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Family Reunification Following Disasters:

A Planning Tool for Health Care Facilities

Version 1: July 2018

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Executive Summary

Imagine if a disaster occurred in the middle of a workweek, when most children are either at school or in child care, or even while they are out on a school field trip. Or, perhaps a disaster caused many children to become separated from their lost, injured, or deceased caregivers. How would your hospital respond to the needs of both the injured children and the uninjured children who may be brought to your hospital without their parents/guardians? Because of the wide range of potential developmental, physiological, and psychological differences that children may have, safely reuniting them with their families can be an extremely challenging endeavor.

After a man-made or natural disaster, it is very common that family members will immediately contact, or come to, local hospitals to search for their loved ones — especially if there are reports of children injured in the event. Hospitals may also not be able to immediately identify all children if they are severely injured or if, developmentally, they cannot self-identify. Moreover, hospitals may have significant difficulties in determining who has the legal right to assume care for the injured or unaccompanied children if large numbers of children are present. Family members who are impatient with these delays may overwhelm staff and may therefore unintentionally impede care to other patients as they try to find their loved ones.

The American Academy of Pediatrics (AAP) *Family Reunification Following Disasters: A Planning Tool for Health Care Facilities* is meant to provide planning assistance for hospitals as they review and update their plans to provide information, support services, and safe reunification assistance to family members of patients who have experienced disasters. This tool provides instruction and examples of solutions to the following challenges:

Challenges Present During Hospital Family Reunification Efforts

- Planning for the secure reception, tracking, and care of large numbers of children who may present to a hospital following a mass-casualty event
- Identifying injured and unaccompanied children in a disaster
- Providing information and other support to parents/legal guardians to expedite the reunification process
- Using available hospital manpower to meet the needs of children during disaster response
- Tracking the movement of children from arrival at the hospital until safe discharge
- Establishing partnerships and other relationships with child-serving organizations to understand their plans for related services (eg, transport of children who have critical injuries)
- What legal authority a hospital has to administer care to minors when the parent/guardian is unavailable to participate in the informed consent process
- Determining who within the community may also be able to support hospital efforts to identify, and safely reunify, children with their families

This guidance is meant to complement and integrate with the hospital's emergency operations plan and is not meant to replace, duplicate, or conflict with the structures, roles, or guidance offered by that plan. It is possible that not all portions of this guidance will be appropriate for all hospitals. Hospitals are encouraged to review this document and adapt and incorporate those sections and tools they deem useful and appropriate to their needs. All sections of institutional plans that relate to applicable local, state, and federal laws relating to the care of children should be reviewed by hospital legal counsel as appropriate.

Acknowledgments

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In creating this planning tool, the authors conducted an extensive literature review and reviewed hospital plans, policies, and procedures regarding family reunification following disaster events. The Coyote Crisis Collaborative family planning guide was used, in particular, as a reference for many of the specific tools and job action sheets in this tool. We gratefully acknowledge the outstanding hard work of many individuals who contributed time and energy to create the plans and resources from which several of this tool's components are adapted.

Much of this planning tool was created after consulting the following source documents:

1. *Coyote Crisis Collaborative Family Reunification Center Planning Guide, 2017*
(<http://coyotecampaign.org/documents>)
2. *Western Region Homeland Security Advisory Council Family Reunification Plan Template, August 2017* (<http://wrhsac.org/projects-and-initiatives/family-reunification-plan-template>)
3. *Los Angeles County Operational Area Family Assistance Center Plan, Version 2, January 2014*
(http://lacoa.org/PDF/HazardsandThreats/Annexes/LACo_FAC_Plan_May2014_Web.pdf)
4. *King County Healthcare Coalition Family Reception Services Guidelines for Hospitals, Version 2, April 2012* (<https://www.kingcounty.gov/depts/health/emergency-preparedness/professionals/preparedness-plans.aspx>)



Handling Instructions

All questions and comments regarding this document and requests for copies can be directed to the AAP Disaster Preparedness Advisory Council and disaster preparedness and response initiatives staff at DisasterReady@aap.org.



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Introduction

If a bus accident, a tornado, a school shooting, or another major disaster event were to occur in a community, there is a substantial chance that at least some children affected would not be with their families and caregivers at the time of the incident. Every weekday in the United States, approximately 67 million children spend time away from their parents/guardians while they attend school or are supervised in child care facilities.¹ In addition, during disaster events, even those children who are initially with their caregivers can become unattended if those caregivers become lost, injured, or killed.

During disasters, it is not uncommon for communities to face the challenge of needing to care for, and protect, some (or many) unattended children.

In 2005, Hurricanes Katrina and Rita separated >5,000 children from their families, and most responding agencies had no preexisting plans for family reunification. Consequently, following these historic events, it took >6 months for the final child to be reunited with her family.²

Children who are separated from families are extremely vulnerable and are at risk for significant physical and mental trauma, neglect, abuse, and even exploitation. Therefore, it is important to return these children to the care of their custodial caregivers as quickly as possible. Unfortunately, however, safely reuniting children with their families can be particularly challenging given the wide range of potential developmental, physiological, and psychological differences that they may have. Moreover, too few hospitals have plans to generally care for children in disasters (a recent survey showed that >50% of US hospitals do not have disaster plans addressing children³), and even fewer have specific plans to care for unaccompanied children and support their family reunification following a disaster.

Understanding these challenges, the American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council gathered federal, state, and local subject matter experts to create a planning tool to help hospitals plan for family reunification and close this gap. This tool incorporates lessons learned from recent disaster events and provides best practices and examples of different regional/children's hospital family reunification plans. With further support from the AAP and Centers for Disease Control and Prevention cooperative agreement and an application process for state preparedness projects and the assistance of the Massachusetts General Hospital Center for Disaster Medicine, this family reunification planning tool was refined and vetted by stakeholder groups in Massachusetts and Missouri and was pilot tested in community hospitals.

Whether your hospital is just starting to think about planning for family reunification following a disaster or your hospital is looking to improve its plans, this planning tool is intended to be of use to expedite and improve your hospital family reunification plans.

Assumptions and Principles

This planning tool has been designed with the following assumptions and principles in mind:

- After an incident, many family members and friends will immediately call or self-report to the hospital where they believe their loved ones may have been taken. Hospitals need to anticipate the arrival of large numbers of people looking for their relatives, even if there are few survivors from the event.
- Hospitals should not plan for family reunification in isolation. Hospital efforts and protocols should be well integrated with other critical partner organizations' plans and systems within the community.
- A specific Pediatric-Safe Area (PSA) must be established for unaccompanied minors to ensure appropriate safety precautions before release to an appropriate custodial adult.
- Children's behaviors may change after a disaster. Caregivers who care for children in the PSA can reduce long-term mental health impacts by understanding developmentally appropriate behaviors and identifying behaviors that need immediate interventions.
- Providing behavioral health and spiritual care resources to those affected by disaster events is essential following trauma.
- Families will expect hospitals to provide immediate identification of all individuals affected by disaster (both survivors and deceased people), access to accurate and timely information and real-time updates, and assistance to reunify with their loved ones and their belongings.
- Hospitals may not be able to meet the communication expectations of families because of challenges such as forensic issues and resource shortages.
- Sometimes, victim identification (especially of deceased people) may take multiple days, weeks, months, or even years. This is challenging for families to understand. When identification is delayed, it can be extremely difficult for families to grieve and cope.
- Staff should understand and appreciate that cultural traditions play an important role in how families grieve and process information.
- A Hospital Family Reunification Center will often be necessary to provide a safe place for families to convene until a regional Family Assistance Center or shelter is activated.
- Call centers or other means of handling the high volume of information may be necessary for effective coordination of information.
- Responding to a mass-casualty or mass-fatality incident can be overwhelming and can therefore lead to traumatic stress for responders and providers. Support for all involved hospital staff is essential.

Scope

This planning tool focuses on providing guidance to hospitals that will help them create or update their plans to support family reunification after a disaster. This tool is scalable and is intended to be useful in smaller, more localized incidents (eg, shootings, motor-vehicle collisions) as well as in large-scale disasters (eg, terrorist attacks, natural disasters). This tool is meant to build on the plans that hospitals already have in place to care for unidentified patients and for children. While this tool is written in a manner that provides mostly high-level, quick-reference information, it includes enough background and operational-level detail to provide sufficient context to facilitate planning.

It is assumed that the systems, structures, and guidance recommended within this planning tool will always be used after the hospital's emergency operations plan (EOP) has been activated. Therefore, it is also assumed that the Hospital Incident Command System (HICS) will be used throughout the duration of the hospital's emergency response. Because each hospital will have its own unique HICS structure and EOP, this planning guidance does not replace or alter an institution's fundamental HICS structure but rather proposes to add additional specific functional components that may be utilized during emergency response. Whenever relevant, this planning guidance will show where a proposed function may fit within a general HICS structure.

Using This Document

This planning tool is designed to assist hospitals as they review and update their plans to provide information, support services, and reunification assistance to family members of patients who present to the hospital following a disaster. The initial sections of this planning tool discuss how to convene a planning team within the hospital to address the anticipatable challenges as well as how to work with appropriate external stakeholders and partners. The next section (Essential Elements of a Hospital Family Reunification Plan) describes the family reunification planning process from start to finish. The final sections offer guidance on how to activate the plan when needed and on how to test the plan regularly to ensure ongoing effectiveness.

Supplementing the main guidance document are several appendixes that contain examples of planning documents and other tools to assist with family reunification planning and response operations. This supplementation includes job action sheets for essential roles and checklists for certain tasks.

While this planning tool is not a one-size-fits-all resource for hospitals, the resources included herein can serve as a strong foundation for any hospital's family reunification operations. The job action sheets, tools, checklists, and other resources in this tool can be easily adapted and incorporated into any hospital's plan. Any tools that are adapted should be read thoroughly and edited so they reflect the specifics of the individual hospital, the patient population, relevant/applicable laws and legal protocols, and the surrounding environment before the plans are used under emergency conditions.



References:

1. Blake N, Stevenson K. Reunification: keeping families together in crisis. *J Trauma*. 2009;67(2) Suppl:S147–S151.
2. Broughton D, Allen E, Hannemann R, Petrikin JE. Getting 5000 families back together: reuniting fractured families after a disaster; the role of the National Center for Missing & Exploited Children. *Pediatrics*. 2006;117(5 Suppl 3):S442–S445.
3. American Academy of Pediatrics Disaster Preparedness Advisory Council and Committee on Pediatric Emergency Medicine. Ensuring the health of children in disasters. *Pediatrics*. 2015;136(5):e1407–e1417.

Beginning the Planning Process

Establishing a Common Operating Picture

In response to a mass-casualty or mass-fatality incident, it is anticipated that local jurisdictions will have plans and procedures in place to provide family assistance and to therefore support the reunification process. Disaster responders from other local, regional, state, and federal response partners may also have their own plans and procedures for reunification. To ensure that a hospital's efforts to support reunification are maximally effective and efficient, each hospital should reach out as early as possible in its planning process to its community partners. This outreach will help the hospital understand and leverage the community's capabilities and knowledge as it proceeds with its own internal planning process. Understanding which functions the community organizations will perform in a disaster will ensure that common expectations of reunification operations are understood by all involved.

Needs Assessment

At the beginning of the planning process, hospitals should reflect on the patient populations and communities that they serve and should discuss how these factors may affect family reunification efforts. Hospitals should also be aware of unique groups in their area who may have specific religious or cultural customs, who may speak diverse languages, or who may have other (or a combination of) unique needs that may pose distinct challenges. Identifying these special considerations will help guide planning for the resources that may be needed to safely care for children and their families during reunification. It is worth special mention here that hospitals should *always* assume and plan that they will receive unaccompanied children in a disaster, even if they have no inpatient pediatric service or a larger pediatric hospital is nearby. In an emergency, children may be brought by bystanders or first responders to any hospital, and *all* hospitals should be prepared to respond to the challenges listed in this tool.

Hospitals should also examine the detailed layouts of the clinical care areas and other spaces within the institution that may be needed in the response. As described later in this tool, 2 essential components of planning for family reunification are the Hospital Family Reunification Center (HFRC) and the Pediatric-Safe Area (PSA). Both the HFRC and the PSA can have significant resource requirements of square footage, security, logistical support, and other needs, and the planning process may progress more smoothly if the planning team can assess all available space and logistical options. It is worth noting that some hospitals have arrangements with local hotels and other housing arrangements off-site to create the space required to accommodate large numbers of family members and others in this process.

Assembling an Internal Planning Team

Planning Team Membership

The most realistic and complete plans are usually prepared by a diverse planning team, one that includes representation from many different hospital departments, as well as with input and feedback from community agencies who are able to contribute critical perspectives or who have a role in executing the plan.

Therefore, adequate planning to support safe and effective reunification requires a significant multidisciplinary team and many months of work. At a minimum, the core team that creates or updates a hospital's reunification plan should include representatives from hospital services that possess the necessary expertise and understand the capabilities of the hospital. These departments may include (if available)...

Key Hospital Departments for Family Reunification Planning

- | | |
|-----------------------|------------------------|
| • Pediatrics | • Nursing |
| • Family Medicine | • Social Work |
| • Child Life Services | • Emergency Medicine |
| • On-site Child Care | • Emergency Management |
| • Security | • Legal Counsel |

Members from several other departments in the hospital may be useful and should also be strongly considered for inclusion on the planning team, either as core members or as ad hoc members, depending on the needs of the hospital and its potential constituents. These departments may include (if available)...

Adjunct Hospital Departments for Family Reunification Planning

- | | |
|------------------------------------|---|
| • Public Affairs / Media Relations | • Front Desk / Greeter Staff |
| • Risk Management | • Nutrition / Food Services |
| • Psychiatry / Behavioral Health | • Chaplaincy |
| • Telecommunications | • Interpreter Services |
| • Health Information Management | • Patient Relations / Family Advisory Group |

Developing the Plan

Once the internal planning team members have been identified, the team should convene for a kick-off meeting. During the kick-off meeting, the project can be introduced. All team members should understand the rationale for developing a family reunification plan as well as the assumptions that will underlie the hospital's planning in the process. The scope of the project should be clearly defined, so team members know what topics are appropriate for inclusion in the plan and what topics are not appropriate.

The timeline for the planning process should also be defined, as should the vision of what content will ultimately be required in the final plan. After the internal planning team meets and reviews the kick-off items, the team can consider how it will reach out to other external stakeholders in the community to plan for reunification and how they anticipate best working together.



External Stakeholder Involvement

Planning With External Stakeholders for Reunification

Disaster events that involve reunifying large numbers of children with their families present considerations that extend beyond the hospital's walls. News media, schools, law enforcement, public health, emergency managers, and many others are likely to be involved in the response, depending on the specific nature of the incident. Because of this likelihood, it is essential that hospitals work with all their appropriate community stakeholders to harmonize their plans and to make the most efficient possible use of available resources.

Emergency Management

Emergency management personnel will have a keen understanding about their capabilities to serve the community's needs and can be a valuable stakeholder in support of the hospital's planning process. Emergency managers can provide hospitals with an understanding of what organizations are currently outlined in local plans involving family reunification and can serve as a conduit to include those disciplines in planning efforts.

Following an incident, community emergency management personnel will coordinate the disaster response effort, interacting with local, regional, state, and federal response partners as necessary. Hospitals should ask to be notified of activation of any external or local Family Assistance Centers so appropriate measures can be taken to integrate response efforts. Further, community emergency management personnel may support resource requests by providing access to human or material support, as available, and have the ability to coordinate resource support from other communities, states, or the federal government, depending on the size of the incident.

Schools / School Districts / Child Care Centers

Hospitals, and the health care coalitions they belong to, should strongly consider involving their local school and child care professionals in planning for their reunification planning processes. If an incident occurs during a school-related event, the school should have emergency plans in place and personnel who are specifically responsible for supervising the children. Unfortunately, the level of emergency planning is different from area to area, and reunification plans may differ significantly within school districts and from location to location, as there is no national standard.

In all cases, however, all school districts and child care facilities should have access to some level of information that may help hospitals and communities identify students and their parents/guardians. The Family Education Rights and Privacy Act (FERPA) is like the Health Insurance Portability and Accountability Act of 1996 and may restrict what information may be released, but it is important to note that it may be possible for some information to be released during certain emergency conditions. More information

regarding the application of FERPA in reunification and medical care settings is available at www.hhs.gov/hipaa/for-professionals/faq/ferpa-and-hipaa.

Nonetheless, schools may be able to help provide important information to hospitals during significant events that affect local populations involving children, even when those events are not school related. Hospitals should determine (a) whether there is a school reunification plan (and, if so, what are the roles, organizational structures, processes, capabilities to offer information, and other components within that plan) and (b) who are the essential contacts 24-7-365 in case of a disaster. (Emergency management personnel may assist in obtaining contact information for child care centers outside the local school system.)

Additional Critical Stakeholders

In addition, the following list highlights additional critical partners that hospitals may wish to consider including in their planning efforts:

Discipline	Functions
Access and functional needs partners (eg, at-risk/vulnerable populations, individuals with disabilities)	<ul style="list-style-type: none"> • Assist with effective and accessible communications methods. • Ensure integration of planning for individuals most at risk for adverse health outcomes during or following a disaster.
Courts / judicial partners	<ul style="list-style-type: none"> • Appoint <i>guardians ad litem</i> to unaccompanied minors to represent children's interests. • Support the resolution of legal issues involving unaccompanied minors related to reunification.
Emergency medical services	<ul style="list-style-type: none"> • Provide medical treatment for unaccompanied and injured children. • Transport patients to area hospitals, distributing patients appropriately to minimize the risk of overwhelming individual medical facilities. • Aid in the collection of identification information.
Health care coalition	<ul style="list-style-type: none"> • Provide situational awareness and support information sharing among public health and health care entities. • Coordinate resource needs among public health and health care partners. • Coordinate access to human service needs in collaboration with municipal agencies.
Hospitals	<ul style="list-style-type: none"> • Provide appropriate medical care. • Manage capacity burden. • Participate in information sharing and situational awareness efforts.



Law enforcement	<ul style="list-style-type: none"> • Assist in identification, notification, protection, location, and reunification of children and their parents / legal guardians. • Provide direction and assistance regarding public safety and security. • Receive and direct inquiries regarding reunification efforts. • Work with local or state child welfare agencies to ensure children are safe and have temporary and supportive care. • Work with local child welfare agencies to investigate the incident. • Coordinate with the National Center for Missing & Exploited Children, as needed. • Coordinate with other law enforcement agencies in conducting missing persons investigations and ensuring effective coordination between investigative efforts and survivor and family assistance efforts. • Coordinate as needed with coroner / medical examiner for communicating death notifications to families, as required.
Coroner / medical examiner	<ul style="list-style-type: none"> • Perform postmortem examination of bodies following a disaster. • Aid in the identification of deceased people, including children; that is, identify human remains by comparing postmortem and antemortem information. • Establish death notification procedures in coordination with mental health professionals and spiritual support providers. • Release deceased people to the legal next of kin.
Mental/behavioral health services	<ul style="list-style-type: none"> • Coordinate the disaster behavioral health, crisis counseling, emotional/spiritual support, and other mental health resources required during activation. • As needed, provide emotional support during interviews with families. • Provide informational handouts and referrals to local behavioral health resources. • As needed, assist in providing critical-incident stress debriefing to staff involved in response.
News media	<ul style="list-style-type: none"> • Aid in situational awareness and distribution of information regarding available resources to the public.
Nongovernmental organizations / volunteer organizations ^a	<ul style="list-style-type: none"> • Assist with reunification, sheltering, feeding, health, and mental health support services to survivors. • Provide volunteers to help with crowd control and other necessities in a disaster.
Private sector	<ul style="list-style-type: none"> • Assist with logistical resources (eg, space, transportation) in support of reunification efforts.

Public health / health and human services	<ul style="list-style-type: none"> • Coordinate with appropriate agencies and organizations for the temporary care and shelter of unaccompanied children. • Coordinate with hospitals to develop centralized list of injured and missing individuals. • Aid in the identification and requesting of state, regional, or federal health and medical resources that may be needed to support the disaster response.
Social services (hospital based or municipal)	<ul style="list-style-type: none"> • Assist with the protection and temporary care of unaccompanied children. • Assist with custodial issues regarding legal guardianship of unaccompanied children. • Aid in coordinating access to municipal resources.

Abbreviations: NGO, nongovernmental organization; VOAD, Voluntary Organizations Active in Disaster.

^a National VOAD is the forum through which organizations share knowledge and resources to help disaster survivors and their communities. National VOAD may offer assistance to coordinate with NGOs and other voluntary organizations.

Other external partners that hospitals may wish to bring into their planning efforts may include

- Fire-and-rescue services
- Pediatric residential facility representatives
- Adoption or foster care agencies
- City or state child and family services departments
- Child care centers
- Universities and colleges
- Area military facility representatives
- Local transportation agencies and businesses
- 311 or similar types of community call centers
- Local and state American Red Cross representatives
- Foreign consulates and embassies
- Therapy-animal organizations or agencies

Essential Elements of a Hospital Family Reunification Plan

Essential Elements of a Hospital Family Reunification Plan

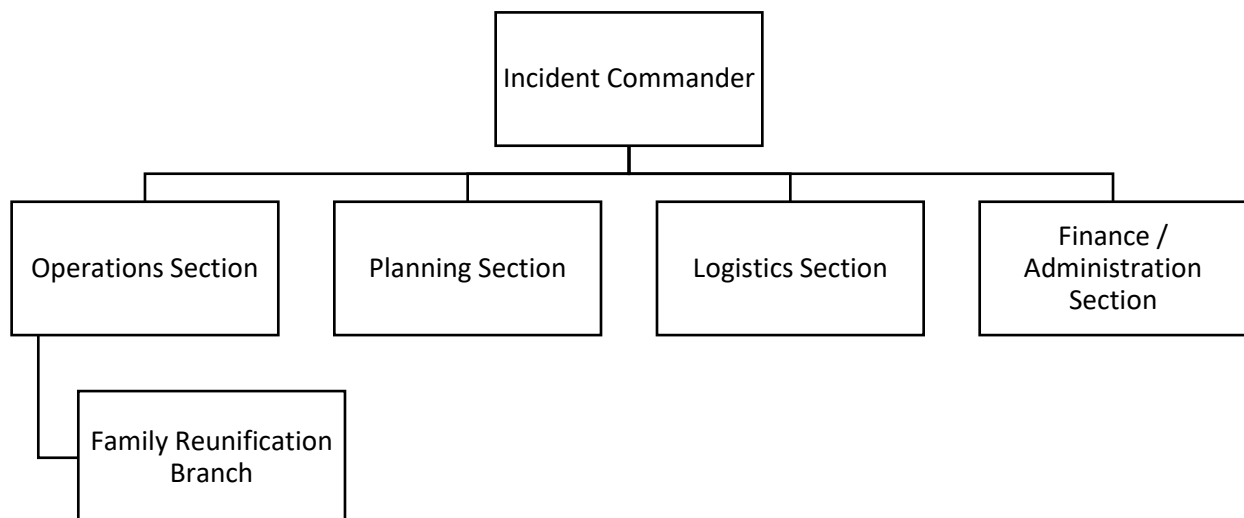
A comprehensive hospital family reunification plan has 7 essential elements.

1. Descriptions of the plan's leadership and organization of staff, including descriptions of how the plan's elements fit into the hospital's overall EOP and HICS structure
2. Processes defining how unaccompanied children will be registered and tracked and what information will be gathered from/about the child at initial intake
3. Processes defining how unaccompanied children will be definitively identified
4. Procedures to establish and operate an HFRC
5. Procedures to establish and operate a PSA
6. Procedures to establish a Family Reunification Site
7. Procedures that govern the sharing of relevant information with other hospitals, public health agencies, and other partners involved in the response, as legally permitted, to facilitate family reunification

Abbreviations: EOP, emergency operations plan; HFRC, Hospital Family Reunification Center; HICS, Hospital Incident Command System; PSA, Pediatric-Safe Area.

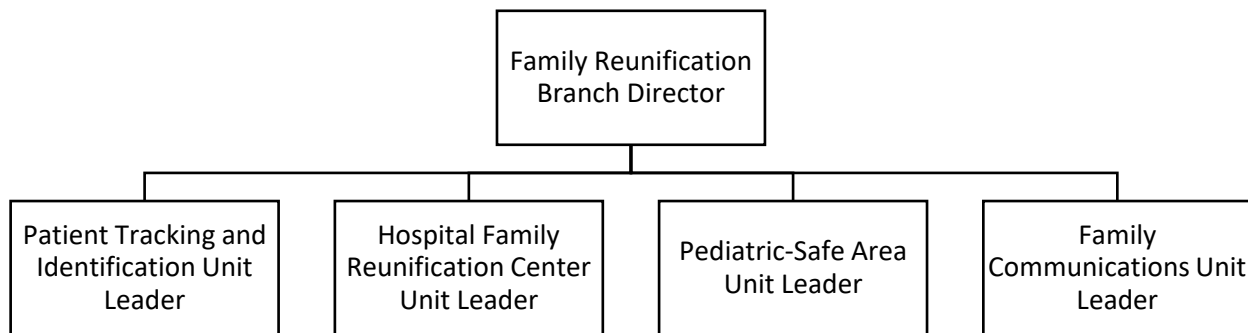
Leadership and Organization

One member of the hospital staff must be assigned overall responsibility to lead the hospital's family reunification response when the plan is activated. This overall family reunification process is typically housed within the Operations Section of a facility's Hospital Incident Command System structure, often as a branch of the Operations Section. Therefore, if the hospital plan creates a Family Reunification Branch within the Operations Section, the title of the plan leader would be Family Reunification Branch Director.



To function effectively, the Family Reunification Branch Director (Reunification Leader) must be supported by other response leaders, including some or all of the following leaders:

- Patient Tracking and Identification Unit Leader
- Hospital Family Reunification Center Unit Leader
- Pediatric-Safe Area Unit Leader
- Family Communications Unit Leader



The branch operations should be supported internally by multidisciplinary hospital services, such as social work, security, child life (if available), interpreters, chaplains, and others. Staff from these services may be assigned specifically to the Family Reunification Branch and report to the Family Reunification Branch Director. Alternatively, these staff may report within their own departmental hierarchies but perform their job functions within the reunification areas.

The Family Reunification Branch Director may also need one or more liaison staff to work with outside agencies such as the regional health care coalition, public health, schools, American Red Cross, and others. These liaison staff may be housed within the Patient/Family Reunification Branch or be members of the command staff who assist with this process.

As with any activation of the hospital's emergency operations plan, a Safety Officer should be designated to monitor incident operations and advise the Incident Commander on all matters relating to health and safety of staff, patients, and families. The Safety Officer, or appropriate designee, should inspect all functional areas established as part of family reunification efforts to ensure compliance with life safety regulations.

Registration, Intake, and Tracking of Unaccompanied Children

Registration of children (including documentation of identifying demographic and other data for unidentified children) into appropriate systems and tracking of those patients until they can be released to their custodial caregivers are essential elements that are needed to assure the timely and safe reunification of children with their families. Some larger cities and regions have now developed or acquired data systems that can capture patient data in the prehospital setting and synchronize it with data captured at the receiving hospitals in their area.

Alternatively, some larger hospitals have dedicated their own resources to create unique programs and systems to capture this kind of patient data within their existing electronic health record systems. However, for smaller hospitals this may not always be feasible. Whenever children are transferred between care sites, it is extremely important that whatever records are available be kept with or follow the child.

It is also important to clearly visually highlight the status of unaccompanied children, so they can be appropriately observed by the appropriate hospital staff. Many hospitals use brightly colored wristbands or other identifiers to help with this identification.

During a mass-casualty event, modified registration processes may be implemented to help expedite the triage and admitting processes. For example, patients may be registered using an anonymous patient registration process, as the priority will be to ensure all patients receive immediate life-sustaining care in the most efficient manner possible. As a result, a tiered process to capturing identifying patient data may be considered. As quickly as possible, staff should work with patients to attempt to gather and store information on as many of the data elements in the following list as possible to best support reunification efforts:

Data Elements to Support Reunification Efforts

1. Patient's full name
2. Parent/guardian name(s)
3. Nicknames for child and parent(s)/guardian(s)
4. Date of birth (or approximate age if unable to obtain)
5. Weight
6. Height
7. Race/ethnicity
8. Cultural, linguistic (languages spoken), and other special needs (eg, allergies, medical conditions, medications)
9. Hair color and length of hair
10. Eye color
11. Gender
12. Distinguishing marks on the body (may include tattoos, scars, and missing teeth)
13. Clothing worn at initial arrival, along with significant belongings (eg, stuffed animal)
14. Location and mechanism of arrival/presentation to the system
15. Photo (if system is capable)
16. Association with disaster event (to aid in reporting all patients associated with incident)

One example of sample tracking logs and tracking forms is available at the National Center for Missing & Exploited Children Web site (www.missingkids.org/home).

Definitive Patient Identification

It is essential that children are definitively identified and matched to their legal custodial parent/guardian before release from the hospital. Accurate identification of children before releasing them from the hospital is key to preventing harm. Mistaken identity may lead to

- Release of a child to the wrong family
- Release of a child to an unauthorized noncustodial parent
- Delay of reunification with the child's actual family (This affects both the child and the family.)
- Failure to identify significant medical and other conditions important to the care of the child

Most children will be able to self-identify verbally, as well as identify their parents. Children who are able to identify both themselves and their parents can typically be released to their parents following usual hospital policies. Examples of typical hospital policies may include

- Confirm the identity of children/parents if
 - Person verbally identifies self or has identification.
 - Photographs, biometrics, or another identified person can be used to identify the child.
 - There is a match to answers for templated parent/child questions, such as favorite toy/blanket, name of teacher, school, name of pet, or family safe word.
- Use technology or other data to identify the child/parent if identity cannot be confirmed as above. Examples include
 - DNA samples of child-caregiver pair to address future concerns (Hospitals may already have such a system in place for collecting forensic samples.)
 - Palm printing, a newer technology that can trace the venous system of the hand, creating a unique image
 - Fingerprinting
 - Photograph of child-caregiver pair
 - Registration of child-caregiver pair with protective services

It is important to remember, however, that during disaster events, austere conditions may require special adaptations of the usual hospital policies because usual data and systems may be adversely affected. Such conditions may include

- Hospital computer or registration systems (or both) may not be functioning.
- No Internet access may be available.
- Presenting caregivers may not be able to produce legal identification.
- Presenting caregivers may not be able to produce photographs of the child.
- Governmental child services teams may be unavailable to assist, or could be overwhelmed.
- Local law enforcement may be unavailable to assist, or could be overwhelmed.

For those children who cannot be definitively identified, it is recommended that hospitals develop procedures to safely maintain care for all unidentified children until they can later be definitively reunited with their families. This includes planning for a PSA and is described later in this tool. Children may not be able to self-identify if they are nonverbal because of developmental age, illness, or ability. In addition, it is possible that some children's usual guardians may not be able to assume care because they are injured or unable to be located. Alternatively, the guardians may have experienced an extreme loss of resources and may be unable to safely care for the child at the time of release from the hospital.

For children unable to be reunited with a parent / legal guardian, the state's child protective services should be notified to take emergency custody. Protective services will work with law enforcement personnel to continue the search for the legal custodians and will work with hospital personnel to arrange temporary placement for the child, as either a temporary social admission to the hospital or placement with a child's relatives or a foster family. The timeline for transferring unaccompanied minors to foster care or specialized care, when applicable, differs depending on specific state criteria and the particulars of the disaster. Service options could range from immediate transfer to foster care to delayed transfer following an extended period of time. To expedite the reunification process for children placed into foster care, courts may choose to issue an order stating that children may be immediately released from foster care and back to their parents / legal guardians once they are located and identification is confirmed. Health care facilities should take care to familiarize themselves with state laws regarding unaccompanied minors in advance of a disaster and adjust planning efforts accordingly.

The Hospital Family Reunification Center

It is recommended that all hospitals have a plan in place to manage a surge of concerned family members, guardians, and friends that may present following a disaster, especially if large numbers of unaccompanied pediatric patients could be involved in the event. This is recommended because the volume of family members presenting to the hospital looking for their loved ones will typically overwhelm hospital lobbies and other care areas and could adversely affect clinical operations. This place where families and others may gather is often called a Hospital Family Reunification Center (HFRC). The HFRC is meant to

- Provide a private and secure place for families to gather, receive, and provide information regarding children and other loved ones who may have been involved in the incident.
- Provide a secure area for these families away from the media and curiosity seekers.
- Facilitate efficient information sharing among hospitals and other response partners to support family reunification.
- Identify and support the psychosocial, spiritual, informational, medical, and logistical needs of family members to the best of the hospital's ability.
- Coordinate death notifications, when necessary.

HFRC Location

Here are some issues to consider when determining an HFRC location.

- Locate the HFRC away from the hospital Emergency Department and media staging sites as well as away from the designated Pediatric-Safe Area (see later in this tool).
- Ensure there is sufficient space to accommodate a large number of individuals.
 - Adequate space facilitates communication between designated hospital personnel and family members.
- Provide nearby access to smaller rooms that may be used for confidential discussions, notifications, and provision of other support.
 - Distraught family members may need additional space; alcoves or additional rooms may help both psychologically and with security.
- Ensure the space has an area for food and beverage.
- Ensure restrooms are easily accessible.
- Ensure the space is accessible to patients and family members with considerations for access and functional needs.
- Access to the HFRC can be controlled and security can be assured within the site.

HFRC Equipment, Supplies, and Resources

Some of the supplies that can help ensure the smooth functioning of the HFRC are listed here.

- Multiple computers with Internet access. (Paper backups of digital forms should, of course, be available as well.) Templates should permit families to input as much detail as possible regarding their loved ones, including information that would be used for parent/child verification.*
- A mechanism to upload photos of the loved ones to assist with the reunification process.*
- Sign-in–sign-out sheets for those presenting at the HFRC, with name, contact number, and time of sign-in–sign-out for tracking purposes.
- Access to appropriate support assistance and resources (eg, psychological or spiritual support).
- Phone chargers with multiple kinds of plugs.
- Posted contact information for any available community disaster resources and information.
- Toileting and sanitation, including diaper-changing area.
- The ability to acquire food and drink.
- Chairs and tables.
- Writing utensils/paper/clipboards.
- Language interpreters.

*Privacy rules, including the Health Insurance Portability and Accountability Act of 1996, apply to information collected; consult the hospital's Privacy Office or legal counsel regarding collection and storage of this information.

The Pediatric-Safe Area

Even after medical clearance, unaccompanied pediatric patients cannot be discharged until an appropriate custodial parent/guardian (or an individual identified by the parent / legal guardian as a person to whom the child can be discharged) is present. Further, hospital beds should generally not be used for pediatric patients that do not have a clear medical need, to ensure that the medical response to the incident is not compromised. Children who have experienced a recent disaster will need qualified providers to distract, calm, and reassure them to help reduce long-term mental health effects. To ensure the pediatric patients' safety, as well as to help patients cope, a Pediatric-Safe Area (PSA) should be established in an appropriate area that allows children to play and move about safely. Therefore, the hospital should preplan for, and be able to securely operate, a PSA. The PSA is a controlled and supervised space where children can play and wait safely and securely while awaiting reunification with their families. This space should be located in an area separate from both the Emergency Department and the HFRC.

Children who are arriving to the PSA will be under a tremendous amount of stress and may have limited ability to process instructions or other information. The child's behavior may regress to an earlier developmental stage, or otherwise be different from the child's baseline behavior. It is important to understand that individual children will have different reactions to stress, and the staff of the PSA will need to recognize when pediatric patients need to be referred to mental health professionals. Sometimes, it may be helpful to consider asking older pediatric patients to assist younger pediatric patients if PSA staff determine that it is appropriate and helpful for the older pediatric patients. Pediatric patients may also develop new medical symptoms after the initial evaluation; therefore, staff must be available to clinically reassess children in the PSA as needed.

PSA Location

Here are some issues to consider when determining a PSA location.

- The PSA should be away from the hospital Emergency Department and media staging sites as well as the HFRC.
- Ensure there is sufficient space to accommodate children of different ages with age-appropriate activities for each group; consider leveraging an existing infrastructure such as a child care center.
- Provide nearby access to smaller rooms or adjacent spaces that may be used for younger children such as babies or for children with sensory integration issues.
- Ensure that restrooms are easily accessible and appropriate for pediatric patients.
- Ensure the space has an area for food and beverage; ensure attention to patients with possible food allergies.
- Access to the PSA and restrooms must be able to be controlled, and security must be assured around and within the site.

PSA Equipment, Supplies, and Resources

Some of the supplies that can help ensure the smooth functioning of the PSA are listed here.

- Age-appropriate activities (eg, board and card games, books, movies, video games, art supplies)
- Diapers
- Formula (and any appropriate guidance for preparation and serving)
- Age-appropriate food (consider potential for allergies.)
- Hand sanitizer

A checklist that hospitals can use to evaluate the potential site and logistical decisions needed to create and support operation of a PSA is provided in the appendixes.

The Family Reunification Site

Once identification and verification of a child and family is complete, there should be a separate area to facilitate the actual reunification of the family and child. The physical place where pediatric patients are reunited with their legal caregivers should be located away from the HFRC as well as the PSA. This is to permit the reunification to occur in a safe, well-controlled area located well away from the noise and distractions of the other areas. The Family Reunification Site should also allow for secure and simple departure from the hospital. Hospitals should also plan for reunification of patients who have been admitted to the hospital and for escorting of parents/guardians to other areas of the hospital.

Separation of the Family Reunification Site from the HFRC is also important to prevent creating additional trauma for families still waiting in the HFRC who are not yet reunited with their children but who would otherwise be watching reunifications happening in front of them.

Staffing

Families arriving at the hospital will be under a tremendous amount of stress and may have limited ability to process instructions or other information while they are looking for their children. Therefore, staff members in the HFRC must have experience in helping people under stressful conditions. Many of the staff in an HFRC will come from the departments represented in the planning committee. They may include, but are not limited to, the following departments:

- Security
- Social Work
- Nursing
- Chaplaincy
- Psychiatry or Psychology
- Pediatrics
- Family Medicine
- Child Life

Information Sharing

In the aftermath of a disaster, people immediately try to seek information. The lack of timely information to the public about a disaster can result in more chaotic circumstances, such as increased crowds, increased call volume, and presence of anxious family members seeking their loved ones. Hospitals should establish close partnerships with other key response organizations, such as public health, emergency management, law enforcement, the American Red Cross, and others, so all response messaging efforts are consistent and coordinated. Consider the following guidance:

Considerations for Information Sharing

- Information that can be shared with community representatives ahead of time
- How, and what kinds, of critical information can be shared considering HIPAA and other laws/regulations/policies
- How to rapidly implement communication processes, including pre-scripted messaging
- How the emergency management and public health communities will coordinate their public messaging with hospitals
- How to inform hospital staff regarding what information they can/cannot share
- How best to establish good relationships with local news agencies

Abbreviation: HIPAA, Health Insurance Portability and Accountability Act.

During events in which children are separated from their families and caregivers, these family members will be extremely anxious and eager for any information available and will require frequent updates to ensure that they do not feel forgotten about or marginalized. Hospital communications plans and plans for information sharing should ensure that the hospital gathers and disseminates the best possible internally and externally available, credible, and verified information to families and staff. Ensuring that all families have regular updates to their understanding of the incident status and the hospital response relevant to them will help minimize some of the potential psychological and security concerns that are generally associated with these incidents.

Hospitals must be able to manage the ways in which family members will utilize their existing public-facing infrastructure (such as an Information Desk, an Emergency Department Reception Area, or a Hospital Operator) as they inquire whether a loved one is present within the facility. If hospitals manage these points of contact effectively, they can support facilitation of rapid identification of survivors by family members whose presence is confirmed at the hospital. Internal sharing of information among response roles and centers is paramount to ensure a common operating picture for the facility. Hospitals should consider the following approaches to help maintain situational awareness among response roles:

- Establish a process for the Family Reunification Branch Director to obtain updated lists of patients at regular, prescribed intervals, and distribute these lists to all appropriate staff aiding in reunification efforts.
 - Frontline staff must know when to expect the next update (eg, every 30 minutes).
- Maintain consistency; that is, ensure that family members seeking information receive the same correct information (when they have an appropriate right to know) whether they present in person or call on the telephone to speak with an operator.
- Designate key points of contact for information collection and sharing in each area, including the Emergency Department, the HFRC, the PSA, the Family Reunification Site, and the Information Desk, to ensure proper oversight/communication among involved locations.

When family members cannot definitively be told that their relative is not present as a hospital patient, family members should then be directed to the HFRC to wait, or to other appropriate municipal reunification resources. Hospitals should include detailed contact information for municipal reunification resources (if available) in all their communications to the public and to families to assist with the family reunification process overall.

Social Media Considerations

Communications via social media have become increasingly common. While a valuable tool, communication via social media is virtually impossible to control and is prone to become a source for unfounded rumors and speculation. Hospitals should seek to minimize the potential harm of dissemination of misinformation via social media by

- Urging family members to refrain from disseminating information concerning children, hospital operations/conditions, or other sensitive information via social media
- Requesting family members to advise hospital staff if they discover inappropriate information concerning the HFRC, family members, or children via social media
- Advising hospital staff to be alert to rumors or speculation being disseminated via social media and informing the hospital Public Information Officer (PIO) of any occurrence
- Coordinating with the hospital PIO to respond to social media reports or inquiries, as appropriate

It is likely that children and adolescents, especially adolescents, will have access to social media, even in the wake of a disaster, via mobile devices such as smartphones and tablets. It is therefore critical to ensure that information sharing via social media by children and adolescents is limited or controlled to minimize the risk of inappropriate dissemination of information and to maintain patient privacy. Hospitals should closely monitor the phone and computer activities of children in their care to ensure that they are not posting pictures or information from the reunification sites in the hospital. Development of communication templates may help guide both patients and family members in the appropriate sharing of information.

Security Concerns

Security will play an integral role in any event requiring the activation of a hospital's family reunification plan. Many of these events could involve increased security risks, such as in the case of an active shooter scenario or terrorist activities. In addition, as families attempt to find their loved ones, crowds will form requiring an increased need for security personnel. As such, it is important to engage the institution's security leadership early in the planning process. At a minimum, the hospital family reunification plan should include the creation of a security leader within its command structure. Hospital security personnel can also assist with coordination of interface between the institution and outside law enforcement. Ideally, an individual with preexisting relationships with law enforcement on local and regional levels, including relevant federal entities (eg, Federal Bureau of Investigation; Bureau of Alcohol, Tobacco, Firearms and Explosives), may fill this position. There will need to be a security presence in the HFRC and the PSA.

Legal Considerations

There are many legal issues that can influence reunification approaches or a hospital's specific plans. In each case, it is best to consult with your institution's Legal or Risk Management department. Issues that might vary by state or other locality include the process to discharge children to parents, legal guardians, or authorized caregivers/adults and how to verify an adult's authority to take custody before discharging the child into the adult's care. Caution around pediatric discharge to adults is recommended, even in a disaster. The following Web sites include information and should be reviewed for relevance:

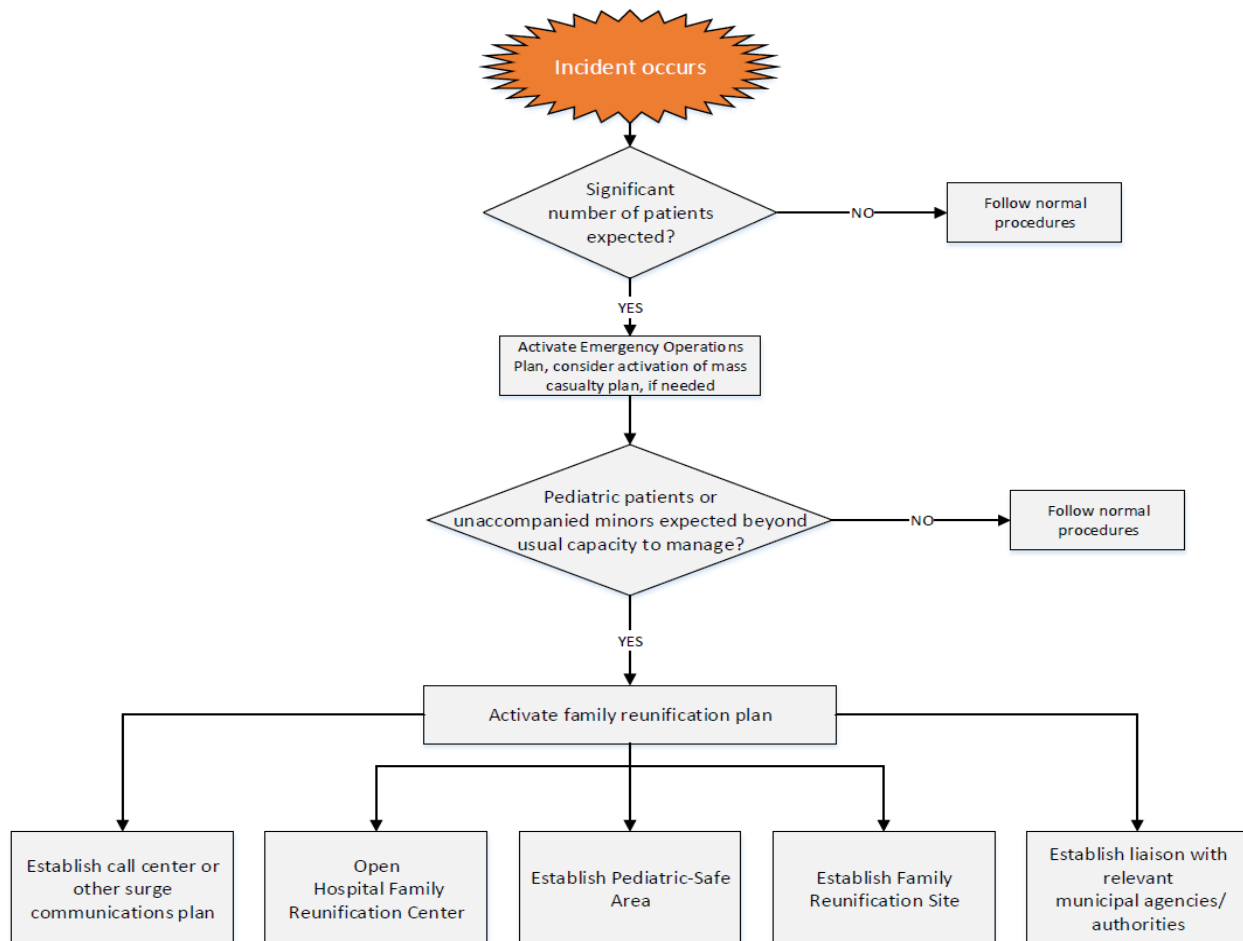
- Health Insurance Portability and Accountability Act of 1996: www.hhs.gov/hipaa/index.html
- Family Education Rights and Privacy Act: <https://studentprivacy.ed.gov/?src=fpc>

It is advisable to connect with social services and local law enforcement to see what protocols they typically follow, including when a hospital should contact these and other entities in regard to situations involving unaccompanied minors.

Plan Activation

A hospital's decision to activate its family reunification plan generally depends on the magnitude of the incident and the demands the incident places on the hospital. As mentioned earlier, nearly all hospitals are already familiar with more-common small-scale emergency events during which children are brought directly to the hospital without their family or caregivers, and hospitals have existing protocols for how to manage these kinds of incidents. However, for larger events, when the hospital notices that the need for space, staffing, or materials to safely care for its unaccompanied pediatric patients outpaces its usual resources and response, the hospital should consider activating its family reunification plan. This decision is often made by the hospital's Incident Commander, with advice from the hospital's Operations Section Chief, the hospital's Security Advisor, and other expert staff. The planning process will help clarify the steps required to activate the plan.

Activation of the family reunification plan should be a part of the overall hospital's emergency operations plan, and generally it should not be completed separately from that plan. An activation checklist is provided in the appendixes. An example flowchart of the process is depicted here.



Exercising Family Reunification Plans

As with any emergency response plan, hospital family reunification plans must be tested periodically to ensure that the assumptions, procedures, and choices within the plan make sense and to identify as many flaws or gaps in the plan as possible, before the plan is actually needed. When planned and executed properly, exercises that simulate response to major emergency situations can significantly help improve preparedness on 2 levels. At the individual level, exercises present an opportunity to educate staff members on disaster plans and procedures through hands-on practice. Exercises also help staff improve their performance through constructive critiques of their actions. On a system-wide level, well-designed exercises can reveal gaps in resources, uncover planning weaknesses, and clarify specific roles and responsibilities.

In general, there are 4 progressive levels of action in an effective exercise program.

Types of Emergency Preparedness Training Exercises

Tabletop exercises are low-stress events designed to identify major gaps or conflicts in planning.

Drills test a single specified operation within a response plan. In contrast, exercises test multiple operations.

Functional exercises involve command-level decision-making, but they do not include the deployment of equipment and personnel.

Full-scale exercises involve deployment of physical resources as part of exercise play, and they most closely resemble real-world incident response.

A successful exercise depends on appropriate planning. The goals and scope of each exercise must be kept realistic with respect to what can be performed and tested. Exercises must also have sufficient controllers and evaluators every time they are conducted to ensure smooth exercise conduct and to ensure that adequate data is collected — that is, data that supports documentation of the challenges noted during the exercise. Controllers monitor the expected events and timeline of the exercise. Evaluators monitor the events of the exercise and offer objective measurements of how well exercise participants met the prespecified objectives. Adequate numbers of evaluators are vital since one of the most important products of an exercise is the independent assessment of the event.

Tabletop Exercises

During a tabletop exercise, participants meet in person to discuss which actions they would take when faced with a given emergency, but no real resources are used. Suggestions for hospital family reunification tabletop exercises include

- Assessment of the overall assumptions and operations of the hospital family reunification plan
- Assessment of any one of the components of the hospital family reunification plan, including the operations of the Hospital Family Reunification Center (HFRC), the Pediatric-Safe Area (PSA), or the Family Reunification Site (or any combination of those locations)
- Assessment of the hospital family reunification plan's integration with community resources and partners (This requires significant external participation.)

Drills

Drills test a single specified operation, such as activating a notification system or measuring response times. Suggestions for targeted family reunification drills include

- Test of notifications to staff who would operate the HFRC, the PSA, or the Family Reunification Site (or any combination of those locations) to see how quickly they can respond to the hospital at differing times on differing days
- Test of the physical setup of the HFRC, the PSA, or the Family Reunification Site (or any combination of those locations)
- Test of the setup of the call center to support the family reunification plan (if one is planned)

Functional Exercises

Functional exercises are higher-stress events during which many participants simulate their actions within a Hospital Command Center (HCC) / an Emergency Operations Center (EOC) and must make immediate, specific decisions, but real field equipment and personnel are not deployed. Suggestions for hospital family reunification functional exercises include

- Measuring communications among the HCC/EOC and the HFRC, the PSA, and the Family Reunification Site
- Measuring communications among the hospital's HCC/EOC with the points of contact for other community resources and partners who are active in family reunification (This requires significant external participation.)

Full-scale Exercises

Full-scale exercises are the most realistic and most complex during which personnel perform as many of their actual duties as possible in a simulated emergency to best assess the true capabilities of the response system and plans. Because of the high cost and effort associated with planning and conducting full-scale exercises, however, these are usually the exercises that are performed least often. Nonetheless, conduct of full-scale exercises is essential to test the plans and processes that depend highly on the appropriate utilization of physical space, as many components of the family reunification process do.

Full-scale exercises can be done with inanimate objects, such as boxes or mannequins, to simulate patients. Of course, live volunteers can be used in these exercises, but it is essential that additional safety and expert support staff be present to prevent safety or security concerns arising if children are used in an exercise. Volunteers should be paired with all child participants to monitor them for safety purposes. Extreme care should also be taken to ensure the exercise does not scare or traumatize the children as they participate.

Suggestions for hospital family reunification full-scale exercises include

- Assessment of the overall physical operations coordination of all components of the hospital family reunification plan
- Assessment of the physical operations of any one of the components of the hospital family reunification plan, including the operations of the HFRC, the PSA, or the Family Reunification Site (or any combination of those locations)
- Assessment of the physical operations of the hospital family reunification plan when integrated into an exercise with the operations of community resources and partners (This requires significant external participation and is, by far, the most complex exercise.)

Measuring Performance

Every drill and exercise must have a structured evaluation and critique. Evaluators who observe an exercise should be armed with specific, measurable, prespecified objectives and should record those observations on preprepared forms. Evaluators should also be briefed, ahead of time, on the exercise scenario, timeline, and rules of play.

Following completion of the exercise, all participants should be given an opportunity to voice their observations and emotions in a group setting. This debriefing is often called a “hot wash” and should be performed immediately following the exercise, since its utility diminishes very rapidly, as emotions and immediate memories of events fade. A summary of the comments made by participants in the hot wash and the structured critiques from the evaluators should then be compiled into an After-Action Report (AAR). This comprehensive report analyzes each achievement and each problem that was noted in the exercise.

Last, an improvement plan contains specific steps that will be taken by the participants after the exercise to address the issues discussed in the AAR. The improvement plan should be circulated as widely as possible because the most important product that any exercise program can generate is visible, measurable, positive change. Participants may lose interest in the exercise program if they do not see it leading to specific improvements in preparedness afterward. Therefore, it is very important to publicize the changes and improvements that result from exercises and drills to sustain interest in the program and in the improvement process.

Additional Resources

Note: Additional resources may also be available already in the local or regional community.

Federal Resources

US Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR)

- Technical Resources, Assistance Center, and Information Exchange (TRACIE)
(<https://asprtracie.hhs.gov>)

ASPR TRACIE consists of 3 complementary domains.

- Technical Resources: a self-service collection of disaster medical, health care, and public health preparedness materials, searchable by keywords and functional areas
- Assistance Center: provides access to Technical Assistance Specialists for one-on-one support
- Information Exchange: a user-restricted, peer-to-peer discussion board that allows open discussion in near real time

Federal Emergency Management Agency (FEMA)

- “How do I find my family and friends?” Web page (www.fema.gov/how-do-i-find-my-family)

Provides direction to reunification systems that may be available to the public during a disaster, including

- National Emergency Family Registry and Locator System
- National Emergency Child Locator Center (National Center for Missing & Exploited Children)
- Unaccompanied Minors Registry
- American Red Cross Safe and Well system

- Homeland Security Exercise and Evaluation Program (HSEEP)
(<https://preptoolkit.fema.gov/web/hseep-resources>)

HSEEP doctrine consists of fundamental principles that frame a common approach to emergency preparedness exercises.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Children and Youth Resource Collection (www.samhsa.gov/dbhis-collections/children-and-youth-resource-collection)

Focuses on the reactions and mental health needs of children and youths after a disaster. Topics covered include, but are not limited to,

- Ways that parents and other caregivers and health care professionals can help children cope

- with disasters
 - Planning and preparedness for child care providers, teachers, and schools
 - Issues in disasters for children with special needs
- SAMHSA Disaster Technical Assistance Center (www.samhsa.gov/dtac)

Offers publications, tip sheets, and other resources for disaster behavioral health professionals

US Department of Education

- Readiness and Emergency Management for Schools (REMS) Technical Assistance Center (<https://rems.ed.gov>)

REMS supports schools, school districts, and institutions of higher education, with their community partners, in the development of high-quality emergency operation plans and comprehensive emergency management

National and Professional Society Resources

American Academy of Child & Adolescent Psychiatry

- Disaster Resource Center
(www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Disaster_Resource_Center/Home.aspx)
Contains fact sheets to assist families in helping children during disasters

American Psychological Association

- Disaster Resource Network (www.apa.org/practice/programs/drn/index.aspx)
A group of approximately 2,500 licensed psychologists in the United States and Canada who have expertise in the psychological impact of disasters on individuals, families, and communities
- *Children and Trauma: Update for Mental Health Professionals*
(www.apa.org/pi/families/resources/children-trauma-update.aspx)
Explains how children cope with disasters and what assistance mental health professionals can provide

American Red Cross

- Helping Children Cope With Disaster
(www.redcross.org/images/MEDIA_CustomProductCatalog/m14740413_Helping_children_cope_with_disaster_-_English.pdf) and “Disaster Safety” Web page (www.redcross.org/get-help/how-to-prepare-for-emergencies/disaster-safety-for-children#Disaster-Safety)

Offer parents, caregivers, and other adults suggestions on how to help children cope with the effects of disaster as well as on how to be prepared before a disaster strikes

Bibliography:

- American Academy of Pediatrics Disaster Preparedness Advisory Council and Committee on Pediatric Emergency Medicine. Ensuring the health of children in disasters. *Pediatrics*. 2015;136(5):e1407–e1417.
- Blake N, Stevenson K. Reunification: keeping families together in crisis. *J Trauma*. 2009;67(2) Suppl:S147–S151.
- Broughton DD, Allen EE, Hannemann RE, Petrikin JE. Getting 5000 families back together: reuniting fractured families after a disaster: the role of the National Center for Missing & Exploited Children. *Pediatrics*. 2006;117(5 Suppl 3):S442–S445.
- Chung S, Blake N. Family reunification after disasters. *Clin Pediatr Emerg Med*. 2014;15(4):334–342.
- International Committee of the Red Cross. Unaccompanied and separated children in the tsunami-affected countries: guiding principles 2004.
https://www.unicef.org/protection/IAG_UASCs.pdf. Accessed August 7, 2018.
- Mason KE, Urbansky H, Crocker L, Connor M, Anderson MR, Kissoon N; Task Force for Pediatric Emergency Mass Critical Care. Pediatric emergency mass critical care: focus on family-centered care. *Pediatr Crit Care Med*. 2011;12(6) Suppl:S157–S162.
- Osofsky JD, Osofsky HJ, Harris WW. Katrina’s children: social policy considerations for children in disasters. *Soc Policy Rep*. 2007;21(1):3–19.
- Schonfeld DJ, Demaria T; American Academy of Pediatrics Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. Providing psychosocial support to children and families in the aftermath of disasters and crises. *Pediatrics*. 2015;136(4):e1120–e1130.



Appendixes

1. HFRC Location Assessment Tool
2. HFRC Sample Site Diagrams
3. Sample HFRC Equipment and Supply List
4. PSA Location Assessment Tool
5. Sample HFRC Unit Leader Job Action Sheet
6. Parent/Guardian Vetting Form
7. Sample Communications Scripting
8. Hospital Family Reunification Planning Checklist

HFRC Location Assessment Tool

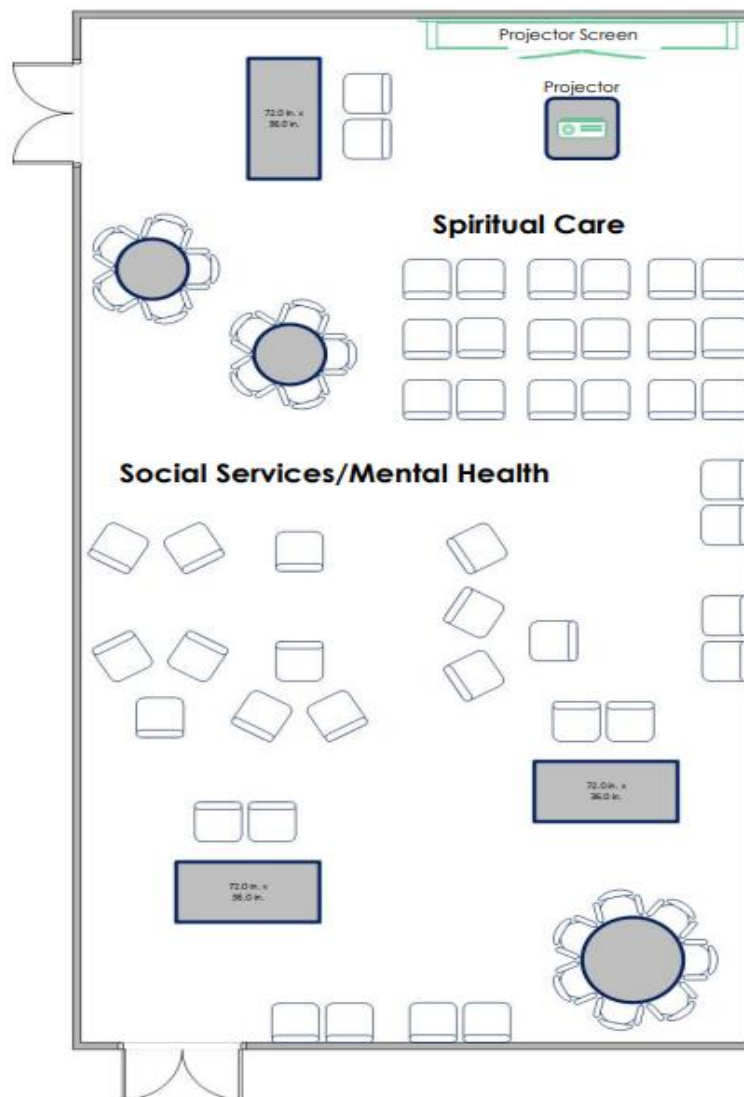
(Adapted from the Coyote Crisis Collaborative Family Reunification Center Planning Guide, 2017. Scottsdale, AZ: Coyote Crisis Collaborative; 2017. <http://coyotecampaign.org/documents>. Accessed June 21, 2018.)

- a. Site accessibility
 - ☐ Approval from facility owner or department representative
 - ☐ Easy access from major roads, freeways, or public transit
 - ☐ Proximity to individuals and clients affected by the incident
 - ☐ Adequate number of parking spaces
 - ☐ Availability on short notice
- b. Usable space and resource
 - ☐ Large indoor space to accommodate needs listed
 - ☐ Multiple exterior entry/departure points (preferably 2 distinct points)
 - ☐ Proximity to restrooms, water source, telephone, and security station
 - ☐ Controlled heating/air conditioning
 - ☐ Flow consideration for Hospital Family Reunification Center (HFRC) required areas to include
 - ☐ Reception / check-in
 - ☐ Credentialing
 - ☐ Reception lobby
 - ☐ Family interview/notification/counseling (individual rooms)
 - ☐ Pediatric-Safe Area (PSA)
 - ☐ Meal area (as appropriate)
 - ☐ Staff briefing area
 - ☐ Staff work area
 - ☐ Staff break room
 - ☐ Logistics/information technology area
 - ☐ Appropriate space for a PSA, including
 - ☐ Enclosed space with narrow entrance
 - ☐ Real walls (or solid partitions)
 - ☐ Unencumbered access to 2 means of ingress/egress
 - ☐ Food preparation or consumption, including any applicable cultural or religious considerations regarding the types of food permitted on the premises
 - ☐ Ability to support communications and technological infrastructure, including expected power load and data-transmission capability
 - ☐ Tables and chairs available on-site
 - ☐ Americans with Disabilities Act compliant or modifiable to be compliant
- c. Safety
 - ☐ Easily secured perimeter
 - ☐ Endorsement of local law enforcement

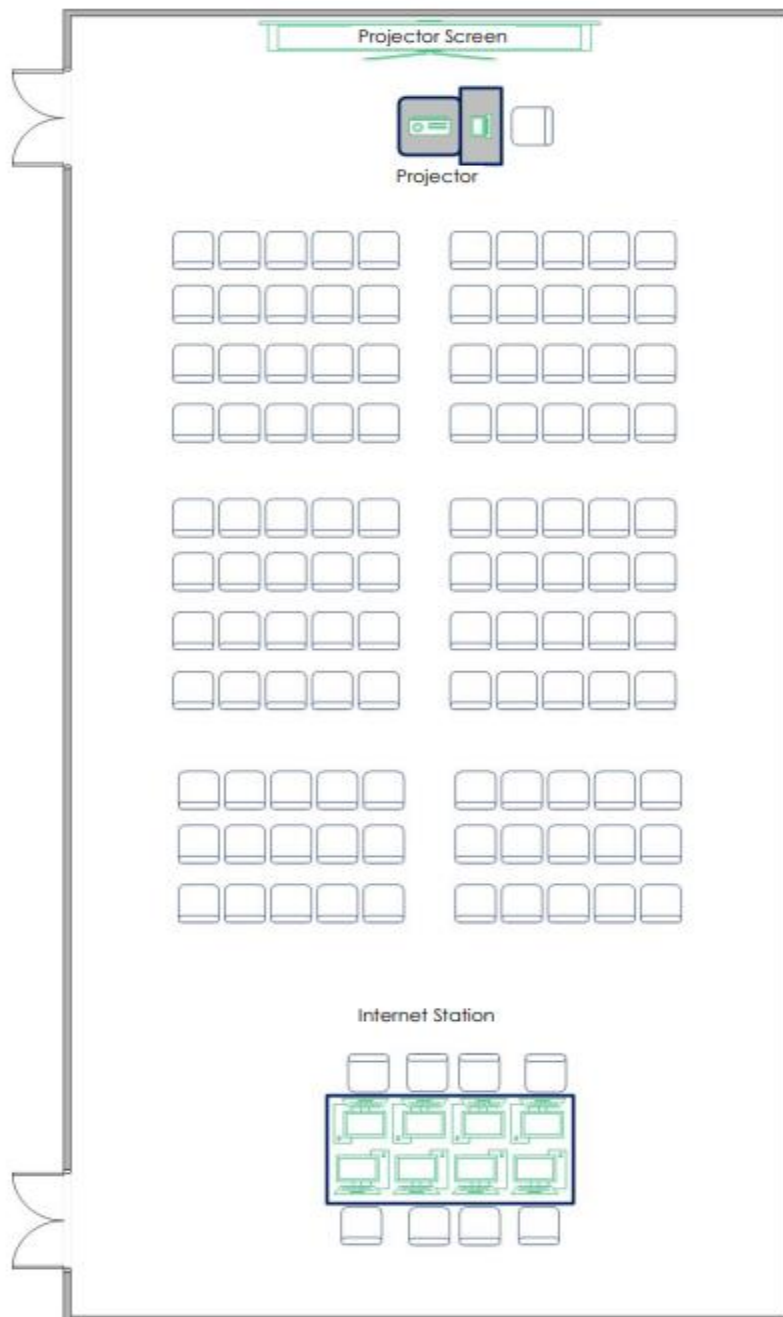
HFRC Sample Site Diagrams

(Reproduced from Los Angeles County Operational Area Family Assistance Center Plan. Ver 2. Los Angeles, CA: Office of Emergency Management, Chief Executive Office, Los Angeles County Operational Area; 2014. http://lacoa.org/PDF/HazardsandThreats/Annexes/LACo_FAC_Plan_May2014_Web.pdf. Accessed June 21, 2018.)

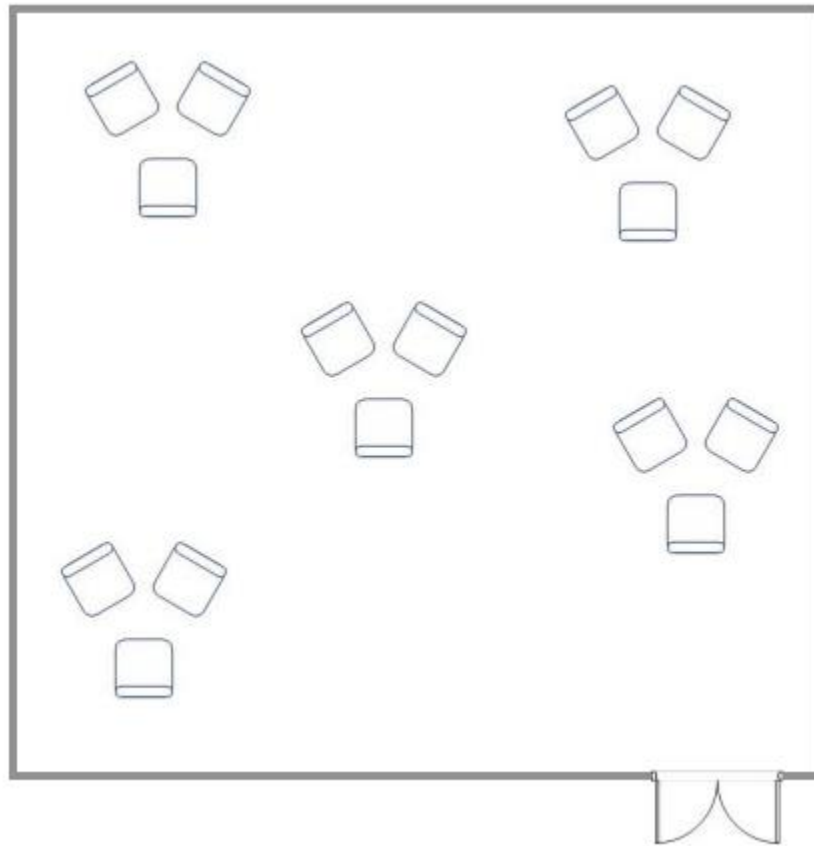
The following diagrams are sample layouts of various spaces in the Hospital Family Reunification Center (HFRC). Each health care facility should modify its layouts on the basis of its available spaces and services provided.



Sample Reception/Family Waiting Area



Sample Family Briefing/Assembly Area



Sample Interview/Notification/Counseling Room



Sample HFRC Equipment and Supply List

(Adapted from the Coyote Crisis Collaborative Family Reunification Center Planning Guide, 2017. Scottsdale, AZ: Coyote Crisis Collaborative; 2017. <http://coyotecampaign.org/documents>. Accessed June 21, 2018.)

Resource	Scaling Guide	Quantity Required	Description/Comment
Reception / Check-in			
Administrative supplies	As needed		
Badging equipment	1 machine per 50 clients		
Signage	As needed		
Tables	1 per 2 filled positions		
Chairs	Number of tables × 2		
Telephones	1 per 2 filled positions		
Trash cans	As needed		
Credentialing Area			
Administrative supplies	As needed		
Badging equipment	1 machine per 50 staff		
Staff computers	1 per filled position		
Tables	1 per 2 filled positions		
Chairs	Number of tables × 2		
Telephones	1 per 2 filled positions		
Trash cans	As needed		
Assembly Area			
Chairs	Enough for all clients		
Communications boards	≥1 as needed		
Audiovisual equipment	Microphones, speakers, projector, and screen(s)		
Podium	1		
Signage	As needed		
Telephones	1 phone with speakerphone and conference call capabilities		
Tables	As needed		
Charging station	1 per 10 people		
Chargers	1 per 5 people		
Trash cans	As needed		
Family Interview/Notification/Counseling Rooms (Behavioral Health and Spiritual Services)			
Administrative supplies	As needed		
Chairs (per room)	6 for family, 1–2 for staff		
Signage	As needed		
Tables (per room)	1		
Telephones (per room)	1		
Tissues	As needed		
Trash cans	As needed		



Pediatric-Safe Area			
Age-appropriate toys	As appropriate		
Cribs/cots	1 per child		
Diaper-changing tables	1 minimum		
Diapers	As needed		
Digital camera	1		
First aid kit	1		
Folding partitions	As needed		
Linens/blankets/pillows	As needed		
Rest mats	As needed		
Small refrigerator	1 per child care area		
Trash cans	As needed		
Meal Area (As Appropriate)			
Food	3 meals a day throughout duration of operations		
Signage	As needed		
Tables and chairs	1 table per 6 clients and appropriate chairs per table		
Trash cans	As needed		
Command Meeting Area			
Incident command vests	1 per Hospital Incident Command System position		
Chairs	1 per staff member		
Tables	2 staff per table		
Trash cans	As needed		
Telephone	1		
Staff Area			
Administrative supplies	As needed		
Chairs	1 per staff		
Conference call phones	1		
Fax machine	1		
Photocopier and supplies	1		
Printer	1		
Radio	1 for each member of leadership staff		
Signage	1		
Tables	2 staff per table		
Telephones	3		
Trash cans	As needed		
Other Supplies			
AED	As required		
Fire extinguisher	As required		
Extension cords/power strips	As needed		



PSA Location Assessment Tool

Area Reviewed: _____ Date Reviewed: _____ Reviewer: _____

Area of Concern	Finding		Follow-up Action Needed
	Yes	No	
1. Is access to the designated Pediatric-Safe Area (PSA) able to be controlled? Can children be contained and directly supervised in this area? (Consider stairwells, elevators, and doors.)			
2. Is there a plan for security of the unit?			
3. Have you conducted drills of the plans for this area with relevant departments?			
4. Do you have a plan to definitively identify the children?			
5. Do you have a plan for identifying the mental health needs of these children?			
6. If needed, can various age-groups be separated into different areas? (Consider whether older children pose a safety issue for the younger children.)			
7. Are enough staff members available to adequately supervise the children? (Consider that younger children need more staff to supervise.)			
8. Do you have a sign-in–sign-out sheet for all children and adults who enter the area?			
9. Are all children admitted to the area required to have appropriate identification bracelets?			
10. If children need to leave the area to use the bathrooms, are there appropriate methods to escort them?			
11. Is there a safe, stable area near a sink but away from eating areas that can be used for diapering?			
12. Are there appropriate facilities for handwashing?			
13. Does the area have fire and smoke alarms?			
14. Is there adequate egress in case of fire?			
15. Do the windows open? (Consider whether the windows would be used for egress in case of fire.)			
16. Are the windows appropriately protected? Do they have window guards?			
17. Is the area safe for children of varying ages? (Is the area free of blinds, drapes, or cords that could pose a strangulation hazard?)			
18. Are electrical outlets child safe / covered?			



Area of Concern	Finding		Follow-up Action Needed
	Yes	No	
19. Is the area free of any water basins/buckets/sinks that can pose a drowning hazard?			
20. Is the area free of fans, heaters, and generators that could pose a safety risk? If fans or heaters are used, are they sectioned off at a safe distance so they do not pose a risk for burns or amputation?			
21. If radiators or hot pipes run through the area, are they covered to prevent burn hazards?			
22. Are areas such as cupboards or under-sink areas appropriately locked?			
23. Is the area free of small toys and parts that would pose choking hazards?			
24. Are cabinets and tables free of items that might topple onto children? Is the area free of unstable, heavy items or carts that might topple onto children?			
25. If medical supplies are in the area, are medication carts and supply carts locked? Is access sufficiently controlled? Are medications and syringes secured and at least 48 in off the floor?			
26. Are there safe, adequate sleeping accommodations available (ie, foam mats on the floor) to avoid co-sleeping?			
27. Are infants placed in safe sleep areas on their backs to sleep to reduce the risk of sudden infant death syndrome?			
28. Are mattress surfaces firm and are soft pillows and toys removed from infant sleeping areas?			
29. Is the area smoke-free?			
30. Are there adequate age-appropriate games, videos, and toys to occupy the children?			
31. Are there nutritious, age-appropriate snacks available for the children, avoiding foods that comprise a choking hazard for younger children?			
32. Are there nearby child care centers or other experts who could be approached to help or advise, should it be necessary?			
33. Have staff/volunteers who will be working in this unit received security clearance (eg, no known child protection issues or criminal history)?			

Adapted from Patricia Wilder, Administrative Project Director, PCS, LPCH, July 2011, New York City Department of Health and Mental Hygiene and its Centers for Bioterrorism Preparedness Planning.

Sample HFRC Unit Leader Job Action Sheet

(Adapted from the Coyote Crisis Collaborative Family Reunification Center Planning Guide, 2017. Scottsdale, AZ: Coyote Crisis Collaborative; 2017. <http://coyotecampaign.org/documents>. Accessed June 21, 2018.)

Mission: It is the mission of the Hospital Family Reunification Center (HFRC) Unit Leader to select the location of the HFRC and ensure that all staff are in place. The HFRC Unit Leader will report directly to the Family Reunification Branch Director unless that position is not established, at which time the HFRC Unit Leader will report directly to the Operations Section Chief.

The HFRC Unit Leader verifies that space, equipment, supplies, and staff are sufficient to handle the work assigned. This position monitors compliance to guidance and mediating and addresses any challenges that may influence service, efficiency, and productivity.

Checklist for the HFRC Unit Leader

HFRC Unit Leader: _____

Situation Briefing

- ☐ Received situation update briefing from Incident Commander, Operations Section Chief, or Family Reunification Branch Director

Operational Period

- ☐ Received information related to the operational period

Anticipated operational period: _____

Additional Staffing Needs (Assign unit leaders for the following areas.)

- ☐ Credentialing
- ☐ Security
- ☐ Reception / Check-in
- ☐ Medical
- ☐ Behavioral Health Services
- ☐ Child Care
- ☐ Spiritual Services

Communications

- ☐ Establish with Family Reunification Branch Director, Operations Section Chief, or Incident Commander.
- ☐ Establish with HFRC.

- ☐ Establish with hospital Public Information Officer.
- ☐ Document all key activities, actions, and decisions.
- ☐ Notify and distribute job assignments, checklist information, maps, and other logistical information to all HFRC Unit Leaders and staff.
- ☐ Distribute contact information provided by the Family Reunification Branch Director.
- ☐ Instruct all HFRC Unit Leaders to periodically evaluate equipment, supply, and staff needs and report status; address those needs with appropriate HFRC staff, and report needs for additional staff or resources.
- ☐ Gain situational updates from HFRC Unit Leaders at scheduled intervals and provide that information to the Family Reunification Branch Director.
- ☐ Distribute information provided by the Family Reunification Branch Director to the appropriate HFRC Unit Leaders or entire HFRC team.

Logistical Needs

- ☐ Electronic charging devices
- ☐ Food and water for staff
- ☐ Break-work cycle scheduling

Additional Activities

- ☐ Distribute contact information provided by the Family Reunification Branch Director.
- ☐ Ensure physical wellness through proper nutrition, water intake, rest, and stress management techniques.
- ☐ Unit leaders should observe all staff and volunteers for signs of stress.
- ☐ Upon relief (eg, shift change), brief the replacement on the status of all ongoing operations, issues, and other relevant incident information.

Demobilization

- ☐ As needs for the HFRC decrease, notify the Family Reunification Branch Director and demobilize when appropriate.
- ☐ Ensure the return/retrieval of equipment and supplies.
- ☐ Debrief staff on lessons learned and procedural/equipment changes needed.
- ☐ Provide formal evaluations of staff as required by the Family Reunification Branch Director.
- ☐ Upon deactivation of the position, brief the Family Reunification Branch Director on current problems, outstanding issues, and follow-up requirements.
- ☐ Upon deactivation of the position, ensure all documentation is submitted to the Family Reunification Branch Director.
- ☐ Submit written comments to the Family Reunification Branch Director for discussion and possible inclusion in the After-Action Report; topics include
 - ☐ Review of pertinent position descriptions and operational checklists
 - ☐ Recommendations for procedure changes
 - ☐ Section accomplishments and issues
- ☐ Participate in stress management and after-action debriefings.



Parent/Guardian Vetting Form

Vetting Form: To be completed by each parent/guardian.

Each parent's name	
Contact number	
Family's address	
Child's name	
Child's medical record number	
Child's birth date	
Child's age	
Patient identifiers	
Hair color	
Eye color	
Clothing	
Shoes	
Jewelry	
Other	
Name of school / grade	
Each teacher's name	
Each pet's name and the type of animal(s)	

Vetting Form: To be completed by staff member interviewing child.

Name	
Medical record number	
Birth date	
Age (or approximate age)	
Parent 1's name	
Parent 2's name	
Sibling name(s) and age(s)	
Address (or street/town name)	
Name of school / grade	
Each teacher's name	
Each pet's name and the type of animal(s)	

Sample Communications Scripting

Ensuring that all families have regular updates to their understanding of the incident status and the hospital response relevant to them will help minimize some of the potential psychological and security concerns that are associated with these incidents.

The following script examples may be used to maintain consistency and ensure family members seeking information receive the same correct information (when they have an appropriate right to know) whether they present in person or call to speak with a phone operator.

Basic Scripting

Yes, I do show that we have a patient by that name here at [HOSPITAL NAME]. When you arrive, please check in at the [front desk in the Main Lobby or another arrival location] and we will direct you to your loved one's current location at that time.

OR

Unfortunately, I do not show any patients by that name here at [HOSPITAL NAME] right now. It takes some time for us to confirm patient identity; if you can call us back in one hour, we may have additional information available at that time.

Additional Resources

Unfortunately, I do not show any patients by that name here at [HOSPITAL NAME] right now. Staff at the [Mayor's Hotline or another external resource] are also assisting with family reunification; if you dial [XXX/XXX-XXXX], you will be connected to additional resources.

Unfortunately, I do not show any patients by that name here at [HOSPITAL NAME] right now. The [city / county / state / nongovernmental organization] has set up a Family Support line and is a centralized resource with information from multiple hospitals; this is the best resource for you right now. The telephone number is [XXX/XXX-XXXX].

Unfortunately, I do not show any patients by that name here at [HOSPITAL NAME] right now. The [city / county / state / nongovernmental organization] has set up a Family Assistance Center at [LOCATION] with additional resources available to assist family members like yourself; this is the best resource for you right now. The address is [ADDRESS] / the telephone number is [XXX/XXX-XXXX].

Callbacks

I apologize but because of the overwhelming number of requests, I am unable to provide callbacks at this time; we are trying to speak with as many callers as we can to reunite family members.

Hospital Family Reunification Plan Planning Checklist

(Adapted from the Coyote Crisis Collaborative Family Reunification Center Planning Guide, 2017. Scottsdale, AZ: Coyote Crisis Collaborative; 2017. <http://coyotecampaign.org/documents>. Accessed June 21, 2018.)

Process	Notes	Complete	Next Step(s)
1. Existing policies			
a. Identifying children			
b. Identifying caregivers			
2. Processes in austere environment			
a. When Internet is down			
b. When electronic medical record is down			
c. When power is out			
d. When caregiver has no ID			
3. Confirming identity			
a. ID			
b. Photo			
c. DNA			
d. Biometrics			
e. Fingerprinting			



f. Verbal identification			
4. Partner agencies			
a. Child and family services			
b. Coroner/mortuary services			
c. Law enforcement			
d. American Red Cross			
e. United Way			
f. Local government			
g. Pediatricians			
h. Schools			



End of document



Family Disaster Plan

Family Last Name(s) or Household Address:

Date:

Family Member/Household Contact Info (If needed, additional space is provided in #10 below):

Name

Home Phone

Cell Phone

Email:

Pet(s) Info:

Name:

Type:

Color:

Registration #:

Plan of Action

1. The disasters most likely to affect our household are:

2. What are the escape routes from our home?

3. If separated during an emergency, what is our meeting place near our home?

4. If we cannot return home or are asked to evacuate, what is our meeting place outside of our neighborhood?

What is our route to get there and an alternate route, if the first route is impassible?

5. In the event our household is separated or unable to communicate with each other, our emergency contact outside of our immediate area is:

Name

Home Phone

Cell Phone

Email:

After a disaster, let your friends and family know you are okay by registering at "Safe and Well" at <https://safeandwell.communityos.org/cms//> or by calling 1-800-733-2767. You can also give them a call, send a quick text or update your status on social networking sites.

6. If at school/daycare, our child(ren) will be evacuated to:

Child's Name:

Evacuation Site (address and contact info):

7. Our plan for people in our household with a disability or special need is:

Person's Name:

Plan:

8. During certain emergencies local authorities may direct us to "shelter in place" in our home. An accessible, safe room where we can go, seal windows, vents and doors and listen to emergency broadcasts for instructions, is:

9. Family Member Responsibilities in the Event of a Disaster

Task	Description	Family Member Responsible
Disaster Kit*	Stock the disaster kit and take it if evacuation is necessary. Include items you might want to take to an evacuation shelter. Remember to include medications and eye glasses.	
Be informed	Maintain access to NOAA or local radio, TV, email or text alerts for important and current information about disasters.	
Family Medical Information	Make sure the household medical information is taken with us if evacuation is necessary.	
Financial Information	Obtain copies of bank statements and cash in the event ATMs and credit cards do not work due to power outages. Bring copies of utility bills as proof of residence in applying for assistance.	
Pet Information	Evacuate our pet(s), keep a phone list of pet-friendly motels and animal shelters, and assemble and take the pet disaster kit.	
Sharing and Maintaining the Plan	Share the completed plan with those who need to know. Meet with household members every 6 months or as needs change to update household plan.	

*What supplies and records should go in your disaster kit? Visit www.redcross.org

10. Other information, if not able to be included above.

Congratulations on completing your family disaster plan! Please tell others: "We've made a family disaster plan and you can, too, with help from the American Red Cross."

Get the facts about what you should do if an emergency or disaster occurs at www.redcross.org

MEDICAL EMERGENCIES **WHAT YOU NEED TO KNOW**

FROM AMERICA'S EMERGENCY PHYSICIANS



FAMILY DISASTER PREPAREDNESS



Family Disaster *Preparedness*



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

www.EmergencyCareForYou.org

Family Disaster *Preparedness*

There are numerous family disasters that can occur, but many of the ways to prepare for them are similar. The American College of Emergency Physicians (ACEP) recommends that families first identify what types of disasters are common in their regions. This information can be obtained from local emergency management offices or American Red Cross chapters. Next, ACEP recommends developing a family disaster-preparedness plan that deals with each type of possible situation.

Some information from this booklet was extracted from the Family Readiness Kit, developed by the Federal Emergency Management Agency (FEMA) and organizations including ACEP, as well as from the U.S. Government's Homeland Security Department and the Centers for Disease Control and Prevention.

The advice in this publication does not contain all the information that could be provided about family disaster preparedness. For more detailed information about preparing for disasters, visit the FEMA website at www.fema.gov/hazard/index.shtm.



www.EmergencyCareForYou.org

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Develop a Plan

To develop a plan, keep the following steps in mind:

- Assemble a disaster supplies kit and an evacuation box. Check with your child's school to see if you can keep a disaster supply kit for him or her there.
- Become familiar with designated evacuation routes (which are common in hurricane-prone areas). Plan one or more evacuation routes (in case alternate routes are blocked), and know the safest route to emergency shelters. Conduct family emergency drills about every six months.
- Set two or three meeting places if the family is not together when the disaster occurs and communication is disrupted (e.g., land-line phones or cell phones are not functioning).
- Learn about emergency plans in your child's school or day care center and in the community. (This includes knowing schools policy regarding sheltering in place and evacuation procedures.)
- Make sure all family members know where to go in the home to be safe.
- Make sure all family members can recognize danger signals (e.g., smoke detector alarm) and the warning signals (sirens, radio or television messages) your community uses, as well as what to do if they hear them.
- Make sure all family members know how and when to turn off gas, water and electricity.
- Keep a battery-powered radio and flashlight in a safe accessible location. Check the batteries every six months.
- Choose an out-of-state family contact, and make sure everyone knows how to contact



this person, in case you become separated in an emergency. Make sure your children know how to call for help and when to use emergency numbers.

- Place emergency phone numbers on each phone. These should include 911 or an EMS telephone number, fire department, ambulance, physician, poison control, work numbers, neighbors, gas company, Red Cross, hospital, out-of-town contact and local emergency management division.

911

- Make sure adults in the house know how and when to turn off household utilities.
- Develop a plan to protect your pets in an emergency.
- Know how to help the elderly and people with special needs. Keep a portable list of medications or know the pharmacy from which medications are obtained so a list can be compiled if the bottles are lost in the disaster.
- Make two copies of important documents and keep originals in a safe deposit box away from your home.
- Conduct a household inventory. Make a detailed visual or written record of all your possessions, including model and serial numbers.
- Make sure you have enough insurance coverage.
- Learn first aid and take a CPR class.



Practice and Maintain Your Plan

- Every month — test your smoke alarms.
- Every six months — go over your family disaster plan and do escape drills. Replace stored food and water.
- Every six months, replace batteries in smoke detectors.



In a disaster, it's important to remain calm and put your plan into action.

- Follow all government evacuation orders. Listen to local radio and television stations for updates and instructions. If you don't have a battery-powered radio, listen to your car radio.
- If told to evacuate, leave right away. Use flashlights instead of matches. Do not touch any downed power lines.
- If you smell gas or suspect a leak, turn off the main gas valve, open windows and get everyone outside quickly. Shut off any other damaged utilities (a professional will need to turn the gas back on).
- Clean up any spilled household chemicals, gasoline or other flammable liquids immediately.
- Confine or secure your pets.
- Check on neighbors, especially elderly or disabled persons.

If Asked to Evacuate:

- Take personal identification and evacuation box with you.
- Use routes suggested by officials.
- If safe and if advised, shut off water, gas and electricity.
- Stay away from power lines that are down.
- Take disaster supplies.
- Leave a note explaining when you left and where you are going.

If Asked To Shelter in Place:

The following are general procedures. The actual steps involved in sheltering in place may vary.

- Gather everyone, including pets, inside, and lock doors, close windows, air vents and fireplace flues.
- Turn off forced-air systems, including heat and air conditioning, as well as exhaust fans and dryers.
- Make sure you have your disaster supply kit and first-aid kit with you.
- Choose an interior room, or one that has as few doors, air vents and windows as possible. A room with access to a water supply is best, such as a master bedroom connected to a bathroom.
- Seal all outside air sources with plastic sheeting and duct tape. Pre-cut the sheeting, if possible, and make sure it is larger than the space that it needs to cover. Position it flat against the surface.
- Monitor radio, TV or Internet reports for updates and instructions



- Only general procedures are outlined. The actual steps involved in sheltering in place may vary, depending on the type of disaster situation at hand.

Family Disaster Supply Kit

An important part of family disaster preparedness planning is putting together a disaster supply kit. All family members in your household should be made aware of the items in this kit, and it should be easily accessible to everyone. In addition, your family may want to consider assembling two types of kits — one for potential emergencies or disasters that may affect your particular geographical area (such as floods, tornadoes, hurricanes) and another for a potential act of terrorism. You should store items together in a plastic tub or container that is easy to locate by all family members, and check the supply of items every six months or so, for items that may need replacement or replenishing.

Your family disaster supply kit should include the following:

Food, Water and Essential Medicines



- Water (one gallon per person for three days recommended)
- Non-perishable foods (replace every six months) that require no refrigeration or preparation, such as:

— Peanut butter

— Ready-to-eat canned meats, fruit, vegetables, milk and fish (10 cans per person recommended)

— Bread and crackers stored in waterproof bags or containers

— Cereal and granola bars

- Special supplies for babies (diapers, formula, powdered milk, medications) or elderly people
- Prescriptions and other medically necessary items that your family may require, including a minimal three-day supply of all prescription medicines and over-the-counter medications such as acetaminophen or ibuprofen (Keep a larger supply of any essential or daily-maintenance prescriptions on hand.)



Evacuation Box

Store the following items in a waterproof, portable container to use at home or to take with you if you are evacuated.

- Battery-powered radio, flashlights and extra batteries
- First aid kit and manual (for contents of first aid kit, see ACEP's Home First aid Kit flyer. Personal identification, passports and copies of social security cards

- Canned food and bottled water
- Health information, such as prescription medications (one-month's supply recommended), copies of prescriptions, children's immunization records and lists of allergies
- Extra pairs of eyeglasses or contact lenses and supplies
- Emergency phone numbers
- Bank account numbers, insurance policies, a will, deeds, stocks and bonds
- Credit card account numbers and companies



- Family records (births, marriages, death certificates)
- Inventory of valuable household goods
- Map of the area (to locate shelters)
- Credit card, extra cash and change

- Mess kits or paper cups, plates and plastic utensils
- Non-electric can opener and utility knife
- Personal hygiene items
- Change of clothing, rain gear and sturdy shoes for each family member
- Blankets or sleeping bags

Other Household Supplies

- Matches in a waterproof container
- Spare set of car keys
- Signal flare
- Whistle
- Masking or duct tape
- Plain chlorine bleach or other method to sanitize drinking water
- Plastic garbage bags
- Shut-off wrench, to turn off household gas and water
- Land-line corded telephone that does not require electricity to operate (in case electricity or cell phone service is unavailable)
- Extra batteries of various sizes, e.g. AA, AAA, C, D, 9 volt
- Hand crank charger, or other battery powered device to recharge cell phones



Supplies for Pets

Remember that shelters can't take pets, so plan for them in case you have to evacuate. You will need:

- A two-week supply of dry and canned food
- Water (minimum half gallon per animal, per day recommended)
- Litter box supplies
- Travel crate or cage

Disaster-Specific Tips

The following tips are for specific disasters and supplement the general disaster advice given previously. This information does not represent all the ways to prepare and respond. For more specific information, visit the FEMA website at www.fema.gov/hazard/index.shtm.

Earthquake

Earthquakes can strike suddenly and without warning, with devastating loss of life and property.

To prepare:

- Develop an earthquake plan and review and rehearse it with your family. Practice dropping to the floor and taking cover under a sturdy table or desk, while holding on and protecting your eyes by burying your face in the crook of your arm.
- Review your disaster plan with family members, caregivers and babysitters.
- As part of your plan, reserve a safe place in every room of your house — under a sturdy table, desk or along an inside wall in an area that is free of glass or anything that can fall on you.

- Keep a working fire extinguisher handy and know how to use it.
- Know where the shut-off valves are located in your home for gas, water and electricity.
- Select an out-of-the-area family contact or friend to notify in the event of a quake.
- If you live in an earthquake-prone area, secure your home and address any hazards — store breakable objects, hang heavy or unstable objects away from where people might get injured and maintain your home so there are no cracks in your foundation or ceiling. In addition, securely store pesticides and chemicals and your water heater to the wall. Secure bookcases, china hutches and other heavy, potentially mobile furniture to wall studs with bolts or other devices. Put latches on cupboards.
- Check with a building inspector or other professional about additional home foundation and structure reinforcement measures.

In the event of an earthquake:

- Drop to the floor and find the nearest place of secure cover, and then hold on.
- If in bed, stay put and hold on while protecting your head with a pillow.
- If outdoors, drop to the ground and stay away from buildings, tall trees, power lines and anything else that might fall on top of you.



- If in a car, slow your speed and follow the directions given above. Do not exit the vehicle until after the tremors stop, unless circumstances created by the quake place you in immediate danger.

After an earthquake:

- Check yourself and others for injuries; administer first aid, if necessary; call 911 or your local emergency number only if injuries appear life threatening but be aware that ambulance service may be delayed.
- Get rid of fire hazards and extinguish small fires.
- Turn off the gas if you detect an odor or if there's a chance it's leaking, especially if any fires are nearby.
- Check your home for structural or other damage; be prepared to evacuate if it appears unsafe.
- Watch television or listen to the radio for instructions and updates.
- Be prepared for aftershocks. Drop, take cover and hold onto a secure object if tremors begin again.
- Be aware that telephone service may be cut off or that circuits may be overloaded; use the phone only if caught in a life-threatening situation.



Extreme Heat

Extended heat waves can be dangerous and even life-threatening for people, especially the elderly, people with chronic illnesses, the young (under age four) and those who are overweight.

To prepare:

- Be familiar with the symptoms of heat cramps, heat exhaustion and heatstroke; be ready to respond if any of these symptoms are exhibited.
- Make sure your home's air-conditioning system works properly. It's best to have it checked every year before the weather gets hot.
- If your house does not have air conditioning, consider having it installed. If that is not possible, have at least one or more fans on hand to help sweat evaporate and cool your body. (Keep in mind that while electric fans may provide comfort, they will not necessarily prevent heat-related illness during periods of extreme heat.)
- Weather-strip doors and sills to keep cool air in.
- Cover windows that receive morning or afternoon sun.

***Never leave children or pets
in closed vehicles even for
brief periods of time.***

In the event of extreme heat:

- Pay attention and respond to government warnings about extreme heat in your area.
- Stay indoors as much as possible, and avoid exerting yourself outdoors.
- If you are home, stay on the lowest floor out of the sun, where typically it's coolest. If that is not possible, go inside a cool building (e.g., shopping mall, community center, library) during the hottest hours of the day.



- Drink plenty of water and other fluids to help keep your body cool, even if you don't feel thirsty. Avoid excessive intake of caffeine and alcoholic beverages (particularly beer), which can be dehydrating.
- Eat small, light frequent meals. Avoid excessive protein or heavy foods.
- Wear light, loose-fitting warm-weather clothing; avoid layers of clothing.
- Take frequent cool showers, baths or sponge baths.
- Some prescription medications may interfere with the body's natural ability to regulate temperature or inhibit sweat production. Check with your doctor or pharmacist for these and other possible side effects.
- Never leave children in closed vehicles even for brief periods of time. Temperatures in automobiles can climb to 130 degrees F (54.4 degrees C) within minutes and can be lethal.

Elderly

Elderly people have more trouble adjusting to sudden changes in temperature than younger people do, so be alert to their special needs. Many chronic medical conditions impair the body's normal responses to heat. Check on elderly friends and neighbors and others who are at risk of heat-related illnesses at least twice a day.

Consider Pets

- Make sure pets have plenty of water and access to shade or cooler environments.
- Be careful not to over-exert any pets during outdoor activities (especially older animals and dogs with thick fur); they can succumb to heat exhaustion and heat stroke much more quickly than humans.
- Never leave pets in a closed vehicle, even for very short periods.

Fire

Approximately 4,000 Americans die each year in fires, and more than 20,000 are injured — often because of lack of awareness of how dangerous fires are and how quickly they spread. That's why knowing the basic facts about fires is so important.



Fire Facts

Fire spreads quickly. It can take fewer than 30 seconds for a flicker or a flame to get completely out of hand and turn into a major fire. A house can fill with life-threatening black smoke and flames in minutes, leaving no time for making a phone call or grabbing valuables.

Smoke and toxic gases can be more threatening than flames. Most fires happen when people are asleep. Instead of being awakened, however, the poisonous gases released by the fire may make them fall into a deeper sleep. Asphyxiation, caused by the inhalation of smoke and odorless, colorless toxic gases, is the chief cause of fire deaths, exceeding burns by three to one.

Heat is deadly. Fires can generate intense heat – up to 600 degrees in minutes. This heat can scorch your lungs and melt clothing to your skin. Sometimes the heat from a fire causes everything in the room to ignite at once; this is known as “flashover.”

Fire is pitch black. Although flames from a fire are bright, they quickly produce black smoke and total darkness, making it difficult to find your way out of your house.

Fire Prevention

- Install smoke detectors, and check them once a month. Place smoke alarms on the ceiling or high on the wall (up to 12 inches from the ceiling) on each level in your house, including outside bedrooms, at the top of open stairwells, at the bottom of enclosed stairways and just outside the kitchen.
- Consider having your local fire department inspect your home for fire hazards, prevention and safety.
- If you live in the city by a back alley, consider installing address numbers on the back of your house so emergency personnel can locate it easier.

- Keep A-B-C-type fire extinguishers in your home; check regularly and know how to use them.
- If possible, install an automatic sprinkler system in your home.
- Insulate chimneys and have them inspected yearly.
- Place spark arresters on the roof surrounding the chimney.
- Use caution when using space heaters, and make sure they are at least three feet away from upholstery, curtains and other flammable items.
- Never leave space heaters unattended.
- Call the utility company if you smell gas; they will dispatch professionals to check for leaks.



Open Sources of Flames

- If you have a fireplace, have it swept and inspected annually to prevent buildup of creosote, which can ignite and cause your house to catch on fire. Use a fireplace screen at all times, and keep all flammable items, including rugs, away from the hearth area.
- Use caution when burning candles, particularly during large gatherings (or refrain from using them altogether, especially if children or pets are present). Never leave candles unattended, and extinguish them if you feel sleepy or are using medication that can make you drowsy.
- Keep matches and lighters away from children's reach, preferably under lock and key.
- Never smoke in bed or when drowsy. Use only deep, sturdy ashtrays, including outdoor areas, particularly for persons who smoke outside. Cigarettes and cigars should be doused with water first if being disposed of in the trash.

Flammable Items

- Never use flammable liquids (including gasoline, kerosene and lighter fluid) indoors.
- Use only approved containers for flammable items. Store them in cool, well-ventilated areas away from sources of combustion and out of reach of children and pets.
- Never launder or store rags that have been soaked in flammable liquids after you have used them; discard only in sealed, outdoor metal containers.

Cords and Electrical Wiring

- Ask an electrician to check your electrical wiring, especially if your house is old or if you frequently blow fuses.
- Keep extension cord use to a minimum and make sure prongs are fully plugged in.
- If you must plug in two or three items using the same outlet source, use a UL-approved multiple-plug-in unit to prevent sparks and short circuits and to protect against power surges.
- Check all cords for frayed or exposed wires.
- Make sure outlets are secured with cover plates.
- Do not run cords or wiring under rugs, over nails or in highly traveled areas.



Cooking

- Use caution when cooking; it is the leading source of fires in homes.
- Never leave stoves or other sources of fire unattended.
- Avoid wearing long sleeves and loose-fitting clothing or accessories.
- Keep towels, pot holders and curtains away from the stove or flames.

- Make sure all cooking surfaces are free of grease.
- Take care when cooking with oil to avoid burns from spattering grease.
- Use a lid to smother any fires that erupt in cooking pans. (Never use water on a grease fire.)
- Keep a kitchen fire extinguisher handy (under the sink or in a closet).
- Turn off and check all kitchen appliances before going to bed or leaving the house.
- Never use your stove to heat your home.

Fire Safety Tips

- Plan and practice escape routes for each room in your home with your family; make sure you have two methods of escaping every room in the house. Employ the same measures for your surroundings when traveling or staying with family and friends.
- Teach family members to stay low to the ground (where the air is less hot and toxic) and crawl along the floor in the event of fire.
- Make sure you can open all windows, and install fire-safety opening features on the inside of any window security gratings or burglar bars.
- Consider purchasing escape ladders for upper levels.

In the event of a fire:

- Escape first, then call for help. Time is of the essence.
- Do not use elevators; take the stairs instead, or if blocked, exit through a window.
- Carefully check closed doors (with the back of your hand only) for heat before opening them.
 - Do not open a hot door; try escaping through a window instead. If you can't exit from the window, hang a white or light-colored sheet from the window so that fire-fighters can find you.
 - Open a cool door with caution, and check for fire and smoke before escaping through it. If your escape route does not appear safe, close the door and check alternative escape routes, including windows. If the area is clear, leave immediately and close the door behind you.

- If there is smoke, get down near the floor and crawl till you reach your exit. Continue to close doors behind you to block heat, smoke and flames.
- Do not re-enter the building once you have made it out safely. Instead, call 911.

If there are burn or smoke-inhalation victims:

- Call 911 or your local emergency number.
- Cover burns and follow the instructions in "What To Do in a Medical Emergency."
- Perform CPR for smoke inhalation.



Flood

Floods are the most frequently reported natural disaster in the nation and can occur in virtually every state and territory. But not all floods are the same. Flash floods are usually considered the most dangerous, but even minor, slowly developing floods can be deadly. Flooding also often occurs after hurricanes.

A flood watch means flooding is possible in your area; stay tuned for developments and details, and elevate or move furniture and valuables to higher floors. Be prepared to possibly evacuate. If the watch is for a flash flood, know the signs of a flash flood and be ready to leave at a moment's notice.

A flood warning means that a flood is occurring or will happen very soon; be prepared to evacuate as soon as possible if instructed to do so.

If you receive a flash flood warning that pertains to you or if flooding starts in your area, evacuate and get to higher ground immediately. Do not delay; you may only have minutes or even seconds to escape.



To prepare:

- Find out your area's risk of flooding. If you're not sure, contact your local government's emergency management office, planning and zoning department or Red Cross chapter.
- Minimize potential flood damage in advance by making sure your furnace, water heater and electric panel are in elevated areas of your home. (Consulting with a professional is advised.)
- Identify alternate routes and other means of transportation out of the immediate area.
- Have access to boots and heavy rain gear, if needed.
- Prepare a family disaster plan that includes your family disaster supply kit.
- Tune in to local weather reports on television, radio or via the Internet for the latest weather conditions and safety instructions, and when to be ready to evacuate.
- Stay away from rivers, streams and other bodies of water.
- Obey barricade signs.
- Avoid driving through floodwaters, even if shallow; your vehicle may be swept away.
- If you are caught in rapidly rising water and your car stalls, get out immediately and get to higher ground.
- Avoid wading or swimming in flood waters. You may be caught up in rapidly flowing waters, or the water may be filled with dangerous debris or electrically charged. If you must

walk through water, survey the area for any possible dangers first, and look for areas where water is not moving.

- Avoid downed power lines; they carry the risk of electric shock or electrocution.

After a flood:

- Do not return to a flooded home or local area until local authorities tell you it is safe to do so. The flooding may have weakened roads and bridges, leaving them in danger of collapse. Downed power lines, fallen trees and floating debris may present life-threatening dangers, buildings may be unstable or uninhabitable and drinking water may not be safe.
- Be prepared to live elsewhere, using the supplies from your family disaster kit, for at least several days, and exercise caution and good judgment in your decision-making about whether or not to return home.



Hurricane

Hurricanes are common in the southern Atlantic Ocean region, the Caribbean Sea, the Gulf of Mexico and the eastern Pacific Ocean, particularly from August through December. Originating from severe tropical storms that form hundreds of miles out to sea, hurricanes can range from mild (Category 1) to severe (Category 5), and people living in coastal communities should be hurricane-ready and prepared to evacuate when told to do so.

A hurricane watch means a hurricane is possible in your area; stay tuned for developments and details, and be prepared to possibly evacuate. Secure your property by boarding up windows with plywood or hurricane shutters. Move all outdoor furniture, plants

and anything else not tied down indoors. Consider elevating or moving furniture and valuables to higher floors, if your home is susceptible to flooding.

A hurricane warning means that a hurricane is expected in your area; be prepared to evacuate as soon as possible if instructed to do so.

To prepare:

- Assemble a disaster supply kit that includes such items as a home first aid kit, extra set of car keys, credit card and one change of clothing per person.
- Keep on hand a three-day supply of bottled water (one gallon per person, per day), canned foods and blankets or sleeping bags in case you need to evacuate.
- Keep a battery-powered radio and flashlight in your home, with spare batteries; in a disaster situation, listen to your local radio and TV stations for updates and follow all instructions.
- Conduct a household inventory. Have a detailed visual or written record of all your possessions, including model and serial numbers.



- Store important documents in a safe deposit box away from your home. Keep valuables and copies of important papers in an evacuation box that includes health information, such as prescription medications; copies of prescriptions and children's immunization records; lists of allergies; list of emergency numbers, including telephone numbers of physicians; extra pairs of eye glasses; and a first-aid manual.
- Plan to secure your property either with storm shutters or plywood. Tape is not effective in preventing windows from breaking.

- Conduct family emergency drills. Identify places to meet in case of emergency, and know the location of and safest route to emergency shelters. Show each family member how and when to turn off water, gas and electricity. Post emergency numbers on telephones.
- Secure and make provisions for pets, or bring along pet supplies if you are evacuating your pets with you. (Remember that shelters can't take pets during hurricanes and other disasters.)
- Take first aid and CPR classes. Learning these skills and being prepared can save a life.

In the event of a hurricane:

- Pay attention to local weather reports on television, radio or the Internet for the latest weather conditions and safety instructions. Be ready to evacuate.
- Keep a full tank of gas in your car, and have cash on hand in case the power goes out and credit cards and ATM machines can't be used.
- Turn off any propane tanks.
- Fill the bathtub or other large containers with water to use to flush toilets, if needed.
- Evacuate when called upon to do so. Secure your home by unplugging appliances and electrical equipment, and take your disaster supply kit, including your battery-powered radio, with you.

After a hurricane:

- Do not return to a hurricane-damaged or flooded home or local area until local authorities tell you it is safe to do so.
- Avoid downed power lines; they carry the risk of electric shock or electrocution.
- Stay away from flooded areas. The flooding may have weakened roads and bridges, leaving them in danger of collapse. Downed power lines, fallen trees, disabled vehicles and building debris may present dangers; buildings may be unstable or uninhabitable and drinking water may not be safe.
- Watch for animals that may have sought refuge in unusual places, including your home — do not try to rescue them. Do not touch dead animals, which can cause disease. If you pick through debris, watch for poisonous snakes.

- Do not re-enter your home if you smell gas or you see damage to electrical wiring or water and sewer systems or to the roof or foundation. Do not turn on the lights until you know it is safe to do so.
- Be prepared to live elsewhere, using the supplies from your disaster supply kit, for at least several days, and exercise caution and good judgment in your decision-making about whether or not to return home.



Tornado

Tornadoes, like hurricanes, are violent and can cause widespread destruction and death. However, unlike hurricanes they are more localized, of much shorter duration and intensity (lasting only seconds or minutes as opposed to hours or even days) and can arise suddenly without any warning, thus making them difficult to anticipate or predict. Tornadoes are most common in the Midwest, Southeast and Southwest and typically occur during the warm weather months. However, they can occur anywhere at any time of year. That is why being tornado-ready is so important.

A tornado watch means a tornado is possible in your area; stay tuned for developments and details. Be prepared to possibly seek shelter, preferably underground. A tornado warning means that a tornado is occurring or has been spotted in your area; take shelter immediately.

To prepare:

- Be aware of the likelihood of a tornado in your area. If you're not sure, contact your local emergency management office, National Weather Service office or local American Red Cross chapter.

- Be familiar with the signs of an approaching tornado and know what a tornado funnel cloud looks like.
- Prepare a family disaster plan and assemble a disaster supply kit. The plan should designate areas of the house to seek safety.
- Conduct periodic tornado drills with your family.
- Keep tree limbs and bushes trimmed; remove dead branches.
- If a storm is coming or is underway, monitor media outlets for the latest developments and safety instructions.

In the event of a tornado:

- Pay attention to local radio broadcasts.
- Look for the warning signs of an approaching tornado: large hail, loud roar (like a freight train) and a dark sky.
- If you notice these signs, take shelter immediately. A basement or storm cellar are among the best places to go. If you cannot go underground, find an interior room or hallway on the lowest floor possible.
- Remain away from outside walls and corners, which attract debris.
- Stay away from windows, doors and outside walls. Do not open windows.
- Consider getting under a large piece of furniture, such as a table, and protect your head and neck.
- If you have enough advance warning and are not in a safe place (such as outdoors, in a vehicle, in a mobile home or trailer), quickly go to a structure with a firm foundation.



- If there's enough time beforehand, secure or bring in plants, patio furniture, trash cans or any other loose items that can blow away or cause damage or destruction.
- If you live in a mobile home, seek shelter in the basement of a nearby building.
- If you are outdoors, watch for flying debris, and do not go under bridges or overpasses. You are safer in low, flat locations.

After a tornado:

- Avoid downed power lines; they carry the risk of electric shock or electrocution.
- Do not return to a damaged home or local area until local authorities tell you it is safe to do so. The tornado may have downed trees and buildings, making roads impassible, or it may have weakened bridges, leaving them in danger of collapse. Downed power lines, fallen trees and floating debris may present life-threatening dangers, buildings may be unstable or uninhabitable and drinking water may not be safe.
- Be prepared to live elsewhere, using the supplies from your disaster supply kit, at least for several days, and exercise caution and good judgment in your decision-making about whether or not to return home.



Regional and Worldwide Epidemics and Disasters

Many disasters have potential regional and even worldwide implications, including hurricanes, chemical and nuclear plant accidents and terrorism. In addition, pandemic illnesses and epidemics have exerted massive tolls on human lives throughout history. Consider the bubonic plague – also known as

the “Black Death” – which wiped out huge portions of the population (estimates range from 50 to 75 million worldwide) during epidemic waves that swept over Central Asia and Europe between the 14th and 18th centuries. Or the pandemic flu outbreaks of the 20th century, including the Spanish Flu of 1918-19, in which 40 to 50 million people died worldwide; the Asian Flu of 1957-58, in which nearly 70,000 people in America died; and the Hong Kong Flu of 1968, in which nearly 34,000 people died.

Today's global mobility increases the risk of spreading diseases more rapidly. Some of the most recent pandemic threats include Severe Acute Respiratory Syndrome (SARS) and the Avian flu. As public health concerns about the threats of a worldwide pandemic grow, public health organizations and hospital emergency departments are focused on being prepared to help and save as many people as possible.



Pandemic Flu (Influenza)

Pandemic flu is a global outbreak of virulent human flu that causes serious illness and potentially many deaths. It is not the same as the yearly seasonal flu. A pandemic of influenza occurs when a new influenza A virus emerges to which people have little natural immunity, thus allowing it to spread easily through populations and across countries. It is spread from person to person through personal contact and coughing and sneezing.

The severity and unpredictability of pandemics typically disrupt the functioning of society and commerce and potentially could sicken 25 percent to 35 percent of the total population; individuals and families are advised to take proper precautions and prepare for possible illness outbreaks in advance. While currently there is no pandemic flu, the concern is that the potential for one that is devastating may be inevitable. Experts project more than 300 million people could die worldwide, possibly crippling the



health care community and national economies in a pandemic that might last for more than a year.

Preparing for a potential flu pandemic is the same in many ways as planning for a natural disaster or act of terrorism.

To prepare (in advance) for a pandemic:

- Develop a disaster supply kit, which includes keeping a minimal two-week supply of food and water on hand. People may be advised to avoid public places, and stores may run out of supplies.
- Make sure you have an adequate and fresh supply of prescription drugs and over-the-counter medications. (Periodically check expiration dates on all medications.) Also be sure to have other health supplies on hand, including pain relievers, cold and cough medications, fluids containing electrolytes, vitamins, upset-stomach remedies, tissues and a thermometer.
- Keep a stock of filtering masks on hand, in the event you need to go out in public.
- Devise a plan with family members to ensure that everyone gets proper care in case of severe, incapacitating illness.
- Be prepared to isolate yourself and your family in the event of a severe outbreak of illness. Make advance preparations to work from home, if possible.
- Check with your child's school and your community and health facilities for their pandemic plans. Also, check to see if your employer has a pandemic plan.
- Get involved with your community's pandemic planning activities by volunteering with local groups, schools and other organizations.

In the event of a pandemic:

- Pay attention and follow the directions of public health officials.
- If you are sick — stay home until you are better, to avoid spreading your illness to others.
- Practice good hygiene. Make sure everyone in the family washes their hands frequently with soap and hot water or an alcohol-based hand wash. Also, be sure to sanitize bathroom fixtures, door handles and other typical skin-contact surfaces frequently.
- Cover coughs and sneezes with tissues or by coughing or sneezing into the crook of your elbow (instead of your hand).



For details and government advisories, see the federal government's website at www.pandemicflu.gov or check with the Centers for Disease Control and Prevention by calling their hotline at 1-800-CDC-INFO (1-800-232-4636; TTY 1-888-232-6348.) For links to state departments of public health, see 222.cdc.gov/other.htm#states.htm.

Terrorism

Preparing for acts of terrorism is the same in many ways as preparing for a natural disaster. The nature of terrorism means there may be little or no warning before an attack. In any case, you and your family need the proper tools and plans in place to survive on your own for several days or even longer, and you need to be ready for the unexpected. As with other potential emergencies, you should:

- Assemble disaster supply and first aid kits and keep them freshly stocked and on hand.
- Learn first aid and take a CPR class.
- Develop a family communications plan — one that includes various scenarios.



- Be prepared to survive without electricity, phone, gasoline pumps, and ATM machines.
- Practice survival strategies, including — depending on the situation — whether to stay (“shelter in place”) or go (see sections that follow).
- Become familiar with school, work, day care and community emergency plans.
- Keep at least a three-day supply of food, water and medication on hand.
- Keep at least a half a tank of gas in your car at all times.
- Have access to alternate forms of transportation.
- Monitor news reports and obey government orders and instructions.
- Remain calm and use common sense.

Additional Disaster Supply Kits and Items

Consider assembling two kits — one with everything you might need if you had to remain in place and survive for several days, and the other, a smaller, more lightweight version that could travel with you if you had to leave quickly. Both kits should be kept in a durable, easy-to-carry bag, such as a tote bag, backpack or small carry-on suitcase.

Because many (but not all) potential terrorist attacks might involve releases of harmful substances into the air, such as smoke and particles that can cause lung damage from an explosion, or germs that



might make you sick during a biological attack, consider including the following items in your disaster supply kit(s):

- A face mask — or, if in a situation where you might need to improvise — any dense-weave fabric, such as a t-shirt, that might help filter out contaminants during an emergency. A variety of face masks, suitable for different industrial uses, are typically available in hardware stores. (However, these types of masks will not likely protect you from a chemical gas release.)



- Duct tape, heavyweight trash bags or plastic sheeting and scissors to use to seal off windows, doors and air vents, and “shelter in place,” if necessary. You may want to pre-cut and label these materials in advance, depending on your situation, to save time in an emergency.
- Extra cash (in case electronic bank machines are not working) and identification.
- A clean pair of clothes and a spare pair of shoes in case your clothes are contaminated by chemical or radiation exposure during an attack.

Prepare for the Unexpected

Because of the unpredictable and possibly multi-pronged nature of terrorism, it's important to plan several possible courses of action, depending on the scenario that unfolds.

- Consider that you might be separated from family members. When developing your family communications plan, make sure you review how you will contact each other and what you will do in different situations. Designate a family contact, preferably someone out of town, to serve as a point of relay, and make sure everyone knows how to reach that person.
- Your decision about whether to evacuate or stay is not easy to predict and will depend on your situation and the nature of the attack. Plan for and practice what you would do

under both scenarios, with the goal of getting yourself and possibly others out of immediate danger. Expect to act fast, and try to stay level-headed and make sound decisions, knowing that you may have to do so in a state of disaster, and widespread panic. As with other emergencies, keep in mind that local authorities and media outlets may not be able to provide much immediate information. However, you should still keep checking TV, Internet and radio for news updates and instructions, whenever possible.

- Be on the lookout for a subsequent attack. Because terrorists sometimes engage in multi-pronged attacks or subsequent waves of terrorism, it is usually safest to completely leave the area following a bomb blast or other destructive incident. If you are assisting victims or attempting to leave the area after an attack, scan the scene for signs of a second wave of attack. Be wary of smoke or suspicious-looking persons or packages, and be alert to the possibility of subsequent explosions or to the possible release of biological or chemical contaminants.
- Follow orders to evacuate or seek medical treatment. Depending on the nature of the terrorist strike — a chemical or biological attack, for example — your life may depend on the immediate actions that you take.
- Some circumstances of attack may require that you stay put and avoid the uncertainty of going outside. You may be in the immediate vicinity of an accident or attack, or you may be under a “code red” or “severe” terror alert, under which shelter-in-place instructions have been given. In these situations — a chemical attack, for instance — your best chance of survival may depend on creating a barrier between yourself and potentially contaminated outside air by sealing off a room or section of a building. This plan is known as “sheltering in place.” In this scenario, you should:
 - Gather everyone, including pets, inside, and lock doors, close windows, air vents and fire-place flues.



- Turn off forced-air systems, including heat and air conditioning, as well as exhaust fans and dryers.
- Make sure you have your emergency supply and first aid kits with you.
- Choose an interior room, or one that has as few doors, air vents and windows as possible. A room with access to a water supply is best, such as a master bedroom that is connected to a bathroom. For a nuclear or radiation threat, a basement room or other below-ground, sealed-off area typically is best. For a chemical threat, the room should be as high in the building as possible so as to avoid gases that sink.
- Seal all outside air sources with plastic sheeting and duct tape. Pre-cut the sheeting, if possible, and make sure it is larger than the space that it needs to cover. Position it flat against the surface.
- Monitor radio, TV or Internet reports for updates and instructions.
- In many situations, your best course of action may be to leave as soon as possible, or you may be ordered by the government to evacuate. In these instances, make sure you have a plan in place of where to go and how various family members will get there. Be sure to keep your options open: consider several destinations in different directions, depending on the situation. Make sure you are familiar with alternate evacuation routes and be prepared to use other forms of transportation. Make sure you have ready access to your disaster supply kit, unless it may have been contaminated in the attack. If told to evacuate, take your pets (but keep in mind that public shelters may not allow pets inside). If the air appears to be contaminated,



keep car windows and vents closed, and drive with your air conditioning and heater turned off.

- As with other disasters, you should check with schools, employers, daycare providers, community centers, apartment buildings and all relevant others to find out about their terrorism emergency plans — as part of your own readiness agenda. Talk to your neighbors, find out who has specialized equipment — such as digging equipment, a power generator or chain saw — and who might have medical expertise or knowledge. Join neighborhood watch patrols and with them devise group readiness plans in advance; have friends or relatives you can rely on for picking up and caring for children or pets in your absence; and make provisions for elderly and disabled neighbors who will likely need help during an emergency.

Learning to Identify Potential Threats

Along with making these basic readiness plans, you should become familiar with specific potential terrorism threats so you will be better prepared to react during an attack. Of course, while there is no way to predict what might actually happen and where you and your loved ones might be if a terrorist attack were to unfold, there are a number of steps you can take to prepare for one. These steps will vary depending on the type of attack at hand. The following are the most common terrorism threats and their indicators, along with suggested lines of defense:



Biological Attacks

These are purposeful releases, with intent to harm, of germs or other biological substances that can sicken or kill. Some biological agents must be inhaled to be



harmful; others must be absorbed through the skin or eaten, before causing harm.

Biological attacks may be contagious, as with small-pox virus, or un-contagious, as with anthrax. They also may be sudden and immediately obvious (as with anthrax) or slow to unfold — through a pattern of unusual illnesses or a spike in people seeking emergency medical care over time.

Signs of a biological attack include:

- Many persons or animals exhibiting symptoms, falling ill or dying at the same time.
- A small number of unusual medical cases, especially in a particular area.
- Overcrowded emergency departments and clinics.

Symptoms of a biological attack vary, depending on the agent being used, and they may initially resemble symptoms of many common illnesses.

Symptoms of a biological attack may include:

- Respiratory distress (difficulty breathing), fever, cough, nausea, tightness in the chest, heavy sweating, skin rashes, lesions, fluid buildup in the lungs (pulmonary edema), severe vomiting and diarrhea, severe dehydration, hemorrhaging, hallucinations, seizures, blood in the urine, flushed or red and painful skin, bloodshot eyes, low blood pressure, and respiratory failure leading to death.
- Any sudden illness that leads to rapid immobilization. (Seek emergency care right away.)

If you are aware of the suspicious release of a possible biological agent, be sure to flee the contaminated area quickly and cover your mouth and nose with a mask or layers of fabric that can filter the air. Completely wash your body with soap and water.

In the event of a biological attack, monitor news reports to get updates from public health officials and local authorities and listen for instructions related to medical care.

If anyone becomes sick, be aware that symptoms of many common illnesses often resemble those caused by biological agents and that the illness may or may not be a result of an attack. Take precautions and seek medical advice, but also use good judgment and common sense, the same as you would with any illness.

Be aware that many of the restrictions and precautions that would potentially be set by the government to restrict the spread of biological agents in the result of a terrorist attack would likely be similar to those activated in the event of the outbreak of a global influenza pandemic.

For more information on bioterrorism agents and diseases, see the Centers for Disease Control and Prevention website at www.bt.cdc.gov/agent/agentlist.asp.

Chemical Attack

This is the purposeful release, with intent to harm, of a toxic gas, liquid or solid that has poisonous effects on people, animals and the environment.

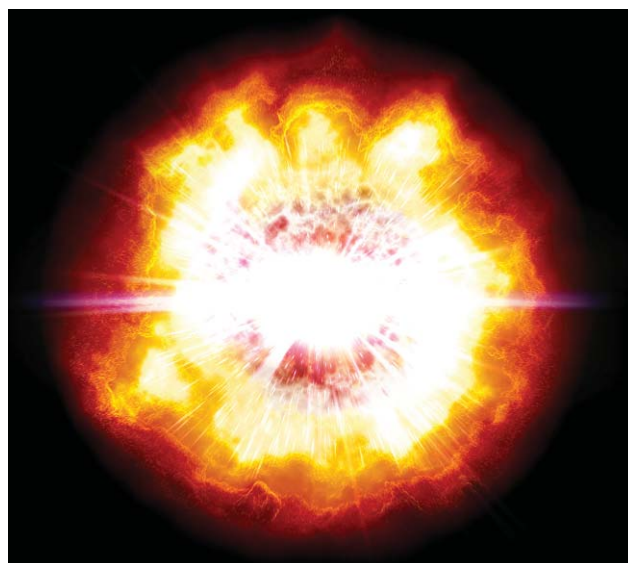
The signs and symptoms of a chemical attack include:

- Watery eyes, twitching, choking, breathing difficulties, loss of coordination.
- Many sick or dead birds, fish or rodents.

Actions to take in the event of a chemical attack:

- If there has been a chemical release in your area, local emergency coordinators may direct people to evacuate and go to an emergency shelter. Tune in to media outlets for details.
- If you witness what appears to be a chemical attack, try to quickly identify where the chemical is coming from, if possible, and leave the affected area immediately.
- If you suspect a chemical has been released inside a building you are in and you know where the chemical is coming from, try to find an exit in a non-contaminated area. If exiting without encountering the chemical is not possible, try to get as far away from the chemical release as possible and seal the area.

- If outdoors when a chemical attack occurs, you must quickly decide your course of action. Use your best judgment to determine the fastest way to get away from the chemical release. If you can't escape the area, it may be best to go indoors and try to shelter in place.
- If you experience the symptoms of being exposed to a chemical, immediately strip off your clothing. Any clothing that would normally be pulled over the head should be cut off the body instead of pulled over the head. Also dispose of contact lenses and wash contaminated eyeglasses. Cleanse your body thoroughly with any source of water you can find, using soap, if available. However, take care not to scrub the chemical into your skin. Seek emergency medical attention immediately.
- All contaminated clothing and related items, including contact lenses, should be placed in a plastic bag then sealed in another bag; avoid touching the items directly by using rubber gloves or tongs, tools, sticks or other objects. Alert health department or emergency personnel so they can further dispose of the items.
- For more information on chemical agents and resulting illnesses, see the Centers for Disease Control and Prevention website at www.bt.cdc.gov/agent/agentlistchem.asp.



Explosion

This is the purposeful detonation, with intent to harm, of a combustible or explosive substance. Such incidents include:

- Conventional explosives, often characterized by loud explosions, blasts, balls of flame,



smoke and possibly shrapnel (bullets or other sharp objects that get propelled with the intent of causing injury or death during an explosion).

- Nuclear blasts, which typically involve an explosion or fireball accompanied by intense heat and light, a damaging wave of pressure and the dispersion of contaminating radioactive material into the air, water and ground across a widespread area. A mushroom cloud may be observed from a distance. These also typically involve widespread death and destruction and can wipe out entire cities. In addition, fallout and radiation exposure can affect a much wider area, causing delayed illness and deaths over many years through cancer and acute radiation syndrome.
- Radiation threats or “dirty bomb” explosions, which involve using common explosives to disperse radioactive materials over a localized area or the contamination of the food or water supply with radioactive materials. (Nuclear or atomic bombs are not used.) Introducing radioactive material into the food or water supply would likely pose little threat of contamination or illness; the bigger concern would be the widespread fear such an act would likely create. In the case of a dirty bomb, the blast area may be small with only localized injuries and deaths; however, the danger is in the presence of radiation plumes, which may not be immediately identifiable or easily tracked until professional technicians arrive and have time to assess the area for exposure levels. Exposure to radiation can cause a greater risk of developing cancer later in life.

In a conventional explosion, you should:

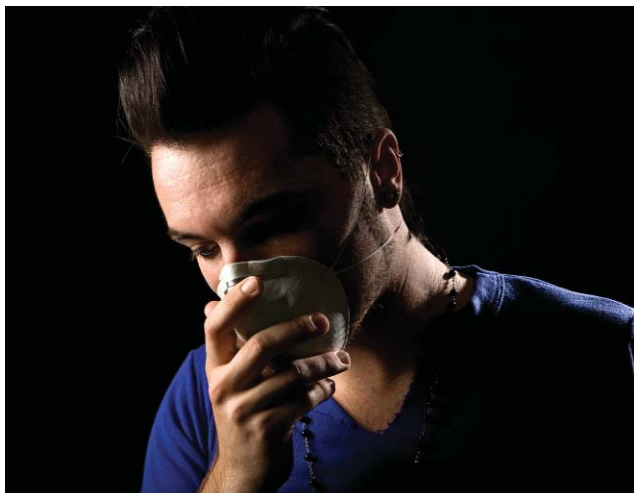
- Take cover, scan and assess the situation for further explosions or other possible dangers and exit the area immediately.
- Check yourself for any injuries, and seek immediate medical attention if you have life-threatening wounds.

- Be alert to possible secondary explosions or the employment of additional terrorism devices, especially as rescue workers arrive; scan exits, the immediate surrounding area and nearby thoroughfares.
- Avoid crowds, unattended vehicles and damaged buildings.
- Call 911 only if emergency workers have not yet arrived.
- Assist others who are injured or need help in leaving the area.
- Follow your family, school or job disaster plan.
- If you seek medical attention on your own, try to go to a hospital away from the incident, since it is less likely to be busy.
- Take a shower as soon as possible after being in the vicinity of an explosion to avoid the possibility of exposure to potentially harmful dust and other contaminants.

Seek medical attention for the following:

- Uncontrolled bleeding.
- Breathing difficulties.
- Chronic cough.
- Difficulty walking, standing up or using a limb.
- Pain in the stomach, back or chest.
- Severe headache.
- Dizziness or cognitive impairments.
- Blurred vision or stinging, burning eyes.
- Dry mouth.
- Severe vomiting or diarrhea.
- Rash or burning skin.
- Trouble hearing.
- Injuries that increase in pain, redness or swelling.
- Injuries that do not begin to heal after 24 to 48 hours.

In a nuclear blast, you should immediately take cover, preferably below ground, or behind natural barriers (e.g. hills, levees) to protect from the aftermath of the explosion and the pressure wave. The Department of Homeland Security recommends that you employ shielding, distance and time to limit your exposure to the radiation source. A thick shield will help protect you from damaging radiation and fallout, and greater distance and minimized time being exposed will also help reduce your risk. Follow instructions from public



health officials, who will advise whether it would be best to “shelter in place” or “evacuate” in the unique situation at hand.

If you opt to shelter in place, keep in mind that the safest place in most buildings during an emergency involving radiation or radioactive materials is a centrally located room or basement. This area should have as few windows as possible, and all air-circulating units should be turned off and outside sources of air sealed with duct tape and plastic.

If outside before entering the shelter, remove contaminated clothing and leave them outside (preferably in a plastic bag), then wash thoroughly before entering with soap and water.

- Tune in to media reports to find out whether a radiation plume is passing over.
- Ventilate the area after a few hours (to prevent suffocation).
- If you experience symptoms of radiation exposure, including nausea, vomiting, diarrhea and swelling and redness of the skin, seek medical attention. (You will only experience these symptoms if exposed to high levels of radiation. Low-level radiation exposures will not produce any symptoms; however, there is the danger of developing cancer later in life.)

In a radiation threat or “dirty bomb” explosion, you should respond like you would in a nuclear explosion. If you are in the immediate vicinity of a detonated dirty bomb:

- Cover your nose and mouth with a mask or cotton cloth to minimize your risk of breathing in radioactive dust or smoke.

- Don’t touch any objects in or around the explosion area; they likely will be radioactive.
- Immediately get into a building with intact walls and windows to shield yourself from radiation outside.
- Once inside, strip off your outer layer of clothing and seal it and the rag you used to cover your mouth in a plastic bag.
- Put the bag in a secure place and give it to authorities when they arrive.
- Wash yourself with soap and water. Be sure to include your hair. Washing and removing clothes will remove up to 90 percent of radioactive dust.

If you are in an area threatened by dirty bomb radiation:

- If sheltering in place, put a barrier (preferably an underground one) between yourself and the potential radiation.
- If evacuating, get out of and far away from the area as quickly as possible.



- Use your best judgment in employing shielding, distance and time.
- If you suspect you’ve been exposed to radiation, remove clothing, wash and follow decontamination procedures described previously.
- For more information on sheltering in place following nuclear blasts or radiation emergencies, see the Centers for Disease Control and Prevention website at www.bt.cdc.gov/radiation/shelter.asp.



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Post-Disaster Reunification of Children: A Nationwide Approach

November 2013



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Acknowledgements

Post-Disaster Reunification of Children: A Nationwide Approach illustrates the significance of whole community collaboration and inclusive emergency planning by providing a comprehensive overview of the coordination processes necessary to reunify children separated from their parents or legal guardians in the event of a large-scale disaster *and* reflects how the whole community—to include nongovernmental organizations such as Voluntary Organizations Active in Disaster, faith-based and community organizations, disability and pediatric organizations, Federal and private sector partners, and civic action committees—can work together to achieve one wide ranging mission.

Reunifying unaccompanied minors and separated or missing children with their parents or legal guardians in the aftermath of a disaster is a priority. Accomplishing this goal requires the efficient, coordinated use of resources and efforts from across the whole community and all levels of government. This document reflects our Nation's first attempt to establish a holistic and fundamental baseline for reunifying children separated as a result of a disaster and aims to assist local, state, tribal, territorial, and insular area governments and those responsible for the temporary care of children, such as educational, child care, medical, juvenile justice, and recreational facilities, in enhancing the reunification elements of existent emergency preparedness plans and/or conducting new all-hazards reunification planning.

Any project of this scope entails the participation, assistance, and cooperation of many individuals. Whole community stakeholders from across the country were engaged in and supported the development of this document, including local, state, and Federal partners, nongovernmental organizations, emergency managers, pediatric and disability experts, the private sector, and other applicable stakeholders. A warm thank you goes out to them for their time, efforts, and pivotal support.

Without the participation, commitment, and efforts of those who were willing to share their respective expertise and experience in a way that was most useful to stakeholders and personnel from a variety of disciplines, *Post-Disaster Reunification of Children: A Nationwide Approach* would not have been possible. An enormous amount of gratitude is extended to the States of Arizona, Louisiana, Missouri, New York, and Nevada; the Commonwealth of Puerto Rico; the U.S. Department of Education, and the U.S. Department of Justice, whose efforts were instrumental in bringing this initiative from concept to fruition.

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Introduction

Amid the chaos of a natural, technological, or human-caused disaster, there is an increased possibility for children to become separated from their parents or legal guardians. This separation could occur during the evacuation or sheltering process, or because children who are located in a child care, educational, medical, juvenile justice, recreational, or other facility may be unable to reconnect with their parents or legal guardians.

Following Hurricanes Katrina and Rita in 2005, the National Center for Missing and Exploited Children's (NCMEC's)¹ hotline for those events received over 34,000 calls.² Children comprise approximately 25 percent of the Nation's population. On any given weekday, an estimated 67 million of them are in schools and child care, and may be particularly vulnerable because they are away from their families. Studies have shown that 63 percent of parents would disregard an evacuation order and go directly to their child's school in an attempt to collect their children, even if they have received instructions to do the opposite. When parents are familiar with the emergency plans of their children's temporary care providers, including the reunification components, they are more likely to follow evacuation and shelter-in-place orders, making everyone safer.³

Reunifying unaccompanied minors and separated or missing children with their parents or legal guardians in the aftermath of a disaster is a priority.⁴ Accomplishing this goal requires the efficient, coordinated use of resources and efforts from across the whole community at the local, state, regional, and national levels.⁵ By understanding approaches to reunification from across the whole community, jurisdictions will be able to further develop and enhance the reunification elements of their emergency preparedness plans.

Outreach and collaboration with a broad stakeholder group has shown that communities are looking for more information on available resources and promising practices to help them further develop the way their emergency preparedness plans address reunification.

This document is designed to support those efforts. It was created to support overall reunification processes and procedures by establishing a fundamental baseline, assisting in identifying the roles of lead and supporting agencies and organizations, and serving as a tool to enhance reunification elements of existent emergency preparedness plans and/or help guide the development of new all-hazards reunification plan elements and procedures. This document should assist in the development of reunification planning elements that are inclusive, considering those children who may be unable to verbalize who they are and/or relay any other

¹ Federal law authorizes NCMEC to provide free services to families as the Nation's clearinghouse for missing and sexually exploited children. Many of NCMEC's authorized services are listed in 42 U.S.C. § 5773.

² Sarita Chung and Michael Shannon, "Reuniting Children with Their Families During Disasters: A Proposed Plan for Greater Success," *American Journal of Disaster Medicine*, 2007.

³ Irwin Redlener, Roy Grant, David Abramson, and Dennis Johnson, "Why Parents May Not Heed Evacuation Orders and What Emergency Planners, Families and Schools Need to Know," 2008.
http://www.ncdp.mailman.columbia.edu/files/white_paper_9_08.pdf

⁴ A separated child is a child who is separated from both parents or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives, while an unaccompanied child is a child who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so. See Annex E: Definitions for additional detail.

⁵ For the purposes of this document, "local and state" includes tribal, territorial, and insular area governments.

essential information, and should also recognize the needs of children with disabilities and other access and functional needs, including hearing and visual impairments. This document focuses solely on the reunification of children separated from their parents or legal guardians following a disaster. Planned next steps include developing other materials that comprehensively address the reunification of all disaster survivors.

Overall, this document, along with other national preparedness doctrine (e.g., the National Response Framework [NRF], and National Disaster Recovery Framework), provides another tool for achieving our National Preparedness Goal of a more secure and resilient Nation to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.⁶

For the purposes of this document, **reunification is defined as the process of assisting displaced disaster survivors, including children, in voluntarily reestablishing contact with family and friends after a period of separation.** Throughout the document, web links are provided for reference and further information. All referenced web sites are active as of May 2012.

Background

In October 2006, the President signed into law the Post-Katrina Emergency Management Reform Act of 2006 (PKEMRA),⁷ modifying the organizational structure, authorities, and responsibilities of the Federal Emergency Management Agency (FEMA). PKEMRA and the Stafford Act⁸ mandated that the National Emergency Child Locator Center (NECLC) be established within the NCMEC and that procedures be put in place to facilitate the identification and reunification of displaced children with their families. NCMEC, established in 1984 as a private, nonprofit 501(c)(3) organization, serves as the Nation's resource center on the issues of missing and sexually exploited children and provides services nationwide for law enforcement, families, and professionals in the protection of abducted, endangered, and sexually exploited children.⁹

Pursuant to the Kids in Disaster Well-being, Safety, and Health Act of 2007,¹⁰ the National Commission on Children and Disasters (Commission) was established in December 2007 by the President and Congress. The Commission was charged with conducting an independent and comprehensive study to identify gaps in the Nation's disaster planning, preparedness, response, and recovery for children, and to submit a report providing recommendations for closing those gaps. The Commission delivered an interim report to the President and Congress in October 2009, and then a final report in October 2010.¹¹ In August 2009, FEMA, in collaboration with many other Federal partners and nongovernmental organizations (NGOs), began to work closely with the Commission to address their recommendations, where applicable, and ensure that the

⁶ Department of Homeland Security, *National Preparedness Goal*, September 2011.
<http://www.fema.gov/pdf/prepared/npg.pdf>.

⁷ Pub. L. No. 109-295

⁸ Section 689(b) of the Robert T. Stafford Disaster Relief and Assistance Act, Pub. L. No. 93-288, as amended.

⁹ NCMEC Web site. <http://www.missingkids.com>.

¹⁰ Pub. L. No. 110-161

¹¹ National Commission on Children and Disasters, *2010 Report to the President and Congress*, October 2010.
<http://www.acf.hhs.gov/ohsepr/nccdreport/index.html>.

needs of children were considered and integrated into overall disaster planning, preparedness, response, and recovery efforts initiated at the Federal level.

Included in the Commission's report was a recommendation that efforts be made to strengthen the mechanisms for collecting data, expanding information sharing capabilities, and creating a central database where information pertaining to unaccompanied minors could be stored. This recommendation prompted the development of the Unaccompanied Minors Registry (UMR) which supports the ability to collect, store, report, and act on information related to children missing or lost as a result of a disaster. This newly created tool is administered by the NCMEC during disasters to gather and share information with, and provide technical assistance to, local law enforcement and assist in the reunification of displaced children with their parents or legal guardians.¹² Additionally, data within the tool can, through proper channels, be used by local and state emergency managers, as well as other reunification stakeholders to assist with reunification efforts, planning, and strategies. The UMR remains active at all times, even when not in use for a specific disaster.

Through the Commission, the U.S. Department of Homeland Security (DHS)/FEMA, U.S. Department of Health and Human Services (HHS), U.S. Department of Justice (DOJ), and U.S. Department of Education have collaborated closely to address the disaster related needs of children. They have strengthened existing relationships and have worked together to support local disaster operations by coordinating and connecting local, state, and Federal primary points of contact whenever and wherever necessary.

¹² Team Adam and Project ALERT—comprising retired law enforcement professionals with years of investigative experience at the Federal, state, and local levels—will provide rapid, onsite assistance to law enforcement agencies and families in reuniting unaccompanied minors with their families or legal guardians.

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Purpose, Applicability, and Scope

Most incidents begin and end locally and are managed at the local level. When the demands of the disaster exceed the capacity of local governments, they may seek or be offered assistance from the state to enhance and supplement their response capabilities. In home rule states, local governments maintain control of disaster response operations and the state will only respond once a formal request for assistance has been issued (see Annex E: Definitions). However, many states will take a proactive readiness posture rather than simply waiting for requests to be issued. The Federal Government will do the same, remaining ready to support local and/or state response efforts if and when help is officially requested.¹³ In the event that a disaster crosses state and/or international borders (cross-borders) there will likely be a need for additional coordination, support, and clarification of legal authorities. Roles, responsibilities, and procedures often vary from state to state and even among local jurisdictions within each state, so it is important that the lines of authority for displaced children within a given jurisdiction are clarified before a disaster strikes.¹⁴

This document is not legally binding and does not establish requirements for state, local, Federal or private sector entities. It aims to provide a comprehensive overview of the coordination processes necessary to reunify unaccompanied minors with their parents or legal guardians following a large-scale disaster. This document reflects how the *whole community*—to include NGOs such as Voluntary Organizations Active in Disaster, faith-based and community organizations, disability and pediatric organizations, private sector partners, and civic action committees—can support local, state, and Federal efforts of reunifying unaccompanied minors with their parents or legal guardians in the aftermath of a disaster.¹⁵

“Whole Community is a means by which residents, emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests.”

—*A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*

This document aspires to:

1. Assist local and state governments in determining processes, communication lines, and the identification of roles necessary to facilitate the expeditious reunification of children with their parents or legal guardians in the aftermath of a disaster.
2. Encourage stakeholders and community leaders to develop and build upon existent relationships in an effort to collaborate and communicate more efficiently and effectively in

¹³ The NRF Resource Center Web site is a useful source for additional information on this topic. <http://www.fema.gov/emergency/nrf/>.

¹⁴ National Law Center on Homelessness and Poverty, *Alone without a Home: A State-By-State Review of Laws Affecting Unaccompanied Youth*, September 2012. <http://www.nlchp.org/content/pubs/Alone%20Without%20a%20Home,%20FINAL1.pdf>.

¹⁵ FEMA, *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*, December 2011. <http://www.fema.gov/about/wholecommunity.shtm>.

the event of a large-scale disaster, specifically one occurring during normal business hours and/or the school day.

3. Establish an understanding of how all applicable parties (leading and supporting) can work together to support each other's missions, achieving the overall goal of expeditiously reuniting children displaced as a result of disaster with their parents or legal guardians.
4. Identify tools and resources that could assist localities and states in disaster-related reunification efforts, to include the use of technology and support from Federal agencies, NGOs, and other stakeholders.

The underlying goals of this document reflect the importance of making reunification a priority in any disaster-related event. Safety is of the utmost concern; children are often unable to defend themselves, and, in the chaos of a catastrophic event, can easily become the victims of maltreatment, abuse, kidnapping, and, in the most severe case, exploitation. This document seeks to heighten an awareness and support of the following key objectives relating to the reunification of unaccompanied minors with their parents or legal guardians:

- Swift and safe reunification of minors with parents or legal guardians.
- Safe and temporary care of unaccompanied minors to include accessible sheltering and/or housing.
- Supplies necessary to sustain infants and toddlers with and without disabilities and/or other access and functional needs (e.g., food, diapers, electrolytes, consumable medical supplies, and durable medical equipment).¹⁶
- Appropriate medical care of minors; additional support services such as personal assistance may be necessary to support children with disabilities and other access and functional needs.
- Appropriate mental and behavioral health care of minors, to be understood as the many interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance abuse, and the effect of these influences on the overall well-being of a child or adult. Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of public health strategies and directives.
- Sensitivity to the cultural differences and diverse populations of our Nation.
- Effective, efficient action through:
 - A shared understanding of local and national resources and capabilities.
 - Collaboration, coordination, effective communication for children with disabilities and other access and functional needs, and needs assessments during disasters.
 - Shared operational procedures and technologies.

¹⁶ For a complete list, see FEMA, *Commonly Used Sheltering Items and Service Listing Catalog*, August 2011. <https://nmcs.communityos.org/cms/files/os114/p384/Final%20CUI%20Catalog%20as%20of%20August%202011%20%28v2%29.pdf>.

- An awareness of varying roles and responsibilities in multi-state disasters and/or host state events. For example, identifying the agency ultimately responsible for the temporary care of minors separated as the result of a disaster, such as law enforcement or social service agencies, and differing authorities and statutes.

Individual and community preparedness is fundamental to the success of reunification efforts. By providing equal access to acquire and use necessary knowledge and skills, this document is designed to enable the whole community to contribute to and benefit from national preparedness. This includes children; individuals with physical and cognitive disabilities and other access and functional needs; those from diverse religious, racial, and ethnic backgrounds; and people with limited English proficiency. Their contributions must be integrated into reunification efforts, and their needs must be incorporated into reunification planning and execution.

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Roles

When identifying roles associated with the reunification of unaccompanied minors, it is critical to have an understanding of those organizations within your local jurisdiction and/or respective state that are responsible for the temporary care of children separated from their parents or legal guardians as a result of a disaster, as roles often vary among jurisdictions and states.

Agencies and organizations responsible for the temporary care of unaccompanied minors and overseeing reunification efforts should have clearly identified roles and responsibilities, and may consider outlining processes and procedures addressing the safety of children, length of stay in shelters, transition to social services system, child custody requirements, medical consent requirements, and any other sheltering issues specific to this population identified in their emergency preparedness plans. Children with disabilities and other access and functional needs may require additional support services.

The following section briefly describes some of the government agencies and NGOs that lead and support reunification efforts before, during, and after a disaster. It is recommended that consideration be given to determining ways in which members of the whole community (e.g., governmental, nongovernmental, private, and nonprofit) can support overall reunification efforts.

Local Level

This section describes some of the potential reunification roles of local agencies. However, every jurisdiction will handle reunification in its own way.

1. Local Offices of Emergency Management and Emergency Operations Centers (EOCs)
 - a. Develop, maintain, coordinate, and execute all-hazards emergency preparedness plans that incorporate evacuation and reunification procedures and processes for children who have become separated from their parents or legal guardians as a result of disaster. Local and state governments may also incorporate evacuation tracking systems, which are used during mass evacuation procedures (see Annex B: Resource Directory). The execution of these reunification related plan elements may require additional coordination to meet the needs of children with disabilities and other access and functional needs, those who have chronic health or medical needs, are non-verbal, or have limited English proficiency. These needs may be met by coordinating with disability and/or pediatric organizations, law enforcement, social service agencies, medical facilities, schools, and other partners.
 - b. Comply with state laws that provide necessary guidance and procedures for missing persons to include children. Local plans should be coordinated with local and state law enforcement to ensure that EOC procedures do not conflict with established laws or reunification efforts (e.g., procedures, processes, roles).
 - c. Make adequate training available for first responders to facilitate the expeditious reunification of unaccompanied minors with parents or legal guardians.

- d. Include and coordinate with local schools and child care facilities (including home care facilities) when developing/enhancing local emergency management plans.¹⁷ It is recommended that evacuation and reunification procedures and processes be addressed in emergency preparedness plans and that plans be inclusive of all populations, to include children with and without disabilities and other access and functional needs. It is also suggested that these plans be shared with parents and legal guardians and reviewed and/or exercised regularly.
 - e. Survey existing capabilities among relevant agencies and the private sector to help facilitate emergency transport, including accessible transport, and the tracking (when and where applicable) and reunification of children with their parents or legal guardians.¹⁸
 - f. Coordinate with partners to determine whether essential age-appropriate shelter supplies for infants and children are incorporated into shelter planning, and identify the availability of child-specific infant/toddler supply caches readily available for immediate deployment to support shelter operations.¹⁹ Additional shelter supplies for children may include batteries for hearing aids and other necessary devices commonly used for communication access.
 - g. When conducting a mass evacuation and utilizing a tracking system, collect the appropriate data relevant to children with and without disabilities and other access and functional needs, and chronic health and medical needs, to better meet specific health care requirements and facilitate a more expeditious reunification should the child become separated from his or her parent or legal guardian.
 - h. Collaborate with nongovernmental, community, and faith-based organizations, as well as the private sector to promote individual and family disaster preparedness planning to include family reunification and continuity of operations planning.
 - i. Consider using pediatricians as liaisons to parents and families to disseminate emergency preparedness information encouraging the importance of preparing a disaster kit and family emergency plan, as well as guidance outlining how to reunite should family members be separated as a result of a disaster. Pediatricians have unique access to children and their parents or legal guardians, and are trusted on issues such as disasters, and can easily reach a large portion of a community's population.
2. Local Child Welfare Agencies (e.g., Department of Social Services, Department of Human Services, Department of Children and Family Services, Department of Public Health)
- a. Support the safety and needs of children separated from parents or legal guardians and parents or legal guardians seeking missing children during a disaster.

¹⁷ Save the Children, "NACCRRA and Save the Children Release Recommendations for Protecting Children in Child Care during Emergencies," February 2011.

<http://www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGIpI4E&b=6478615&ct=9139743>.

¹⁸ National Commission on Children and Disasters, *2010 Report to the President and Congress*, October 2010.
<http://www.acf.hhs.gov/ohsepr/nccdreport/index.html>.

¹⁹ FEMA, *Commonly Used Sheltering Items and Service Listing Catalog*, August 2011.

<https://nmcs.communityos.org/cms/files/os114/p384/Final%20CUI%20Catalog%20as%20of%20August%202011%20%28v2%29.pdf>.

- b. Coordinate with the appropriate agencies and organizations for the temporary care and shelter of unaccompanied children. Confirm that background checks have been conducted and fingerprints collected for all individuals with access to unaccompanied minors.
 - c. Coordinate with law enforcement and the judicial system to ascertain the legal responsibilities of various agencies to accomplish the following:
 - i. Provide temporary and, if necessary, long-term care of the minor.
 - ii. Implement standardized guidance to verify the identity and custody rights of adults seeking the release of the child.
 - iii. Safely release the child to a verified parent or legal guardian.
 - iv. Work within the judicial system to ensure that proper legal procedures are followed and keep the safety of the child in mind at all times.
 - d. Support human services roles and functions, including reunification, in disaster response and recovery operations in accordance with defined roles and emergency preparedness plans.
 - e. Provide guidance and assistance to child care centers with their emergency preparedness planning and reunification activities.
 - f. Provide guidance and assistance in developing emergency preparedness plans for foster parents and congregate facilities to address the likelihood that a no-notice or short-notice emergency or disaster could occur. Plans may address lockdown procedures, evacuations, sheltering-in-place, relocation, and reporting of foster children's safety and location to local social services, parents, and legal guardians.²⁰
 - g. In coordination with state child welfare agencies and the judicial system, address the potential need for temporary substitute care in a mass casualty event in which many children are left orphaned. States may consider several strategies to handle the potential surge in orphaned children requiring care:
 - i. Establish guidelines for rapid vetting of potential placement families.
 - ii. Identify placement families with the capacity to accept additional foster children.
 - iii. Identify existing youth placement programs (e.g., group foster care homes) that could rapidly accept orphaned children.
 - h. Facilitate the sharing of information across jurisdictional lines allowing children and families access to the services and support to which they are entitled.
3. Local Law Enforcement
- a. Work with local or state child welfare agencies to ensure children are safe and have temporary and supportive care.
 - b. Work with local child welfare agency to investigate the incident if a crime has potentially occurred.

²⁰ American Academy of Pediatrics, "Disaster Planning for Schools." *Pediatrics*, 2008.

- c. Complete appropriate paperwork required by local law enforcement agencies and/or local child welfare agencies.
 - d. Coordinate with state law enforcement and NCMEC on reunification issues.
 - e. Enter information on unaccompanied minors into the National Crime Information Center (NCIC) registry.
4. Local Education Systems
- a. Develop and maintain school emergency preparedness plans and processes that address lockdown procedures (to protect from imminent threats such as gunmen), shelter-in-place (to protect from the threat of contamination or weather events), evacuation, relocation, and reuniting students with their parents or legal guardians.
 - i. Details included may vary from school to school.
 - ii. Schools are strongly encouraged to establish relationships and consider sharing their emergency preparedness plans with first responders and/or local emergency managers in an effort to better coordinate overall reunification efforts in the event of a large-scale or catastrophic incident. It is also recommended that schools be included in local emergency planning drills.²¹
 - iii. School emergency preparedness plans are typically implemented to address the likelihood that a no-notice or short-notice event may strike while children are attending school.
 - iv. Depending on the situation, schools may deviate from plans and release children early or hold them later than planned to promote the safety of the students in their charge. In these instances, parents and legal guardians should be properly notified.
 - v. All plans should address the needs of children with disabilities and other access and functional needs.
 - vi. When developing emergency preparedness plans, community emergency management teams should include general and special education teachers, case managers or related personnel, local disability services and advocacy specialists and/or municipal Americans with Disabilities Act specialists.
 - vii. Plans should address the use of school facilities during non-school hours (e.g., afterschool programs, summer and recreational activities).
 - viii. Schools are the nexus of parent, child, and community life, and separated families or unaccompanied children may seek out schools for information, sheltering, or reunification during times of disaster.
 - b. Clearly communicate school emergency preparedness plans with parents, legal guardians, and caregivers and encourage them to develop a family plan identifying a local meeting

²¹ Chung S., Danielson J., Shannon M., "School-Based Emergency Preparedness: A National Analysis and Recommended Protocol." *Agency for Healthcare Research and Quality*, December 2008. <http://archive.ahrq.gov/prep/schoolprep/>.

point and an out-of-state relative or friend for each family member to contact in the event that all local communication lines are down.²²

5. Local Coroners/Medical Examiners

- a. Investigate fatalities that occur as a result of a disaster and provide assistance in the identification of deceased persons, including children.
- b. Direct the collection of antemortem data through extensive communication with families and other means. Data collection may include the following:
 - i. Physical description of the victim (e.g., approximate age, height, weight, gender, hair color);
 - ii. Description of clothing and jewelry;
 - iii. Description of unique characteristics (e.g., tattoos, scars, birthmarks);
 - iv. Dental records, medical records, implant or joint replacement serial numbers, and fingerprint records;
 - v. DNA reference samples from the family members.
- c. Establish death notification procedures in coordination with a team of mental health professionals and spiritual support providers.
- d. When a deceased child cannot be identified by name, enter information pertaining to the child (e.g., fingerprints, DNA, scars, marks, tattoos) into DOJ's National Missing and Unidentified Persons System (NamUs). NamUs is a national, centralized repository and resource center for missing persons and unidentified decedent records.

State Level

This section describes some of the potential reunification roles of state agencies. All state reunification actions are taken in support of local efforts. Although each state will have its own methods of handling reunification, this section provides some common examples.

1. State Offices of Emergency Management

- a. Develop, coordinate, and execute all-hazards emergency preparedness plans that incorporate evacuation and reunification procedures and processes for children who have become separated from their parents or legal guardians as a result of a disaster. The execution of these reunification-related plan elements may require additional coordination to meet the needs of children with disabilities and other access and functional needs, those who have chronic health or medical needs, are non-verbal, or have limited English proficiency. These needs may be met by coordinating with local emergency management and other agencies, disability and/or pediatric organizations, law enforcement, social service agencies, child welfare agencies, medical facilities, schools,

²² FEMA, "Make a Plan," Ready Web site. <http://www.ready.gov/make-a-plan>. Also see Annex C: Family Emergency Plan Template.

mass care shelters, and other partners with access to information regarding children separated from their families or caregivers.²³

- b. Look to state laws that provide necessary guidance and procedures for missing persons to include children. State plans should be coordinated with law enforcement to ensure that EOC procedures do not conflict with established laws or reunification efforts (e.g., procedures, roles, responsibilities).
- c. To improve the chances of success during an actual event, evacuation and reunification procedures should be practiced regularly through disaster preparedness exercises, which include agencies/organizations responsible for leading and supporting reunification efforts, facilities responsible for the temporary care of children (e.g., educational, child care, medical and recreational facilities, family care homes, summer programs and camps, before and after school programs), and parents or legal guardians. Exercises may also be used to identify lessons learned when addressing the needs of children with disabilities and others with access and functional needs.²⁴
- d. Conduct a review of existing capabilities among relevant agencies and the private sector to accommodate the need for emergency transport—including accessible transportation—and reunification of children and account for these in plans.
- e. Coordinate with agencies and partners responsible for integrating essential age-appropriate resources for infants and children into mass care/human services, supply, and equipment caches.²⁵
- f. If implemented by the state, use a mass evacuation tracking system to collect appropriate data for all children, particularly unaccompanied minors (see Annex B: Resource Directory). Inquire whether evacuation tracking systems include sufficient data fields to record descriptive details for children who are too young to know their name and address (e.g., approximate age; description of the child and his/her clothing; date, time, and site where the child was found).
- g. Promote family reunification planning as part of individual and family preparedness education and activities.
- h. In coordination with state Departments of Education and agencies that oversee child care and summer camp programs, support the development of emergency preparedness planning inclusive of children with disabilities and other access and functional needs to address lockdown procedures in schools and child care facilities, evacuation, sheltering-in-place, relocation, and reunification of children with their parents or legal guardians.
- i. As necessary, activate the state EOC to facilitate multi-agency coordination across Emergency Support Function (ESF) representatives, including a pre-designated

²³ U.S. DHS, *Fiscal Year 2012 Homeland Security Grant Program Supplemental Resource: Children in Disasters Guidance*. http://www.fema.gov/pdf/government/grant/2012/fy12_hsgp_children.pdf.

²⁴ National Commission on Children and Disasters, *2010 Report to the President and Congress*, October 2010. <http://www.acf.hhs.gov/ohsepr/nccdreport/index.html>.

²⁵ FEMA, *Commonly Used Sheltering Items and Service Listing Catalog*, August 2011. <https://nmcs.communityos.org/cms/files/os114/p384/Final%20CUI%20Catalog%20as%20of%20August%202011%20%28v2%29.pdf>.

reunification lead for child reunification, in accomplishing reunification processes in response to a disaster situation.²⁶

2. State Child Welfare Agencies (e.g., Department of Social Services, Department of Human Services, Department of Children and Family Services, Department of Public Health)
 - a. Support the safety and needs of children separated from parents or legal guardians and parents or legal guardians seeking missing children during a disaster.
 - b. Coordinate with the appropriate agencies and organizations for culturally and linguistically appropriate temporary care and shelter of unaccompanied children.
 - c. Coordinate with law enforcement and the judicial system to ascertain the legal responsibilities of various agencies to accomplish the following:
 - i. Provide temporary and, if necessary, long-term care of the minor.
 - ii. Verify the identity and custody rights of adults seeking the release of the child.
 - iii. Safely release the child to a verified parent or legal guardian.
 - d. Support human services roles and functions, including reunification, in disaster response and recovery operations in accordance with defined roles and emergency preparedness plans.
 - e. Develop consensus among agencies and organizations responsible for the management (e.g., processes, procedures, credentialing, training) of the needs of children and families, including those with disabilities and other access and functional needs.
 - f. Provide guidance and assistance to local child welfare agencies and child care centers with their emergency preparedness planning and reunification activities.²⁷
 - g. Plan for the potential need for emergency foster care in a mass casualty event in which many children are left orphaned.
 - h. Support the development of all-hazards emergency preparedness planning inclusive to children with disabilities and other access and functional needs to address lockdown procedures in daycares and summer camps, evacuation, sheltering-in-place, relocation, and reunification of children with their parents or legal guardians.
 - i. Reinforce the need for family contact information and authorization for emergency transportation and medical care before a disaster happens.

²⁶ See the NRF Resource Center Web site for additional information on ESFs: <http://www.fema.gov/emergency/nrf/>.

²⁷ An example of such guidance is the Louisiana Department of Children and Family Services' "Guidance on Reunification" for child care programs (http://www.dcfs.louisiana.gov/assets/docs/searchable/ChildDevEarlyLearning/ChildDevUpdates/2011/Emergency%20Rule/Guidance_on_Reunification.pdf), which is based on "Protecting Children in Child Care During Emergencies, Recommended State and National Regulatory and Accreditation Standards for Family Child Care Homes and Child Care Centers and Supporting Rationale" by the National Association of Child Care Resource and Referral Agencies and Save the Children (http://www.naccrra.org/sites/default/files/publications/naccrra_publications/2012/protectingchildreninchildcareemergencies.pdf).

3. State Law Enforcement

- a. Work with local or state child welfare agencies to ensure children are safe and have temporary care.
- b. Work with the local child welfare agency to investigate the incident if a crime has potentially occurred.
- c. Complete appropriate paperwork required by the local law enforcement agency and/or local child welfare agency.
- d. Check databases, fingerprints, and other resources to identify unaccompanied minors and persons seeking to reunite with them.
- e. Work with NCMEC personnel (Team Adam and/or Project ALERT) deployed to support state and/or local law enforcement efforts of reuniting displaced minors with parents/legal guardians.
- f. Assume responsibility for unaccompanied minors, as provided for by law.
- g. State law enforcement often houses the state clearinghouses, whose reunification roles are described in the following section.

4. State Clearinghouses²⁸

- a. Provide resources for missing children, their families, and the professionals who serve them. Provide first responders with adequate training to identify and reunite unaccompanied children with parents or legal guardians. State clearinghouses, most often found within the State Police, may likely have the legal responsibility for and play a key role in the reunification of missing children with their families. State clearinghouses work very closely with the NCMEC Clearinghouse when researching and investigating missing-child cases.
- b. The missing-child clearinghouses are diverse in their delivery of services because of state and territorial mandates and the variety of agencies in which they exist. The primary areas of focus for missing-child clearinghouses are networking, information dissemination, training development and delivery, data collection, and provision of technical assistance in cases of missing and sexually exploited children. In some states, they are the primary responsible agencies for unaccompanied minors and/or missing children during a Presidentially- or state-declared disaster.
- c. Maintain a liaison with NCMEC and the state clearinghouse to obtain resources and technical assistance. See Annex A: List of State Clearinghouses for additional information.
- d. Disseminate information on unaccompanied minors to all local shelter managers, shelter managers in other states, and other state clearinghouses. Where possible, coordinate with other state clearinghouses and other organizations before incidents arise to promote information sharing and dissemination.

²⁸ NCMEC, "Missing-Child Clearinghouse Program."
http://www.missingkids.com/missingkids/servlet/ServiceServlet?LanguageCountry=en_US&PageId=1421.

5. State Courts (Including Family Courts)

- a. Facilitate the entry of children into and out of the foster care system. Plans should include guidance addressing the expedited reunification of parents and legal guardians with children who have been placed in the child welfare system.
- b. Support the resolution of legal issues involving unaccompanied minors as they relate to reunification.

National Level

Reunification is a team effort involving many players from all levels of government. When requested, the Federal Government can provide resources to assist local and state governments in accomplishing this mission. This assistance can be coordinated in part through the emerging concept of Reunification Strike Teams. These teams aim to ensure that all of the involved agencies work together, rather than having a series of parallel and uncoordinated efforts.

1. Reunification Strike Teams

- a. Led by local and/or state representation. May also be led by Federal or NGO entities when designated by state or local agencies.
- b. Composed of individuals from local and/or state government, FEMA, HHS, NCMEC, the American Red Cross, and others as applicable.
- c. Deploy to disaster areas in the immediate aftermath of the disaster to support local and state governments. Work with local authorities to assess the scope of the reunification need, including the number of separated children, and determine the resources needed for this stage of the disaster.
- d. As the response matures, the strike teams return to the Joint Field Office and become part of the Reunification Task Force. This task force works with local and state officials to conduct reunification efforts.
- e. Communicate concise, accurate information consistent with the ground truth to Federal agency headquarters and identify one specific agency/organization responsible for reporting this information to internal/external stakeholders, the public, news media, and any others.

2. U.S. Department of Homeland Security

a. Federal Emergency Management Agency

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

i. Federal Voluntary Agency Liaisons (VALs)

- Federal VALs are employed by FEMA to work with members of voluntary and faith-based organizations and other stakeholders to help identify and coordinate the delivery of goods and services to meet the needs of disaster survivors. Federal VALs work closely with state and local VALs.

ii. Mass Care and Emergency Assistance

- At the request of the state, activates the National Emergency Family Registry and Locator System (NEFRLS) web link and call center. FEMA may also request that NCMEC activate the NECLC call center and deploy Project ALERT personnel to support the reunification of separated children and intake of information, and/or deploy Team Adam personnel to the field to provide technical assistance to local and/or state law enforcement in locating and reuniting displaced children with their legal guardians.
- When requested, works with law enforcement officials to facilitate the reunification of displaced disaster survivors with their families; inquiries specific to children are referred to NCMEC.
- Provides reports generated from NEFRLS to contribute to the national and common operating picture.
- Coordinates with national reunification partners, including NCMEC, HHS, and the American Red Cross to support a cohesive plan for the reunification of adults and children displaced in the aftermath of a Presidentially-declared disaster.

iii. Urban Search and Rescue

- Urban search and rescue involves the location, rescue (extrication), and initial medical stabilization of victims trapped in confined spaces. Structural collapse is most often the cause of victims being trapped, but victims may also be trapped in transportation accidents, mines, and collapsed trenches.

- b. U.S. Citizenship and Immigration Services: Coordinates procedures if parents, legal guardians, or relatives of an unaccompanied minor are not located and the minor seeks to stay in the United States.
- c. U.S. Customs and Border Protection: Streamlines the process for transporting goods across the border in support of an international disaster.
- d. U.S. Immigration and Customs Enforcement: Establishes protocols for foster care of undocumented immigrants.

3. U.S. Department of Education

- a. Coordinates with other Federal agencies to promote school-centered reunification as part of an all-hazards emergency management plan. If a disaster strikes during the school day, *generally* speaking, school districts and individual schools are responsible for students until they are reunited with their caregivers. In the event of a major disaster, first responders and emergency managers should identify and locate school staff (e.g., teachers, nurses, janitorial staff) to identify the party or parties within the respective school responsible for the safety and well-being of unaccompanied minors.
- b. Contingency plans may detail who is responsible for unsupervised students if teachers and administrators are incapacitated or are otherwise unable to provide support.

- c. Provides a host of extant and emerging school-centered reunification resources as part of a comprehensive, all-hazards emergency management plan to local and state educational agencies.²⁹
- 4. U.S. Department of Health and Human Services (ESF #6 [Mass Care, Emergency Assistance, Housing, and Human Services] and ESF #8 [Public Health and Medical Services])
 - a. Administration for Children and Families (ACF) (ESF #6)
 - i. The ACF is a Federal agency funding local and state organizations to provide Temporary Assistance for Needy Families, child support, child care, Head Start, child welfare, and other programs relating to children and families. Within ACF, the Office of Human Services Emergency Preparedness and Response (OHSEPR) provides leadership in human services preparedness, response, and recovery, promoting resilience of individuals, families, and communities prior to, during, and after nationally declared disasters and public health emergencies. ACF/OHSEPR, in partnership with the 10 ACF Regional Offices, supports operations and policy in the field of disaster human services, including efforts to meet the needs of children and youth.
 - ii. During a large-scale event requiring the reunification of unaccompanied minors with parents and legal guardians, ACF would work closely with FEMA's Individual Assistance Division's Mass Care and Emergency Assistance Branch through a mission assignment to better support local and state child welfare agencies.
 - iii. The ACF Office of Refugee Resettlement (ORR), Division of Unaccompanied Children's Services (DUCS) was created to provide care and placement for unaccompanied alien children (UAC), though not necessarily separated from parents or legal guardians as a result of a disaster.
 - ORR/DUCS makes and implements placement decisions in the best interests of the UAC to ensure placement in the least restrictive setting possible while in Federal custody.
 - The majority of UAC are cared for through a network of state-licensed, ORR-funded care providers that provide classroom education, mental and behavioral health services, medical services, case management, and socialization/recreation.
 - The majority of children are placed in the minimally restrictive setting of shelter care. ORR/DUCS funds programs to provide a continuum of care for children, including foster care, group homes, staff secure, secure, and residential treatment centers.
 - b. Assistant Secretary for Preparedness and Response
 - i. Lead agency for Federal ESF #8.
 - ii. National Disaster Medical System (NDMS) assets, upon request, provide Federal assistance in the form of medical, veterinary, and mortuary services. The NDMS also

²⁹ U.S. Department of Education, "Readiness and Emergency Management for Schools." <http://rems.ed.gov>.

coordinates patient movement and definitive care for individuals being transported away from a disaster site in order to receive medical care.

5. U.S. Department of Justice

- a. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families.
- b. Currently, OJJDP is supporting this reunification initiative by coordinating with other offices, bureaus, and divisions within DOJ to discuss strategies for overcoming challenges that exist regarding the reunification of juveniles in the event of a disaster. Specifically, OJJDP is focusing its efforts on the reunification of juveniles held in secure confinement. It is anticipated that OJJDP's outreach efforts will yield opportunities for greater collaboration and enhanced processes for reunification.

6. U.S. Department of State

- a. May assist in the evacuation and reunification of unaccompanied minors who cross international boundaries following a disaster.
- b. Coordinates with embassies and foreign governments regarding unaccompanied minors who have been or need to be identified and reunified.
- c. Notifies the appropriate consulate for individuals from countries that require such notification.

Nongovernmental and Private Sector Organizations

Within the nonprofit sector, voluntary agencies are the cornerstone for the delivery of mass care services following disasters. When incidents displace or otherwise disrupt survivors' access to life-sustaining goods and services, government agencies and stakeholders from the nonprofit and private sector involved in the provision of human services activate to minimize pain and suffering caused by disasters. In addition to the provision of shelter (including for household pets and service animals), food, water, clothing, temporary respite care, and basic health, mental, and behavioral health support, NGOs and private sector organizations also assist with family reunification.³⁰

1. National Center for Missing and Exploited Children

- a. Serves as the Nation's resource center on the issues of missing and sexually exploited children. Provides information, training, technical assistance, and resources nationwide to law enforcement, parents, children (including child victims), and other professionals.

³⁰ Temporary respite care of children involves provision of a secure, supervised, and supportive play experience for children in a Disaster Recovery Center, assistance center, shelter, or other service delivery site. Parents, guardians, or caregivers should remain onsite and maintain responsibility for their child or children.

- b. Works in partnership with Federal, state, and local law enforcement agencies to assist in the reunification of displaced children with their parents or legal guardians.
- c. Deploys Team Adam (retired law enforcement officials) to the location of a declared disaster to gather information about displaced children and provide technical assistance and support.
- d. Activates the NECLC, a toll-free hotline, teletype service dedicated to receive reports of displaced children, at the request of a state that has been impacted by a disaster.
- e. Promotes the UMR, a nationwide data collection tool aimed at expediting the reunification of an unaccompanied minor with his/her legal guardian, following a disaster.
- f. Shares posters of displaced children with a network of nationwide partners and media outlets to assist in the reunification of those children with their families. Information shared with the public includes name, date of birth, date missing, last known location, and other identifying information such as height, hair color, and eye color.
- g. Works closely with state missing-child clearinghouses to help ensure a comprehensive approach to child protection.
- h. Provides missing-child clearinghouses with training, technical assistance, and vital information to assist in handling missing-child cases.

2. American Red Cross

- a. Attempts to reach out to the minor's parent or legal guardian (if the child is aware of contact information).
- b. If unsuccessful, contacts law enforcement and child welfare agencies and transfers the child to their care and supervision.
- c. Documents the minor's arrival, changes in circumstances, and other information using the American Red Cross Unaccompanied Minors Report Form.
- d. Makes every effort to designate two volunteers or paid staff members to supervise an unaccompanied minor until they are safely conveyed to the appropriate authorities.
- e. Refers an unaccompanied minor with urgent health needs to the appropriate medical facilities and documents the circumstances.

3. Save the Children³¹

- a. Provides temporary respite care for children in the shelter environment, including dedicated children's areas.
- b. Assists care providers, emergency planners, and communities in preparing to safeguard children during and after disasters.
- c. Delivers community and school-based programs to help children and their adult caregivers to recover emotionally after a disaster.

³¹ More information regarding Save the Children's support of disaster response may be found at http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.7495333/k.761B/Domestic_Disaster_Support.htm.

4. Southern Baptist Disaster Relief (Southern Baptist Convention)
 - a. Provides temporary respite care for children affected by disasters.
 - b. Provides mobile units equipped with appropriate equipment and supplies to care for children.
 - c. Provides volunteers who are trained, background checked, and credentialed to care for children in a safe, secure area.
 - d. Provides a temporary resource for parents in need of a safe, secure environment for their children when the operation of established day care centers is interrupted due to disaster.
 - e. Establishes temporary child care in local facilities such as churches, shelters, multi-agency compassion centers, service centers, and/or other facilities where a safe, secure, and comfortable environment for children can be provided.
5. Children's Disaster Services (Church of the Brethren): Provides temporary respite care for children in the shelter environment.
6. Corporation for National and Community Service: Provides support to missing persons call centers.
7. Faith-based and community organizations (typically those smaller voluntary organizations unaffiliated with National Voluntary Organizations Active in Disaster)
 - a. Provide assistance in the development of family reunification plans.
 - b. Partner with local, state, and Federal agencies in the sheltering and feeding of disaster survivors.
 - c. Provide trained staff to assist in the care of minors.
8. Private sector partners
 - a. Encourage employees to develop family reunification plans as part of continuity of operations planning.³²
 - b. Support reunification efforts as part of the whole community concept.
 - c. Display bulletin boards with posters and identifying information of missing children.
 - d. May allow local, state, and Federal emergency managers and NGOs to use parking lots for reunification staging.
 - e. Display messages concerning missing children on electronic billboards along major roads and highways.
 - f. Social media and Web sites serve as powerful tools for individuals to communicate their post-disaster whereabouts and condition to friends and relatives. Individuals are encouraged to use social media, Web sites, text messaging, and other digital tools to communicate their whereabouts and condition with family, friends, relatives, and co-workers.

³² U.S. DHS, *Fiscal Year 2012 Homeland Security Grant Program Supplemental Resource: Children in Disasters Guidance*. http://www.fema.gov/pdf/government/grant/2012/fy12_hsgp_children.pdf.

- i. Google Person Finder is a web application available in over 40 languages that allows individuals to post and search for the status of relatives or friends affected by a disaster. It also allows press agencies, NGOs, and others to contribute to the database and receive updates. The Google Crisis Response team makes a determination to turn on Google Person Finder based on the scale of a disaster. Web sites can also choose to embed Google Person Finder as a gadget on their own pages.³³ (Note: FEMA does not endorse any nongovernmental Web sites, companies, or applications).
- ii. The American Red Cross operates a Digital Operations Center that uses social media to source additional information from affected areas during emergencies to better serve those who need help, spot trends, and better anticipate the public's needs, and connect people with the resources they need (e.g., food, water, shelter, mental and behavioral health support).
- g. Privately owned child care, recreational, and other facilities are strongly encouraged to have emergency preparedness plans specific to evacuation and reunification and communicate them to parents and legal guardians.
- h. Pediatricians have unique access to children and families and can serve as liaisons to communicate the importance of disaster preparedness, the need for a family plan and disaster kit, the importance of listening for public messaging during disasters, and what to do in the case that parents or legal guardians are separated from their children as a result of a disaster.

Tribes

Tribes are strongly encouraged to develop comprehensive emergency operations plans that include provisions for the reunification of children separated from their parents or legal guardians in the aftermath of a disaster. The Federal Government has a trust relationship with Federally-recognized tribes and recognizes their right to self-government. In addition, some states have a similar relationship with state-recognized tribes. Tribal governments, as sovereign nations, govern and manage the safety and security of their lands and citizens. To that end, tribal governments coordinate resources to address actual or potential incidents. When tribal response resources are inadequate, tribal leaders may seek assistance from local, private, state, and Federal partners.

For certain types of Federal assistance, tribal governments work with the state in which they are located. For other types of Federal assistance, as sovereign entities, tribal governments can elect to work directly with the Federal Government. Tribes are encouraged to build relationships with local, state, Federal and private sector partners as they may have additional resources available. The NRF's Tribal Coordination Support Annex³⁴ outlines processes and mechanisms that tribal governments may use to request direct Federal assistance during an incident regardless of whether there is a Stafford Act declaration. Tribes are also subject to the Indian Child Welfare Act (ICWA) (see the Authorities section for more information).

³³ Google, "Person Finder Help." <http://support.google.com/personfinder/?hl=en>.

³⁴ The NRF Resource Center Web site provides information on the Tribal Affairs Support Annex at <http://www.fema.gov/emergency/nrf/>.

Territories/Insular Areas

Territories and insular areas coordinate resources to address actual or potential incidents. Due to their remote geographic locations, territories and insular areas face unique challenges in quickly receiving assistance from outside the jurisdiction, and may often request assistance from other nearby countries or private resources. Assistance may also be available from the Federal Government through a request to the President through FEMA for a Stafford Act declaration, or through requests to the Department of the Interior or the Department of State for other types of assistance.³⁵

Tribal/Territorial/Insular Area Government Leader

The tribal/territorial/insular area government leader supports the public safety and welfare of the people of that territory, tribe, or insular area. As authorized by the territorial, tribal, or insular area government, the leader:

- Coordinates resources needed to respond to incidents of all types.
- May have powers to amend or suspend certain laws or ordinances associated with response.
- Communicates with the public in an accessible manner and helps people, businesses, and organizations cope with the consequences of any type of incident.
- Negotiates mutual aid and assistance agreements with other tribes, territories, insular areas, or state or local jurisdictions.

³⁵ See 48 U.S.C. Chapter 10 for more information. In addition, all transactions of territorial and local governments provided for in that chapter may be audited by the U.S. General Accountability Office per 48 U.S.C. 1469b.

Authorities

The following authorities govern various aspects of reunification, from authorities related to the rights of individuals with disabilities to emergency management authorities during times of disaster. This list is not intended to be comprehensive and various local and state statutes will also apply.

- Americans with Disabilities Act of 1990 as amended by the Americans with Disabilities Act Amendments Act of 2008, Public Law 110-325
- Code of Federal Regulations (CFR), Title 44, Chapter 1, FEMA, October 1, 2012
- Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

This Federal law protects the privacy of student education records and applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Generally, schools must have written permission from the parent, legal guardian, or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records without consent to comply with a judicial order or lawfully issued subpoena to appropriate officials in cases of health and safety emergencies, and to local and state authorities within a juvenile justice system pursuant to specific state law.

In some emergency situations, schools may only need to disclose properly designated "directory information" on students that provide general contact information. In other scenarios, school officials may believe that a health or safety emergency exists and more specific information on students should be disclosed to the appropriate parties. FERPA is not intended to be an obstacle in addressing emergencies and protecting the safety of students.³⁶

- Health Insurance Portability and Accountability Act (HIPAA) of 1996^{37, 38, 39}

The HIPAA privacy rule and Section 13402 of the Health Information Technology for Economic and Clinical Health Act, part of the American Recovery and Reinvestment Act of 2009, state the requirements for protected health information storage and what information may be released. In certain situations, limited disclosures of patient health information are allowed. "Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

³⁶ "U.S. Dept. of Ed Releases FERPA Guidance for Emergencies," *Campus Safety*, July 2010. <http://www.campussafetymagazine.com/Channel/School-Safety/News/2010/07/02/U-S-Dept-of-Ed-Releases-FERPA-Guidance.aspx>.

³⁷ U.S. HHS, "Can health care information be shared in a severe disaster?" March 2006. <http://www.hhs.gov/hipaafaq/permitted/emergency/960.html>.

³⁸ U.S. HHS, "Summary of the HIPAA Privacy Rule." <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>.

³⁹ U.S. Department of Education, "Family Educational Rights and Privacy Act and the Disclosure of Student Information Related to Emergencies and Disasters," June 2010. <http://www2.ed.gov/policy/gen/guid/fpco/pdf/ferpa-disaster-guidance.pdf>.

- Health care providers can share patient information as necessary to provide treatment. Treatment includes:
 - Sharing information with other providers (including hospitals and clinics).
 - Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated).
 - Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
- Providers can also share patient information to the extent necessary to seek payment for these health care services.
- Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death. The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
 - Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
 - In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.
- Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law and the provider's standards of ethical conduct.
- Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.
- The HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.”⁴⁰
- Homeland Security Act of 2002, Public Law 107-296, as amended, 6 U.S.C. 101, et seq.
- Homeland Security Presidential Directive 5, *Management of Domestic Incidents*, February 28, 2003

⁴⁰ U.S. HHS, “Can health care information be shared in a severe disaster?” March 2006.
<http://www.hhs.gov/hipaafaq/permitted/emergency/960.html>.

- Indian Child Welfare Act

ICWA was passed in 1978 to protect the best interests of Indian children and to promote the stability of Indian tribes and families. ICWA provides minimum Federal standards for the removal of Indian children from their families and placement of these children into foster care or adoptive homes that reflect Indian culture.

ICWA applies in all child custody proceedings involving foster care placements, termination of parental rights, and pre-adoptive and adoptive placements. ICWA does not apply in divorce proceedings involving custody disputes.⁴¹

- Individuals with Disabilities Education Act (IDEA)⁴²

The IDEA is a law ensuring services to children with disabilities throughout the Nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.

Infants and toddlers with disabilities (birth–2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3–21) receive special education and related services under IDEA Part B.

- Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC)

The ICC was established by Executive Order 13347 to ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in disaster situations. The purpose of the council is to:

- Consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves.
- Encourage, including through the provision of technical assistance, consideration of the unique needs of employees and individuals with disabilities served by state and local governments and private organizations and individuals in emergency preparedness planning.
- Facilitate cooperation among Federal, state, and local governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to individuals with disabilities.⁴³

- Interstate Compact for the Placement of Children

This compact agreement was developed to “provide a process through which children, who are subject to this compact, are placed in safe and suitable homes in a timely manner.”⁴⁴

⁴¹ U.S. Department of Health and Human Services. *Indian Child Welfare Act*. <http://www.childwelfare.gov/systemwide/courts/icwa.cfm>

⁴² U.S. Department of Education, “Building the Legacy, IDEA 2004.” <http://idea.ed.gov>.

⁴³ U.S. Department of Homeland Security. *Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities*. <http://www.dhs.gov/interagency-coordinating-council-emergency-preparedness-and-individuals-disabilities>.

The compact covers foster children being placed with a relative or another caregiver, children moving across state lines with foster parents, children placed for adoption by a public agency or private attorney, children placed in residential treatment facilities by parents, parents placing children with non-relatives, and pregnant women going across state lines to give birth.⁴⁵ It does not limit the receiving state's ability to take emergency jurisdiction for the protection of the child.

The compact also provides guidance for "uniform data collection and information sharing between member states."⁴⁶

Article V provides guidelines and processes for assessing whether or not the new placement would be a safe environment for the child. This compact does not apply to a situation where a child is leaving the United States to enter another country for the purpose of adoption.

- Pets Evacuation and Transportation Standards Act of 2006, Public Law 109-308⁴⁷

The Pets Evacuation and Transportation Standards (PETS) Act of 2006 was created to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The PETS Act ensures that state and local emergency preparedness plans address the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency. Specifically, the act establishes that state and local plans address the rescue, care, shelter, and essential needs of individuals and their pets and service animals. The act also states that financial contributions can be made to state and local authorities for animal emergency preparedness purposes, including the procurement, construction, leasing, or renovating of emergency shelter facilities and materials that will accommodate people with pets and service animals.⁴⁸

- Post-Katrina Emergency Management Reform Act of 2006, Public Law 109-295

"The Post-Katrina Emergency Management Reform Act of 2006 stipulates major changes to the Federal Emergency Management Agency within the Department of Homeland Security to improve the agency's preparedness for and response to catastrophic disasters. For example, the act establishes a new mission for and new leadership positions within FEMA."⁴⁹

- Presidential Policy Directive 8, *National Preparedness*, March 30, 2011

⁴⁴ *Interstate Compact for the Placement of Children*. <http://www.aphsa.org/Home/Doc/Interstate-Compact-for-the-Placement-of-Children.pdf>.

⁴⁵ *Interstate Compact on the Placement of Children*, Adoption and Child Welfare Web site. http://www.adoptionchildwelfarelaw.org/faq_detail.php?id=89.

⁴⁶ *Interstate Compact for the Placement of Children*. <http://www.aphsa.org/Home/Doc/Interstate-Compact-for-the-Placement-of-Children.pdf>.

⁴⁷ U.S. Government Accountability Office, "Homeland Security: Preparing for and Responding to Disasters," March 2007. <http://www.govtrack.us/congress/bill.xpd?bill=h109-3858>.

⁴⁸ For more information regarding the eligible costs for the evacuation of persons and service animals after a Federally declared disaster, see FEMA Policy 9523.19: *Eligible Cost Related to Pet Evacuations and Sheltering*, and FEMA Policy 9523.15: *Eligible Costs Related to Evacuations and Sheltering*.

⁴⁹ U.S. Congress, "H.R. 3858 (109th): Pets Evacuation and Transportation Standards Act of 2006," October 2006. <http://www.gao.gov/products/GAO-07-395T>.

- Rehabilitation Act of 1973

Section 504⁵⁰ states that “no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under” any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service.

Each Federal agency has its own set of section 504 regulations that apply to its own programs. Agencies that provide Federal financial assistance also have section 504 regulations covering entities that receive Federal aid. Requirements common to these regulations include reasonable accommodation for employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations. Each agency is responsible for enforcing its own regulations. Section 504 may also be enforced through private lawsuits. It is not necessary to file a complaint with a Federal agency or to receive a “right-to-sue” letter before going to court.

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal Government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public.

An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides output only in visual format may not be accessible to people with visual impairments, and a system that provides output only in audio format may not be accessible to people who are deaf or hard of hearing. Some individuals with disabilities may need accessibility-related software or peripheral devices in order to use systems that comply with Section 508.

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law No. 93-288, as amended, 42 U.S.C. 5121, et seq.
- Uniform Child Custody Jurisdiction and Enforcement Act⁵¹

This act, which has been adopted by 49 states, governs the process for handling child custody cases, including which entities have jurisdiction to determine custody.

⁵⁰ U.S. Department of Justice, *A Guide to Disability Rights Laws*. <http://www.ada.gov/cguide.htm>.

⁵¹ National Conference of Commissioners on Uniform State Laws, *Uniform Child Custody Jurisdiction and Enforcement Act*, 1997. <http://www.law.upenn.edu/bll/archives/ulc/uccjea/final1997act.pdf>.

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Planning Considerations

This section lists some of the planning considerations that may be taken into account when incorporating reunification concepts into emergency preparedness plans. This list is not intended to be all-encompassing and focuses on a few key areas.

- Promote the development of family disaster plans and/or child reunification cards that include pre-determined escape routes, methods to notify or contact family members, family meeting locations, pet accommodations, alternate transportation plans in the event that vehicles are non-operable, sufficient medical and personal supplies, and procedures for collecting children from school, child care, and post-disaster accommodations if the home is uninhabitable.⁵² Research shows that one-half of American families do not have a disaster preparedness plan.⁵³
- Child care and educational facilities are strongly encouraged to establish relationships, build and maintain emergency preparedness plans, and conduct drills and exercises with first responders and/or local emergency management officials, and to share emergency preparedness plans with parents and legal guardians to better link reunification efforts and improve resilience in the event of an emergency/disaster.⁵⁴
- Inquire whether health care facilities have emergency preparedness plans that specifically address the reunification of children with their parents or legal guardians and also address children's health care needs, to include children who need assistance with mobility and have medical, chronic health, or communication challenges. Reunification procedures should include pediatric patients as well as the children of employees who are required to work during the disaster.
- Inquire whether the emergency preparedness plans of health care facilities track the intake of newly injured and critically injured children into a medical facility, and whether the movement of pediatric patients is tracked when relocating to a new facility due to a no-notice event.
- Exceptions may be made to the privacy requirements contained within HIPAA to allow the sharing of information in certain emergency situations (see pages 23 and 24 of the Authorities section).
- Exceptions to FERPA privacy rules are also allowed under specific circumstances. FERPA allows schools to disclose those records without consent to comply with a judicial order or lawfully issued subpoena to appropriate officials in cases of health and

⁵² For a sample family disaster plan and child information card, see <http://www.ready.gov/make-a-plan>.

⁵³ Mailman School of Public Health, Columbia University, "Where the US Public Stands in 2011 on Terrorism, Security, and Disaster Preparedness." <http://www.ncdp.mailman.columbia.edu/files/2011maristsurvey.pdf>.

⁵⁴ See FEMA's independent study courses *IS-36: Multihazard Planning for Childcare* (<http://training.fema.gov/EMIWeb/IS/is36.asp>) and *IS-336: Planning for Children in Disasters* (<http://training.fema.gov/EMIWeb/IS/is366.asp>) for additional information.

safety emergencies, and to local and state authorities within a juvenile justice system pursuant to specific state laws.⁵⁵

- Inquire whether facilities responsible for the temporary care of children—especially child care, educational, and health care facilities—develop plans for the medical care of minors—particularly those who are non-verbal (infant/toddler) or have chronic health, medical, mobility, or communication challenges—during a disaster when a parent, legal guardian, or other responsible party is absent. Some states have medical consent laws that remove the need for parental consent in emergency situations. For non-emergency or ongoing care, court permission may be sought. Facilities may choose to request that parents sign waivers in advance of an incident. The following sample language may be of assistance:

“In the event of an emergency situation requiring medical treatment, I, [parent’s name], hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.”⁵⁶

- To the extent possible, educate families on emergency preparedness and reunification prior to the occurrence of a disaster through public information and case workers in the field.
- As noted in the FEMA report *Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty*, NGOs, social media, and other members of the whole community play an increasingly critical role in messaging and reunification during disasters.⁵⁷

⁵⁵ “U.S. Dept. of Ed Releases FERPA Guidance for Emergencies,” *Campus Safety*, July 2010. <http://www.campussafetymagazine.com/Channel/School-Safety/News/2010/07/02/U-S-Dept-of-Ed-Releases-FERPA-Guidance.aspx>.

⁵⁶ Jennifer Wolf, “Printable Medical Release Form For Children,” <http://singleparents.about.com/od/healthinsurance/ss/medrelease.htm>.

⁵⁷ FEMA, *Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty*, January 2012. <http://www.fema.gov/library/viewRecord.do?id=4995>.

Concept of Operations Guidance

This section describes the concept of operations for the reunification of unaccompanied minors with their parents or legal guardians, including processes, procedures, lines of communication, and how various leading and supporting agencies and organizations may work together to facilitate the reunification of unaccompanied minors. It addresses integrating and coordinating factors across levels of government and between various agencies and discusses how reunification planning efforts could engage the whole community.

The manner in which support is provided to a population requiring the reunification of unaccompanied minors may vary based upon applicable local, state, and Federal laws, as well as the specific circumstances of each disaster incident or event. As such, this section is intended to provide a general suggestion for reunification processes and procedures. The processes and procedures set out in this document are suggestions only, and do not establish binding requirements. In addition, actual reunification processes and procedures will need to be adjusted based upon specific circumstances and requirements of the event.

This document addresses three potential reunification situations that may occur during a disaster:

1. A minor is separated from his or her parent or legal guardian.
2. The parent or legal guardian of a child reports the child missing.
3. A minor reported missing is found to be deceased.

Minor Separated from Parent or Legal Guardian

If a child is discovered as having been separated from his or her parents, legal guardians, or other relatives and is not being cared for by an adult who is legally responsible for doing so, that child is considered to be an unaccompanied minor. Upon discovery of an unaccompanied minor, agencies responsible for the temporary care of displaced minors may begin to work through the following steps to support the child while he or she is separated from his or her parent or legal guardian and to reunite the child with his or her parent or legal guardian.



Figure 1: Minor Separated from Parent or Legal Guardian

1. Identify the minor and gather information.
 - a. Determine whether the minor can *accurately* self-identify and provide information; there is a chance that the child may be a runaway and/or exploited and unwilling to identify himself or herself correctly.
 - b. Gather all information possible on the minor (e.g., name, age, pre-disaster address, names of parents/legal guardians, last known whereabouts of parents/legal guardians, relatives' contact information, and, when possible, any disabilities, access and functional needs, or medical needs). If available, each child should be issued a wristband with a unique identifying number.
 - c. If the child is unable to provide information, then proceed with processes and procedures identified within the jurisdiction or state for identification (e.g., checking fingerprints).
 - d. The UMR <http://umr.missingkids.com> is hosted by NCMEC and can be used by local and state emergency managers and other reunification stakeholders to assist with reunification efforts, planning, and strategies.
2. Alert a responsible agency/organization and, when applicable, other applicable parties (e.g., law enforcement, school district and/or individual schools, child welfare/child protective services authorities).
 - a. Use existing interagency coordination mechanisms to the extent possible and consider reaching out for Federal support.
 - b. Confirm that sufficient numbers of personnel (with background checks/fingerprints) are assigned to provide assistance and facilitate the safety, identification, and reunification of unaccompanied minors in an expeditious manner. Additional support services may be necessary (e.g., American Sign Language interpreters).
 - c. Coordination between ESFs may take place within the appropriate EOC.
3. Arrange for secure sheltering and care.
 - a. Provide assessment and treatment of medical, mental, and behavioral health needs at shelters and other service delivery sites. ESF #8 assets perform this function when requested or required.
 - b. State or local government entities may choose to open a dedicated unaccompanied minor shelter or support local jurisdictions in their sheltering efforts.
 - c. Place sleeping and recreational areas for unaccompanied minors in separated and access-controlled areas. Children with autism, intellectual and developmental disabilities, and others for whom noise and other elements are disruptive may also need quiet areas. If a structural area is unavailable, create an area with as much access control as possible (e.g., curtain draping, air walls, other barriers) and ensure that security personnel are located within this vicinity. Pre-designate staff to work in these areas.
 - d. Provide essential age-appropriate resources such as supplies necessary to sustain infants and toddlers, including those with disabilities and other access and functional needs (e.g., food, diapers, electrolytes, consumable medical supplies, and durable medical equipment).

- e. Implement security procedures in emergency sheltering and congregate facilities.
 - i. Place security personnel supporting unaccompanied minors continuously at entrances to and inside all areas (e.g., shelter sleeping area, play area, reception sites) and ensure that unaccompanied minors are escorted to restrooms by authorized, credentialed personnel. Safety should be of the utmost concern.
 - ii. Provide persons authorized for entry into these areas with noticeable and marked identification (e.g., area-specific badge, identifier such as a colored strip on shelter staff badge).
 - iii. Check and approve all identifications prior to allowing access to this population.
 - iv. Implement sign-in and sign-out procedures for parents, legal guardians, and caregivers as appropriate.
 - v. Ensure that background checks have been conducted and fingerprints collected for all individuals with access to unaccompanied minors.
 - vi. Confirm that all personnel are properly trained on the duties and limitations of their position as they relate to unaccompanied minors.
 - vii. Call out investigative resources as needed to assist if a crime has been committed.
- f. Activate personal assistance providers.
 - i. Personal assistance providers may be needed to support children who have been separated as a result of disaster and have a disability or other access and functional need.
 - Services may include basic personal care, such as grooming, eating, bathing, toileting, dressing and undressing, walking, transferring, and maintaining health and safety.
 - Higher levels of care may include changing dressings on wounds (e.g., pressure point sores), administering medications/injections (e.g., insulin), catheterization, and respiratory care.
 - ii. Consider incorporating shelter-in-place procedures into emergency preparedness plans. Such plans should address supplies necessary to sustain infants and toddlers, including those with disabilities and other access and functional needs, as well as those with medical, mental and behavioral, and chronic health needs.
 - iii. Confirm visual notification systems are available, as well as American Sign Language interpreters and captioning providers.
- 4. Assess legal authorities, requirements, and a timeline for child welfare/child protective services.
 - a. A legal authority is designated to act in place of the child's unavailable parent or legal guardian. This may be the court system, a state or local agency, designated institution or children's organization, or foster family provided through the state or locally.
 - b. Designated credentialed personal assistance providers may provide oversight of unaccompanied minors at shelters under the direction of the designated child welfare agency and/or law enforcement personnel as appropriate.

- c. The social services agency, developmental disabilities agency, or law enforcement personnel may take custody of a child for a limited period of time, especially in cases where children require specialized care and standard foster care may not be appropriate.
 - d. The timeline for transferring unaccompanied minors to foster care or specialized care, when applicable, differs depending on specific state criteria and the particulars of the disaster and could range from immediate transfer to foster care to transfer after a period of 3–5 days or only as a last resort following an extended period of time. Waivers to extend existing requirements may be put in place based on specifics of the incident and as authorized in accordance with state laws.
 - e. To expedite the process of returning children placed into foster care to their parents, courts may choose to issue an order stating that children may be immediately released from foster care and back to their parents or legal guardians once they are located and identification is confirmed.
5. Implement a process for tracking a child's location (e.g., radio frequency identification [RFID] system, identification bracelet, badge, bar-coded system, UMR) until reunification occurs and they are no longer within the sheltering system.
- a. Tracking systems in use by local, state, Federal Government, or others should be coordinated for compatibility to share gathered data and to share data with the UMR.
 - b. Systems should be interoperable, to the extent possible, to avoid the dissemination of duplicative or inaccurate information and to streamline communications.
6. Coordinate with the NCMEC's NECLC and/or enter information about the unaccompanied minor(s) into the NCMEC's UMR.
- a. If possible, take a photo of the unaccompanied minor and provide it to NCMEC's UMR along with other identifying information such as location description for further assistance.
 - b. Attempt to match the child with known missing children through NCMEC. If needed, NCMEC can develop a poster with the child's image.
 - c. Consult with the NCMEC's NECLC to determine whether the child has been entered into the UMR.
 - d. NCMEC will provide missing-child clearinghouses with training, technical assistance, and vital information to assist in handling missing-child cases. NCMEC will work closely with state clearinghouses and local and/or state law enforcement to provide technical assistance and assist in retrieving and processing vital information to assist in reuniting displaced children with their parents or legal guardians.
7. Conduct a local search for the parent or legal guardian in the immediate area.
- a. Coordinate a search within the sheltering operation to determine if the parent or legal guardian is currently being or has been housed in a local shelter different from that housing the child.
 - b. Coordinate with Family Assistance Centers; hospitals; child care, educational, and recreational facilities; and coroner/medical examiner's offices to determine if the parent or legal guardian has been identified and/or located.

- c. Child welfare agencies, health departments, NCMEC, local and state law enforcement, coroner/medical examiner's office, and the Family Assistance Center may coordinate the sharing of information to facilitate the reunification of unaccompanied minors with their parents or legal guardians.
- 8. Conduct an expanded search for the parent or legal guardian over a larger geographic area.
 - a. Where applicable, state disaster tracking and identification systems that support mass evacuations with RFID and/or bar-coded identification bracelets or badges.
 - b. State agency systems, such as social service databases and law enforcement missing person's procedures.
 - c. Consult with the NCMEC's UMR.
 - d. In emergency situations, the American Red Cross, through their Safe and Well program, will work with law enforcement or child services agencies to support the best interests of the child.
 - e. DOJ NamUs, a searchable database to assist in solving cases that involve unidentified human remains.
 - f. The Federal Bureau of Investigation NCIC, which assists criminal justice professionals in locating missing persons.
 - g. U.S. National Library of Medicine's Reunite iPhone app, which can be used to report a missing or found person.
 - h. Communications with other states.⁵⁸
 - i. The ability to share information across multiple states may be limited under current laws. Coordinate among state legal systems and work with NCMEC's NECLC.
 - ii. State clearinghouses may allow for the sharing and transfer of information across state lines (see Annex A: List of State Clearinghouses).
 - i. Hospital or medical records.
 - i. May provide information identifying the location of children or parents/legal guardians.
 - ii. Hospital or medical facility emergency plans may address how the facility will handle information releases for unaccompanied minors in accordance with HIPAA privacy regulations (see the Authorities section).
 - j. Other reunification systems (see Annex B: Resource Directory for additional systems and system descriptions).
- 9. Verify the identity of a located parent or legal guardian before releasing the child to them. If identification is not readily available or if a pre-disaster custodial parent or legal guardian cannot be located or is deceased, additional steps may be required. The safety and best

⁵⁸ U.S. Congress, "Section 689b. Reunification," *Post-Katrina Emergency Management Reform Act*, October 2006. <http://www.gpo.gov/fdsys/pkg/plaw-109publ295/pdf/plaw-109publ295.pdf>.

interests of the child should always be kept in mind, and a child should not be released until records can be verified.

- a. Resources for verifying the identity of children and parents/legal guardians:
 - i. Interviews with the child if the child can and will communicate.
 - ii. School records and personnel.
 - iii. Court documents and records: birth records, custody (physical and legal) agreements, child support records, legal guardianship documents, wills, and other legal records establishing custodianship or legal guardianship.
 - iv. Social services records.
 - v. Fingerprinting and DNA testing. Consider establishing pre-incident voluntary registries and/or databases to better match fingerprints and DNA in the event of a major disaster.
 - vi. Interviews with family members or others acquainted with the child conducted by a designated authority with the sole purpose of establishing family links and identifying custodial or potential custodial relationships.
 - vii. The U.S. Department of State and/or authorities from the country of origin to help verify the identity of foreign individuals.
 - viii. Registration documents from the state containing identifying information about the child and his/her parents or legal guardians completed pre-incident at schools or child care facilities.
- b. Once the identity of the child and the parent or legal guardian has been ascertained, the next step is to determine whether they have the right to legal custody of the child before the child is released to them. Investigation and determination of custody and release of unaccompanied minors to parents or legal guardians should be a collaborative effort between child welfare agencies, law enforcement, and the judicial system.
 - i. If a parent or legal guardian is verified as having pre-disaster legal custody of an identified child (i.e., sole or joint), the child should be released to that person.
 - ii. If a parent, legal guardian, or person designated as a legal guardian by the parent (e.g., through a will) is not located, release of a child to another relative or legal guardian may be necessary and should be processed through standard judicial system protocols and processes.
 - iii. If a legal reason is found during verification of identity as to why a child cannot be returned to a parent or legal guardian (e.g., parent is taken into custody due to an outstanding warrant), standard law enforcement and social service protocols should be implemented.
 - iv. If there are any issues regarding the situation of the verified parent or legal guardian (e.g., homeless, disaster-related, or mental and behavioral health issues), these concerns should be passed onto existing social services, law enforcement, or applicable agencies for follow-up within regular legal or recovery operational structures. Disasters often increase stress levels and can compromise a child's well-

- being; consideration should be given as to whether the parent/legal guardian has the sufficient means to care for the child. This is also relevant to children with disabilities, children with special health care needs, youth involved in juvenile justice systems, and to families otherwise in distress due to domestic violence or the presence of other risk factors within or external to the family unit.⁵⁹
- v. If a child has been placed into temporary foster care, social services should coordinate to release the child to the identified parent or legal guardian. If the child is in foster care in a host state, the home state should coordinate with the host state regarding differing laws and authorities of that state for the return and reunification of the child.
- c. Disputes among adults seeking custody of a child may occur.
- i. If independent adults (e.g., divorced, separated, individual legal guardians) with verified joint legal custody of the child each seek custody, the child should be released to the person verified to have the right to primary physical custody. If this cannot be determined, it should be resolved through standard judicial system protocols and processes.
 - ii. If a parent is identified, but custody of the child is documented to be solely with a different parent or legal guardian, release of the child to that person should not occur. If this is disputed, the parent may follow up using standard judicial system protocols and processes.
 - iii. Disputes among family members over physical custody of a child should be resolved through standard judicial system protocols and processes in accordance with pre-existing child custody laws.
10. Provide interim housing for unaccompanied minors while they await reunification.
- a. During the short term, minors may be placed into temporary substitute or foster care as they await reunification.
 - b. During the reunification process, permanent care arrangements such as adoption, long-term foster care, or the institutionalization of children with disabilities should be avoided. If reunification is not possible within an appropriate time frame, other solutions may need to be considered.
 - c. The unaccompanied minor should be kept informed, in an age appropriate manner, of plans being made for him/her, and his/her opinions should be taken into consideration.
 - d. The privacy, safety, and physical, mental, and behavioral health needs of the child should be taken into account when determining sheltering and housing options.
 - e. Every effort should be taken to promote siblings being kept together as they await reunification.
 - f. Housing options should be accessible to children with disabilities and other access and functional needs.

⁵⁹ U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. October 2011. *Emergency Planning for Juvenile Justice Facilities*. <https://www.ncjrs.gov/pdffiles1/ojjdp/234936.pdf>.

11. Arrange transportation for the physical reunification of minors with parents or legal guardians.
 - a. Once appropriate identification has been made to reunite unaccompanied minors with parents/legal guardians, arrange transportation modes to carry parents/legal guardians to unaccompanied minors or minors to parents/legal guardians.
 - b. Determine the mode of transport to be used (e.g., law enforcement or other government vehicle; ground, air, or rail transport; private or public mode; accessible transportation).
 - c. Coordinate with transportation providers, local and state governments, law enforcement, public child welfare agencies, sheltering organizations, international agencies (e.g., U.S. Department of State, foreign embassies, U.S. Customs and Border Protection), and other services to coordinate timing and movement plans.
 - d. Consider all local, state, national, and international laws and requirements for transporting minors across borders, including the Interstate Compact on the Placement of Children (see the Authorities section for additional information).⁶⁰
 - e. Implement appropriate plans including but not limited to:
 - i. Moving the adult to the minor rather than moving the minor.
 - ii. Using law enforcement, social services, or other authorized personnel to accompany the minor.
 - iii. Implementing reunification transportation procedures used by NCMEC.
 - iv. Following airline practices and procedures for the transport of unaccompanied minors.
 - v. Considering the inclusion of counselors or other mental and behavioral health providers when reuniting children with their parents and/or legal guardian.
 - f. In cases involving runaway children and/or where parents or legal guardians are responsible for the separation, local agencies or NGOs may consider implementing a monitoring mechanism for three to six months to confirm that the child is safe and is provided with an appropriate environment for growth and development.
12. Secure care for the child if the parent or legal guardian is not located, is deceased or incapacitated, or if the child was without care prior to the incident. The following options may be considered:
 - a. Identification and reunification with available and suitable alternative relative legal guardians should be explored and, if possible, implemented. All relatives should be positively identified and pass a background check.
 - b. Placement into the child welfare system (i.e., foster care).
 - c. Involvement of the court system within the appropriate legal jurisdiction and/or state.

⁶⁰ *Interstate Compact for the Placement of Children*. <http://www.aphsa.org/Home/Doc/Interstate-Compact-for-the-Placement-of-Children.pdf>.

- d. Institutionalization of children with disabilities in local and state facilities should be avoided at all costs, and nontraditional solutions may need to be considered.

Child Reported Missing by Parent or Legal Guardian

Upon report of a missing minor, agencies may begin to work through the following steps to locate and reunite the child with his or her family. As many of the steps described in this section are similar to those described above, only the differences are highlighted. Keep in mind that some undocumented parents or legal guardians may be concerned that reporting a missing child to authorities may result in deportation.

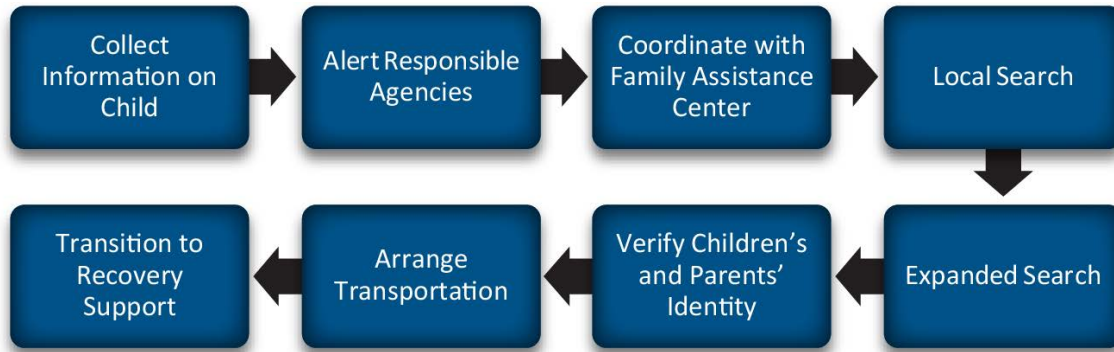


Figure 2: Child Reported Missing by Parent or Legal Guardian

1. Collect information on the missing child.
 - a. Conduct an interview with the family to gather information (e.g., name; nickname; pre-disaster address; landmarks near home; last known whereabouts of the child; events leading to missing child; profile of the child; identifying marks such as scars; and any disabilities, medical needs, and access and functional needs).
 - b. Request photos of the child, if available. If parents do not have access to photos of their children in the aftermath of a disaster, other sources of information—such as schools, child care, pediatricians, government agencies, private sector partners, or pre-disaster registries—should be explored.
2. Alert applicable agencies (e.g., law enforcement, school district and/or individual schools, NCMEC/NECLC, child welfare/child protective services authorities) through the ESF representatives or Reunification Strike Team in the appropriate EOC, if activated, or through other established alerting mechanisms.
3. Coordinate with a Family Assistance Center, if applicable.
4. Conduct an immediate local search for the child.
 - a. Determine whether the child is currently being or has been housed in another local shelter apart from his or her family. If he or she can be located using this method, arrange for reunification.
 - b. Coordinate with Family Assistance Centers, hospitals, or coroner/medical examiner's offices to determine if the child has been identified and/or located.
 - c. Use social media and other technology to engage community involvement.

5. Conduct an expanded search for the child over a larger geographic area.
 - a. See the *Conduct an expanded search for the family or legal guardian* in the previous section for more information.
6. Verify the identity of the child and parent or legal guardian.
 - a. See the *Verify the identity of located parents or legal guardians* in the previous section for more information.
7. Arrange appropriate transportation for physical reunification.
 - a. See the *Arrange transportation for physical reunification* in the previous section for more information.
8. Transition to recovery support at the appropriate time.
 - a. Arrange for the continued support of the family using ongoing missing-child systems.

Unaccompanied Minor Identified as Deceased

1. If a child is found to be deceased in the aftermath of a disaster, scientific or positive identification should be made by a coroner or medical examiner prior to the notification of next of kin or before the body is released to a person authorized to direct the disposition of remains. Protocols should be in place to address the processes and procedures for notifying authorities, agencies, and families.
2. In cases involving the death of a child, every effort should be made to include grief counselors and mental health support services for the primary caregivers and siblings of the deceased. The notification team may additionally include a representative of the medical examiner or coroner, a member of the clergy, and possibly a medical professional. If the family's pastor or other clergy member is present, the team clergy should play only a supportive role. Law enforcement may also assist.
3. If the family cannot be located, the responsible agency should follow its standard procedures for notifying the next of kin of deceased individuals.
4. A Family Assistance Center may also be used to help match deceased individuals with their relatives.
5. HHS Disaster Mortuary Operational Response Teams may provide additional assistance with victim identification.

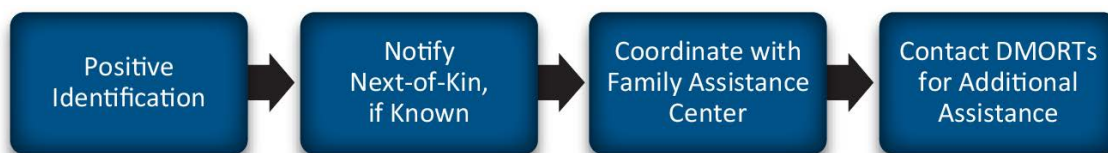


Figure 3: Unaccompanied Minor Identified as Deceased

Supplemental Checklist

This supplemental checklist contains planning considerations to guide the integration of reunification of children separated from their parents or legal guardians following a disaster into existent emergency operations plans. This checklist is meant to be used concurrently with the planning process defined in Comprehensive Preparedness Guidance 101 Version 2.0 to determine which components may be lacking in a jurisdiction's current planning efforts and those that are already included in their plan or supporting procedures (standard operating procedures or standard operating guidelines).

Preparedness

- Have you included in the planning group individuals and stakeholders with expertise in pediatric and disabilities issues, as well as relevant community leaders, service providers, and other subject matter experts?
- Have you provided demographic data and information on the number of children and where they tend to be during normal business hours or the school day (e.g., educational, child care, medical, juvenile justice, recreational, and other facilities)?
- Have you identified the agency with the lead role for coordinating evacuation and reunification planning efforts and ensuring children with and without disabilities and other access and functional needs are incorporated into all emergency preparedness plans?
- Have you identified support agencies to assist the lead agency in coordinating evacuation and reunification planning efforts and ensuring that children are incorporated into all emergency preparedness plans?
- If feasible, have you identified a Child Coordinator (e.g. State Emergency Medical Services for Children Coordinator) to provide expertise for the emergency planning process and to support the Incident Commander, the Planning Section, and/or the Operations Section during an emergency?
- Have you included mechanisms or processes to effectively identify children and families who will need additional assistance with specific mobility, access and functional, communications, or health-related needs in advance of, during, and following an emergency?
- Have you addressed procedures to secure medical records to enable children with disabilities and/or other special health care needs to receive health care and sustained rehabilitation in advance of, during, and following an emergency, or to assist with reunification efforts?
- Have you outlined roles and responsibilities for supporting children with and without disabilities and other access and functional needs, and children with special health care needs?
- Have you identified governmental and nongovernmental resources to meet critical needs such as reunification, accessible sheltering, housing, educational and child care needs, rental assistance, and emergency repairs for families of children with special health care needs?

- Have you identified training and exercise opportunities for first responders, emergency managers, and pediatric stakeholders to learn how to fully incorporate children and children with disabilities and other special health care needs into emergency preparedness plans and operations?
- Have you defined procedures for the training and use of spontaneous volunteers with background checks and fingerprints who may offer their services to families with children and children requiring additional support?

Evacuation Support

- Have you ensured that children with and without disabilities and other access and functional needs are incorporated into all evacuation considerations and planning?
- Have you included affirmative recognition of the need to keep children with disabilities and their caregivers, mobility devices, other durable medical equipment, and/or service animals together during mass evacuations?
- Have you outlined procedures to provide the availability of sufficient and timely accessible transportation to evacuate children with disabilities and other access and functional needs whose families do not have their own transportation resources?
- Have you collaborated with educational, child care, medical and juvenile justice facilities, and others responsible for the temporary care of children, specifically those with disabilities and other access and functional needs, to ensure that their emergency preparedness plans address reunification of children with their parents or legal guardians?
- Have you identified the means by which incoming transportation requests will be tracked, recorded, and monitored as they are fulfilled?
- Have you identified a process for tracking a child's location should they become separated from parents or legal guardians during a public mass evacuation (e.g., RFID system, identification bracelet or badge, bar-coded system) until reunification occurs?

Shelter Operations

- Have you outlined procedures for ensuring there will be adequate and accessible shelters capable of sheltering unaccompanied minors in the event of a large scale event occurring during normal business hours and resulting in mass quantities of children separated from their parents or legal guardians?
- Have you confirmed that adequate shelter space allocation is provided for children with disabilities and other access and functional needs who may need additional space for assistive devices (e.g., wheelchairs and walkers) and/or other life sustaining equipment such as oxygen?
- Have you addressed necessary developmentally appropriate supplies (e.g., diapers, formula, baby food, age appropriate items), staff, medicines, durable medical equipment, and supplies that would be needed during an emergency for children with disabilities and other special health care needs?
- Have you identified personnel who can provide assistance to unaccompanied minors at shelters, to include personal care providers and security personnel?

Reunification Mechanisms

- Have you identified a communication mechanism or pre-designated a primary point of contact to coordinate with shelters, Family Assistance Centers, hospitals, childcare and educational facilities, and coroner/medical examiner's offices in the immediate area to begin searches for unidentified minors and their families?
- Have you coordinated with child welfare agencies, health departments, the NCMEC's NECLC, and law enforcement to request assistance with reunification efforts?
- Have you established communications or pre-designated a primary point of contact to coordinate with state and national agencies and organizations and/or Reunification Strike Teams to enlist their assistance with reunification efforts?
- Have you explored state and national reunification systems such as the NECLC's UMR or American Red Cross Safe and Well Web site to determine whether they can assist with your reunification efforts?
- Have you established a process for verifying the identity of located parents or legal guardians before unaccompanied minors will be released to them?
- Have you identified accessible and credentialed transportation resources (including Para-transit service vehicles, school buses, municipal surface transit vehicles, drivers, and/or trained attendants) that can provide needed services during physical reunification?

Public Information and Outreach

- Have you identified ways to promote personal preparedness among children, their families, and temporary caregivers (including educational, child care, medical, juvenile justice and recreational personnel)?
- Have you identified mechanisms for disseminating timely and accessible emergency public information using multiple methods (e.g., television, radio, Internet, sirens) to reach families of children with sensory and cognitive disabilities, as well as families with limited English proficiency?
- Have you engaged NGOs, social media, and other members of the whole community, who play an increasingly critical role in messaging and reunification during disasters?

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Conclusion

The approach proposed in this document regarding the reunification of children with their families or legal guardians following a disaster is the first attempt at defining how this process works on a nationwide scale. It acknowledges that separation may occur during the evacuation, rescue, or sheltering processes and that assistance with reunification may be required. It encompasses coordination across the whole community, and serves as a resource for agencies and organizations at all levels of government, children's facilities, and other external stakeholders and aims to assist in the enhancement of existent emergency preparedness plans or development plans specific to evacuation and reunification processes and procedures. The planning assumptions, roles, concepts of operations, relevant authorities, and other resources included in this document may help to facilitate the coordination and integration of efforts across the whole community in reunifying unaccompanied minors with their parents, legal guardians, and families in the aftermath of a disaster.

Local and state jurisdictions are encouraged to use this document to inform reunification planning, customizing the assumptions and processes outlined here as appropriate for their situations and needs. They should take into account the roles, processes, likely support actions, and available resources of other jurisdictions, levels of government, and NGOs, including the private sector, as described in this document. The combined efforts of all applicable parties can help to ensure that the essential task of reuniting families in the aftermath of a disaster is accomplished efficiently. This document should also be shared with educational, child care, medical, juvenile justice, recreational and other applicable facilities to support the enhancement and/or development of emergency preparedness planning.

Although this document is focused solely on the reunification of children separated from their parents or legal guardians following a disaster, post-disaster reunification is a concern for people of all ages and demographics. Future planning efforts will be devoted to addressing this need, as well as expanding to include the overall population, to include service animals and household pets. All future efforts will be developed with the approach contained within this document in mind, encouraging all members of the response team to work together to achieve the ultimate goal of reuniting all members of the community with their loved ones following a disaster.

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Annex A: List of State Clearinghouses

Each state and territory provides resources for missing children, their families, and the professionals who serve them. These resources are referred to as missing-child clearinghouses. The National Center for Missing and Exploited Children (NCMEC) maintains a liaison with each missing-child clearinghouse and helps to ensure that they are familiar with the many resources available. The NCMEC provides missing-child clearinghouses with training, technical assistance, and vital information to better assist them in handling missing-child cases. The state clearinghouse should be involved in any reunification planning at the state level. A list of agencies representing each state can be found in the following table.⁶¹

While the clearinghouse managers are involved in all reunification planning, the clearinghouses are not necessarily the primary lead organizations for reuniting children separated from their parents or legal guardians as a result of disaster. Throughout the development of this document, several states provided information on the agencies with the overall responsibility for unaccompanied minors in the state. These agencies are listed in the “Lead Agency” column.

State/Territory Name	State/Territory Clearinghouse	Lead Agency
Alabama	Alabama Bureau of Investigation/Missing Children P.O. Box 1511 Montgomery, AL 36102-1511 (800) 228-7688 Fax: (334) 353-2563 http://www.dps.state.al.us/abi	
Alaska	Alaska State Troopers Missing Persons Clearinghouse 3925 Tudor Centre Road Anchorage, AK 99508 (907) 269-5058/(800) 478-9333 (in-state only) Fax: (907) 269-0732	
American Samoa		
Arizona	Arizona Department of Public Safety Criminal Investigations Research Unit P.O. Box 6638 Phoenix, AZ 85005 (602) 644-5868 Fax: (602) 644-8709	Arizona Department of Economic Security; Division of Children, Youth, and Families
Arkansas	Office of Attorney General Missing Children Services Program 323 Center Street, Ste. 200 Little Rock, AR 72201 (501) 682-1020/(800) 448-3014 (in-state only) Fax: (501) 682-6704 http://www.ag.state.ar.us	

⁶¹ NCMEC, “Missing-Child Clearinghouse Program.” <http://www.missingkids.com/Clearinghouses>.

State/Territory Name	State/Territory Clearinghouse	Lead Agency
California	California Department of Justice Missing/Unidentified Persons Unit P. O. Box 903387 Sacramento, CA 94203-3870 (916) 227-3290/(800) 222-3463 Fax: (916) 227-3270 http://ag.ca.gov/missing	
Colorado	Colorado Bureau of Investigation Missing Person/Children Unit 710 Kipling Street, Suite 200 Denver, CO 80215 (303) 239-4251 Fax: (303) 239-5788	
Connecticut	Connecticut State Police Missing Persons P.O. Box 2794 Middletown, CT 06457-9294 (860) 685-8190/(800) 367-5678 (in-state only) Emergency Messaging: (860) 685-8190 Fax: (860) 685-8346	Department of Emergency Services and Public Protection
Delaware	Delaware State Police State Bureau of Identification 1407 N. DuPont Hwy. Dover, DE 19903 (302) 739-5883 Fax: (302) 739-5888	
District of Columbia	D.C. Metropolitan Police Dept. Missing Persons/Youth Division 1700 Rhode Island Avenue, N.E. Washington, DC 20018 (202) 576-6768 Fax: (202) 576-6561	
Florida	Florida Department of Law Enforcement Missing Children Information Clearinghouse P.O. Box 1489 Tallahassee, FL 32302 (850) 410-8585/(888) 356-4774 (nationwide) Fax: (850) 410-8599 http://www.fdle.state.fl.us	Florida Department of Law Enforcement
Georgia	Georgia Bureau of Investigation Georgia Information Sharing and Analysis Center P.O. Box 29649 Atlanta, GA 30359 (404) 486-6420/(800) 282-6564 (nationwide) Fax: (404) 486-6446	
Guam		

State/Territory Name	State/Territory Clearinghouse	Lead Agency
Hawaii	Missing Child Center—Hawaii Department of the Attorney General 235 S. Beretania Street, Suite 401 425 Queen Street Honolulu, HI 96813 (808) 586-1449 Hotline: (808) 753-9797 Fax: (808) 586-1097 http://www.missingchildcenterhawaii.com	
Idaho	Idaho Bureau of Criminal Identification Missing Persons Clearinghouse P.O. Box 700 Meridian, ID 83680-0700 (208) 884-7154/(888) 777-3922 (nationwide) Fax: (208) 884-7193 http://www.isp.state.id.us	
Illinois	Illinois State Police Clearinghouse for Missing Persons 2200 S. Dirksen Parkway, Suite 238 Springfield, IL 62703-4528 (217) 785-4341/1-800-843-5763 (nationwide) FAX 217-557-0565	
Indiana	Indiana State Police Indiana Missing Children Clearinghouse 100 North Senate Avenue Third Floor Indianapolis, IN 46204-2259 (317) 232-8310/(800) 831-8953 (nationwide) Fax: (317) 233-3057 http://www.state.in.us/isp	
Iowa	Missing Person Information Clearinghouse Division of Criminal Investigation 215 E. 7th Street Des Moines, IA 50319 (515) 725-6036/(800) 346-5507 (nationwide) Fax: (515) 725-6035 http://www.iowaonline.state.ia.us/mpic/	
Kansas	Kansas Bureau of Investigation Missing/Unidentified Person Clearinghouse 1620 S.W. Tyler Street Topeka, KS 66604 (785) 296-8200 Fax: (785) 296-6781 http://www.accesskansas.org/kbi/	
Kentucky	Kentucky Intelligence and Information Fusion Center 200 Mero Street, Suite 127 Frankfort, KY 40601 (502) 564-1020/(800) KIDS-SAF (543-7723, nationwide) Fax: (502) 564-5315	

State/Territory Name	State/Territory Clearinghouse	Lead Agency
Louisiana	Louisiana State Police Louisiana Clearinghouse for Missing and Exploited Children 7919 Independence Blvd. A-2 Baton Rouge, LA 70806 (800) 434-8007 Fax: (225) 925-4766 http://lsp.org/cid.html	
Maine	Maine State Police—Missing Children Clearinghouse CID 1 1 Game Farm Road Gray, ME 04039 (207) 657-5710 Fax: (207) 657-5748	
Maryland	Maryland Center for Missing Children Maryland State Police 1201 Reisterstown Road Baltimore, MD 21208 (410) 290-1620/(800) 637-5437 (nationwide) Fax: (410) 290-1831	
Massachusetts	Massachusetts State Police Commonwealth Fusion Center 124 Acton Street Maynard, MA 01754 (978) 451-3700 Fax: (978) 451-3707	
Michigan	Michigan State Police Michigan Intelligence Operations Center Michigan State Police 714 South Harrison Road East Lansing, MI 48823 (517) 241-7183 Fax: (517) 241-6815	
Minnesota	Minnesota State Clearinghouse MN Bureau of Criminal Apprehension 1430 Maryland Avenue E. St. Paul, MN 55106 (651) 793-7000 (24/7) Fax: (651) 793-7015	
Mississippi	Mississippi Highway Patrol Criminal Information Center 3891 Highway 468 West Pearl, MS 39208 (601) 933-2656 Fax: (601) 933-2677	
Missouri	Missouri State Highway Patrol Missing Persons Unit P. O. Box 568 Jefferson City, MO 65102 (573) 526-6178/(800) 877-3452 (nationwide) Fax: (573) 526-5577	

State/Territory Name	State/Territory Clearinghouse	Lead Agency
Montana	Montana Department of Justice Missing/Unidentified Persons P.O. Box 201402 303 N. Roberts Street, Room 471 Helena, MT 59620-1402 (406) 444-2800 Fax: (406) 444-4453	
Nebraska	Nebraska State Patrol CID/Missing Persons Clearinghouse P. O. Box 94907 Lincoln, NE 68509-4907 (402) 479-4986/1-877-441-5678 (toll free) Fax: (402) 479-4054	
Nevada	Nevada State Advocate for Missing and Exploited Children Office of the Attorney General 555 E. Washington Ave., Suite 3900 Las Vegas, NV 89101-6208 (702) 486-3539/(800) 992-0900 (in-state only) Fax: (702) 486-2377	County child welfare agencies and Nevada Department of Health and Human Services, Division of Child and Family Services
New Hampshire	New Hampshire State Police Investigative Services Bureau Major Crime Unit 91 Airport Rd Concord, NH 03301 (603) 271-2663/(800) 852-3411 (in-state only) 24-hour referral number (603) 271-3636 Fax: (603) 271-2520	N.H. Dept. of Health and Human Services, Division of Children, Youth and Families 800-853-3345 800-894-5533 603-271-6562 (in state only) 129 Pleasant St. Concord, NH 03301
New Jersey	New Jersey State Police Missing Persons Unit P. O. Box 7068 W. Trenton, NJ 08628 (609) 882-2000/(800) 709-7090 (nationwide) Fax: (609) 882-2719 http://www.njsp.org/divorg/invest/mpce-unit.html	New Jersey Department of Children and Families
New Mexico	New Mexico Department of Public Safety ATTN: Law Enforcement Records P. O. Box 1628 Santa Fe, NM 87504-1628 (800) 457-3463 Fax: (505) 827-3399	

State/Territory Name	State/Territory Clearinghouse	Lead Agency
New York	New York Division of Criminal Justice Services Missing Persons Clearinghouse 4 Tower Place Albany, NY 12203 (800) 346-3543 (nationwide) Fax: (518) 457-6965 http://criminaljustice.state.ny.us	
North Carolina	North Carolina Center for Missing Persons 4706 Mail Service Center Raleigh, NC 27699-4706 (800) 522-5437 (nationwide) Fax: (919) 715-1682	
North Dakota	North Dakota Clearinghouse for Missing Children North Dakota Bureau of Criminal Investigation 4205 N. State Street Bismarck, ND 58503 (701) 328-8171 Fax: (701) 328-5510	Department of Human Services
Northern Mariana Islands		Department of Community and Cultural Affairs
Ohio	Missing Persons Unit Ohio Attorney General's Office Criminal Justice Initiatives 150 Gay Street, 25th Floor Columbus, OH 43215-4231 (614) 466-5610/(800) 325-5604 (nationwide) http://www.mcc.ag.state.oh.us/	
Oklahoma	Missing Person Clearinghouse Oklahoma State Bureau of Investigation Criminal Intelligence Office 6600 N. Harvey Oklahoma City, OK 73116 (405) 879-2645/(800) 522-8017 Fax: (405) 879-2967	
Oregon	Oregon State Police Missing Children Clearinghouse 255 Capital Street, NE, 4th Floor Salem, OR 97310 (503) 934-0188/(800) 282-7155 (in-state only) Fax: (503) 363-5475 http://www.osp.state.or.us	
Pennsylvania	Pennsylvania State Police Missing Persons Unit Bureau of Criminal Investigation 1800 Elmerton Avenue Harrisburg, PA 17110 (717) 346-3378 Fax: (717) 705-2306	

State/Territory Name	State/Territory Clearinghouse	Lead Agency
Puerto Rico	Missing Children Program Centro Estatal Para Niños Desparecidos y Victimas de Abuso P.O. Box 9023899 Old San Juan, Puerto Rico 00902-3899 (787) 729-2068/2457/(800) 995-NINO (limited calling area) Fax: (787) 722-0809	
Rhode Island	Rhode Island State Police Missing and Exploited Children Unit 311 Danielson Pike North Scituate, RI 02857 (401) 444-1125 Fax: (401) 444-1149	
South Carolina	South Carolina Law Enforcement Division Missing Person Information Center P. O. Box 21398 Columbia, SC 29221-1398 (803) 737-9000/(800) 322-4453 (nationwide) Fax: (803) 896-7595	South Carolina Department of Social Services, Office of Constituent Service and Public Information, Disaster Response Services
South Dakota	South Dakota Attorney General's Office Division of Criminal Investigation 1302 East Highway 14, Suite 5 Pierre, SD 57501-8505 (605) 773-3331 Fax: (605) 773-4629	
Tennessee	Tennessee Bureau of Investigation Criminal Intelligence Unit 901 R.S. Gass Blvd. Nashville, TN 37206 (615) 744-4000 Fax: (615) 744-4655	
Texas	Texas Department of Public Safety Criminal Intelligence Service Missing Persons Clearinghouse P.O. Box 4087 Austin, TX 78773-0422 (512) 424-5074/(800) 346-3243 (in-state only) Fax: (512) 424-2885 http://www.txdps.state.tx.us/mpch	
United States Virgin Islands	U.S. Virgin Islands Police Department Patrick Sweeney Police Headquarters RR02 Kingshill St. Croix, VI 00850 (340) 772-2211 Fax: (340) 772-2626	

State/Territory Name	State/Territory Clearinghouse	Lead Agency
Utah	Utah Department of Public Safety Bureau of Criminal Identification Utah Missing Persons Clearinghouse 3888 West 5400 South P.O. Box 148280 Salt Lake City, UT 84114-8280 (801) 965-4686/(888) 770-6477 (nationwide) Fax: (801) 965-4749	
Vermont	Vermont State Police 103 South Main Street Waterbury, VT 05671 (802) 244-8727 Fax: (802) 241-5552	
Virginia	Virginia State Police Department Missing Children's Clearinghouse P. O. Box 27472 Richmond, VA 23261 (804) 674-2026/(800) 822-4453 (800 VACHILD) Fax: (804) 674-2105	
Washington	Washington State Patrol Missing Persons Unit P. O. Box 2347 Olympia, WA 98507-2347 (800) 543-5678 (nationwide) Fax: (360) 704-2971	
West Virginia	West Virginia State Police Missing Children Clearinghouse 725 Jefferson Road South Charleston, WV 25309-1698 (304) 558-1467/(800) 352-0927 (nationwide) Fax: (304) 558-1470	
Wisconsin	Wisconsin Missing and Exploited Children Wisconsin AMBER Alert Coordinator P. O. Box 7857 Madison, WI 53701-2718 (608) 266-1671/(800) THE-HOPE (in-state only) Fax: (608) 267-2777	
Wyoming	Wyoming Office of the Attorney General Division of Criminal Investigation 316 West 22nd Street Cheyenne, WY 82002 (307) 777-7537 Control Terminal: (307) 777-7545 Fax: (307) 777-8900	

Annex B: Resource Directory

This annex identifies existing state and national systems that function as part of the reunification resource network. Local and state jurisdictions should consider using this directory as a guideline when developing their own plans for disaster recovery centers, sheltering, and other types of reception and servicing centers, integrating any applicable resources listed here, as well as any others regularly used by the jurisdiction to assist with reunification. These directories should include the agencies and entities capable of providing assistance with each system.

1. National Center for Missing and Exploited Children (NCMEC) National Emergency Child Locator Center (NECLC)

The NECLC's overall mandate is to establish procedures to facilitate the expeditious identification and reunification of displaced children with their parents or legal guardians. Primary responsibilities of the NECLC include:

- a. Establishing a toll-free hotline and teletype and video relay service lines to receive reports of displaced children.
- b. Creating a 508-compliant Web site to provide information about displaced children.
- c. Deploying personnel to the location of a Presidentially declared disaster event to gather information about displaced children.
- d. Providing information to the public about additional resources.
- e. Partnering with Federal, state, and local law enforcement agencies.
- f. Referring reports of displaced **adults** to the Attorney General's designated authority and the National Emergency Family Registry and Locator System (NEFRS).⁶²

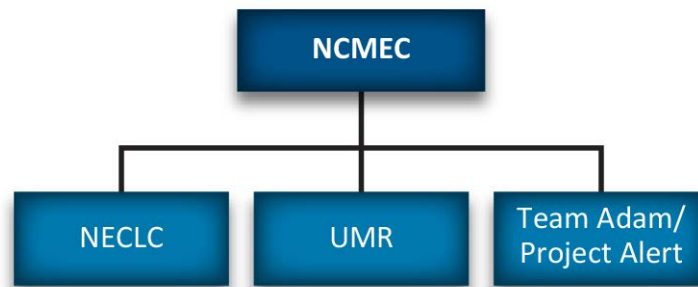


Figure 4: NCMEC Resources

2. Unaccompanied Minors Registry

The Unaccompanied Minors Registry (UMR) supports the ability to collect, store, report, and act on information related to children missing or lost as a result of a disaster. This tool is administered by NCMEC and used by NECLC to gather and share information with and provide technical assistance to local law enforcement and assist in the reunification of

⁶² NCMEC, "Congress Creates National Emergency Child Locator Center within National Center for Missing and Exploited Children," October 2006. <http://www.missingkids.com/DisasterResponse>.

displaced children with their parents or legal guardians.⁶³ Additionally, data within the tool can, through proper channels, be used by local and state emergency managers, as well as other reunification stakeholders to assist with reunification efforts, planning, and strategies.

The UMR serves as a centralized and protected database where information pertaining to unaccompanied minors can be stored. It uses a Web-based portal to allow for one-way communication between external tracking and reunification tools and the NECLC, and will remain active during all disasters (i.e., not restricted to Presidentially declared disasters).

3. American Red Cross Safe and Well Web site

The American Red Cross Safe and Well Web site provides families with a tool to exchange welfare information with loved ones and friends in the immediate aftermath of a disaster. The site allows a disaster survivor to select and post standard messages for friends and family that indicate the survivor is safe and well and will make contact when he or she is able. Those worried about the safety of a survivor can access the site, enter either the name and telephone number or name and complete address of the person in question, and view his/her “safe and well” messages.

The American Red Cross will establish agreements with phone/communications vendors to set up a bank of computers, including teletype lines, for public use post-event. The home page for these computers will be set to the Safe and Well Web site. Safe and Well will also be set as the home page on computers at congregate centers and shelters in host and evacuation areas.

The privacy of the survivor is maintained by not disclosing his/her specific location. In addition, names of minors in American Red Cross shelters are not posted to Safe and Well without the consent of a parent or legal guardian. However, the American Red Cross will provide information to law enforcement or child welfare agencies in emergency situations if it is in the best interests of the child.

Safe and Well is accessible to the public from the American Red Cross Web site:
<http://www.redcross.org/safeandwell>.

4. U.S. Department of Health and Human Services (HHS) Joint Patient Assessment and Tracking System (JPATS)

JPATS is the Federal system used to track patients that are moved by the Federal Government at the request of another agency, state, or local authority. This Web-based application tracks patient movement through their continuum of care, noting the time of each movement and the location of the individual at all times. JPATS allows its users to see enough personal information about the patients so they can be properly identified. It also captures the patient’s health status to assist in transport and to allow receiving facilities to know what is coming their way. All information is protected by the Privacy Act. This tool is provided by HHS at no cost to the states.

⁶³ Team Adam and Project ALERT—comprising retired law-enforcement professionals with years of investigative experience at the Federal, state, and local levels—will provide rapid, onsite assistance to law enforcement agencies and families in reuniting unaccompanied minors with their parents or legal guardians.

5. National Emergency Family Registry and Locator System (NEFRLS)

Established in the aftermath of Hurricanes Katrina and Rita, NEFRLS is a nationally-accessible, Web-based system that facilitates the reunification of families separated or displaced by a disaster. It allows adults who have been displaced from their homes or pre-incident locations to voluntarily register and share specific information on their post-disaster well-being or location with designated family members. Family members and friends may search the database for a record created by a displaced individual.

NEFRLS is activated when requested by a state following a Presidentially-declared disaster or mass evacuation event and operates on a 24/7 basis. It is accessible via a toll-free telephone number or the Internet.⁶⁴

6. National Mass Evacuation Tracking System (NMETS)

NMETS, developed by the Federal Emergency Management Agency, is composed of both manual and computer-based systems that are designed to assist states in tracking the movement of transportation-assisted evacuees, their household pets, luggage, medical equipment, and other personal items during evacuations.

NMETS includes three distinct evacuation support tools that can operate independently or be used in combination to support multi-state, state-managed, or local-level evacuation operations:

- Paper Based Evacuation Support Tool.
- Low Tech.
- Advanced Technology.

Major Functionality (Advanced Technology): During enrollment, radio frequency identification (RFID)/barcode wristbands are given to evacuees and their possessions. The wristband numbers are used to link all household members and their possessions electronically in the system. The wristbands, which contain a unique identifying number that is associated to an evacuee's information, are scanned at each site to record the evacuee's location and departure/arrival times. This information may be used to create transportation manifests, determine sheltering requirements, and inform operational decision making regarding the allocation of emergency resources. The following are examples of information collected:

- Evacuee name.
- Date of birth.
- Pre-evacuation address.
- Medical needs.
- Service animals.
- Household pets.

⁶⁴ Benefits.Gov, "The National Emergency Family Registry and Locator System."
<http://www.benefits.gov/benefits/benefit-details/4635>.

- Luggage.
- Medical supplies/equipment.
- Additional family members.

7. Local and State Tracking Systems

Some local and state jurisdictions have incorporated tracking systems into their disaster evacuation plans. These systems are designed to register and track persons who use government-provided transportation to evacuate from and return to an area that has been or is anticipated to be impacted by a disaster.

The purpose of these systems is fourfold, and includes the following:

- a. Support the reunification of separated families using information gathered at evacuation.
- b. Identify persons with medical needs, disabilities, and other access and functional needs who may require additional assistance.
- c. Associate government-assisted evacuees with their family members, personal items (e.g., luggage), durable medical equipment, and household pets.
- d. Support Federal reimbursement documentation requirements for states that provide government-assisted evacuation.

Several examples of local and state tracking systems are included below. Any system that may be used across state or jurisdictional lines should be coordinated with that host area for compatibility.

a. Phoenix Tracking System

Louisiana's Phoenix tracking system uses coded arm bands to track people during disaster evacuations. People arriving at public pickup points and evacuation centers are given armbands and their information is input into an Internet-connected computer system. As evacuees are loaded onto buses or other accessible transportation and evacuated, their locations are tracked and updated as they are relocated and moved. The system also tracks pets and durable medical equipment that evacuees bring with them. Phoenix can be used to support reunification by allowing the state to search for information on individuals and heads of household and link them with family members.

b. Radiant Radio Frequency Identification

The Texas Department of Public Safety has an agreement with Radiant RFID (also known as Evacuation Tracking Network) to use their system to track evacuees during a disaster. Evacuees meet at locations known as embarkation centers. Upon arrival, each adult and child is issued a wristband, and pets have tags attached to their collars. Both the pet and child bands are linked to their legal guardians in the database. Buses are equipped with global positioning system locators to track the whereabouts of the vehicles and the individuals inside them. As the evacuees disembark the buses, their needs are assessed

and a final location destination is determined. Each individual's information is retrieved using a handheld scanner used to scan the wristbands of each individual.⁶⁵

c. **Unidentified Victim Identification System**

New York City's Unidentified Victim Identification System (UVIS) is a comprehensive disaster management system that manages and coordinates all of the activities related to missing persons reporting and victim identification. In concert with New York City's 3-1-1 Call Center, the City of New York Office of Chief Medical Examiner, the New York Police Department, and other agencies throughout the city, UVIS enables a centralized communications and data collection system to support these processes. This coordinated system is essential to developing an accurate manifest of potential victims following a disaster—a critical first step in victim identification.

8. Reunite

Reunite is an application for the iPhone and iPod Touch that assists aid workers and relief workers working in family reunification after disasters. It can also be used by the general public to report a missing or found person. This application can be downloaded from the Web site <http://www.nlm.nih.gov/mobile/index.html>.

Reunite was developed by the U.S. National Library of Medicine (NLM) at the National Institutes of Health. Information gathered through this app is downloaded onto the People Locator interactive notification wall provided by the NLM at <http://pl.nlm.nih.gov>.⁶⁶

9. Reconnect Families Database

The National Resource Center's Reconnect Families Database is a Web-based system designed to assist local jurisdictions with the reunification of foster children who have been displaced and/or separated from their families in the wake of hurricanes or other disasters. Reconnect Families allows child welfare agencies to track the whereabouts and well-being of foster children and identify those who have not yet been reunited. The system tracks children, adult family members, placement providers, and agency workers.

Agencies can also use the application in preparation for a disaster by preloading extra contact information on individuals to be used in contacting them if they are dispersed. Additional information can be found at <http://www.nrccwdt.org/2011/10/reconnect-families-database>.

10. Lost Person Finder

The Lost Person Finder enables family, friends, and neighbors to locate missing people during a disaster event. The NLM initially created this Web-based people finder software for finding people who were in hospitals after a disaster. After the Haiti earthquake, it was modified to allow public access. It was created by the Communications Engineering Branch of the NLM.

⁶⁵ "RFID-based System Tracked Victims of Hurricanes Gustav, Ike," *RFID Journal*.
<http://www.rfidjournal.com/article/view/4443/2>.

⁶⁶ U.S. National Library of Medicine, National Institutes of Health, "Gallery of Mobile Apps and Sites."
<http://www.nlm.nih.gov/mobile/index.html>.

Information comes from participating hospitals, as well as cell phones and social networks. In a disaster, this system can help provide reassurance, facilitate family reunification, enhance coordination with disaster-responding nongovernmental organizations, and alleviate some of the workload on public health personnel and other responders who interact with the public.⁶⁷

11. Rescue Disaster Portal

The Rescue Disaster Portal is an easily customized web portal for bidirectional communication between response organizations and the public during disaster and emergency situations. Current features include situation overviews with maps, tools for family reunification, announcements and press information, and donations management. This tool was created by Project Rescue “to transform the ability of responding organizations to gather, manage, use, and disseminate information within emergency response networks.”⁶⁸

12. Rapid Family Tracing and Reunification (RapidFTR)

RapidFTR is an open source mobile phone app and data storage system that helps humanitarian workers expedite the process of collecting, sorting, and sharing information about unaccompanied minors and separated children in disaster situations. Registered children can receive child care services and, hopefully, will be reunited with their families through this data system. It was first developed by the Child Protection in Emergencies Team at the United Nations Children’s Fund (UNICEF). This was the primary system used after the Haiti earthquake.⁶⁹

13. Salvation Army Team Emergency Radio Network

Hosted by the Salvation Army, the Team Emergency Radio Network is a network of Salvation Army volunteers and other amateur radio operator groups that help provide emergency communication when more traditional networks, such as telephones, are not operating. The Salvation Army Team Emergency Radio Network relays critical information regarding the disaster, as well as welfare inquiries. Families can submit an inquiry about a survivor at <http://www.satarn.org>.

14. U.S. Department of Justice National Missing and Unidentified Persons System (NamUs)

NamUs is a national, centralized repository and resources center for missing persons and unidentified decedent records. NamUs is a free online resource that can be searched by coroners, medical examiners, law enforcement officials, and the general public from all over the country in hopes of resolving these cases.

This system consists of three components: the Missing Persons Database, the Unidentified Persons Database, and the Unclaimed Persons Database.

The Missing Persons Database contains information about missing persons that can be entered by anyone; however, the information is verified before it appears as a case on NamUs.

⁶⁷ U.S. National Library of Medicine, Communications Engineering Branch, “Lost Person Finder.” <http://archive.nlm.nih.gov/proj/lpf.php>.

⁶⁸ Rescue Web site. <http://www.itr-rescue.org/>.

⁶⁹ RapidFTR Web site. <http://rapidftr.com>.

The Unidentified Persons Database contains information entered by coroners and medical examiners. Unidentified persons are people who have died and whose bodies have not been identified.

The Unclaimed Persons Database contains information about deceased persons who have been identified by name but for whom no next of kin or family member has been identified or located to claim the body for burial or other disposition.⁷⁰

15. Federal Bureau of Investigation National Crime Information Center (NCIC)

The NCIC system is an electronic clearinghouse of crime data that can be tapped into from virtually every criminal justice agency nationwide. In operation since 1967, NCIC helps criminal justice professionals apprehend fugitives, locate missing persons, recover stolen property, and identify terrorists.⁷¹ This system is divided into 19 files, including a file for missing persons, a national sex offenders registry, and an unidentified persons file.

Criminal justice agencies across the country can enter records into the system. NCIC requires inquiring agencies to contact the entering agency to verify the information found is accurate and current. The Federal Bureau of Investigation provides a host computer and telecommunication lines to a single point of contact in each of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and Canada, as well as Federal criminal justice agencies.

⁷⁰ U.S. Department of Justice, Office of Justice Programs: National Missing and Unidentified Persons System Web site. <http://www.namus.gov/>.

⁷¹ Federal Bureau of Investigation, National Crime Information Center Web site. <http://www.fbi.gov/about-us/cjis/ncic>.

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Annex C: Family Emergency Plan Template



Prepare. Plan. Stay Informed. ®

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: _____	Telephone Number: _____
Email: _____	
Neighborhood Meeting Place: _____	Telephone Number: _____
Regional Meeting Place: _____	Telephone Number: _____
Evacuation Location: _____	Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One	School Location One
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Evacuation Location: _____	Evacuation Location: _____
Work Location Two	School Location Two
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Evacuation Location: _____	Evacuation Location: _____
Work Location Three	School Location Three
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Evacuation Location: _____	Evacuation Location: _____
Other place you frequent	Other place you frequent
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Evacuation Location: _____	Evacuation Location: _____

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Dial 911 for Emergencies



Prepare. Plan. Stay Informed.

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready ✓

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready ✓

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready ✓

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready ✓

Annex D: Abbreviations

ACF	Administration for Children and Families
CFR	Code of Federal Regulations
Commission	The National Commission on Children and Disasters
DHS	U.S. Department of Homeland Security
DOJ	U.S. Department of Justice
DUCS	Division of Unaccompanied Children's Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FERPA	Family Educational Rights and Privacy Act
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ICC	Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
JPATS	Joint Patient Assessment and Tracking System
NamUs	National Missing and Unidentified Persons System
NCIC	National Crime Information Center
NCMEC	National Center for Missing and Exploited Children
NDMS	National Disaster Medical System)
NECLC	National Emergency Child Locator Center
NEFRLS	National Emergency Family Registry and Locator System
NGO	Nongovernmental organizations
NLM	National Library of Medicine
NMETS	National Mass Evacuation Tracking System
NRF	National Response Framework
OHSEPR	Office of Human Services Emergency Preparedness and Response
OJJDP	Office of Juvenile Delinquency and Prevention
ORR	Office of Refugee Resettlement
PKEMRA	Post-Katrina Emergency Management Reform Act of 2006
RapidFTR	Rapid Family Tracing and Reunification
RFID	Radio frequency identification
U.S.C.	United States Code
UAC	Unaccompanied Alien Children
UMR	Unaccompanied Minors Registry
UNICEF	United Nations Children's Fund
UVIS	Unidentified Victim Identification System
VAL	Voluntary Agency Liaison

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Annex E: Definitions

Children: For the purposes of this document, children are dependents under the age of 18. This definition may vary by state. Children with disabilities may remain in school until they are 22, and may also be covered under this definition.

Family Assistance Center: A secure facility established to serve as a centralized location for providing information and assistance about missing or unaccounted for persons and the deceased, and to support the reunification of the missing or deceased with their loved ones.

Family Member: A person related to another person by blood, adoption, or marriage.

Home Rule: Home rule provisions prescribed by state constitutions and statutes specify the extent of the authority of a local government to exercise autonomous control of its operations.

Legal Guardian: An adult with a legal right to physical custody of a minor bestowed by court order or state law.

Missing Children: Children who have become separated from their families and cannot be located.

Orphans: Children deprived of both parents by death.

Parent: The birth parent or adoptive parent of a minor.

Reunification: The process of assisting displaced disaster survivors, including children, to voluntarily re-establish contact with family and friends after a period of separation. The primary focus of this document is on the reunification of children with their parents or legal guardians.

Separated Children: Children who have separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

Unaccompanied Minors: Children who have been separated from both parents, legal guardians, and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

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