and social networks
• Parents’ and guardians’ primary concern during times of emergency or disaster will be to locate and collect their children
• Many providers of children’s care, including child care and home care employees, teachers, camp counselors and others, will be affected by major disasters themselves. Their primary concerns at this time may be the whereabouts and safety of their own families
• Institutions normally tasked with the daytime care of children, including schools, child care centers and others, are likely to be closed during and following a major disaster
• In events where there are numerous injuries or fatalities sustained by children, local pediatric providers and institutions will be quickly overwhelmed
• In certain disasters, children will be required to shelter in place with their families, such as pandemic flu or bioterrorism
• In certain disasters, children will be required to shelter in place at daytime care facilities, including schools and child care centers
• Transient children, including the children of tourists, travelers passing through the community, patrons of local businesses and others, may require additional help related to guardianship, especially when parents or guardians are not present
• All schools and many private child care and educational facilities maintain internal emergency operations plans of their own to address the needs of children, although these plans are applicable only while children remain in their care
• Catastrophic disasters may overwhelm the capacity of local facilities to deal with pediatric needs, including medical care, emergency care, special diets, sheltering arrangements and supervision
• Until children are moved from the grounds of a school or child care facility or until assistance is requested from the office of emergency management, children will remain under the care of the school or child care facility administration.

What Emergency Management Measures Can Be Taken to Address the Needs of Children?

There is no definitive list of needs that apply to every community. Rather, this information is generated by the planning team. Each community should already have a person or organization dedicated to these tasks on a daily basis. Ideally, the planning team will include this person or group(s) and identify their role(s) in emergencies.

It is only after a planning team has determined the needs of children in the community that it can begin to determine what actions may be taken (and what actions are feasible) to address the needs and to reduce the vulnerability of children. The following lists provide examples of actions that may be considered by the planning team when developing a document to meet the needs of children in emergencies. This list is by no means complete.

Drafting the Children in Emergencies Document

The following section provides guidelines on how a Children in Emergencies document may be developed by a local community. Each section is described, often with examples of information that may be included. It is in no way prescriptive, recognizing that every jurisdiction is unique in its resources, concerns and needs. Developing a document is a process that relies on the experience and knowledge of the planning team and is driven by their desire to address the needs of children.

Lead and Support Agency Assignment

Lead Agency
A document may have a designated lead agency within the local government. This agency is responsible for managing the development of capabilities relative to the specific function described
and for the direction and control of this function when the document is activated. Selection of the lead agency should be based on the applicability of the function to the agency’s central mission, the agency’s ability to mobilize the necessary support and resources as described in the document, and the agency’s willingness to assume the responsibility of such an appointment.

Support Agencies
Each document may also have one or more support agencies drawn from both within and outside the local government structure (including the private sector). These agencies are tasked with providing resource or logistical support to the operation of the document when activated.

Organization and Assignment of Responsibilities
This section describes the responsibilities of tasked individuals and organizations to provide for the special needs of children in emergencies, and it illustrates the actual organizational structure of the disaster management function. It is necessary to include a detailed list of the actual organizational titles (to ensure the continuity of the plan, planners should always use only the titles, not the names, of the officials currently holding positions) that will be involved in the response to a disaster. To each of those roles, the actual responsibilities assigned to the person filling that role are listed, with information dictating how and when those responsibilities are carried out if applicable. In certain cases, there are responsibilities that require the involvement of several actors, and in such cases this section stipulates primary and supportive designations to clarify leadership.

Examples of the officials that might be tasked in a Children in Emergencies document and some of the responsibilities they may be tasked with are presented in the following list. This list is only an example and not a recommendation of what responsibilities should be included or what local agency or official should be held responsible.

Chief Executive Official
- Establish a Government Liaison position for children in disasters issues
- Provide information to the public on the need to take care of children during the disaster

Emergency Manager
- Form and foster community partnerships that help to manage children’s issues in disaster response and recovery
- Mitigate known disaster vulnerabilities at schools, child care centers, camps, sporting venues and all other facilities where children congregate
- Educate families on methods to mitigate the disaster risks to children
- Provide families with guidance on home disaster preparedness and encourage families to develop family disaster plans
- Develop a program to educate children about disaster response, including what to do if they are separated from their parents or guardians or if they require rescue
- Establish an Emergency Operations Center (EOC) Children’s Issues Coordinator
- Develop systems, protocols and points of contact for sharing information on children between the office of emergency management and facilities that care for children prior to incidents
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- Develop systems, protocols, and points of contact for sharing information on children between the office of emergency management and facilities in the care of children with the Children's Issues Coordinator.
- Develop systems for identifying responders certified to work with children (such as a “badging” system).
- Develop a system for collating and disseminating all tracking information on children (as provided by facilities that care for children, including hospitals).
- Encourage the use of the NOAA All-Hazards radio system that provides early warning to facilities that care for children (schools, child care centers, recreational programs).
- Assist all facilities that care for children with planning for shelter-in-place scenarios.
- Provide guidance or assistance to facilities that care for children about evacuation planning and procedures.
- Include pediatric health care facilities (e.g., children’s hospitals, pediatric emergency departments and pediatricians’ offices) in all aspects of emergency planning and preparation.
- Establish agreements with organizations and agencies (government and nongovernmental) who will address the special needs of children following a disaster in the community.
- Ensure that all facilities that care for children conduct Continuity of Operations Planning and are prepared for the sudden loss of community services.
- Assist child care facilities and schools in their efforts to develop onsite emergency operations plans.
- Integrate schools and child care facilities into local disaster plans, with special attention paid to evacuation, transportation and reunification of children with parents or guardians and incorporate the Incident Command System at these facilities.
- Incorporate children into the community donated goods plan (e.g., diapers).
- Conduct drills with federal, state and regional/local emergency managers that include pediatric victims or a majority of pediatric victims in various circumstances (e.g., in schools, child care facilities, school buses, etc.) to adequately test the capacity of the system to handle pediatric patients.
- Include child safety and security issues in all drills and exercises.
- Conduct disaster exercises and drills at facilities that care for children, in partnership with emergency services.
- Include sufficient proportions of pediatric victims and child-related scenarios in all regional disaster drills and actively involve the major pediatric care providers within the community (e.g., children’s hospitals, pediatric societies, child care centers, schools).
- Activate the Children in Emergencies document.
- Monitor the emergency response needs of children.
- Create and distribute situation reports on the status of children affected by the disaster.
- Conduct a community-wide, child-focused damage and needs assessment.
- Ensure that all emergency vehicles and teams are supplied and resupplied with child-appropriate equipment and materials.
- Assess emergency management needs relevant to children’s issues at all facilities that care for children.
Children’s Issues Coordinator (EOC)
- Enact badging, credentialing and background check systems for anyone who will be working primarily with children
- Track all affected children, including those who are evacuated, sheltered at offsite locations, hospitalized or sheltered in place
- Track all children who are sheltered in place and assist the sheltering facilities in providing for the needs of those children
- Develop an accountability system to identify and track the movement and location of children within evacuation effort
- Map all facilities where large numbers of children are likely to congregate, and develops plans to safely evacuate them in the event of a rapid-onset emergency
- Track all evacuated children (in conjunction with the Transportation Coordinator) and provide a central repository of this information for concerned parents, guardians and family members
- Ensure that the needs of special needs children are met during evacuations

Transportation
- Confirm and log the availability of vehicles suitable for the transport of children and able to withstand many of the consequences of disasters (snow, water, heat, etc.) within the community
- Ensure that vehicles equipped to transport children are available for evacuation and transportation during the disaster response and recovery phases (e.g., vehicles with child restraint devices)
- Provide orientation for all evacuation and disaster transportation personnel on the special safety and security needs of children
- Track all evacuated children (in conjunction with the Children’s Care Coordinator) and provide a central repository of this information for concerned parents, guardians and family members
- Ensure that all individuals transporting children have passed background checks

Mass Care
- Develop an accountability system to identify and track the movement and location of children within community shelters and children sheltered in place at congregation points (e.g., child care, school)
- Develop systems that will ensure that security exists for unattended/unsupervised adolescents in shelters and other facilities in that care for children in emergencies
- Ensure that shelters are stocked with or can obtain emergency food, water and nutritional supplements appropriate for children of all ages and feeding implements for children of all ages (including bottle-fed infants and infants on introductory solid food diets)
- Develop a list of sources or providers of child-specific food items in the community and a system to deliver appropriate and ample stocks of these items to facilities that are likely to need them in an emergency situation
- Establish pre-disaster agreements between facilities that care for children and mass care organizations that determine which shelters children will be brought to in emergencies
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- Develop policies on the responsibilities of parents and guardians within shelters
- Establish child-safe storage for cleaning and disinfecting equipment in shelter locations and other locations where children may congregate following disasters
- Establish hand hygiene procedures, adequate sinks, and stockpiles adequate amounts of soap and paper towels
- Develop protocols for diapering in shelters
- Develop protocols for cleaning toys and other shared implements (such as toilets, changing stations, feeding areas, etc.)
- Provide secure transportation within the shelter and the medical care and resources systems (including appropriate official supervision of and accountability for unattended children)
- Track all child-specific information at activated community shelters and report to EOC as required
- Establish routines for children in shelters to foster a safe, calm, nurturing and normalizing environment
- Allow opportunities for children to play and socialize with other children

Superintendent of Schools

- Establish partnerships with all outside groups that will have an impact on your schools during and after an incident
- Become involved with the communities emergency operations planning process
- Utilize internal resources to network externally and assist in the districts emergency planning (e.g., school nurses liaison with public health sector, school psychologist/social worker with local mental health resources)
- Establish pre-disaster agreements between schools and/or facilities to temporarily house children until they can be released to parents/guardians
- Conduct shelter in place planning and drills at schools
- Develop plans for contacting or notifying parents and guardians
- Involve parents and guardians in school-based disaster planning efforts
- Conduct disaster drills in schools
- Plan with local community groups how to place children who have not been picked up after a local disaster
- Develop plans for establishing instant classrooms (including staff, supplies and appropriate curricula) within close proximity to shelter locations, in the event that schools are damaged, destroyed or converted into community shelters
- Develop plans for the replacement damaged or destroyed educational materials
- Ensure that all students’ educational records are backed up in a safe, offsite location
- Incorporate materials on the hazards that affect the community in regular curricula
- Plan for the replacement of teachers and child care staff that will leave to deal with their own disaster consequences
- Provide temporary replacements for educators who have been affected by the disaster
- Assist educators in returning to work, and have a system in place to recruit and hire additional staff as needed
- With the district social services office/coordinator, provide training for educators in supporting children facing stress and the signs of potential more serious psychological

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problems, including anxiety, depression, behavioral problems, and Post Traumatic Stress Disorder (PTSD), and appropriate responses and referrals
• With the district social services office/coordinator, provide support for teachers facing stress

Human Services
• Inventory all child care space available both within the community and in surrounding communities, noting the number of filled and empty slots
• Develop plans for establishing “instant/emergency child care centers” in the event that the child care infrastructure in the community is damaged or destroyed
• Plan for the staffing, operation and equipment of child care centers to be established at community emergency shelters
• Work with local law enforcement to develop protocols for the timely reunification of families
• Establish systems for and conduct pre-disaster identification of children (e.g., name tags, other forms of ID), especially for those who are not verbal or who cannot give their own names, a parent’s or guardian’s name, or other critical information
• Prepare and provide emergency preparedness and response guidance for families of children with special health care and other needs
• Establish child care facilities at all community shelters
• Perform an assessment of damages to registered child care and other children’s infrastructure components
• Establish instant child care centers
• Assist shelters in establishing child care facilities for sheltered residents
• Assist families of children with special health care and other needs
• Coordinate with the EOC Children’s Issues Coordinator to report on the status of child care and other children’s infrastructure to the EOC
• Assist child care facilities in forming partnerships to assist each other during a crisis

Fire
• Arrange for regular hazard safety inspections of child care facilities and schools and for the provision of structural and nonstructural mitigation advice and assistance as required
• Ensure that emergency vehicles are equipped with rescue equipment suitable for pediatric victims

Emergency Medical Services
• Create plans for transporting injured children to hospital facilities outside the immediately affected area, including routes, destinations, vehicles and safety devices (e.g., car seats)
• Equip emergency response personnel and vehicles with adequate supplies of child-safe and child-dosed antibiotics, antidotes and vaccines
• Purchase pediatric emergency response supplies, equipment and pharmaceuticals sufficient for a mass-casualty incident involving children
• Purchase special decontamination showers that are appropriate for children of all ages (including infants), as well as children without parents or guardians, non-ambulatory children and special needs children

• Make every effort to keep families together within the emergency medical system

• Maintain pediatric pharmaceutical emergency supplies, validating expiration dates regularly

• Provide family-centered emergency care to families with children

• Document all care

Hospitals

• Work with Emergency Medical Services to develop an accountability system to identify and track the movement and location of children from the field to hospital release

• All pediatricians and pediatric hospitals should develop and maintain Continuity of Operations Plans (COOPs)

• All 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 patients (overflow) in general hospitals not accustomed to child patient issues

• Maintain pediatric pharmaceutical emergency supplies, validating expiration dates regularly in conjunction with public health

Public Health

• Develop an inventory, including contact information and specialty, of all pediatricians in the community (including those who live in the community but work elsewhere or who are retired)

• Include a detailed pediatric component in any Web-or community-based resource networks

• Provide training to ensure that general emergency practitioners are able to recognize and respond to the needs of an ill or injured child at all levels of care – from the pre-hospital setting, to emergency department care, to definitive inpatient medical and surgical care

• Develop procedures for managing pediatric emergencies at all facilities where care is likely to be provided (in the field, shelters, clinics, hospitals)

• Establish agreements with pediatricians to provide emergency care in the event of a disaster where pediatric emergency care physicians are overwhelmed

• Develop regional mutual assistance agreements to accommodate pediatric victims (with children’s hospitals, for example)

• Incorporate poison control centers into emergency medical procedures as a resource and central clearinghouse for toxicological information (including antidotes and contamination procedures that may need to be broadcast to the public in biological or chemical emergencies)

• Provide pediatric disaster-related education to “supplemental response groups” (e.g., school staff, child care personnel, community response organizations, civic organizations, specialty medical services, family practices, hospices, youth organizations)
The Unique Needs of Children in Emergencies

- Address the pediatric medical needs of special needs children (dialysis, pre-existing physical therapy, disability-related)
- Provide on-site pediatric emergency and primary health care at emergency shelters
- Maintain pediatric pharmaceutical emergency supplies, validating expiration dates regularly in conjunction with hospitals
- Provide informational resources on pediatric emergency care at emergency response facilities (shelters, emergency services offices)
- Establish continuity of nurturing care for children (care by the same person for children between 0-18 months is considered important)
- Document all care
- Encourage parents and guardians to keep backup copies of children’s health records in a safe, secure location in case their physicians’ records are destroyed
- Make arrangements for children with special health care needs, including arrangements for child patients on long-term medications
- Monitor child health and hygiene in emergency shelters and provide information and assistance to parents and guardians regarding good child hygiene practices
- Assess needs relevant to children’s health prior to, during and after an incident
- Enact ongoing child health screening in shelters to ensure that problems are recognized as soon as possible
- Make medical information resources available to parents and guardians (computers, posters, phone referral lines, etc.) to aid in appropriate use of medical resources
- Provide standardized health care data collection for children at shelters and places where children may congregate
- Identify, track and prevent the spread of illnesses more typical in children, in shelters and among the affected population in general
- Ensure that children requiring medication for ongoing health problems (e.g., asthma) are able to replace lost prescriptions and refill them when necessary
- Isolate sick children within shelters to contain the spread of childhood illnesses
- Establish temporary pediatric clinics for the special needs of children (including well-visits)

Mental Health

- Enhance pre-existing children’s mental health infrastructure as necessary to handle the surge of need likely to follow a disaster
- Train pediatricians to be able to identify psychological symptoms, perform mental health triage, initiate brief supportive interventions and make appropriate interventions or referrals when necessary
- Provide psychological counseling and care to children during evacuation
- Mobilize the assistance of pediatric psychiatric specialists to assist in the recognition and treatment of pediatric psychiatric trauma and illness
- Perform interventions to minimize pediatric psychological trauma, especially in shelter and school settings
- Incorporate age-appropriate psychosocial interventions into ongoing in-school recovery programs and curricula
• Ensure that children with pre-existing mental health conditions are not excluded from eligibility for mental health care after a disaster or crisis
• Mobilize outreach support teams to go into the community (e.g., schools, child care centers, churches) to provide stress debriefing, triage and long term monitoring
• Conduct community memorial and grieving services geared towards children
• Identify parents and guardians who are having difficulty in coping with the event, and refer them to appropriate support networks (children’s recovery depends a great deal upon the status of their parents or guardians)
• Conduct early interventions with all children in the affected area, especially school-based interventions where children are most comfortable
• Inform parents about the immediate and long-term effects of disasters on children to help them identify if their children are suffering from the effects of a disaster
• Ensure that psychological counseling and care are provided to children during evacuation

Social Services

• Develop guardianship protocols to guide the care of children separated from their parents at shelters, schools or child care centers
• Develop plans for placement of children during disaster and terrorist events in case of injured or deceased family members
• Establish pre-disaster agreements between facilities that care for children and mass care organizations that dictate what shelters children will be brought to in emergencies and likely needs of those children
• Develop policies and plans for the ongoing care of children who are separated from their parents and are unable to be quickly reunited, including transportation, supervision, shelter, care and nutrition
• Assist all facilities that care for children with planning for shelter-in-place scenarios
• Identify, track and address the needs of sheltered special needs children
• Provide children with a sense of normalcy as soon as possible after the critical phase of the emergency has ended
• Establish safe play areas in all shelters foster natural childhood development
• Provide communication assistance for children who require it (e.g., children who do not speak English, children with speech or sensory disabilities)
• Assist in the social integration of children, especially those who are separated from their families and friends or who are otherwise displaced
• Minimize parent/child or guardian/child separation
• Maintain strong communication with parents/guardians about the well-being of their children (while the children are in supervised care and while they are with their parents/guardians), to help parents identify and track potential problems.
• Document all activities
• Apply a family-centered approach after a disaster that includes, but is not limited to, assessment, early intervention and treatment with parents, guardians and primary caregivers
• Ensure that transient children (children of tourists, non-residents in facilities including camps and boarding schools) are identified, tracked and cared for
Legal System

- Determine all legal considerations concerning the care and treatment of minor children (including unaccompanied minor children), such as consent, guardianship, decontamination consent, records privacy and photographs of unidentified children
- Appoint lawyers to serve as guardians ad litem for children orphaned or those who have lost a custodial parent
- Include all relevant domestic courts (e.g., family, probate, juvenile) in the planning process to consider children’s best interests

Law Enforcement

- Develop a list of all local workers who have already passed criminal background checks and who would be cleared to work with children for both security and other purposes (e.g., teachers, child care center staff, recreational department staff, coaches, etc.)
- Develop plans for quickly and accurately checking the background of and establishing the credentials for all responders, relief providers and volunteers (spontaneous and affiliated) who will be working directly with disaster-affected children in shelters, emergency medical services, psychosocial care and other areas
- Perform security checks on staff and volunteers who wish to work with children in the response and recovery phases
- Provide security to children in shelters
- Work with the National Center for Missing and Exploited Children to reunite families

Public Information

- Develop a system to provide concerned parents or guardians with information regarding the whereabouts and safety of their children
- Warn all facilities that care for children, as required
- Provide parents/guardians post-disaster response and recovery information about the disaster needs of children and the facilities that are currently offering to meet those needs
- Advise parents, guardians, other caregivers, the media and public officials about ways to help children cope during times of stress (anniversaries of the event, holidays, life changes, etc.) after a disaster
- Work with Law Enforcement/EOC Children’s Issues Coordinator
- Develop pre-disaster messages on how to help children cope with disaster-related stress and disasters’ effects

Community Zoning Officials

- Ensure zoning codes are adequate to protect current child-inhabited facilities
- Author new codes that prevent child-inhabited facilities from building in potentially unsafe areas (e.g. brownfield locations, near hazardous material facilities)

Public Works and Utilities

- Provide emergency support to families of children with special health care needs
- Develop a resource list of all large child care facilities to expedite return of utilities. This includes liaising with private utilities
All Responding Agencies

- Develop systems and policies that protect all children from discrimination based on their age, gender, race, ability, or other factors

Other Agencies, Individuals and Organizations

This is by no means an exhaustive list of the tasks or roles needed for to address children’s needs. Other agencies, individuals and organizations that may accept or be assigned responsibilities under the provisions of the Children in Emergencies document include:

- Voluntary organizations
- Local media organizations
- Youth services director
- Recreation departments

Authorities / References

Any statutory authorities, including the Basic EOP, that provide legal basis for the provisions of the document should be listed here. This section should also provide reference to any sources of information from within the municipal government and from independent sources.
Children in Emergencies: Related Appendices

The appendices that follow provide additional information that may be considered when developing a Children in Emergencies document or included as appendices to the document.

Appendix 1: Protocol to Rapidly Identify and Protect Displaced Children

- 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.
- The names of all children identified through the survey as not being with their legal guardians or who are unaccompanied should be considered at high-risk and immediately reported to the hospital’s emergency operations center. Additional reporting should also be made to the National Center for Missing and Exploited Children (NCMEC) at 1-888-544-5475. The NCMEC can then 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 who are not with their 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 2: Child ID Survey

Name: _______________________________________  Hospital # _________
Age: _______ Months/Years  DOB ________________________________
Gender:   Male_______ Female_________

Is the child currently accompanied by a supervising adult?  Yes  No
Name of currently the supervising adult? _____________________________ Age ____
Is this person a Parent?  Yes  No  A Grandparent?  Yes  No
Is this parent the usual guardian?  Yes  No
Was the child living with this person before the disaster?  Yes  No
Does the supervising adult have any proof of legal guardianship or relationship to child? Yes  No
If Yes, please describe or attach a copy:

_______________________________________________________________

If the adult(s) is not a Parent or Grandparent, what is the relationship to this child?

Aunt/Uncle__________________________________________ Age _______
Sibling______________________________________________ Age _______
Friend_______________________________________________ Age _______
Other (next-of-kin, teacher) ______________________________ Age _______

Was the child treated for illness or have an injury?  Yes  No
If yes, please describe: ________________________________________________

Was the child admitted to the hospital?  Yes  No
If Yes, give room or location:

If No, give location or address where child is currently (lobby, Pediatric Safe Area, sent to shelter, etc.) ______________________________________________________

Does this child have a history of medical problems?  Yes  No
If yes, please list: ________________________________________________

Does this child or family members have special needs?  Yes  No
If yes, please list: ________________________________________________

Appendix 3: Psychological Effects of Disasters on Children

Two myths are potential barriers to recognizing children’s responses to disaster and must be rejected: (1) that children are innately resilient and will recover rapidly, even from severe trauma; and (2) that children, especially young children, are not affected by disaster unless they are disturbed by their parents’ responses. Both of these beliefs are false. A wealth of evidence indicates that children experience the effects of disaster doubly. Even very young children are directly affected by experiences of death, destruction, terror, personal physical assault and by experiencing the absence or powerlessness of their parents. They are also indirectly affected through identification with the effects of the disaster on their parents and other trusted adults (such as teachers) and by their parents’ reactions to the disaster.

Another barrier to recognizing children’s responses to disaster is the tendency of parents to misinterpret their children’s reactions. To parents who are already under stress, a child’s withdrawal, regression or misconduct may be understood as willful. Or, parents may not wish to be reminded of their own trauma or, seeking some small evidences that their life is again back in control, may have a need to see everything as “all right.” In either case, they may ignore or deny evidence of their children’s distress. The child, in turn, may feel ignored, not validated, not nurtured. This may have long-term consequences for the child’s development. In the short run, feeling insecure, the child may inhibit expression of his or her own feelings, lest he or she distress and drive away the parents even more.

Most children respond sensibly and appropriately to disaster, especially if they experience the protection, support and stability of their parents and other trusted adults. However, like adults, they may respond to disaster with a wide range of symptoms. Their responses are generally similar to those of adults, although they may appear in more direct, less disguised form.

Among pre-school children (ages 1-5), anxiety symptoms may appear in generalized form as fears about separation, fears of strangers, fears of “monsters” or animals or sleep disturbances. The child may also avoid specific situations or environments, which may or may not have obvious links to the disaster. The child may appear preoccupied with words or symbols that may or may not be associated with the disaster in obvious ways or may engage in compulsively repetitive play which represents part of the disaster experience. The child may show a limited expression of emotion or a constricted pattern of play may appear. He or she may withdraw socially or may lose previously acquired developmental skills (e.g., toilet training).

Older children (ages 6-11 or so) may engage in repetitious play in which the child reenacts parts of the disaster or in repeated retelling of the story of the disaster. The child may express (openly or subtly) concern about safety and preoccupation with danger. Sleep disturbances, irritability or aggressive behavior and angry outbursts may appear. The child may pay close attention to his or her parents’ worries or seem to worry excessively about family members and friends. School avoidance (possibly in the form of somatic symptoms) may appear. The child may show separation anxiety with primary caretakers, “magical” explanations to fill in gaps in understanding, and other behaviors usually characteristic of much younger children. Other changes in behavior, mood and personality, obvious anxiety and fearfulness, withdrawal, loss of interest in activities and “spacey” or distractible behavior may appear.

As children approach adolescence, their responses become increasingly like adult responses. Greater levels of aggressive behaviors, defiance of parents, delinquency, substance abuse and risk-taking
behaviors may be evident. School performance may decline. Wishes for revenge may be expressed. Adolescents are especially unlikely to seek out counseling.

Children of all ages are strongly affected by the responses of their parents or other caretakers to disaster. Children are especially vulnerable to feeling abandoned when they are separated from or lose their parents. “Protecting” children by sending them away from the scene of the disaster, thus separating them from their loved ones, adds the trauma of separation to the trauma of disaster.

**Symptoms Shown by School-Aged Children**

- Depression
- Withdrawal
- Generalized fear, including nightmares, highly specific phobias of stimuli associated with the disaster
- Defiance
- Aggressiveness, “acting out”
- Resentfulness, suspiciousness, irritability
- Disorganized, “agitated” behavior
- Somatic complaints: headaches, gastrointestinal disturbances, general aches and pains. These may be revealed by a pattern of repeated school absences.
- Difficulties with concentration
- Intrusive memories and thoughts and sensations, which may be especially likely to appear when the child is bored or at rest or when falling asleep
- Repetitive dreams
- Loss of a sense of control and of responsibility
- Loss of a sense of a future
- Loss of a sense of individuality and identity
- Loss of a sense of reasonable expectations with respect to interpersonal interactions
- Loss of a realistic sense of when he or she is vulnerable or in danger
- Feelings of shame
- Ritual reenactments of aspects of the disaster in play or drawing or story telling. In part, this can be understood as an attempt at mastery. Drawings may have images of trauma and bizarre expressions of unconscious imagery, with many elaborations and repetitions.
- Kinesthetic (bodily) reenactments of aspects of the disaster; repetitive gestures or responses to stress reenacting those of the disaster
- Omen formation: the child comes to believe that certain “signs” preceding the disaster were warnings and that he or she should be alert for future signs of disaster
- Regression: Bedwetting, soiling, clinging, heightened separation anxiety.
- Post Traumatic Stress Disorder syndromes much like those of adults, although possibly with less amnesia, avoidance and numbing evident.

For an adult, although the effects of disaster may be profound and lasting, they take place in an already formed personality. For children, the effects are magnified by the fact that the child’s personality is still developing. The child has to construct his or her identity within a framework of the psychological damage done by the disaster. When the symptoms produced by disaster are not treated or when the disaster is ongoing, either because of the destruction wrought (e.g., by an
earthquake) or because the source of trauma is itself chronic (e.g., war or relocation to a refugee camp), the consequences are even more grave. The child grows up with fear and anxiety, with the experience of destruction or cruelty or violence, with separations from home and family. Childhood itself, with its normal play, love and affection, is lost. Longer-term responses of children who have been chronically traumatized may include a defensive desensitization. They seem cold, insensitive, lacking in emotion in daily life. Violence may come to be seen as the norm, legitimate. A sense of a meaningful future is lost.

Appendix 4: Special Psychological Needs of Children Following Disasters

For the most part, the same principles that apply to adults apply to children, with appropriate adaptations for their age (i.e., use language appropriate to the child’s age; be concrete). The various child-specific reactions to disaster discussed earlier suggest several additional principles for work with children:

- Children are affected both directly by the disaster and indirectly, by observing and being affected by their parents’ reactions. Unless there are strong reasons to the contrary, such as an abusive parent-child relation or the physical or psychological unavailability of the parents, involving children together with their parents should be a major part of treatment. Encouraging parents to discuss what happened in the disaster with their child, to recognize and accept and understand their child’s reactions and to communicate openly about their own reactions, is helpful.

- A barrier to identifying children in need of services may be the parents’ ignoring or denying signs of distress in their children or parents or attributing regressive behaviors such as bed wetting or acting out behaviors as “willful.” Parents should be educated about these issues and case finding should be pursued through other routes (e.g., schools) as well.

- Parents may benefit from education with regard to appropriate responses to particular behaviors and to the benefits of specific treatments, as well. For instance (a) Regressive behaviors, such as bed wetting, should be accepted initially. The child should be comforted without demands. He or she should not be shamed or criticized or punished. Later, normal expectations can be gradually resumed. (b) Behavioral interventions (systems of rewarding desired behaviors, with limit setting on undesirable behaviors) are the most useful responses to inappropriate behaviors. (c) Physical comforting may be useful in reducing anxiety levels among children. One study has shown that regular back and neck massages may be helpful. (d) Children need reassurance and permission to express their own feelings without fear of being judged.

- Children may have special concrete needs – toys, bedding, special foods, availability of age-appropriate activities (play groups, school, chores). Parents also benefit when these are provided, since they help the parents cope with the demands their children place on them. On-going child care services, to enable parents to return to work or to deal with the practicalities of a return to normal function, are also needed.

- Separation of children from their parents should be avoided, if at all possible. When it is absolutely necessary (for the child’s safety or because of the inability of the parents to care for the child), efforts should be made to ensure that the child is accompanied by other familiar and important figures in their life, such as a grandparent, older sibling or teacher.

- Children are especially prone to drawing inaccurate conclusions about the cause of the disaster, their own actions and the normality of their current feelings. For example, they may believe that they are somehow to blame for what happened. Exploration and correction of these ideas is part of treatment.

- Younger children (up to ten or eleven, at least) may not be able to use language effectively to describe their feelings or to work through their reactions. Drawing, play with puppets, role playing or writing which is not specifically focused on the disaster (e.g., poetry, stories) may be a useful way of enabling a fuller exploration of responses. These approaches are discussed in more detail in Chapter VI.
• Children should be given time to experience and express their feelings, but as soon as possible, a return to the structure of household routines should be pursued.

• Schools play a key role. They provide a safe haven for children during the day and serve as locations for case finding and for intervention and. By providing a structured environment for the child, they help the child regulate his or her reactions. A rapid return of children to school and monitoring of attendance and of unusual symptoms is helpful. (It is not unusual for children to want to be with their parents immediately following a disaster, however. Child care services may be needed). When children return to school after a disaster, they should not be immediately rushed back to ordinary school routines. Instead, they should be given time to talk about the event and express their feelings about it (without forcing those who do not wish to talk to do so). In-school sessions with entire classes or groups of students may be helpful. The school can also hold meetings with parents to discuss children’s responses and provide education for parents in how to respond to children after a disaster.

• Children, like adults, benefit from feeling a sense of control over frightening situations. Involving children in age-appropriate and situation-appropriate tasks that are relevant to relief efforts (e.g., collecting supplies for disaster victims or taking on responsibilities such as caring for younger children in a shelter) is helpful both to the child and to other victims of the disaster.

• The repetitive graphic images of the disaster shown on television can generate anxiety. Exposure to television accounts of the disaster should be limited. An adult should be present to monitor and protect the child from overwhelming graphic images and to talk about what the child is watching.

Appendix 5: Disaster Response Information for School Crisis Teams

Identify children and youth who are high risk and plan interventions. Interventions may include individual counseling, small group counseling or family therapy. From group crisis interventions and by maintaining close contact with teachers and parents, the school crisis response team can determine which students need supportive crisis intervention and counseling services. A mechanism also needs to be in place for self-referral and parental-referral of students.

Support teachers and other school staff. Provide staff members with information on the symptoms of children’s stress reactions and guidance on how to handle class discussions and answer children’s question. As indicated, offer to help conduct a group discussion. Reinforce that teachers should pay attention to their own needs and not feel compelled to do anything they are not comfortable doing. Suggest that administrators provide time for staff to share their feelings and reactions on a voluntary basis as well as help staff develop support groups. In addition, teachers who had property damage or personal injury to themselves or family members may need leave time to attend to their needs.

Engage in post-disaster activities that facilitate healing. La Greca and colleagues have developed a manual for professionals working with elementary school children following a natural disaster. Activities in this manual emphasize three key components supported by the empirical literature: (a) exposure to discussion of disaster-related events, (b) promotion of positive coping and problem-solving skills and (c) strengthening of children’s friendship and peer support. Specifically:

- **Encourage children to talk about disaster-related events.** Children need an opportunity to discuss their experiences in a safe, accepting environment. Provide activities that enable children to discuss their experiences. These may include a range of methods (both verbal and nonverbal) and incorporate varying projects (e.g., drawing, stories, audio and video recording). Again provide teachers specific suggestions or offer to help with an activity.

- **Promote positive coping and problem-solving skills.** Activities should teach children how to apply problem-solving skills to disaster-related stressors. Children should be encouraged to develop realistic and positive methods of coping that increase their ability to manage their anxiety and to identify which strategies fit with each situation.

- **Strengthen children’s friendship and peer support.** Children with strong emotional support from others are better able to cope with adversity. Children’s relationships with peers can provide suggestions for how to cope with difficulties and can help decrease isolation. In many disaster situations, friendships may be disrupted because of family relocations. In some cases parents may be less available to provide support to their children because of their own distress and their feelings of being overwhelmed. It is important for children to develop supportive relationships with their teachers and classmates. Activities may include asking children to work cooperatively in small groups in order to enhance peer support.

Emphasize children’s resiliency. Focus on their competencies in terms of their daily life and in other difficult times. Help children identify what they have done in the past that helped them cope when they were frightened or upset. Tell students about other communities that have experienced natural disasters and recovered (e.g., Miami, FL and Charleston, SC).
Support all members of the crisis response team. All crisis response team members need an opportunity to process the crisis response. Providing crisis intervention is emotionally draining. This is likely to include teachers and other school staff if they have been serving as crisis caregivers for students.

Secure additional mental health support. Although more than enough caregivers are often willing to provide support during the immediate aftermath of a natural disaster, long-term services may be lacking. School psychologists and other school mental health professionals can help provide and coordinate mental health services, but it is important to connect with community resources in order to provide such long-term assistance. Ideally these relationships would be established in advance.

Important Influences on Coping Following a Natural Disaster

Relocation. The frequent need for disaster survivors to relocate creates unique crisis problems. For example, it may contribute to the social, environmental and psychological stress experienced by disaster survivors. Research suggests that relocation is associated with higher levels of ecological stress, crowding, isolation and social disruption.

Parent's Reactions and Family Support. Parents’ adjustment is an important factor in children’s adjustment and the adjustment of the child in turn contributes to the overall adjustment of the family. Altered family functions, separation from parents after natural disaster and ongoing maternal preoccupation with the trauma are more predictive of trauma symptomatology in children than is the level of exposure. Thus, parents’ reactions and family support following a natural disaster are important considerations in helping children’s cope.

Emotional Reactivity. Preliminary findings suggest that children who tend to be anxious are those most likely to develop post-trauma symptomatology following a natural disaster. Research suggests that children who had a preexisting anxiety disorder prior to a natural disaster are at greater risk of developing PTSD symptoms.

Coping Style. It is important to examine children’s coping following a natural disaster because coping responses appear to influence the process of adapting to traumatic events. Research suggests that the use of blame and anger as a way of coping may create more distress for children following disasters.
Appendix 6: Hospital Decontamination and the Pediatric Patient

Victims arrive at the hospital requiring decontamination. Children are present among the victims. Critical injuries are decontaminated first. Children and their families (parents or caregivers) should not be separated unless critical medical issues take priority. (Source: NYC Health, 2006)

Non-ambulatory

- disrobe by child’s caregiver and “hot zone” personnel
- place on a stretcher or restraining device
- escort through the decon shower by “hot zone” personnel and caregiver
- direct supervision of decon (of caregiver, too)
- monitor airway

Ambulatory

Estimate child’s age by visual inspection

School Age
(8 to 18 yrs old)

- disrobe w/o assistance
- respect modesty
- respect privacy
- child decons him/herself, but goes through decon shower in succession with caregiver, parent or classmates

Preschool
(2 to 8 yrs old)

- assist disrobing (child’s caregiver or “hot zone” personnel)
- direct supervision of decon
- monitor airway
- escort through the shower by either caregiver or “hot zone” personnel

Infants and Toddlers
(less than 2 yrs old)

- disrobe by child’s caregiver and “hot zone” personnel
- place on a stretcher or restraining device
- escort through the decon shower by “hot zone” personnel and caregiver
- direct supervision of decon (of caregiver, too)
- monitor airway

(Child should not carry the child due to the risk of accidental trauma resulting from a fall or from dropping the child while in the shower.)

- Treat or prevent hypothermia (towels, gowns, warming blankets)
- Immediately give a unique identification number on a wristband (or equivalent)
- Triage to an appropriate area for further medical evaluation

Please note: Children and their families (parents or caregivers) should not be separated unless critical medical issues take priority.
Appendix 7: Legal Considerations for Working With Children in Disasters

The following are legal questions and issues that may arise during a disaster. Having policies and procedures in place prior to an event should be considered.

- For unaccompanied children during a disaster, consent is not needed to treat for a life or limb-threatening situation. Is parental consent needed to treat a child victim with minor injuries? With psychological injuries?
- Is parental consent required to decontaminate an unaccompanied child? What if child is asymptomatic? What if child is refusing?
- What medical or social information can be released and to whom during a disaster?
- Check HIPAA rules and your legal counsel concerning the unidentified patient locator protocols, such as posting Polaroid photographs of unidentified children.
- Who can children be released to and if not the parent or caregiver, what permission or information is needed? What is your protocol for releasing children if no legal guardian or parent can be found or if no permission document is provided?

Appendix 8: Registry Information from Schools, Child Care Centers and Other Facilities that Care for Children

Unlike registries of individuals, which are built through optional self-reporting, a registry for schools and child care facilities is more easily and systematically conducted. Such a registry is composed of a database or spreadsheet that lists each school or child care facility’s name, address, telephone number and other vital information. Vital information could include the points of contact (with off-hours contact information for at least 2 senior staff members), licensed capacity or census data, number of staff and any existing transportation capability by the facility using either regular or wheel chair assist vehicles.

The “licensed capacity” census figure is the “worst case” or maximum population at the facility that could require support at any given time. For child care facilities, this maximum is set by the operating license, generally issued by the State. These facilities may have a smaller number of children on any given day but never more than the license allows. Schools, K-12, are required to report their official headcount to the state on a specified date, (typically in the fall term) to qualify for state funds and this is the number that should be used when planning. The availability of staff members should include food service, custodial workers, volunteers or other people who are generally expected to be on site each day when accounting for the total number of “adults” on site. Summer school programs should be also be identified to the emergency management agency by the school system since the size of the school population and the locations of the school sessions will probably differ from the regular term and the location could change from year-to-year.

If a particular school facility has anything exceptional that other schools do not have, it must be documented in the registry as well. Examples include a higher percentage of children with disabilities or language barriers or possibly a child care facility within the regular school that supports a large number of infants. It is also important to note if the school is totally dedicated to children with a specific disability, such as a deaf or blind oriented school, since this could require additional or targeted resources.

Children/youth with behavioral or developmental challenges are sometimes adjudicated to residential treatment facilities and removed from parental custody. These individuals usually stay in the facilities at night and attend school or training activities during the day. Like schools, residential treatment facilities should register with emergency management and provide the same information as schools.
References


Appendix E: Action Item List

How to use the action item list:
Throughout the workshop, as ideas come to you about improving the way your community plans for children’s needs in disasters, write them on these pages.

At the end of the workshop, circle two items on your action item list that you will commit to doing in the following week. After three weeks of continuing to implement these new ideas, choose two more items on the list to put into practice, and so on, until all the items are completed and new habits are formed.

Following these suggestions is a good way to ensure that the ideas from the workshop will get implemented. If you try to do everything at once, you will quickly become overwhelmed.

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