

ASPR TRACIE Technical Assistance Request

Requestor:

Requestor Phone:

Requestor Email:

Request Receipt Date (by ASPR TRACIE): 5 June 2017

Response Date: 9 June 2017

Type of TA Request: Standard

Request:

On behalf of a colleague, [REDACTED] asked if ASPR TRACIE had any pediatric emergency preparedness resources, including resources related to children with access and functional needs. Specific areas of concern noted in the request include, but are not limited to, the following:

- Pandemic or Anthrax:
 - Emergency medication distribution in Points of Dispensing (POD) sites
 - Emergency medication distribution for children with complex medical issues
- Short term sheltering accommodations
- Long term sheltering accommodations
- Emergency sheltering and displacement of large groups of children with chronic medical or access and functional needs included in school settings

Response:

The ASPR TRACIE team reviewed multiple existing ASPR TRACIE Topic Collections, which are a compilation of resources specific to a subject area. Topic Collections of particular relevance for this technical assistance (TA) request include, but are not limited to, the following:

- [Pediatric](#)
 - **NOTE:** This Topic Collection is solely focused on pediatrics and covers a variety of subject areas (e.g., CBRNE and terrorism, and surge). Since this entire Topic Collection is relevant for your request, please review it in its entirety as not all resources were included in this response document.
- [Access and Functional Needs](#)
- [Healthcare Facility Evacuation / Sheltering](#)
- [Family Reunification and Support](#)

Other Topic Collections that contain dedicated sections to pediatrics include the following:

- [Burn](#)
- [Disaster Ethics](#)
- [Explosives and Mass Shooting](#)
- [Hospital Surge Capacity and Immediate Bed Availability](#)
- [Hospital Victim Decontamination](#)
- [Pre-Hospital Victim Decontamination](#)
- [Radiological and Nuclear](#)
- [VHF/Ebola](#)

The ASPR TRACIE team also reviewed existing TA response documents. This [summary document](#) provides a list of select ASPR TRACIE TA responses in alphabetical order. All of the redacted example responses can be found in the [Information Exchange](#). **NOTE:** You must have a registered account (free) and sign in to the Information Exchange in order to access these. Please contact ASPR TRACIE if you would like us to send an attachment of any of these redacted TA response documents.

The following TA response documents are of particular relevance to this request:

- [Mass Vaccination Plans](#) – The ASPR TRACIE Team conducted a search for mass vaccination resources for various scenarios, including medical POD plans.
 - **NOTE:** Several POD plans are included; however, they are not specifically focused on pediatrics.
- Multiple Pediatric TA Response Documents – Please review the **Pediatrics** section of the [summary document](#), as there are multiple references that may be helpful for your request.

Materials gathered for this TA request are provided in the following sections of this document. Section I includes pediatric-specific access and functional needs resources. Section II provides pediatric evacuation and sheltering materials. Finally, Section III includes family reunification and support resources with a pediatric focus.

I. Pediatric-Specific Access and Functional Needs Resources

American Academy of Pediatrics. (2013). [Children and Disasters: Children and Youth with Special Needs](#).

This fact sheet discusses how pediatricians can help families with children and youth with special needs prepare for emergencies. It includes information for pediatricians to speak with families about preparedness kits; written disaster plans; transportation needs; medication and equipment; and coping and adjustment.

American Academy of Pediatrics. (2013). [Pediatric Preparedness Resource Kit](#).

This kit allows pediatricians, public health leaders and other pediatric care providers to assess what is happening in their community or state, and help determine what needs to be done before an emergency or disaster. The kit also promotes collaborative discussions and decision making about pediatric preparedness planning.

Baker, L.R. and Baker, M.D. (2010). [Disaster Preparedness among Families of Children with Special Health Care Needs](#). (Abstract only.) *Disaster Medicine and Public Health Preparedness*. 4(3):240-5.

This study examined the level of personal disaster preparedness among families with children with special healthcare needs in relation to the general population, and explored whether special healthcare needs or perception of disaster risk affects preparedness levels. Results indicated that in spite of significant special healthcare needs and concern about disasters, families remain unprepared for a disaster event.

Centers for Disease Control and Prevention. (2013). [Caring for Children in a Disaster](#).

Parents, teachers, doctors and nurses are just some of the people who can help children get ready for and cope with disasters. Parents, schools, and childcare centers can prepare so that children can be as safe as possible during and after a disaster. These comprehensive resources help the whole community address the unique needs of children in disasters.

Disaster and Community Crisis Center, University of Missouri. (2016). [Disasters and Child Abuse: A Fact Sheet for Disaster Responders and Providers](#). University of Missouri Disaster and Community Crisis Center.

This fact sheet can help disaster responders understand the potential connections between disasters and child abuse or neglect. Links to related resources and strategies responders can use before, during, and after a disaster are included.

Disaster Preparedness Advisory Council, Committee on Pediatric Emergency Medicine. (2015). [Ensuring the Health of Children in Disasters](#). American Academy of Pediatrics. 136(5): e1407-e1417.

This policy statement addresses how pediatricians and others involved in the care and well-being of children can prepare for and mitigate the effects of disasters, encourage preparedness and resiliency among children and families and within communities, and ensure that children's needs, including those of children and youth with special healthcare needs, are not neglected in planning, response, and recovery efforts.

Institute of Medicine. (2013). [Medical and Public Health Preparedness, Response, and Recovery Considerations for Children and Families](#).

The workshop reviewed tools, frameworks, and past experiences on topics including: healthcare coalitions and their challenges, benefits, and best practices; integrating children- and family-serving organizations into state and local planning; understanding the barriers to financing healthcare for children in emergencies; examining the needs of children and families related to shelter operations, nutrition, family reunification, mental health, and temporary child care; existing best practices and potential future strategies for emergency response; fostering recovery through community resilience; and approaches and interventions that promote the social and economic well-being of children after disasters.

National Commission on Children and Disasters. (2010). [2010 Report to the President and Congress](#).

The National Commission on Children and Disasters is an independent, bipartisan body established by Congress and the President to identify gaps in the Nation's disaster preparedness, response, and recovery for children and make recommendations to close the gaps. In its October 2009 Interim Report, the Commission found serious deficiencies in the state of emergency preparedness for children. The 2010 Report to the President and Congress builds on the findings and recommendations in that Report. The Commission

examined and assessed the needs of children in relation to the preparation for, response to, and recovery from all hazards, including major disasters and emergencies.

Peacock, G., Moore, C., and Uyeki T. (2012). [Children with Special Health Care Needs and Preparedness: Experiences with Seasonal Influenza and the 2009 H1N1 Influenza Pandemic](#). (Abstract only). Disaster Medicine and Public Health Preparedness. 6(2).

The authors discuss how the experiences from the 2009 H1N1 Influenza pandemic can help plan for the needs of children with special healthcare needs during emergencies.

Tennessee Emergency Medical Services for Children. (2012). [Children with Special Needs: Considerations for Healthcare Professionals](#).

This online course reviews several distinctive characteristics of children with special needs, including children with life support systems, and neurological, mobility, visual, hearing, mental, hyperactivity, and behavioral disorders. The information is pediatric-specific and will help hospitals prepare to care for this population during disasters.

U.S. Department of Education, U.S. Department of Health and Human Services, U.S. Department of Homeland Security, U.S. Department of Justice, Federal Bureau of Investigation, and Federal Emergency Man. (2013). [Guide for Developing High-Quality School Emergency Operations Plans](#).

This guide provides information on school emergency management planning; process for developing, implementing, and refining a school emergency operations plans; discussion of school emergency operations plans; and key topics that support school emergency planning.

U.S. Department of Health and Human Services. (2014). [2012-2013 Report of the Children's HHS Interagency Leadership on Disasters \(CHILD\) Working Group: Update on Departmental Activities and Areas for Future Consideration](#).

The U.S. Department of Health and Human Services' (HHS) CHILD Working Group Update describes the progress HHS has made since 2011 to address the needs of children in disasters and highlights three new focus areas: pregnant and breastfeeding women and newborns, children at heightened risk, and interdepartmental and non-governmental organization collaboration.

U.S. Department of Health and Human Services. (2017). [2014-2015 Report of the Children's HHS Interagency Leadership on Disasters \(CHILD\) Working Group: Update on Department Activities](#).

This report provides an overview of the U.S. Department of Health and Human Services' recent advancements in work aimed at improving the health and well-being of children in disasters from 2014 through 2015. Information is grouped in the following categories: behavioral health; medical countermeasures; child physical health, emergency medical services, and pediatric transport; child care, child welfare, and human services; pregnant and breastfeeding women and newborns; and children at heightened risk.

U.S. Department of Health and Human Services, Administration for Children & Families, Office of Human Services Emergency Preparedness and Response. (2014). [New York Children’s Issues Task Force: Lessons Learned from Response and Recovery in Superstorm Sandy in New York.](#)

This document addresses the New York Children’s Issues Task Force formation, meetings logistics, challenges and issues tackled, outcomes, and the six take-home messages, which can be applied to establishing a similar task force pre- or post-disaster.

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Human Services Emergency Preparedness and Response. (2013). [Children and Youth Task Force in Disasters: Guidelines for Development.](#)

This document is intended for emergency management, human services, and public health professionals, and provides guidance on how to launch children and youth task forces for states, tribes, territories, and local communities. It includes planning considerations and case studies from Joplin, Hurricane Isaac, and Superstorm Sandy.

U.S. Department of Health and Human Services, Administration for Children and Families, Youth and Families, Family and Youth Services Bureau. (2009). [Ready for Anything: A Disaster Planning Manual for Runaway and Homeless Youth Programs.](#)

This document is designed to help staff at youth-serving agencies construct a successful emergency preparedness plan. It includes worksheets and checklists to guide staff step-by-step through the process of creating an emergency preparedness plan for their agency.

U.S. Government Accountability Office. (2013). [National Preparedness: Efforts to Address the Medical Needs of Children in a Chemical, Biological, Radiological, or Nuclear Incident.](#)

The U.S. Government Accountability Office was asked about efforts to address the needs of children in the event of a CBRN (chemical, biological, radiological, and nuclear) incident. This report examines (1) the percentage of CBRN medical countermeasures in the Strategic National Stockpile that are approved for pediatric use; (2) the challenges the U.S. Department of Health and Human Services (HHS) faces in developing and acquiring CBRN medical countermeasures for the pediatric population, and the steps it is taking to address them; and (3) the ways that HHS has addressed the dispensing of pediatric medical countermeasures in its emergency response plans and guidance, and ways that state and local governments have addressed this issue.

II. Pediatric Evacuation and Sheltering Resources

Carbine, D., Cohen, R., Hopper, A., et al. (2014). [Neonatal Disaster Preparedness Toolkit.](#) California Association of Neonatologists.

This toolkit identifies major hazards faced by neonatal intensive care units in California and provides suggested mitigation and response planning strategies, including evacuation

and sheltering in place. It also provides appendices with sample check lists, job action sheets, and information transfer sheets for specific hazards.

Femino, M., Young, S., and Smith, V. (2013). [Hospital-Based Emergency Preparedness: Evacuation of the Neonatal Intensive Care Unit-The Smallest and Most Vulnerable Population](#). (Abstract only.) *Pediatric Emergency Care*. 29(1):107-13.

The authors describe a full-scale neonatal intensive care unit evacuation exercise and emphasize the importance of constant, clear communication.

Illinois Emergency Medical Services for Children. (2009). [Neonatal Intensive Care Unit \(NICU\) Evacuation Guidelines](#).

These neonatal intensive care unit (NICU) evacuation guidelines were developed by professionals throughout Illinois. A multi-disciplinary committee was also convened to collate personal experiences, recommendations, and current literature on NICU evacuations. This guide is intended to assist healthcare providers assess pre-event vulnerabilities and plan for the evacuation of medically fragile Level III NICU patients while addressing core components of incident management, in conjunction with the promotion of patient safety and evacuation procedures based on lessons learned from past disasters and experiences.

Illinois Emergency Medical Services for Children. (2013). [NICU/Nursery Evacuation Tabletop Exercise Toolkit](#).

This toolkit provides various resources and tools developed specifically for exercises, and offers guidance on planning, conducting, and evaluating tabletop exercises focused on the neonatal intensive care unit and nursery population.

Lucile Packard Children's Hospital. (n.d.). [Preplanning Disaster Triage for Pediatric Hospitals: TRAIN TOOLKIT](#). (Accessed 6/6/2017.)

The Triage by Resource Allocation for IN-patient (TRAIN) matrix is a tool for pediatric hospital disaster “pre-planning” and an in-patient triage system designed to facilitate evacuation in a major crisis. It categorizes pediatric inpatients according to their resource transportation needs. It can be implemented manually or within an electronic medical record.

III. Family Reunification and Support Resources with Pediatric Focus

Barthel, ER., Pierce, JR., Speer, AL., et al. (2013). [Delayed Family Reunification of Pediatric Disaster Survivors Increases Mortality and Inpatient Hospital Costs: A Simulation Study](#). (Abstract Only.) *Journal of Surgical Research*, 184(1), 430-437.

The authors used a mathematical simulation to examine how a delay in admitting and discharging pediatric cohort affects mortality and the cost of inpatient care. The authors note that children are often transported to specialty centers after disasters which leads to separation from the families. The results of the simulation argue for improvement in

identification technology and logistics for rapid reunification of pediatric survivors with their families.

Blake, N., Stevenson, K. (2009). [Reunification: Keeping Families Together in Crisis](#). (Abstract Only.) *Journal of Trauma-Injury Infection & Critical Care*, 67(2): 147-151.

This article addresses the lack of a plan or system for reunifying families after a disaster. Particular attention was paid to children's psychosocial well-being, the lack of interoperable tracking systems and transporting patients and children, especially across state lines.

Broughton, D., Allen, E., Hannemann, R., Petrikin, J. (2006). [Getting 5000 Families Back Together: Reuniting Fractured Families after a Disaster: The Role of the National Center for Missing & Exploited Children](#). *Pediatrics*, 117(4): 442-445.

This article highlights the efforts made by NCMEC post-Katrina to reunify children and their families. Both Project ALERT and Team Adam were utilized along with the help of private organizations.

Chung, S., Christoudias, C.M., Darrell, T., et al. (2012). [A Novel Image-based Tool to Reunite Children with Their Families after Disasters](#). *Academic Emergency Medicine*, 19(11): 1227-1234.

This article reports the findings of tests completed to determine the accuracy of various child identification tools. One tool, "Feature-Attribute-Matching," extracts facial features from photographs to be matched with a parent's description of their child. The other tool, "User-Feedback," allows parents to choose photographs resembling their child which then reprioritizes the images in the database.

Federal Emergency Management Agency (FEMA), Citizen Corps. (2011). [Integrating Child Reunification into Emergency Preparedness Plans: Community Preparedness Webinar Series](#).

This webinar transcript (webinar video is no longer available online) describes the presentation made by representatives from FEMA, the U.S. Department of Health and Human Services, the U.S. Department of Justice, the National Center for Missing and Exploited Children, the District of Columbia and a state and local emergency manager from the state of Connecticut. The presentation focused on different types of reunification systems available and strategies for integrating these procedures and protocols into your jurisdiction's emergency plans.

Federal Emergency Management Agency (FEMA), U.S. Department of Health and Human Services (HHS), American Red Cross (ARC), and National Center for Missing and Exploited Children (NCMEC). (2013). [Post-Disaster Reunification of Children: A Nationwide Approach](#).

This guidance document provides a comprehensive overview of the coordination processes necessary to reunify children separated from their parents/legal guardians in the

event of a large-scale disaster and reflects how the whole community - to include educational, child care, medical, and juvenile justice facilities, nongovernmental organizations, state, local and federal partners, voluntary and faith based organizations, disability and pediatric experts, and private sector partners can work together to achieve one wide ranging mission. This document can assist in developing new, or apply to existing, emergency preparedness plans and/or reunification procedures.

Katrina Citizens Leadership Corps. (n.d.). [What It Takes To Rebuild A Village After A Disaster: Stories from Internally Displaced Children and Families of Hurricane Katrina and Their Lessons for Our Nation.](#) Children's Defense Fund Library.

This article includes excerpts to the President from internally displaced children regarding what they expect to be done within the government that will allow them to be reunified with their families. It also lists ways to prepare for future disasters that will prevent families being split up due to a disaster.

Kimmer, S., Altman, B., Strauss-Riggs, K. (2013). [Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals.](#) Uniformed Services University of the Health Sciences, National Center for Disaster Medicine and Public Health (NCDMPH).

This free, online, self-paced training course uses three case studies (tornado, earthquake, and wildfires) to discuss the key tasks for tracking and reunification of children in disaster, identify designated individuals or agencies to assist in tracking and reunification, and access information on key tasks and contacts. The course length is approximately one-hour and is accredited for Continuing Education credit. There is also guidance available for those that want to use the lesson for in-person training.

National Center for Missing and Exploited Children (NCMEC). (n.d.). [National Emergency Child Locator Center.](#) Accessed 6/6/2017.)

This dedicated call center operated by the National Center for Missing and Exploited Children (NCMEC) can be activated at the request of a disaster-impacted state to intake child-related reunification calls, to alleviate some of the call load from the impacted state's emergency communications systems, and to coordinate tips and leads with on-the-ground reunification efforts. The NECLC has the capacity to expand or relocate to back-up sites.

National Center for Missing and Exploited Children (NCMEC). (n.d.). [Unaccompanied Minors Registry.](#) (Accessed 6/6/2017.)

This data collection tool is focused on collecting basic information of children who have been separated from their families as a result of a disaster. Individuals can provide basic information and photos concerning a located child whose parents are missing. Once registration information is submitted, NCMEC will cross-reference it against any potential phone calls from a child's parents who may be searching for their child.