# Metro Healthcare Role's in Mass "Reunification": The First 12 hours

Jonathan Bundt, Masa Consulting

**Preparedness Practicum** 

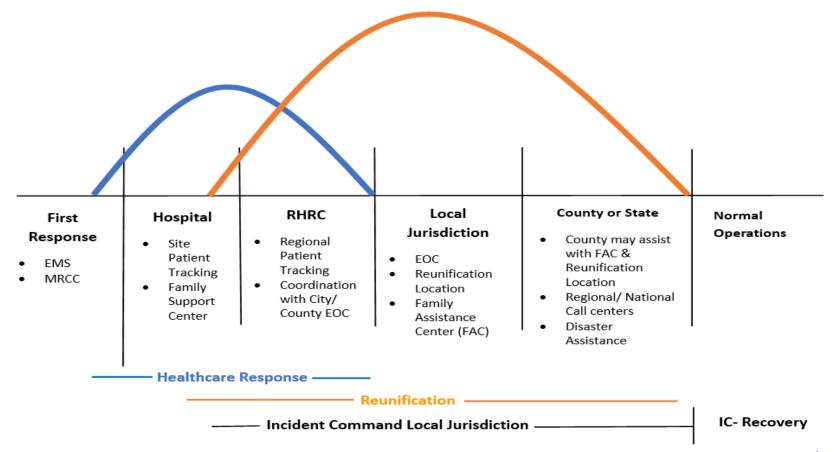
February 12, 2024



Metro Health & Medical Preparedness Coalition | metrohealthready.org

#### **Concept of Operations**

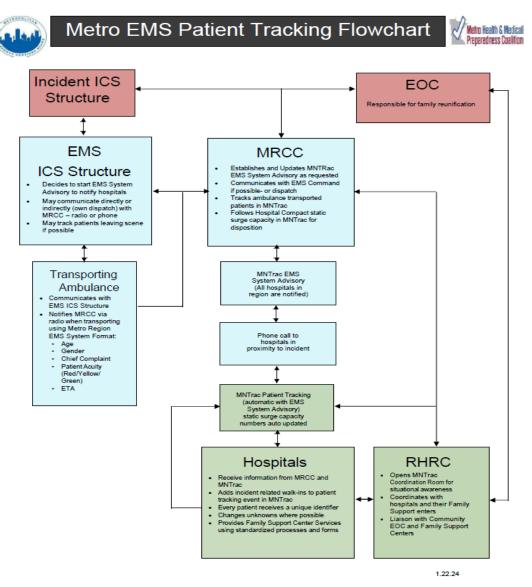
#### **Reunification Response Continuum**





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#### **Overview of the Patient Tracking Process**





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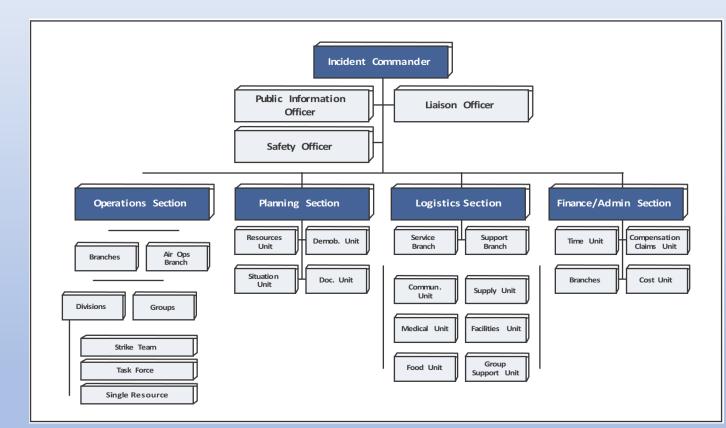
# Emergency Operations Center Roles and Responsibilities

- MCI Event Response and Recovery Discussion and Planning
- Consistency in our understanding of who, what, when, and where
- Guided by ICS principles

Doug Berglund Director, Washington County Sheriff's Office Emergency Management The EOC is the nucleus for response operations to critical incidents. It is the physical location where the coordination of information and resources to support incident management occurs.

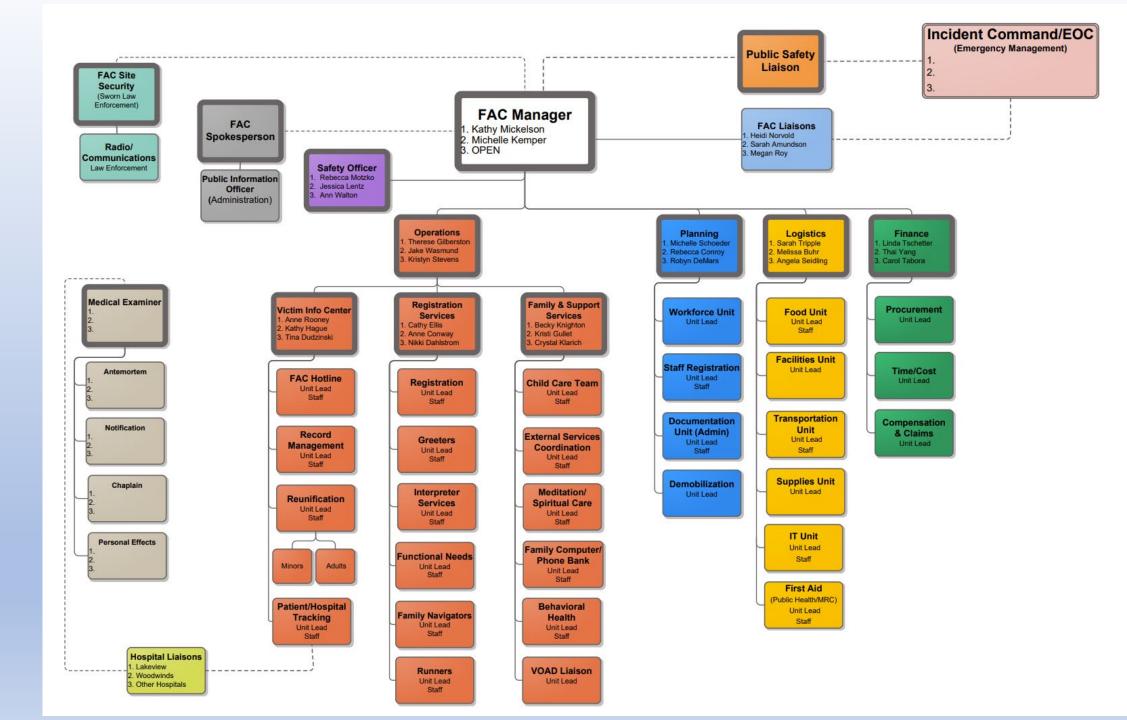
No one-person runs the show UNIFIED COMMAND

- FEMA and Doug



The EOC is not Incident Command, does not takeover response operations, or make strategic or tactical decisions.





# Questions?



# REUNIFICATION

**Considerations for Children** 

Nita Gupta, MD Pediatric Emergency Medicine Physician







#### Region V for Kids Organizational Capability

NUMBER OF ... PEDIATRIC BEDS

NUMBER OF... ANNUAL ED VISITS

3,115

630,000

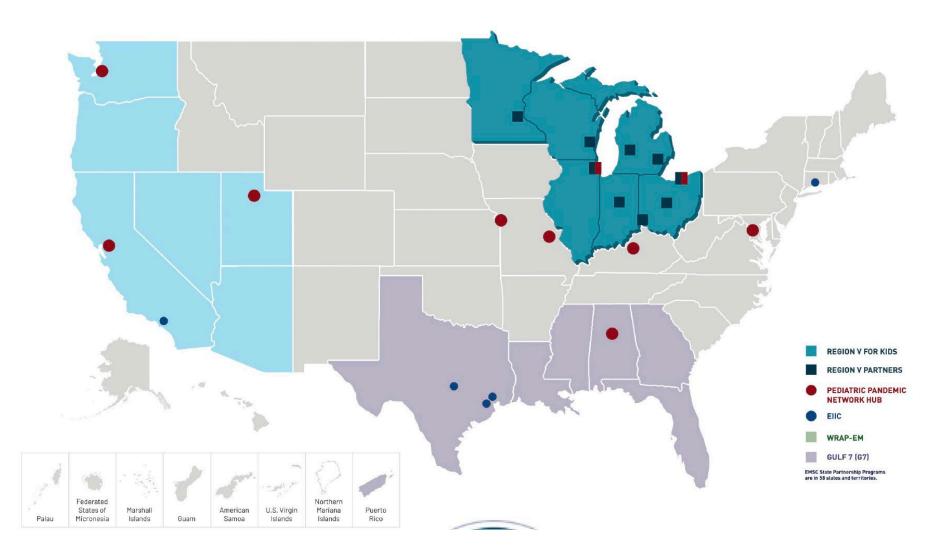
#### **AREA SERVED:**

INDIANA ILLINOIS MICHIGAN MINNESOTA OHIO WISCONSIN

### Federally Funded Networks for Children in Disasters









### **AAP Family Reunification Toolkit**



**Family Reunification** Following Disasters: A Planning Tool for Health Care Facilities

Version 1: July 2018



#### **Pediatric Considerations**

# Vulnerability

#### • Age developmental differences

- Special healthcare needs
- Baby/toddler safe areas

# Specialized equipment

- Weight-based medication dosing
- Pediatric formula, breast milk, Pedialyte
- Diapers, bassinets, cots, cribs



# **Key Personnel**

Pediatrics	Family medicine	Child life Services	On-site childcare
Security	Psychiatry/Behavioral health	Nutrition/food services	Chaplaincy
	Interpreter services	Patient relations	



# **Unaccompanied Minor Registration**

Name, guardian name, nickname

Date of birth, gender, race/ethnicity, languages spoken

Allergies, medical conditions, medications, height, weight, eye/hair color

Distinguishing marks: birthmarks, clothing, belongings worn at time of event

#### Take picture of patient at time of presentation

Personal questions such as: favorite toy, pet name, teacher's name, school/daycare name

Event information (incident location, mechanism of arrival)



Date: \_\_\_\_\_

#### DEPARTMENT OF HEALTH

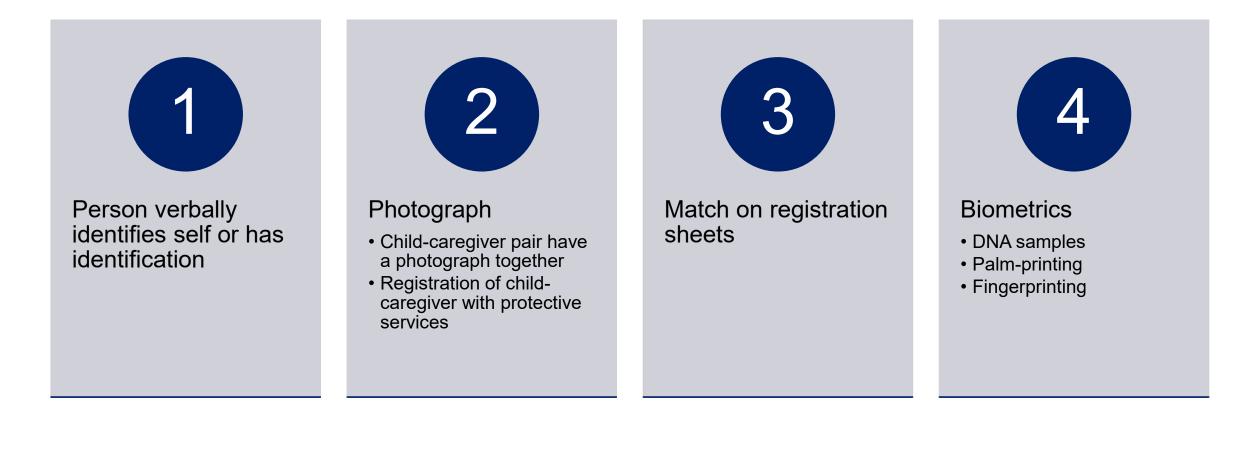
#### Pediatric Patient Identification and Tracking Form

**Purpose:** To assist in identifying, tracking and reunifying pediatric patients during a disaster **Note:** All information within this form is *confidential* and should not be shared except with those assisting in the care of the patient. Developed by the Illinois Emergency Medical Services for Children.

Contact Information						
Tracking Number:	Date of Arrival:	Time of Arrival:				
Minor's Name (Last, First, Middle):		DOB:				
Address:		Age: Check if Estimated □	Mo / Yrs Circle One			
Minor's Cell Phone:						
Parent/Guardian Name(s):						
Parent/Guardian Phone Number(s):						



## **Confirmation of Identity**





### **Pediatric Safe Area**

#### Short-term

- Hospital-based operation
- Secured area and away from ED, media, FRC
- Age-appropriate activities and food
- Secured and easily accessible restrooms
- Pediatric Safe Area Unit Leader

#### Long-term

- Community-based operation
- Child and family services should be contacted for temporary custody and will work with law enforcement for continued reunification efforts

Yes	No	Item
		Needle boxes at least 48 inches off the floor?
		Plug-in covers for electrical outlets?
		Strangulation hazards removed (cords, wires, tubing, curtain/blinds drawstrings)?
		Can you contain children in this area (consider stairwells, elevators, doors)?
		Games and distractions available? (age and gender appropriate movies, games, toys)?
		Ingestion hazards removed? (cleaning supplies, Hemoccult developer, choking hazards should be removed or locked away)
		Med carts and supply carts removed or locked?
		Do you need to create separate areas for various age groups?
		Do all relevant departments understand the role of the PSA and its activation?
		Do you have a plan for security for the area?
		Do you have a plan to identify the children?
		Do you have a plan for assessing mental health needs of these children?
		Are there any fans or heaters that pose a danger?
		Do you have an onsite or nearby daycare that could help you?
		Do you have enough staff to supervise the number of children? (Younger children require more staff)^1 $\ensuremath{Staff}$
		Do you have a sign-in, sign-out sheet for all children and adults who enter the area?
		Will children need to be escorted away from safe area to bathrooms?
		Are age-appropriate meals and snacks available?
		Are wipes and various-sized diapers available?
		Does the PSA have hand hygiene supplies?
		Are there cribs, cots or beds available for children who need to sleep?
		Are blankets available for warmth and comfort?
		Does the PSA have a policy/protocol for handling minor medical needs in children (Tylenol dosing, administering routine meds, Band-Aid replacement, etc.)?
		Do you have wrist bracelets for recognized severe food allergies?
		Do you know how to summon medical assistance (both emergently and non-emergency) to the PSA?
		Do you have an EpiPen® available for allergic reactions?
		Do you know the evacuation plan for the PSA?



#### DEPARTMENT OF HEALTH

#### **Pediatric Safe Area Registration Sheet**

#### FOR UNACCOMPANIED MINORS

Contact Inf	ormation		
Minor's Name (Last, First, Middle):		DOB:	
Address:		<b>Age:</b> Check if Estimated □	Mo / Yrs Circle One
Minor's Cell Phone:	Home Phone:		
Parent/Guardian Name(s):			
Parent/Guardian Phone Numbers(s):			
Parent/Guardian Inpatient?  Yes  No  Unknown; if yes, Location	(Hospital, Unit, Rm):		
Other Relative:			

#### Child Care Center Ratios and Group Sizes, by Age Category

Age Category	Minimum Staff- to-Child Ratio	Maximum Group Size		
Infant	1:4	8		
Toddler	1:7	14		
Preschooler	1:10	20		
School-age child	1:15	30		

#### DEPARTMENT OF HEALTH

#### **Pediatric Safe Area Registry**

Name	Parent / Guardian Name	Contact Phone	Category*	Time in	Time out	Released to:	Notes



### **Family Reunification Center**

Secured area and away from ED, media and PSA

Sign-in and sign-out sheets with name and contact information

Upload photos of missing child from family

Psychological and spiritual support

**Interpretive services** 

**Restrooms and food** 

Private rooms for confidential discussions



# **Family Reunification Site**

Separate area for actual reunification of family and child Secured and away from FRC, ED, media and PSA

Prevent trauma for families still waiting for reunification Health Security Volume 19, Number 2, 2020 © Mary Ann Liebert, Inc. DOI: 10.1089/hs.2020.0065



US Hospital Preparedness to Manage Unidentified Individuals and Reunite Unaccompanied Minors with Family Members During Disasters: Results from a Nationwide Survey

Terri Rebmann, Nita K. Gupta, and Rachel L. Charney

	Preparedness <sup>a</sup>			Family Reunification Center Preparedness <sup>b</sup>		
Factor	β	SE	P Value	β	SE	P Value
Having a pediatrician on the hospital disaster planning committee	6.4	1.4	< .001	NIM		
Conducting a disaster exercise that simulated an unaccompanied minor scenario in the past year	3.6	1.3	< .01	NIM		
Has started implementing AAP Reunification Planning Tool	3.5	1.6	< .05	8.7	3.3	.01
Hospital plan addresses pediatric patient care during a mass casualty event	NIM			8.5	4.1	< .05

Table 3. Predictors of Having More Developed Plan for Managing Unidentified Patients by Multivariate Linear Regression

**Planning & Exercises** 

<sup>a</sup>Hospital preparedness to manage an unidentified patient during a disaster (score range: 0 to 21)

<sup>b</sup>Hospital preparedness to manage reunification onsite (score range: 0 to 35)

Abbreviations: AAP, American Academy of Pediatrics; NIM, not in model; SE, standard error.



#### **Demobilization & Recovery**

# Consider when fewer than 3 families or no unaccompanied minors



#### After-action reports

#### families/caregivers

### children in discussion



# **ASPR Region V for Kids**

#### **Contact Information:**

Email: regionvforkids@gmail.com LinkedIn: www.linkedin.com/company/ region-v- for-kids-coe/ Twitter: @RegionVforKids





#### References

- "Caring for Children in a Disaster." Centers for Disease Control and Prevention, 6 Jan. 2021, www.cdc.gov/childrenindisasters/reunification.html. Accessed 2 Feb. 2024.
- "Family Reunification Following Disasters: A Planning Tool for Health Care Facilities." *American Academy of Pediatrics*, 1 Jul. 2018, downloads.aap.org/AAP/PDF/AAP-Reunification-Toolkit.pdf. Accessed 2 Feb. 2024.
- "Pediatric Surge." *Minnesota Department of Health*, 20 Oct. 2023, <u>www.health.state.mn.us/communities/ep/surge/pediatric/index.html. Accessed 7 Feb. 2024</u>.
- Rebmann T, Gupta NK, Charney RL. US Hospital Preparedness to Manage Unidentified Individuals and Reunite Unaccompanied Minors with Family Members During Disasters: Results from a Nationwide Survey. Health Secur. 2021 Mar-Apr;19(2):183-194. doi: 10.1089/hs.2020.0065. Epub 2020 Dec 1. PMID: 33259755.