Caring for Children During Disasters: Identifying, Tracking, & Reunifying Unaccompanied Minors

July 2019
Illinois EMS for Children is a collaborative grant funded program established in 1994 by the Illinois Department of Public Health to improve pediatric emergency care within our state.

Illinois EMS for Children works with professional health care organizations, public agencies, and key stakeholders to enhance and integrate pediatrics into the emergency care system through:

- Education
- Practice standards
- Injury prevention
- Data initiatives
- Disaster preparedness

This educational activity is being presented without the provision of commercial support and without bias or conflict of interest from the planners and presenters.
Acknowledgements

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A listing of the members of the committee at the time of the module’s development is provided at the end of the module.

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Disclaimer

This module is designed to build on existing knowledge and outline specific pediatric components that should be incorporated into an organization’s disaster plans in order to address the needs of children. It is not meant to be an all-inclusive course.

Nothing in this module should be considered a replacement for prudent and cautious judgement by the health care professional. It is recommended to use the information provided as a guide since every situation is unique.
Objectives

- Identify the unique characteristics that make children more vulnerable during disasters
- Review methods to identify and keep unaccompanied minors safe
- Review tracking, identification, and reunification concepts specific to children

Note that the resources and tools within this module are also applicable to any age individual with communication or language barriers.
Introduction
Children in Illinois

2017 Illinois Population
- 12.8 million total population
  - 2.9 million children ≤ 18 years of age
  - 768,000 are < 5 years of age

Children with Special Healthcare Needs (CSHCN)/Children with Functional and Access Needs (CFAN)
- In 2017, there was an estimated 572,244 children in Illinois that met criteria for CSHCN/CFAN
  - Technology dependent (ventilators, G-Tubes, shunts, insulin pumps)
  - Developmentally delayed or disabled
  - Chronic diseases
  - Immunocompromised
  - Psychiatric/behavioral illnesses

- In 2018, approximately 2 million Illinois children were enrolled in public schools
- In 2017, the U.S. had more than half of children < 5 years old attend child care and/or early education programs

Data from: https://mchb.tvisdata.hrsa.gov
Illinois Report Card 2017-2018
Children and their Families

- Children rely on parents and caregivers for
  - Nurturing
  - Basic necessities such as food, clothing, shelter, and protection
  - Guidance, decision making, communication

- Children spend a significant amount of time away from families each day
  - School, day care, other activities
  - At risk for separation from their families during a disaster
Unaccompanied Minors

- May require more time, resources, and personnel since they are
  - At risk for abduction, abuse, exploitation, and neglect
  - In need of assistance with protection, communication, and decision making
- May not be able to assist with reunification due to age and/or developmental level
- Increased risk for emotional trauma
  - Further education is available through the Disaster Mental Health Response For Children Educational Module
Hurricane Katrina: Lessons Learned

- 5192 children separated from their families during Hurricane Katrina and required almost 7 months for reunification with their families
  - Contributing factors:
    - Children not with family when incident occurred
    - Children placed on separate buses from family during evacuation
    - Hospitalized children transferred without parents
    - Families separated during rescue
- Post Katrina Emergency Management Reform Act (2006)
  - Mandated the establishment of the National Emergency Child Locator Center (NECLC) within the National Center for Missing and Exploited Children
Managing Unaccompanied Minors During Disasters
Overview for Managing Unaccompanied Minors

- Identify unaccompanied minors
- Ensure safety and security
- Notify Incident Command and other responsible agencies/authorities
- Direct family members to Hospital Family Information Center
- Track unaccompanied minors while waiting for reunification
- Establish Child Safe Areas
- Confirm identity and verify relationship to child
- Reunification of child with family
- Find temporary placement if family cannot be located
Tagiband/label child and include an assigned ID number

- Triage tags
- Surgical marking pens/waterproof markers
  - Do not use markers on infants less than 1 year old since this can cause a permanent tattoo
- Wrist/ankle bands
- Color coded ID bands to indicate accompanied or unaccompanied
- Photos with unique identifier

Paper Documentation
Child Identification

**BLUE** Marker: Lighter Skin Tone

**RED** Marker: Darker Skin Tone

NOTE: DO NOT use markers to write on the skin of infants less than 1 year
Identifying Unaccompanied Minors

- Inform incident command of all unaccompanied children
  - Identify a lead within incident command to oversee reunification efforts

- Keep families together if possible

- Assign specific staff members who are responsible for monitoring
Pre-designate several locations that can be utilized as child safe areas

- Hospitals
  - Treatment areas
  - Areas when no medical care needed (Pediatric Safe Area)

- Shelters
  - Child safe areas
  - Child play areas

- Areas need to also accommodate all those with functional and access needs
## Child Safe Areas

- **Staffing ratios**
- **Checklists to establish areas**
- **Key considerations for areas**
  - Safety
  - Limited, controlled access
  - Supplies
  - Ability to accommodate CFAN

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### Staffing Ratios Checklist

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are needle boxes at least 48 inches off the floor?</td>
<td></td>
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</tr>
<tr>
<td>Do the windows open?</td>
<td></td>
<td></td>
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<tr>
<td>Are the windows locked?</td>
<td></td>
<td></td>
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<tr>
<td>Are there window guards?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the windows have blinds or drapes that might pose a strangulation hazard?</td>
<td></td>
<td></td>
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<tr>
<td>Are there any water basins, buckets or sinks that might pose a drowning hazard?</td>
<td></td>
<td></td>
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<tr>
<td>Can children be safely contained in this area (consider stairwells, elevators, doors)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have distractions for the children (age- and gender-appropriate videos, games, toys)?</td>
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<td></td>
</tr>
<tr>
<td>Is the area poison proof? (Check for cleaning supplies, Hemocult developer, choking hazards or cords that should be removed or locked away.)</td>
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<td></td>
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<tr>
<td>Are the electrical outlets child safe and covered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the area have smoke and fire alarms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are med carts and supply carts locked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should separate areas for various age groups be created?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have drills for managing this area been conducted with all relevant departments?</td>
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<td></td>
</tr>
<tr>
<td>Is there a security plan for the unit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a plan to identify the children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a plan for assessing the mental health needs of children?</td>
<td></td>
<td></td>
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<tr>
<td>Are there any fans or heaters in use? Are they safe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an onsite or nearby daycare center? Could they be of help?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there enough staff to supervise the number of children? (Younger children will require more staff.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there a sign-in and sign-out sheet for all children and adults who enter the area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will children need to be escorted away from the safe area to bathrooms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are age-appropriate snacks available for children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there sleeping accommodations available (i.e., foam mats on the floor)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there enough to avoid co-sleeping (to reduce the risk of Sudden Infant Death Syndrome)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click here to access this resource: pg. 89
Tracking Unaccompanied Minors: Healthcare Agencies

- Tracking patients
  - Locations:
    - Pre-hospital
    - Upon arrival to hospital
    - Location in hospital (pediatric safe area, inpatient unit, ED)
    - Transferring to another hospital

- Tools:
  - National Center for Missing and Exploited Children
    - [http://www.missingkids.org](http://www.missingkids.org)
    - [Unaccompanied Minors Registry](http://www.missingkids.org)
  - Electronic tracking systems
    - Planning for statewide EMTrack implementation is underway
Tracking Unaccompanied Minors: Non-Healthcare Agencies

- Tracking children
  - Paper logs
  - Electronic methods as available
  - Other methods as determined by the agency
Organizational Resources

- American Red Cross: *Safe and Well*
- National Center for Missing and Exploited Children (NCMEC)
  - National Emergency Child Locator Center: 1-877-908-9570
  - Unaccompanied Minors Registry
  - Team Adam

Social Media Resources

- Facebook: Safety Check
- Google: Person Finder
Additional Tools: Child Identification Tracking Form

- Provides a one sheet process to record demographic, description and reunification information on the child.
- Includes spot for a picture of the child & previous ID bands.
- Form is part of IDPH Pediatric & Neonatal Surge Annex (statewide pediatric medical disaster plan).

Click here to access this resource.
**Additional Tools: HICS 254 Form**

- Part of HICS system so may already be incorporated into the disaster plans.
- Provides template to maintain a list and track the location of all victims that arrive at the hospital.

![HICS 254 - Disaster Victim/Patient Tracking Form]

Click here to access this resource.
What happens next?

- Family arrives saying their child is at your hospital/shelter/agency
  - How do you know which child they are looking for?
  - How do you know they are related to that child or have legal custody?

- Direct to Hospital Family Information Center or Family Assistance Center
Hospital Family Information Center (FIC)

- Healthcare facility based location that provides initial information relative to families arriving at the facility
- Assist with reunification, notification, and providing information and support to patients’ loved ones
- Should transition to Family Assistance Center (FAC) when available
- May still need to provide support although a FAC is established
Family Assistance Center (FAC)

- Community established
- A secure facility established to provide information about
  - Missing or unaccounted persons
  - Deceased
  - “One-stop shop” of services for victims and their loved ones
- Offer assistance with mental health, spiritual care, and a variety of short term and long-term needs
## Hospital Family Information Center and Family Assistance Center

### Purpose
- Information sharing
- Reunification
- Support
- Link to services
- Protect families from media

### Needs
- Support staff
- Translators
- Mental health providers
- Physical space, away from treatment areas
- Can be offsite
- Accommodate functional and access needs (FAN)

### Other
- Explain rationale for reunification process
- Provide updates
- Explain delays

### ASPR TRACIE Reunification Resources
Verification of Relationship to Child

- Challenges:
  - Legal custody
  - Non-traditional family composition
  - May not be able to provide requested information
  - Some children are non-verbal and cannot assist in the process
  - Family members
    - Worried/emotional
    - Pressure to see their child
  - Time constraints
  - Difficult to verify 100%
Verification of Relationship to Child

Suggested components:
- Present recent picture of child
- Obtain information about child
  - Name
  - Description including:
    - Clothes
    - Marks (birth marks, moles, scars)
- Obtain copy of person’s ID
- Identify relationship
- Pick child out of picture line up
- Have child pick parent out in a picture line up

- Present other documentation (if available):
  - Birth certificate
  - Social security card of child
  - Custodial paperwork
  - Recent report card

- Include a security question that both child (as age appropriate) and parent/caregiver would know
  - Example: family pet name, child’s favorite toy, sibling or other relative’s name

- Social media photos
Reunification

When the relationship has been verified:

› Bring child to parent (not parent to child unless child is a patient and then can bring to patient room)
› Ensure interaction is appropriate
› Take picture of the person who the child is released/discharged to
› Obtain information
   • Phone number
   • Name of their employer
› Take picture of car/license plate
If any concern or doubt, DO NOT RELEASE THE CHILD!!!
Documentation

- Maintained in one location; stored with other confidential disaster response components
- Can be incorporated into an electronic health record, if available
- Can utilize Patient Identification Tracking form or similar
  - Encompasses all components of reunification
Plan should include:

› Information to obtain from family members
› Verification of relationship process
› Use of external agencies, if available
› Process to communicate with staff in child safe area that family has arrived
Planning Considerations

- Plan should be scalable
  - Same plan for one or multiple unaccompanied minors

- Involve experts in planning:
  - Legal/risk management
  - Pediatric professionals
  - Security department
  - Social services
  - Law enforcement

- Document process in policy/plans
  - Identification
  - Tracking
  - Verification of Relationship
  - Reunification
Planning Considerations

- Identify who is responsible for verification of relationship/reunification process
  - Registration
  - Security
  - Child safe area personnel
  - Child life specialists
  - Social workers
  - Nursing staff
  - Shelter staff
  - Law enforcement
  - Public health professionals

- Develop a checklist/job action sheet to assist responsible staff with the process
  - Helpful since done infrequently
  - Ensures consistency between staff

Click here to access this resource
Establish relationships BEFORE a disaster
- Schools
- Child care centers
- Pediatric group homes
- Special needs homes
- Law enforcement
- Local DCFS

Incorporate government agency/resources into plan

Develop policy to include steps that assist with reunification before a disaster
- Take pictures of patients and parent and document in medical record
- Identify parents and other related adults and document in demographic section of the medical record
  - This can include legal and custody arrangements
Practice!!!!

- Include patient identification, tracking, verification of relationship, and reunification in drills/exercises/trainings
  - Tabletop exercises
  - Surge drills
  - Functional drills (walk thru process only)
- Helps reinforce role(s) and associated responsibilities
- Identify areas for improvement
Resource: Unaccompanied Minor Reunification Checklist

- Assist with identification, tracking, and reunification of unaccompanied minors

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Conclusion
Key Points to Remember

- Children may be separated from their families during a disaster which increases their risk of abduction, abuse, exploitation, and maltreatment.
- Response agencies may need to care for unaccompanied minors and should prepare before the disaster.
- Plans should include a process to:
  - Identify and track unaccompanied children
  - Keep children safe
  - Verify relationship
  - Reunify children with family
  - Utilize existing resources and other agencies/organizations
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Resources/References

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