Children in Disasters Conference 2015:

Keeping Kids Safe

EXECUTIVE SUMMARY

November 2015

WRHSAC
Western Region Homeland Security Advisory Council

&

Commonwealth of Massachusetts
Department of Public Health

Public Health
Prevent. Promote. Protect.

Children in Disasters Conference 2015:
Keeping Kids Safe

Thursday, September 24, 2015

Hadley Farms Meeting House, Rt. 9 Hadley, MA

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EXECUTIVE SUMMARY

1. Conference Objective

The Children In Disasters Conference 2015: Keeping Kids Safe was a kick-off event for a multi-phase WRHSAC project "Children In Disasters Emergency Preparedness." Using significant guidance from the speakers and conference attendees, WRHSAC will prioritize next steps for the region in this important area of whole community emergency preparedness.

2. Conference Attendees

This groundbreaking conference was designed for all emergency response professionals and planners who need to consider the safety and well-being of children as they plan, respond and recover from any all-hazard incident, disaster or event. Emergency Management Directors, Public Health, Schools, Fire, Police, EMS, Hospitals, Mental Health Providers, Child Care Centers, Community & Youth Organizations, Faith-based Organizations, Physicians and District Attorneys were encourage to attend. Special outreach efforts targeted these specialty areas and continuing education credits were provided for EMS, nursing, and early childhood education specialists.

A total of 195 individuals attended the conference from a broad range of disciplines, including emergency preparedness professionals, school administrators, nursing students, early childhood educators, and child care service providers. The disciplines represented among the conference registrants are as follows:

- Academic/Research (UMass)
- Child Care Providers
- Community Organizations
- Early Childhood Education
- Emergency Management
- Emergency Medical Services
- Faith Community
- Hospitals
- Housing
- Mental Health Professionals
- Medical Reserve Corps
- Nursing Students
- Public Health
- Public Safety
- Schools:
  - Administration
  - Nurses
  - School Safety
- Social Services (incl. housing, nutrition, recreation)
- State Agencies:
  - Courts
  - Division of Children & Families
  - Dept. of Elementary and Secondary Education
  - Division of Youth Services
  - Department of Early Education and Care
  - Executive Office of Public Safety and Security
  - Mass. Emergency Management Agency
  - Massachusetts State Police

3. Conference Proceedings and Presentation Summaries

Children In Disasters Conference 2015: Keeping Kids Safe was held on Thursday, September 24 at the Hadley Farms Meeting House, on Rt. 9 in Hadley, MA from 8:45 am to 4:00 pm. Conference sponsors were the Western Region Homeland Security Council and the Massachusetts Department of Public Health. Deborah Clapp, Program Manager of the MDPH EMS for Children Project served as Master of Ceremonies and facilitated the Panel Discussion at the end of the conference. The conference consisted of the following topics and speakers:

Children in Disasters: Richard Serino

Mr. Serino is currently a "Distinguished Visiting Fellow" at Harvard University, National Preparedness Leadership Initiative and a Senior Advisor at MIT's Urban Risk Lab. He is a former Deputy Administrator of FEMA, and retired Chief of Boston Emergency Medical Services.

Reuniting Families: Sarita Chung, MD

Dr. Chung is Director, Disaster Preparedness Division of Emergency Medicine, Boston Children's Hospital, Harvard Medical School. She is a member of the Disaster Preparedness Advisory Council for the American Academy of Pediatrics.

Cultural Competency: Olivia Peters, RN, and Mary Allen, RN

Ms. Peters is the Regional Coordinator for the Division of Global Populations & Infectious Disease Prevention. Ms. Allen is the Public Health Administrator for the city of West Springfield.

Children with Complex Medical Needs: Deborah Clapp, BA, NREMT-P

Ms. Clapp is Program Manager of the MDPH EMS for Children Project. Ms. Clapp is a subject matter expert in childhood injury prevention for the Massachusetts Department of Public Health and the Massachusetts Child Fatality Review Team and served on the Governor's Task Force on Children in Disasters in 2012/13.

Role Models of Resilience: Building Hope from Despair: John Woodall, MD/Psychiatrist

Dr. Woodall is Founder and Director of The Unity Project, and Director of the Center for Global Mental Health and Resilience. Dr. Woodall has worked extensively with children and communities following disasters, including Hurricane Katrina, 9/11, Newtown, CT., and children soldiers of Uganda.

Panel Discussion on Priorities and Next Steps: All speakers and participants

Networking and audience participation were key components of the conference proceedings, which included several networking breaks and a "comment wall" with pre-identified categories

where participants could post their thoughts throughout the day. The categories were: planning, response, recovery, training, mitigation, and resources. The comments were collated and analyzed by conference staff and served as the basis of the Panel Discussion with all speakers at the end of the day where participants brainstormed priorities and next steps for the Western Massachusetts region in addressing the needs of children in disasters. (A summary of the themes identified in each of the above categories and a representative sample of the related comments is included in Appendix A.) The priorities/best practices, current gaps and next steps identified on the "comment wall" and during the Panel Discussion are included in those sections of this Executive Summary.

Each of the conference presentations is summarized below. In addition, links to the presentations for review and download can be found on the WRHSAC website at http://wrhsac.org/news/children-in-disasters-conference-2015-keeping-kids-safe/.

3.1 Children in Disasters: Richard Serino

Mr. Serino began by talking about the role of FEMA in working with the whole community and bringing people together in planning for and responding to emergencies. FEMA established the Children's Working Group in August 2009. Children's disaster related needs are now embedded throughout all applicable offices within FEMA.

Children who are prepared are more confident during emergencies and disasters.

Mr. Serino noted that one quarter of the U.S. population is comprised of children, yet they are often overlooked in planning. He pointed that children are positive influencers, they can become leaders at home and in their schools and communities, and children who are prepared are more confident during emergencies and disasters.

Mr. Serino noted that if children's needs are incorporated into our plans it is often in the form of an annex. He asserted that plans aren't always utilized, and challenged the audience to consider how they can integrate children's concerns into exercises and drills, where greater incorporation is likely to take place. He went on to note that when it comes to response, planners and responders tend to think of people at large as liabilities, and encouraged the group to consider how they can view the public at large as resources instead of as liabilities when it comes to emergency response. Similarly, Mr. Serino noted that children and youth themselves can be resources – he encouraged the group to not reinvent the wheel, to identify and utilize existing planning and response/recovery tools regarding children, such as the

Student Tools for Emergency Planning (STEP) program, FEMA Corps, as well as other youth preparedness and planning resources that already exist.

Mr. Serino recommended that participants with questions to contact Lauralee Kozol at FEMA; she is passionate about providing resources to kids and is the person that he went to at FEMA. He provided her contact info with her permission: Lauralee.koziol@fema.dhs.gov or(202) 212-1809.

"Victims" unfortunately die, but everybody else is a "survivor."

Mr. Serino closed his remarks by stressing that they changed the language at FEMA so that they no longer talk about people as "victims." He pointed out that "victims" unfortunately die, but everybody else is a "survivor."

Resources identified by Mr. Serino on Children in Disasters can be found in Appendix B on page 25.

3.2 Reuniting Families: Sarita Chung, MD

Dr. Chung began by outlining the four objectives of her presentation:

1. Discuss the importance and challenges of family reunification planning
2. Present the current systems/resources available
3. Describe results from family reunification research at Boston Children's Hospital
4. Think about next steps

She stressed the importance of family reunification planning with the understanding that families are separated during disasters. As an example of the outcomes of no advance planning, Chung referenced the response to Hurricane Katrina in August 2005. Children were evacuated first from New Orleans. There was no reunification plan in place, so authorities had to cobble together a plan after the fact. Over 5,000 children were separated from their families and final reunification was not completed until seven months later. In another example, during Hurricane Ike's landfall there was no discussion about how many children there were and how to track them. There was also the assumption that if kids were with adult, that was their family. This turned out to be a false assumption. The important takeaway from these events was that for proper reunification after an event, key steps included knowing who children are, tracking the children and finally, getting them to proper guardians.

Hurricane Katrina 2005:

- **5,000 kids separated from their families**
- **7 months to final reunification**

Chung spoke about the groups that need to be involved in reunification plans. These includes schools and other childcare facilities. They need to be integrated into local emergency management planning. Plans also need to address if kids are stranded at schools. Hospitals also need to work with local and regional emergency planners in reunification. The bottom line is reunification is needed and organizations need to have reunification plans and systems in place.

There are a number of challenges of children involved with reunification. These include:

- Developmental
  - Children may not self-identify
  - They have immature cognitive skills
- Mental Health
  - Increase risk of mental health disorders
- Safety
  - Child safety and protection
  - Escalation of staffing
  - More space may be needed to accommodate children's needs

Faster Family Reunification = Earlier Recovery

A different type of challenge involves parents who may disregard evacuation orders and go to their child's school, or another location in order to find their child. About 63% of parents would disregard an evacuation order. This likelihood needs to be incorporated in planning.

Dr. Chung identified a number of current systems and resources in place and available, including examples of Federal resources and Non-Governmental Organizations (NGOs) at the national level, state and local resources, and key social media outlets. More detailed information on these resources is included in Section 3.2 below. Dr. Chung discussed the major shortcomings that exist with these resources. At the national level, FEMA and NGOs are only used for national disasters. At the local level, systems may not be scalable or remotely accessible. Social media requires the person to be living, to have internet access, and to be literate. Also, a major concern with social media is predators.

Dr. Chung then began a discussion the research she and others have been working on at Boston Children's Hospital to address reunification issues, with a focus on leveraging technology to create REUNITE, an image-based reunification system. The researchers determined that, if you could put pictures of children into a database, track their features, then parents would come into a center that had this technology available, give their child's information, and the

reunification time would significantly decrease. The ideal system would be accessed by hospitals healthcare centers, shelters, and more.

The team conducted a country-wide survey of emergency management planners to help set up the system design features. One issue that came out of this survey, was the importance of showing parents the pictures if most characteristics match the description (as opposed to all or some, or just show all pictures), and the need to show unedited pictures of both living and deceased. This suggests in the planning phase, there needs to include strategies to help distressed parents based on showing them unedited pictures of children. The survey also found that during a large scale disaster, if REUNITE could reunify 10% of families, over half of Emergency Responders would adopt REUNITE as a primary system.

During the next phase, the research team developed a prototype of REUNITE that included facial extraction, a similarity (browsing) function, and an estimation of age using a developed algorithm. The algorithm was not incorporated into the system, but is available. The team tested the program in large scale disaster drill with 50 children and families.

Success of the drill:

- Multidisciplinary roles in creation of protocol
- Age appropriate pediatric safe area
- Established parent/child verification process

Gaps to address:

- Needed dedicated pediatric quiet space
- Further and continuous training needed

Pediatric Safe Area- converted conference room

The system reduced the number of pictures a family had to see. It took 5+ minutes until child appears on screen, and 46 minutes to reunite them with their parents. Dr. Chung noted it was also interesting that parents missed identifying their child 9.5% of time likely due to the stress involved, even in a known training (not actual emergency event). Once caveat Dr. Chung mentioned was that this system was developed before the widespread use of smart phones.

Finally, Dr. Chung discussed the future research that is needed. She noted that better leverage of social media is important. There are a lot of possibilities out there using social media technology, including designing a better image-based family reunification system with voice and video recognition. Smart phones will also play an important role. There is also the possibility of developing biometric systems for identification and subsequent reunification.

Resources identified by Dr. Chung on Reuniting Families can be found in Appendix B on page 30.

3.3 Cultural Competency: Olivia Peters, RN, and Mary Allen, RN

Ms. Olivia Peters spoke to the need for preparedness to work efficaciously with a variety of cultures in disaster planning, response, and recovery. She noted that there are various needs, both cultural, and linguistic that can arise. When a disaster strikes, refugees or distinct cultural groups might cling to their cultural identity more than ever, and challenged the group to consider how they can anticipate and accommodate that likelihood. From the need to address language barriers in the immediate moment to the potential for cultural differences in gender roles, the roles of children, etc., there is a wide array of concerns.

The focus of Ms. Peters presentation was to assist disaster planners and responders to provide culturally and linguistically appropriate services to refugees and other non-US born populations and to provide an overview of DPH's refugee health program. The objectives of the presentation were to:

- Define cultural awareness
- Explain why cultural awareness is important
- Gain understanding of refugee migration and the plight of being displaced
- Provide demographics and statistics of refugees living in the western region
- Considerations for incorporating a multicultural approach to disaster relief
- Provide helpful information and resources on how to work with refugee families affected by disasters

She emphasized the need for cultural awareness:

- An elevated number of traumatic events occur within minority and marginalized groups.
  - Example: The Springfield tornado in the year 2011 affected areas where majority populations were refugees and immigrants.
- There is often greater risk for negative health outcomes in these same groups after a disaster.
  - The disastrous event re-traumatizes refugee populations who fled war, famine, genocide.
- In many situations, disaster services for ethnic minorities and marginalized groups can be lacking.
  - In disasters, we are not always prepared to serve the basic needs of all ethnic minorities represented in the community (Safety, medical care, language, food, gender differences)

The Springfield tornado in 2011 affected areas where majority populations were refugees and immigrants.

Ms. Peters provided data on global displacement between 2000 and 2014. There were 19.5 million refugees worldwide at the end of 2014. Additional information was provided on refugee flows, the major source countries of refugees, and the major refugee-hosting countries. The U.S. Refugee Resettlement Program is a private public partnership and has been providing safe haven to more than 3 million refugees since 1975. Annually, the President, in consultation with Congress, determines the authorized target for refugee admissions. The target for Federal Fiscal Year 2015 is 70,000 refugees and 7,000 Special Immigrant Visa (SIV) recipients.

Disasters can shift the family dynamics when children in immigrant families may be used as interpreters when the head of the family or other adult household members cannot communicate or speak in the host language. Sometimes older children may assume the roles and responsibilities of the family head in crisis situations.
This can result in problems such as:

- Role reversal stressors;
- Risk of traumatizing, re-traumatizing children;
- Guilt or feeling responsible;
- Some topics may be inappropriate for the child; and
- Lack of vocabulary and knowledge leading to errors in translation.

Disasters can shift the family dynamics . . . sometimes older children may assume the roles and responsibilities of the family head.

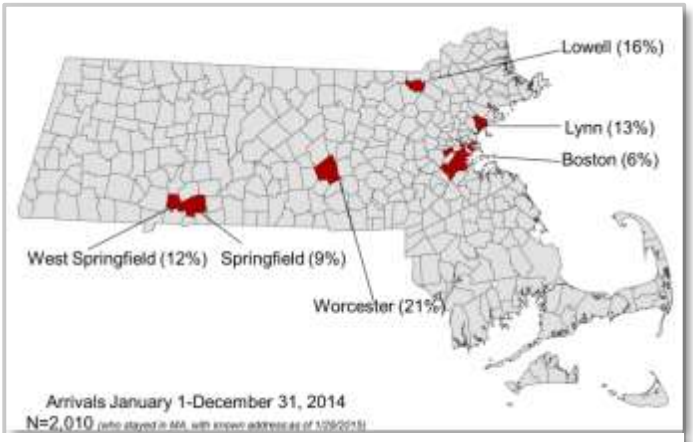
Guiding principles for working with immigrant families in planning for and during a crisis are:

- Find a cultural liaison to assist with professionals' understanding of behavioral health issues and trauma.
- Use professional or adult interpreters and/or trusted community organizations to stifle rumors and correct distorted perceptions.
- Focus on supporting children through the traumatic stressors and loss.
- Build capacity and relationships with local organizations and agencies serving the various ethnic communities.

Mary Allen presented a case study from her experience as the West Springfield Public Health Nurse working in the emergency shelters of West Springfield after the 2011 Springfield Tornado. The shelter that was opened in West Springfield after the tornado hit was populated by 150-200 people, 90 percent of whom were refugees who were non-English speakers and/or English was their second language. They spoke eight different languages, including Bhutanese and Burmese, both of which have multiple dialects. This has impact as people are trying to communicate about immediate physical needs (such as medications required allergies, etc.) as well as cultural needs. Ms. Allen noted that in some of the refugee cultures, there is a greater

need for separation and privacy between the sexes, e.g., Muslim women couldn't go to a mixed-sex shelter. Similarly, food emerged as a concern as various groups have differing dietary restrictions, preferences, and familiarities. Also, how people and institutions ask for and/or offer help can vary – some groups might be willing to help if asked, but will not offer.

There is a large number of refugee and immigrant populations throughout Western Massachusetts with distinct languages, customs, and needs. A total of 2,500 individuals were resettled in Western Massachusetts between 2011 and 2014. The countries they came from included: Iraq, Bhutan, Nepal, Somalia, Burma, Democratic Republic of Congo, Syria, Sudan, Eritrea, Ethiopia, Burundi, Central African Republic, Ukraine, Moldova, Afghanistan, Iran, and Cuba. The more we can recognize this, plan for this, and consider the needs of varying cultural/ethnic groups as well as the children in them, the more efficaciously we can serve them in our planning, response, and recovery efforts. Reliance on community and faith-based organizations is key in responding to the needs of refugee and immigrant populations and their children prior to and during emergencies.



Top 6 refugee resettlement cities in Massachusetts

Resources identified by Ms. Peters and Ms. Allen on Cultural Awareness can be found in Appendix B on page 31.

3.4 Children with Complex Medical Needs: Deborah Clapp, BA, NREMT-P

Ms. Clapp began her presentation by noting that in a disaster, all children have complex needs. She specifically noted the number of children with special healthcare needs: over 260,000 in Massachusetts and between 25-30,000 in Western Massachusetts. It is also difficult to assess how many children with special medical needs there are because of privacy issues and lack of funds. The best way to address this issue is at the local level.

Kids With Special Healthcare Needs:

- **In MA: 261,475 children (18.3%)**
- **In Western MA: 25-30,000 children**

Children with special healthcare needs are defined fairly broadly by the American Academy of Pediatrics. Clapp referred to anatomical differences—children are smaller

and closer to the ground where toxic substances from gasses/debris, etc. may accumulate, they have thinner skin which yields easier absorption, and their rapid metabolism means they breathe faster and inhale more toxins in similar time frame than adults. They also have developmental differences. For example, young children may not recognize danger, may not be able to self-rescue, and it may be stressful to see injuries especially to people that they know.

One of the items Clapp highlighted was the importance of being ready to work with children with special medical needs in a disaster. Looking on national level to assess the status of readiness for hospitals for day-to-day care of children, the 2013 National Pediatric Readiness Project found that only 47% of hospitals surveyed have a plan to address unique needs of children. Here in Massachusetts, 50% of hospitals responded to the survey and only 42.5% of respondents have plans for dealing with kids in disaster. This is one important area where Massachusetts hospitals struggle. However, this might not be fully accurate since the person filling out survey might not know that a plan exists; although this is also an indication of a problem. Clapp recommended that hospitals have interactive checklists to help establish disaster preparedness. There is an emergency information form for children with special medical needs which is underutilized. It is now interactive and easier to use.

Interactive pdf developed by national EMSC

She noted it was also important to get the people who are taking care of kids with special medical needs involved in preparedness. In an emergency, parents often know best. There needs to be a method for partnering up with these families. Currently, some programs are available through the Massachusetts Department of Public Health's Division of Perinatal, Early Childhood and Special Health Needs. It is also important to remember that children with these issues want to engage and can help with planning.

It is important to remember that children want to engage and can help with planning.

Children with special medical needs are often technology dependent and plans needs to be in place to evacuate kids that have all this equipment. Other items that need to be taken into account in planning include the proper medications for asthma and epi-pens. Kids receive these every day in schools and this should be taken this into account in sheltering and

emergencies. Other things that should be addressed during planning, especially regarding emergency sheltering, are newborns, infants, pregnant moms, and nursing moms.

Clapp advocated for the creation of a pediatric coordinator in emergency preparedness, someone who can advocate for kids. She also advocated for planning and drilling with children, including practicing with special needs vans, car seats, school buses with LATCH to permit car seat placement, etc.

Resources identified by Ms. Clapp on Children with Complex Medical Needs can be found in Appendix B on page 32.

3.5 Role Models of Resilience: Building Hope from Despair: John Woodall, MD/Psychiatrist

Dr. Woodall explained that sustainable change occurs at three levels: institutional, inter-personal, and intra-personal. Although resilience is an old theme, we need to look at other ways to think about resilience besides a top-down approach. Dr. Woodall noted that in a crisis, there is both danger and opportunity. Generally, the scale of the problem outstrips the available resources available so we need to figure out how else can we think about dealing with issues.

Woodall discussed how the mental health model is inadequate:

The "traumatized" aren't necessarily mentally ill. To define them as "ill" is inherently disempowering.

- The "traumatized" aren't necessarily mentally ill.
- To define them as "ill" (traumatized) is to say they need specialized care. This is inherently disempowering.
- There is a severe limit to specialized care.
- The countries with the best mental health services are understaffed, underfinanced and overwhelmed already.

He stressed that we must prepare for the needs of the traumatized 15 percent. But, we must NOT ignore the negative effects of large scale loss on the body politic: families, communities, social and political movements, the "social fabric." Suffering affects identify and it can have destructive effects if not dealt with. Therefore, we should be pro-active to prevent these negative effects BEFORE a tragic event.

There are two negative possibilities with trauma. First, trauma and what Woodall calls the "weakened identity." Second is trauma and the "rigid identity." Woodall argued that what we need to prepare people for is trauma and the compassionate identity. To do this, we need to

focus on a preventive approach and develop core resilient strengths that can help prevent local tragedies. These core resilient strengths can also be used as a response to a tragedy.

Woodall then discussed the idea of dynamic systems and the importance of recognizing that human beings are and exist within dynamic systems. Woodall discussed the importance of dignity in resilience. He defined dignity as sum of all of our potential and manifest strengths, whereas resilience suggests mobilizing dignity for personal and social transformation.

How do we deal with kids after a traumatic event? Kids can become role models in building resiliency.

In the final part of the presentation, Woodall discussed the Unity Project, the goal of which is to create the right conditions for the emergence of dignity to occur. Woodall spoke about resilience having 3 processes : unity, justice/fair-mindedness, communication. Due to time constraints, he was not able to go into as much detail as planned in discussing this project.

4. Gaps in Current Policies and Procedures

The following gaps in current policies and procedures were identified by conference presenters and participants throughout the day-long conference. These include gaps identified in expert presentations and brainstorming sessions, comments posted on the "comment wall," and those included in evaluation forms.

1. Hospital disaster planning in Massachusetts lags behind the rest of the nation. In Massachusetts, only 42.5% of responding hospitals indicated that they have a disaster plan in place that addresses the unique needs of children. This is one of the few areas in which our state scored lower than the national average. Hospitals in Western Massachusetts have a limited number of pediatric beds. It is important to consider that in a disaster, all hospitals will be called upon to manage children; injured/ill children cannot all be shipped specialty hospitals like Baystate, UMass or Children's. Hospitals tend to have less inventory and fewer caches of pediatric supplies stockpiled for emergencies.

2. Children with special medical needs are often technology dependent and emergency plans do not always consider their necessary equipment, supplies and utility needs. Children most commonly use motorized wheelchairs, communication devices (including hearing aids, talking

boards and other adaptive equipment), suction devices, portable trach/ventilators, oxygen, feeding tubes; ostomy bags, VP shunts, etc. Children with feeding tubes need a supply of appropriate nutrition; children with trach tubes will need replacements, etc. Decontamination would include equipment and devices, some of which will not survive the process. Their equipment needs to travel with them. Access to utilities is vital for these children. These children need to be protected from close quarters/viral diseases and from unvaccinated individuals.

3. The special needs of pregnant and nursing mothers and infants are not always incorporated into emergency preparedness plans. Pregnant moms need good bathroom access, the ability to eat frequent, small meals, etc. Nursing moms need privacy to breastfeed or pump and in the stressful environment of a shelter may need the services of a lactation consultant. First time moms may need additional support to manage young infants. Infants who are formula fed require pre-mix/liquid formula to reduce risk of water contamination, and there is a need to ensure all equipment is sterilized. Well-newborns and moms need to be together, preferably away from general crowds due to newborns lacking complete vaccinations. Support people who assist new moms need (in addition to background checks) to be healthy, non-smokers who are up-to-date on vaccinations. Each newborn and infant needs a safe sleeping environment, such as a Pack N Play. One baby per Pack N Play, placed on backs for all naps and sleeping. Supervised tummy-time is needed when awake.

4. Few schools and child care facilities have developed reunification plans and tracking devices. There are an estimated 55 million children in schools and child care facilities during the day. Individual plans should be on file for each child, including photos and other types of identification, information about special medical needs, parental/guardian contact information, etc. to facilitate the timely and appropriate reunification of families as soon as possible following an emergency. Children in shelters and all unaccompanied minors should be fitted with identification bands or some other type of tracking device to ensure that they can be properly identified for purposes of reunification and keeping families together.

5. Evacuation and other transportation plans do not always include provisions for small children and/or those with special medical needs. Recommendation 11.2 from FEMA's 2010 report on Post-Disaster Reunification of Children states: "Disaster plans at all levels of government must specifically address the evacuation and transportation needs of children with

disabilities and chronic health needs, in coordination with child congregate care facilities such as schools, child care, and health care facilities."

School buses are remarkably safe, but for very small children the safety features are not as effective. NHTSA recommends that children under 65 lbs. be secured in Child Passenger Safety (CPS) devices during school bus transport. (Head Start requires this if a program provides transportation.) The front seats of new school buses come equipped with LATCH to permit car seat placement. These are important considerations when evacuating pre-school age children and thinking of using a regular school bus.

6. In disasters, emergency responders are not always prepared to serve the basic needs of all ethnic minorities represented in the community. A primary issue to be addressed is language differences and the need for professional translators in multiple languages so as to not rely on children as interpreters. Other areas of concern in serving people from other countries or cultures include special dietary considerations, gender differences, safety issues, and traditions surrounding the provision of medical care.

5. Participants' Priorities and Recommended Best Practices

Expert presenters at the 2015 Children In Disasters Conference identified a range of best practices for addressing the needs of children in emergencies. All participants in the conference were also asked to fill out evaluation forms that included the following three-part question: "What do you see as a priority focus to ensure the needs of children are considered and met in the region? During emergency preparedness planning process? During emergency response? During emergency recovery?"

Presenters' and participants' comments were collated and analyzed and the priorities and best practices they identified are summarized below for each of the phases of an emergency, along with representative responses from participants (shown in *italics*).

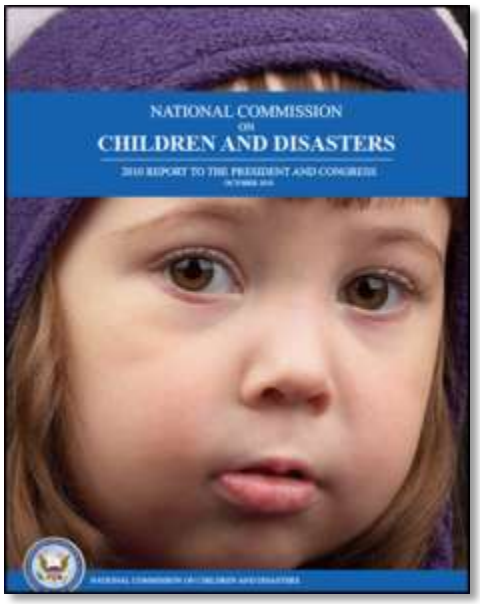
5.1 Emergency Preparedness Planning Process Best Practices

1. Include children's issues as a main focus of all aspects of emergency preparedness planning.

Make sure there are plenty of places to include children's considerations in planning so the rest is easy.

Make sure pediatric issues are included in planning process.

Including children/family needs in the planning rather than as after thoughts.



2. Include broad representation from all community sectors involved with children in emergency preparedness planning, including schools and community organizations.

All community partners need to be involved all throughout process.

Involve communities members, taking planning to them, i.e., to PTO, Scouts meetings, etc.

Panel of people from different backgrounds and interests. Plan more completely and adequately for disaster.

3. Ensure that children's specific needs and required accommodations are included in emergency preparedness plans.

Accommodations for children specifically.

Consider how children are affected different from adults and prepare to help in these areas.

Supplies for children in shelters and disasters.

4. Increase public outreach so that parents, schools and the community-at-large are well-informed of their roles and the resources available in an emergency.

Boston, MA 4-28-10: Deputy Administrator Richard Serino talked with schoolchildren involved in FEMA Region I's STEP Program pilot

Include all agencies, schools (public & private) to engage in conversations to share plans. Plan to know who will be doing what.

Education and more public promotion to parents so they will use and know about resources.

Getting the information out to the public in their language.

Involve the media in what information is needed during a crisis.

5. Involve children of all ages, medical needs, and abilities in the planning and training for emergencies.

Engaging young people in planning in ways that help them feel competent and of value to their communities.

Including and engaging youth in training.

Age appropriate activities/exercises to prepare the children.

Utilizing children of different ages, medical conditions, when practicing for emergency.

Children will be less traumatized if they are practiced in their response actions and roles.

6. Provide training on the specific needs of children in exercises and drills, including unique emotional and safety issues.

Training on the needs of children and youth during the disaster experience and strategies/techniques to use when communicating and interacting with them in these situations.

To train people in emotional devastation techniques for panic attacks, flash backs, anxiety, etc.

Protecting from predators.

7. Encourage families, child care providers and schools to work together to develop and practice emergency preparedness plans.

Preparation & family preparedness and families taking whole responsibility for their own safety is key.

Resiliency building in schools and at home; inclusion in plans.

Plans being implemented and have emergency preparedness be part of school education/curriculum. Multi-disciplinary team of professionals to input from community. Schools need to teach students as part of curriculum.

8. Develop reunification plans to ensure that processes are in place so that children and families are reunited as soon as possible following an emergency.

Reunification. Ensuring children are returned to the correct/legal adult getting parents/guardians to actively plan for family in event.

The reunification process and how to handle their needs.

Parents providing all proper info that a child care center (for example) can have on file.

5.2 Emergency Response Best Practices

9. Ensure that hospitals and shelters have pediatric supplies on hand and arrangements to replenish them as needed during an emergency.

Adequate resources for children with special medical and other considerations.

Ensuring that our shelter kits have supplies specifically for children.

Having appropriate resources; formula, medical equipment.

Have special areas for children with toys and games.

10. Focus on proper identification of children and prompt re-unification with appropriate family members or caregivers during an emergency.

Reunification with parents and care givers.

Documenting the children.

Reunification. Ensuring children are returned to the correct/legal adult getting parents/guardians to actively plan for family in event.

Make sure children are at proper destination. Contacting parents and are safe.

11. All first responders and volunteers should behave in a calm manner throughout an emergency that is sensitive to the potential for intensifying trauma in children and teenagers and other groups with specialized needs.

To stay as calm as possible, to help children at their developmental level.

Not traumatizing children and adolescents.

Consider how children are spoken to and treated.

Reactions of children and ensuring sensitivity when handling matters with children.

Include trauma - informed responders.

Increased awareness of and sensitivity to diversity in culture, religion, values. Increased sense of neighborhood/village, collective responsibility for children (and others).

12. Local first responders must be prepared to take immediate action and not expect to be able to rely on outside agencies during the first 72 hours of an emergency.

Need to change the idea that the government will come and take care of us.

In order to provide the necessary help to children it is important for responders to move fast and provide assistance where there is greatest need.

Timely reaction.

13. Keep lines of communication open during an emergency to enhance situational awareness among first responders, service providers, local officials, the media, and the public.

Ensure emergency services communicate with media. Media during the tornado focused on personal stories. What we needed was getting traffic around the city and making sure we were able to get out.

Atlanta GA 2014 ice storm

Coordination, communication, ID of special needs; kids, elders, adults. Include trauma - informed responders.

Communication, possibly implementing radio systems.

Towns providing info sessions periodically.

Communications/clear lines of contact.

5.3 Emergency Recovery Best Practices

14. Remain focused on family reunification during the recovery phase of an emergency to ensure that all children are reunited with an appropriate family member or caregiver.

Organization is a priority during emergency recovery because that is how families will be reunited as fast as possible.

Reunification. Ensuring children are returned to the correct/legal adult getting parents/guardians to actively plan for family in event.

Reunification of families & making sure they meet up with their caregivers and help provide any support they may need once "disaster" is considered over.

Non-verbal children are really being united with a safe family member.

Making sure the children have enough to do to keep them feeling as comfortable as possible while waiting to be found. A busy child is a happy child. Also, children love to be helpers, create little jobs.

15. Return to normal as soon as possible during the recovery phase of an emergency.

Goal is to return to normal operations as soon as possible for children and families.

Restoring normality - Academics, well-being and returning to structure/building.

Making it as smooth and low stress as possible.

16. Continue to make resources available during the recovery phase of an emergency and beyond to address ongoing mental health or behavioral issues for children and their families, first responders, and the community at large.

Available resources for children and their families, watch children for different behavior once everything is back to "normal" (withdrawn, depression, etc.).

Need supports in place long after to help deal with trauma.

Emotional, physical, spiritual follow-up.

Check in with kids. Stay vigilant to possible health symptoms or behavioral issues which may be a sign of PTSD. Have a resource/support plan in place for families.

Follow up mental health care (home visits?). Trauma reaction preparation.

Include resiliency support for responders and survivors in the community.

17. Evaluate emergency preparedness, response and recovery by conducting post-incident de-briefing sessions with all parties involved to identify gaps in plans and operations.

Complacency kills, so we need to remain ever planning and reviewing.

Recapping - What went right and what went wrong?

The impact and needs of the children. What can be done better next time and what went well, difficult.

Ways for young people to play an active, contributing role and be listened to.

Realizing the deficits and working to improve the response and drill with the new plan.

Review and inclusion for debriefing/coping groups and opportunities.

18. Take action to build resiliency within the community to draw on in subsequent emergencies.

Use resiliency building in advance, in schools, & with parents. Early intervention following a disaster, follow-up with survivors, both short term and long term.

Help connect individuals with agencies. Bring together many agencies for a connect day.

Build on existing strengths of community.

Engagement of community, infrastructure already in place.

Making sure that there is culturally aware of the community at large/individual needs and that materials and resources are accessible.

Joplin, MO—"I am Joplin" a community-led event created to bring together school aged children and their families prior to the start of school after the tornado in May 2011.

6. Recommended Action Items

During the Children In Disasters Conference 2015: Keeping Kids Safe, potential Action Items were identified by the speakers and conference attendees for the multi-phase WRHSAC project on "Children In Disasters Emergency Preparedness." These Action Items are presented here in no particular order of priority, but will be presented to WRHSAC following an assessment of the identified gaps and priorities in a format that will serve as a basis for prioritizing future activities in this important area of whole community emergency preparedness.

1. Conduct an assessment of the identified gaps and recommended priorities to develop a strategic overall plan to address gaps in an organized manner. The WRHSAC Pan Flu/Planning Subcommittee should conduct an assessment of the relationship between the identified gaps and recommended priorities that were raised by the conference attendees in order to present the Action Items to the full Council in a the form of a strategic plan that will enable it to address the gaps in an organized manner in future funding cycles.

2. Coordinate with the Departments of Public Health and Early Education & Care Licensors to create a position of Pediatric Coordinator to ensure that greater attention is given to children's issues in disasters in Western Massachusetts. The designated individual could focus

on pertinent areas such as pre-qualification, background checks, training, community inventory, etc., for hospitals, EMS, Fire Departments, and planning entities providing services to children.

3. Develop protocols for partnering with key departments at UMass Amherst and local community colleges to develop resources and plans for providing services to children in disasters. Departments to partner with might include:

- UMass:
  - Emergency Preparedness
  - College of Nursing – MRC
  - College of Education
  - Psychological Services
  - Center for Early Education & Care
  - Office of Family Resources
- Community Colleges:
  - Pharmacy Services
  - Medical Assistants
  - Paramedics
  - EMS Continuing Education
  - Healthcare Professional

4. Consult with computer and other experts to assess existing tracking systems for children and families being evacuated and sheltered during emergencies. Work with experts at UMass to identify a tracking system that could be used in Western Massachusetts (with modifications as necessary) to identify unaccompanied minors and their families to enable children to be reunited with the appropriate parents or caregivers as soon as possible in an emergency.

5. Identify protocols for the development of reunification plans. The plans should include information on where parents and families can find information about their child's location and safety, and identify where to go to be reunited. Build on existing image-based reunification systems and utilize smart phone and other technologies to ensure that families can reunited as soon as possible in an emergency. The planning process should include: Emergency management and EOCs, child welfare agencies, law enforcement, school systems, child care centers, coroners/medical examiners, healthcare (pediatricians), volunteer organizations, and children of all ages and medical needs. Particular attention should be paid to identifying or developing reunification plans that incorporate the capacity to transfer key tracking and identification information to emergency personnel to facilitate the reunification process.

6. Conduct a large-scale training and exercise drill on evacuation and reunification that incorporates children of all ages and medical needs. The drill should include modes of transportation appropriate the children's age and medical needs, pilot test tracking methods for children and families, and use an image-based reunification system to bring families back together.

7. Encourage local elementary school districts to adopt the Student Tools for Emergency Planning (STEP) program. Provide additional resources necessary to enable local districts to

adopt the program, which is designed to teach students in the 3rd and 4th grades in how to prepare for emergencies and disasters, and to train them to become leaders in family preparedness.

8. Encourage local middle and high school districts to participate in the FEMA Youth Preparedness Council. Schools can partner with the more than 25 private and public sector organizations on the Council to explore ways that they can further encourage youth preparedness through nine priorities including: building partnerships to enhance, increase, and implement youth preparedness learning programs; connecting young people with their families, communities, first responders, and other youth; and increasing school preparedness**.**

9. Sponsor a full-length training on Role Models of Resilience: Building Hope from Despair by John Woodall, MD/Psychiatrist. Conference participants reported that Dr. Woodall's presentation on helping people experiencing trauma and his work with the Unity Project was "excellent" and "informative," but noted the abbreviated form of the presentation due to the time constraints of the conference schedule. A full-length forum would enable Dr. Woodall to cover all of his materials and engage in a detailed discussion with the attendees.

APPENDIX A: PARTICIPANT COMMENT THEMES

PLANNING COMMENT THEMES

1. Include children's issues in all emergency preparedness activities.

Review all plans to assess re children's issues.

Include child care providers in planning teams.

Include children in exercises.

2. Collaborate with community partners on planning for family reunification.

Emergency contact information is collected and updated by schools annually. Is it digitized? Can it be? How can it be made available to aid in reunification?

Who can get info from hospitals on children to reunite with family?

What about seniors/elders caring for children as primary caretakers? Is there

consideration for this growing category?

3. Plan for multiple shelter options.

Shelter options besides schools.

Alternate sites for infants/toddlers.

4. Consider safety issues.

How do we deep children safe from predators during a crisis?

Parents must know kids are safe and where they are.

RESPONSE COMMENT THEMES

1. Provide special support services for children in shelters.

When thinking about reunification, keep in mind that more vulnerable children and families may be less likely to match up by classic characteristics, e.g., DNA, skin color, gender, etc.

Is the heroin crisis a special needs category? Is anything happening re response? Medication issue?

2. Communications.

Radio communication equipment available at hospitals is under-utilized (CMED)--use monthly to make sure it works.

TRAINING COMMENT THEMES

1. Training of Children.

Teach kids to prepare for emergencies.

Specific needs of the early childhood community. These children understand disasters differently from older kids.

2. Training of adults (parents and caregivers/teachers/providers).

How do we relieve the anxieties of parents and educators about the psychological impact of drills so they will let us involve kids?

How do we use kids to teach parents about the importance of being involved?

3. Integrating disciplines in training.

Connect sectors – police, medical, community – when training.

Train school nurses on emergency preparedness.

MITIGATION COMMENT THEMES

1. Mitigate mental health issues during response and recovery.

RESOURCES COMMENT THEMES

1. Youth ARE resources.

Include youth/young adults in COAD, MRC, DART, CERT.

How do we recruit young people into the emergency response field?

Access the STEP curriculum.

2. Coordination.

Add refugee consortium to COADs.

Coordinate trauma-based cognitive behavioral therapy programs with federal programs.

Coordinate between local governments and other funders to ensure maximal funding.

APPENDIX B: RESOURCES

Children in Disasters Federal Resources

FEMA Youth Preparedness

- Technical Assistance Center: FEMA offers a full range of TA services to individuals starting or operating youth preparedness programs. Technical Assistance providers answer questions, refer to FEMA and partner-created tools and resources, and make connections between providers across the country to facilitate best practice sharing.
  - TA Center: www.ready.gov/youth-preparedness
  - Direct Provider: FEMA-Youth-Preparedness@fema.dhs.gov
  - Children and Disasters Newsletter: http://community.fema.gov/connect.ti/EDUCATION_COP/view?objectId=267049
- Youth Preparedness Council: FEMA's Youth Preparedness Council brings together youth leaders from across the country that are highly engaged in championing youth preparedness and making a difference in their communities. The Council supports FEMA's commitment to involving youth in preparedness-related activities, and provides an avenue to engage youth population, taking into account their perspectives, feedback and opinions. See the website at: http://www.ready.gov/youth-preparedness-council.
- National Strategy on Youth Preparedness: Created mutually by FEMA, the American Red Cross (ARC), and the U.S. Department of Education (ED), the National Strategy for Youth Preparedness Education(National Strategy) aims to engage government and non-government organizations in order to provide comprehensive disaster education to children throughout the nation. The Strategy is comprised of nine priority steps that partners can take to encourage youth preparedness. See the website at: http://www.ready.gov/youth-preparedness.
- Student Tools for Emergency Planning (STEP): This program was created in 2008, and is designed to teach students how to prepare for emergencies and disasters, and to train them to become leaders in family preparedness. STEP is free for schools. Participating schools receive ready-to-teach lesson materials, including DVDs, copies of student handouts, and disaster game cards. Students may also receive starter kit backpacks. See the website at: https://www.fema.gov/about-region-i/about-region-i/student-tools-emergency-planning-step.

Federal Family Preparedness

- Emergency Preparedness Curriculum for Families: http://www.umassmed.edu/shriver/service/emergency_preparedness_initiative/Noonan-EPtraining-curriculum.aspx.
- Families may not be together when disaster strikes, so it is important to plan in advance; how will you contact one another, who will you designate as your out of town contact, and how will you get back together?

  - Family Plans can be found on Ready.gov: http://www.ready.gov/make-a-plan
  - Encourage educational, child care, medical, and recreational facilities responsible for the temporary care of children to share emergency preparedness plans with parents and legal guardians.

- Emergency Preparedness Resources for Children with Disabilities and Special Health Care Needs and Their Families: http://www.umassmed.edu/shriver/service/emergency_preparedness_initiative/EP-resources-list-families.aspx.
- Feeling Safe, Being Safe: http://www.dds.ca.gov/ConsumerCorner/fsbs/. This training resource describes steps that can be taken to be better prepared by creating an emergency worksheet, creating a personalized emergency kit, and practicing evacuations plans, amongst other actions.
- America's PrepareAthon (AP!): A nationwide, community-based campaign for action to increase emergency preparedness and resilience.
- Build an emergency preparedness kit, learn about different types of disasters, and get involved: http://www.ready.gov/kids.

Federal Emergency Planning Resources

- Comprehensive Preparedness Guidance (CPG) 101 Version 2: www.fema.gov/plan. Children's disaster related needs have been integrated into the CPG which provides guidance on the fundamentals of planning and the development of Emergency Operations Plans.
- Protecting Children in Child Care During Emergencies. Recommended State and National Regulatory and Accreditation Standards for Family Child Care Homes and Child Care Centers and Supporting Rationale by Child Care Aware (formerly the National Association of Child Care Resource & Referral Agencies (NACCRA)) and Save the Children: http://www.naccrra.org/sites/default/files/publications/naccrra_publications/2012/protectingchildreninchildcareemergencies.pdf.
- Disaster Planning and Recovery Basic for child care facilities: http://www.naccrra.org/public-policy/policy-issues/disaster-planning-recovery-basics.
- Department of Education, Readiness and Emergency Management for Schools (REMS) Technical Assistance Center: http://rems.ed.gov.
- Emergency Planning for Juvenile Justice Residential Facilities. First comprehensive planning guide to address the specific needs of children, youth, and families involved in the juvenile justice system during an emergency: https://www.ncjrs.gov/pdffiles1/ojjdp/234936.pdf.

- National Preparedness Goal: www.fema.gov/national-preparedness-goal. Focuses on a unified and collaborative approach of effectively addressing our nation's disaster related resources by engaging the whole community in preparedness efforts.
- Post Disaster Reunification of Children: A Nationwide Approach: http://nationalmasscarestrategy.org/reunification/. Illustrates the significance of whole community collaboration and inclusive emergency planning by providing a comprehensive overview of the coordination processes necessary to reunify children separated from their parents or legal guardians and reflecting how whole community partners can work together to meet one shared mission.
- Great ShakeOut – Earthquake drills for various audiences; predominance in schools: http://www.shakeout.org/.
- Homeland Security Grant Program (HSGP) Supplemental Resource – Children and Disasters Guidance: http://www.fema.gov/media-library-data/20130726-1916-25045-0106/fy13_hsgp_children_final.pdf. This document provides clarification as to how grant dollars may be used to support preparedness and planning activities for children's disaster related needs.

Federal Response & Recovery Resources

- Commonly Used Sheltering Items (CUSI): http://nationalmasscarestrategy.org/shelter/. This document contains a catalog of commonly used sheltering items and identifies basic commodities necessary to sustain infants and children in mass care shelters and emergency congregate care environments.
- Standards and Indicators for Disaster Shelter Care for Children: http://www.fema.gov/pdf/government/grant/ 2012/fy12_hsgp_children.pdf.
- National Center for Missing & Exploited Children (NCMEC). National Emergency Child Locator Center (NECLC) and Team Adam (for technical assistance) to support State, Tribal and local efforts of reunifying children separated from parents/legal guardians as a result of disaster: http://www.missingkids.com/DisasterResponse.
- Unaccompanied Minors Registry (UMR): https://umr.missingkids.com/. The UMR, administered by the NCMEC, is our nation's first national repository created to support the ability to collect, store, report, and act on information related to children separated as a result of disaster.
- Public Assistance for Child Care Services Fact Sheet. This Fact Sheet identifies certain child care services that may be eligible for reimbursement under FEMA's Public Assistance Program. Additionally, the Fact Sheet reflects additional policies that can be referenced for Private Non-Profit (PNP) child care facilities that have been damaged or destroyed as a result of a Presidentially declared disaster. See website at: http://www.fema.gov/media-library-data/20130726-1908-25045-4588/rp9580_107_child_care_services_fact_sheet_final_032013.pdf.

- The Sandy Recovery Improvement Act of 2013: Provides FEMA the specific authority to pay for "child care" expenses as disaster assistance under the Other Needs Assistance (ONA) provision of the Individuals and Households Programs in addition to funeral, medical, and dental expenses. A Policy reflecting this authority was released in January 2013: www.fema.gov/media-library/assets/documents/90723.
- Public Assistance Program and Educational Facilities Fact Sheet: http://www.fema.gov/pdf/about/educational_facilities_factsheet.pdf. FEMA and the U.S. Department of Education worked together to develop this Fact Sheet in an effort to better address Frequently Asked Questions (FAQ's) as they relate to reimbursement eligibility for schools damaged or destroyed as a result of a Presidentially declared disaster.
- National Disaster Recovery Framework (NDRF): Defines core recovery principles, roles and responsibilities of recovery coordinators and other stakeholders, a coordinating structure that facilitates communication and collaboration among all stakeholders, and guidance for pre and post disaster recovery planning. See website at: https://www.fema.gov/pdf/recoveryframework/ndrf.pdf.

National Coping With Disaster Resources

- Coping with Disasters: http://www.ready.gov/coping-with-disaster
- The National Child Traumatic Stress Center: http://www.nctsn.org/about-us/national-center
- National Center for School Crisis and Bereavement: http://www.stchristophershospital.com/pediatric-specialties-programs/specialties/690
- Online Clearinghouse Quick Find on Crisis Prevention and Response: http://smhp.psych.ucla.edu/qf/p2107_01.htm
- Promoting Adjustment and Helping Children Cope: http://www2.aap.org/disasters/adjustment.cfm
- Talking to Children About Disasters: http://www2.aap.org/disasters/talking-to-children.cfm
- How to help children cope with disasters: http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.8479773/k.2264/How_to_Help_Children_Cope_with_a_Crisis.htm
- Substance Abuse and Mental Health Services Administration (SAMHSA) Helping Children Cope with Disaster: http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf

Federal Training Resources

- Planning for the needs of Children in Disasters IS-366. The purpose of this course 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: http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-366.

- Multi-hazard Planning for Childcare IS-36. The goal of this course is to provide childcare providers, of all sizes and with responsibility for children of all ages, with the knowledge and tools to analyze the hazards and threats at the site, to develop a plan to address these hazards and threats, and to implement processes to update and practice the emergency plan: http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-36.
- Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals: http://ncdmph.usuhs.edu/KnowledgeLearning/2012-Learning1.htm.
- Community Mass Care and Emergency Assistance G 108. The purpose of this course is to develop a foundational knowledge of Mass Care and Emergency Assistance (MC/EA) services in the community. Participants may use this information to build community emergency action items and to identify gaps in the community's program: http://www.fema.gov/state-offices-and-agencies-emergency-management.
- Mass Care and Emergency Support for Field Operations E 411: The purpose of the workshop is to increase the awareness of Federal Emergency, Mass Care and Emergency Assistance (MC/EA) history, MC/EA services, the MC/EA organizational structure, the environment in which the MC/EA services are provided, the tasks performed by the MC/EA staff during disaster operations.

U.S. Department of Education Resources

- Readiness and Emergency Management for Schools (REMS) Technical Assistance Center (TAC): http://rems.ed.gov. Contact information—Phone: (855) 781-7367 (REMS); Email: info@remstacenter.org.
- New Federal Guide on Developing High-Quality School Emergency Operations Plans. First joint product of ED, DHS, FEMA, DOJ, FBI, and HHS, released by the White House on June 18, 2013: http://www.fema.gov/media-library-data/20130726-1922-25045-3850/rems_k_12_guide.pdf
- Trainings by Request

U.S. Department of Health and Human Services – Administration for Children and Families Resources

- HHS Disaster Human Services Concept of Operations – provides the conceptual framework for coordination and guidance of HHS federal-level human services for preparedness, response, and recovery for disaster and public health emergencies. The Concept of Operations describes how HHS transitions from normal operations of human services program delivery to a coordinated, Department-wide response to the human services elements of a public health and medical emergency. See the website at:

http://www.phe.gov/Preparedness/planning/abc/Documents/disasterhumanservices-conops-2014.pdf

- Early Childhood Disaster-Related Resources – a webpage with various early childhood disaster-related resources in one location, such as resources for Early Childhood Education Providers, Families and Caregivers, and Policy Makers. See the website at: http://www.acf.hhs.gov/programs/ohsepr/early-childhood
- Children & Youth Task Force in Disasters: Guidelines for Development – a guidance document for state, and local governments to implement promising practices prior to disaster impact. See website at: http://www.acf.hhs.gov/programs/ohsepr/resources
- OHSEPR webpage for more resources – the ACF Office of Human Services Emergency Preparedness and Response continues to upload documents related to human services impacts before, during , and post disasters. The webpage is continually updated with resources, blog posts, webinar announcements, and other resources: https://www.acf.hhs.gov/ohsepr

Family Reunification Resources

National Level - Federal Resources

- Support overall reunification processes and procedures
  - Identifying roles of lead and supporting agencies
  - Enhance/develop reunification elements in emergency preparedness plans
  - Approach for schools, shelter and hospitals
- Federal Emergency Management Agency
  - National Emergency Family Registry And Locator System: http://www.fema.gov/recovery-directorate/national-emergency-family-registry-and-locator-system-fact-sheet
  - National Mass Evacuation Tracking System (radio frequency identification): http://www.fema.gov/individual-assistance-program-tools/individual-assistance-national-mass-evacuation-tracking-system
- Department of Health and Human Services
  - Joint Patient Assessment and Tracking System

National Level - NGOs

National Emergency Child Locater Center - keeps good information and data to help with reunification:

- Unaccompanied Minors Registry: https://umr.missingkids.org/umr/reportUMR?execution=e1s1
- Team Adam
  - Deployment of retired law enforcement officials
- American Red Cross
  - Safe and Well website:

https://safeandwell.communityos.org/cms/index.php
  - Communicate with law enforcement and child welfare agencies
  - Track movement through Unaccompanied Minors Report Form
  - Designates 2 people to supervise an unaccompanied minor

State Level

Examples include:

- NY State Operation Safe Child: http://www.criminaljustice.ny.gov/pio/safechild.htm
- Louisiana – Phoenix Tracking System (coded arm bands)

Local Level

- No standardized approach
- Need for the whole community involvement for planning
- For the deceased:
  - Local dental records
  - Local Police Department
  - DNA/finger printing programs

Social media

- Facebook: https://www.facebook.com/ (e.g., Missing People in Haiti's Earthquake)
- Google Person Finder: https://google.org/personfinder/global/home.html
- Twitter: https://twitter.com/?lang=en
- CNN: http://www.cnn.com/

Cultural Awareness Resources

Russell Jones, Ph.D., April Naturale, Ph.D., (2012) "Cultural Awareness: Children and Disasters" SAMHSA education series: http://www.samhsa.gov/sites/default/files/podcasts-cultural-awareness-presentation.pdf

SAMHSA Disaster Technical Assistance Center website: http://www.samhsa.gov/dtac/dtac-resources

Gilbert, M.J. (2005) "The Case Against Using Family, Friends, and Minors as Interpreters in Health and Mental Health Care Settings" From the Curricula Enhancement Modul Series. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

Jewish Family Services Tel: 413-737-2601 (Resettlement agency for Refugees):

- Cultural Broker Program for Refugees
- Family Support Services

Ascentria Care Alliance Tel: 413-787-0725 (Resettlement agency for Refugees)

Bhutanese Society of Western Massachusetts : bhutanesesocietyofwm@gmail.com; Founder: Bhuwan Gautam

Department of Public Health Division of Global Populations Tel: 413-586-7525 (x3141) Coordinator: Olivia Peters

Western Massachusetts Refugee and Immigrant Consortium (WMRIC): mriccoord@gmail.com

Refugee 101 USRAP Overview (RCUSA for SCORR) Association of Refugee Health Coordinators – 6_24_15)

Enlaces de Familias: 299-301 Main Street Holyoke, MA Tel: 413-532-9300

Nuestras Raices: 329 Main Street Holyoke, MA Tel: 413-535-1789

Children with Complex Medical Needs Resources

National Commission on Children and Disasters, 2010 Report to the President and Congress; October 2010: http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf

Emergency Medical Services for Children National Resource Center, Checklist: Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies: emscnrc.org/files/PDF/EMSC.../Checklist_HospitalDisasterPrepare.pdf. This interactive PDF was developed by national EMSC to assist hospitals in integrating pediatric preparedness issues into their disaster plans (also available in a static PDF).

Massachusetts Department of Public Health, Bureau of Family Health & Nutrition, Division for Perinatal, Early Childhood and Special Health Needs: http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/family-health/perinatal-early-child-special-needs/

Family Ties of Massachusetts: http://www.massfamilyties.org/. Family TIES of Massachusetts provides information and referral services, emotional support, and trainings to parents of children and youth with special needs.

Show Me Tool: www.mass.gov/dph/showme. The Office of Preparedness and Emergency Management has created a simple, hands-on tool to reduce communication barriers and better assist individuals with access and functional needs, and professional shelter staff and volunteers, make their needs and concerns understood within a community shelter setting during an emergency. Available in booklet form and as a mobile app.

Other Resources

American Academy of Pediatrics, Policy Statement on Ensuring the Health of Children in Disasters; PEDIATRICS Volume 136, number 5; November 2015: http://pediatrics.aappublications.org/content/pediatrics/early/2015/10/13/peds.2015-3112.full.pdf

Save the Children website: http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.8777055/k.18AB/Get_Ready_Get_Safe_Plan_Ahead.htm#EmergencyManagers. Available resources include:

- The Community Preparedness Index (CPI) is an online self-assessment for local communities to assess how prepared they are to meet the needs of children in disasters. The tool focuses on institutional settings such as schools, child care, and hospitals where children may be during the day or after a disaster.
- Downloadable checklist posters tell parents and child care professionals what they need to know to Get Ready Get Safe and what to have on hand in case of emergency.
- Children's 2015 Disaster Report Card, Still at Risk: U.S. Children 10 Years After Hurricane Katrina.

National Academies of Science, Preparedness, Response, and Recovery Considerations for Children and Families: Workshop Summary: http://www.nap.edu/catalog.php?record_id=18550

U.S. Department of Health and Human Services, Administration for Children and Families, , Child Care State System Specialist Network's (CCSSSN's) series of Emergency Preparedness and Response (EPR) Planning Webinars: https://childcareta.acf.hhs.gov/emergency-preparedness-0