

*Save the Children  
U.S. Programs  
Domestic  
Emergencies Unit*

# The Unique Needs of Children in Emergencies

## A Guide for the Inclusion of Children in Emergency Operations Plans

September 2007

## Children in Emergencies



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.

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**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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# Children in Emergencies

## Purpose

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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?

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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

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### 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.

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### 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.

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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

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- Emergency management information
  - Equipment, supplies and facilities that meet the emergency needs of children
  - Information regarding emergency services staff training in pediatric emergency response
  - Available courses within and outside the community that focus on pediatric emergency management
- Psychosocial (emotional support) information
  - Name and contact information of community pediatric psychologists
  - Name and contact information of school social workers
  - Name and contact information of local experts on child development
- Hazard Information
  - Community risk as it relates to children, the facilities housing/serving them and neighborhoods where there are notably higher densities of children
  - 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

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- 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**

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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



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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 on-site 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 re-supplied with child-appropriate equipment and materials
- Assess emergency management needs relevant to children's issues at all facilities that care for children

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### 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

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- 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)

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- 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

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- 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



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### **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

## **Children in Emergencies**

### **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

### Children in Emergencies: Related Appendices

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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.

Adapted from: CDC Health Advisory, "Instructions for Identifying and Protecting Displaced Children." Sept. 28, 2005.

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### 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: \_\_\_\_\_

Source: CDC Health Advisory, "Instructions for Identifying and Protecting Displaced Children." Sept. 28, 2005.

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### 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 pre-occupied 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

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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 re-enactments 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) re-enactments 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: Bed-wetting, 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

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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.

Source: Ehrenreich, John H., Ph.D. 2001. A Guidebook to Psychosocial Intervention. Mental Health Workers Without Borders. <http://www.mhwwb.org/CopingWithDisaster.pdf>

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### 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.



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- 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.

Source: Ehrenreich, John H., Ph.D. 2001. A Guidebook to Psychosocial Intervention. Mental Health Workers Without Borders. <http://www.mhwwb.org/CopingWithDisaster.pdf>

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### 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).

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**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.

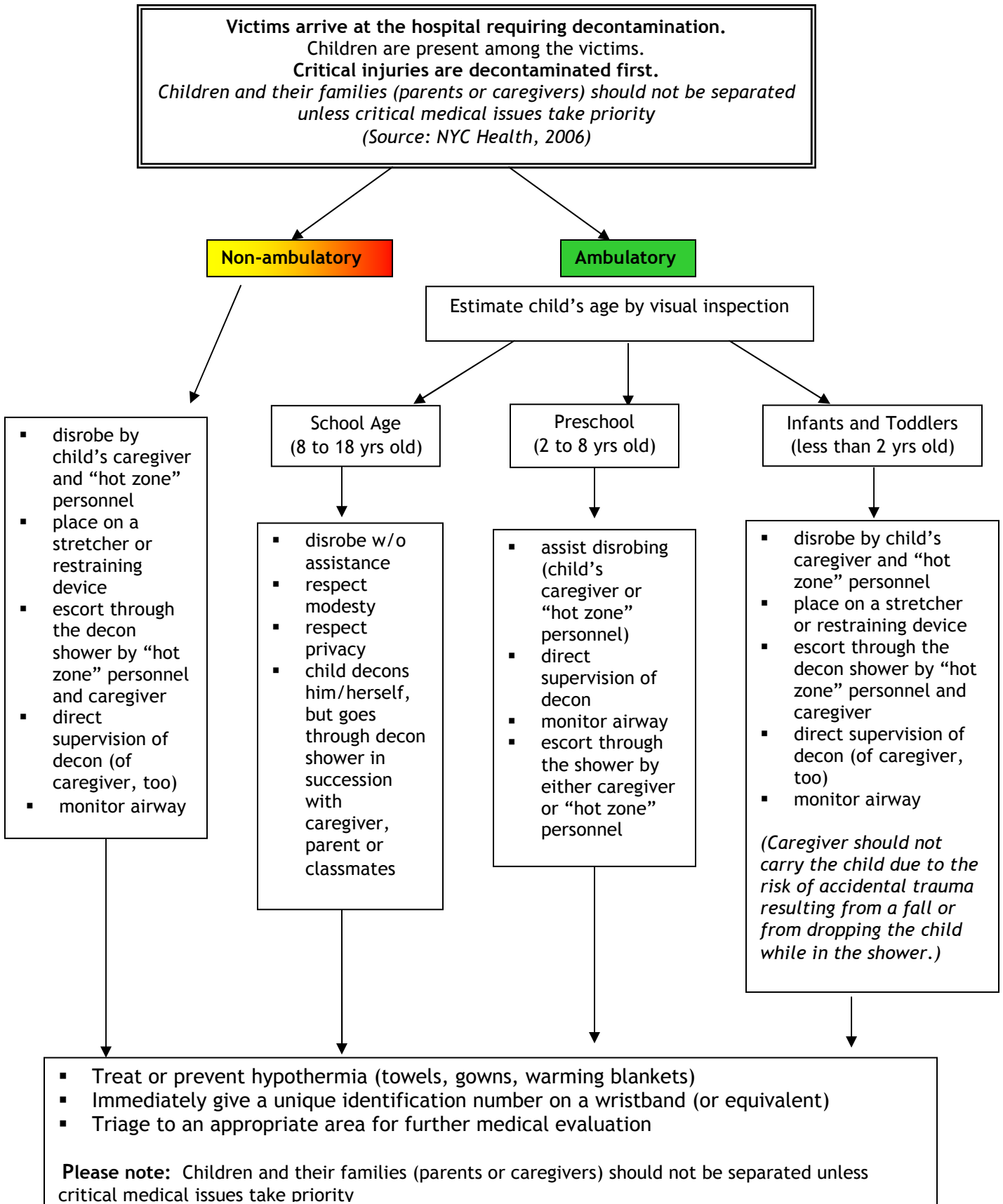
**Parent's Reactions and Family Support.** Parents' adjustment is an important factor in children's adjustment and the adjustment of the child in turn contributes to the overall adjustment of the family. Altered family functions, separation from parents after natural disaster and ongoing maternal preoccupation 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.

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## Appendix 6: Hospital Decontamination and the Pediatric Patient



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### 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?

Source: New York City Department of Health and Mental Hygiene (NYC Health). 2006. Hospital Guidelines for Pediatrics in Disasters. Centers for Bioterrorism Preparedness Program Pediatric Task Force.

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### 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.

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