

National Association of State EMS Officials (NASEMSO)**Checklist Tool for Pediatric Disaster Preparedness*****A tool for State EMS Offices******(Derived from the 2010 report of the National Commission on Children and Disasters)****Prepared by NASEMSO's Pediatric Emergency Care Council (PECC)*

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Introduction

State Emergency Medical Services (EMS) Offices are usually not responsible for disaster preparedness in their states, but instead are a complimentary piece of an overall preparedness puzzle. While some EMS offices are quite heavily involved, some others are not. As with other topics in EMS, pediatric disaster preparedness is *not necessarily* synonymous with disaster preparedness for “small adults”—children and adolescents do have distinct needs in the face of disaster that may or may not be addressed (to an appropriate degree) within a state’s official disaster plan.

The unique needs of children during and after a disaster became harshly apparent when Hurricane Katrina wreaked its havoc on the Gulf coast. These needs were re-emphasized by a subsequent series of additional natural disasters that severely taxed local, state and federal resources. Many states are better prepared now than they were before, yet the lessons learned from these events *related to the needs of children* have still not been universally applied, most notably in the areas of:

- reunification of children and families
- child-appropriate shelter supplies and logistics
- the makeup of cached disaster stockpiles
- access to social services (especially mental health)
- required school and child care disaster planning
- rapid return of access to child care and schools

It is a fact that children are intrinsically more vulnerable, both physically and psychologically, in disaster environments. The *National Commission on Children and Disasters* pointed out that children:

- are less able to perceive or escape from danger, or even sometimes to identify themselves
- are dependent upon adults for care, shelter, transportation and protection from predators
- have fewer physical reserves (more easily dehydrated)
- have vital signs more difficult to interpret by rescuers
- are closer to the ground (where dangers accumulate)
- may experience long-lasting effects (academic failure, PTSD, depression, anxiety, bereavement, and problems such as delinquency and substance abuse)
- need to be quickly reunified with their legal guardians if separated from them during a disaster
- are more susceptible to chemical, biological, radiological, and nuclear threats and require different medications, dosages and delivery systems than adults
- require weight-based drug dosing
- require specialized sizes/types of rescue equipment
- present unique decontamination challenges
- in disaster shelters, require age-appropriate supplies such as diapers, cribs, baby formula, and food

The 2010 report of the *National Commission on Children and Disasters* identified a number of areas that still require work on the local, state and federal levels to assure a reasonable pediatric preparedness level, and made numerous recommendations in moving forward toward that goal. The Commission emphasized that unless EMS systems are capable of better handling the day-to-day demands they face, they will be woefully overmatched in meeting the challenges presented by both natural and man-made disasters.

Since that report, there has been significant progress in the areas of increased communication and cooperation, especially within federal agencies, by requiring that pediatric needs be considered in all disaster planning going forward.

The Pediatric Emergency Care Council (PECC) of the National Association of State EMS Officials (NASEMSO) discerned a need for a simple tool to help State EMS Offices identify where possible gaps might still exist in the area of pediatric disaster preparedness. The report of the *National Commission on Children and Disasters* was used as a guide in developing checklist items that might assist in identifying potential gaps; perhaps in the process further educating State EMS Office personnel in the area of disaster planning.

Numerous resources were considered (Safe Kids, EMSC NRC, NCDMPH, IOM, NASEMSO's Domestic Preparedness Committee products...), but the decision was made to organize the checklist itself under headings presented in the 2010 *National Commission on Children and Disasters* report. A "workflow schematic" follows each item in the checklist, to assist the user in determining which entities *might, are, or should* be responsible for a plan component, and whether or not the subject area is being or has been adequately addressed. A component may be determined to be "ready", "not ready", "in progress", or "not ready but in progress".

Support for the PECC work group developing this checklist was provided by Health Resources and Services Administration (HRSA) through a collaborative agreement with NASEMSO, and the "Checklist Tool for Pediatric Disaster Preparedness" is considered a *deliverable* to HRSA from NASEMSO. Special acknowledgement of consultation with emergency preparedness personnel within the Virginia Office of EMS is in order, as is gratitude to the Office of EMS administration for allowing significant time to be spent on this project by the VA EMSC Manager.

Appendix A: *Quick Checklist* -- just the clean checklist components without the workflow schematics.

Appendix B: *Executive Summary from the 2010 Report to the President and Congress of the National Commission on Children and Disasters*. The checklist tool is derived primarily from this document.)

Appendix C: Example of a dashboard style that can be utilized with the workflow schematics. Future versions may include a dashboard version where "ready" becomes green when checked, "in progress" becomes yellow, and "not ready" becomes red.

Appendix D: Checklist -- suggesting the roles of government in protecting children.

Appendix E: Abbreviated list of additional disaster-related resources.

Appendix F: Provides the primary references used in developing this checklist tool.

The Pediatric Emergency Care Council of NASEMSO seeks to provide leadership and vision in meeting the challenges inherent in improving pediatric emergency care. The PECC advises NASEMSO (and its federal partners when appropriate) and deals with a wide range of pediatric-related issues. It is the hope of the PECC that this simple checklist tool will help states focus on the challenges that children confront in surviving and thriving in the face of disaster.

--David P. Edwards, MBA EMT-P (PECC Chair 2014)

1. DISASTER MANAGEMENT AND RECOVERY

- ☐ a. During disasters, information is collected on children and families necessary to identify and support their immediate and long-term recovery needs.

During disasters, information is collected on children and families necessary to identify and support their immediate and long-term recovery needs.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

- ☐ b. There exists an ability to share information with appropriate government agencies and non-government organizations to enable the delivery of recovery services.

There is an ability to share information with appropriate government agencies and non-government organizations to enable the delivery of recovery services.	Capability ?	YES	Local responsibility	Agency _____
		NO	County responsibility	Agency _____
	In State Plan ?	YES	State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ c. There is a process to pre-identify and credential local and out-of-state voluntary and non-government organizations and networks that provide disaster assistance to children and families.

There is a process to pre-identify and credential local and out-of-state voluntary and non-government organizations and networks that provide disaster assistance to children and families.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

DISASTER MANAGEMENT AND RECOVERY (continued)

☐ d. The needs of children in disaster plans are prioritized separately from “at risk” population categories.

The needs of children in disaster plans are prioritized <u>separately</u> from “at risk” population categories.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____

READY In Progress NOT Ready

2. MENTAL HEALTH

- ☐ a. Disaster mental and behavioral health is one core component of disaster preparedness, response, and recovery efforts in your state disaster plan.

Disaster mental and behavioral health is one core component of disaster preparedness, response, and recovery efforts in your state disaster plan.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ b. There is access in your state to pre-disaster preparedness and “just-in-time” training in pediatric disaster mental and behavioral health, including psychological first aid, bereavement support, and brief supportive interventions, for mental health professionals and individuals, such as teachers, who work with children.

There is access in your state to pre-disaster preparedness and just-in-time training in pediatric disaster mental and behavioral health, including psychological first aid, bereavement support, and brief supportive interventions, for mental health professionals and individuals, such as teachers, who work with children.	ACCESS ?	YES	Local responsibility	Agency _____
		NO	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

3. CHILD PHYSICAL HEALTH AND TRAUMA

- ☐ a. There is rapid availability and access to pediatric countermeasures at the state and local level for chemical, biological, radiological, nuclear, and explosive threats.

There is rapid availability and access to pediatric countermeasures at the state and local level for chemical, biological, radiological, nuclear, and explosive threats.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ b. Your state-based DMAT team has integrated pediatric-specific training, guidance, exercises, and supplies into their structure, as well as personnel with pediatric expertise.

Your state-based DMAT team has integrated pediatric-specific training, guidance, exercises, and supplies into their structure, as well as personnel with pediatric expertise.	YES			
	NO	IN PROGRESS		
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ c. Hospital pediatric surge capacity is a structured process and a mandated component of your state disaster plan.

Hospital pediatric surge capacity is a structured process and a mandated component of your state disaster plan.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

CHILD PHYSICAL HEALTH AND TRAUMA (continued)

- ☐ **d. The rapid re-opening of schools, child care facilities, and other child congregate facilities in disaster-impacted areas is a stated priority in your state disaster plan.**

The rapid re-opening of schools, child care facilities, and other child congregate facilities in disaster-impacted areas is a stated priority in your state disaster plan.

In state plan?

YES

Local responsibility

Agency _____

NO

IN PROGRESS

County responsibility

Agency _____

READY

In Progress

NOT Ready

State responsibility

Agency _____

4. EMERGENCY MEDICAL SERVICES AND PEDIATRIC TRANSPORT

☐ **a. Pediatric training requirements exist for certification and recertification of Emergency Medical Services (EMS) field providers in your state.**

Pediatric training requirements exist for certification and recertification of Emergency Medical Services (EMS) field providers in your state	Certification ?	YES	State responsibility	Agency _____
		NO		
	Re-certification ?	YES	State responsibility	Agency _____
		NO		

READY In Progress NOT Ready

☐ **b. Basic Life Support (BLS) and Advanced Life Support (ALS) ground ambulances in your state carry at least 95% of the equipment recommended in the “Equipment for Ground Ambulances Joint Policy Statement” published in *Prehospital Emergency Care* 18(1):92-97, 2014.**

Basic Life Support (BLS) and Advanced Life Support (ALS) ground ambulances in your state carry at least 95% of the equipment recommended in the “Equipment for Ground Ambulances Joint Policy Statement” published in <i>Prehospital Emergency Care</i> 18(1):92-97, 2014.	BLS 95%	YES	State responsibility	Agency _____
		NO		
	ALS 95%?	YES	State responsibility	Agency _____
		NO		

READY In Progress NOT Ready

☐ **c. Your state has an active, funded EMS for Children (EMSC) program, with at least 1.0 FTE of personnel time dedicated solely to the EMSC program.**

Your state has an active funded EMS for Children (EMSC) program, with at least 1.0 FTE of personnel time dedicated solely to the EMSC program.	At least 1.0 FTE?	YES	State responsibility	Agency _____
		NO	Other responsibility	Agency _____
	Active EMSC?	YES	State responsibility	Agency _____
		NO	Other responsibility	Agency _____

READY In Progress NOT Ready

EMERGENCY MEDICAL SERVICES AND PEDIATRIC TRANSPORT (continued)

- ☐ **d. At least 80% of 24/7 hospitals in your state submitted an assessment to the National Pediatric Readiness Project in 2013-2014.** (This included disaster-related components.)

At least 80% of 24/7 hospitals in your state submitted an assessment to the National Pediatric Readiness Project in 2013-2014

YES

NO

READY

In Progress

NOT Ready

ACTUAL
AGGREGATE
SCORE =

____ %

- ☐ **e. Provide the aggregate state score for this question from the 2013-2014 National Pediatric Readiness assessment; *“hospital disaster plan addresses issues specific to the care of children”*.** (National aggregate score for this question was 46.8 %.)

Aggregate state score for question on the 2013-2014 National Pediatric Readiness assessment “hospital disaster plan addresses issues specific to the care of children”.

____.____ %

National aggregate score was 46.8 %

- ☐ **f. Your state has mutual aid agreements with adjacent states to assist in moving pediatric patients by ambulance if necessary in a disaster environment.**

Your state has mutual aid agreements with adjacent states to assist in moving pediatric patients by ambulance if necessary in a disaster environment.

In state plan?

YES

Local responsibility

Agency _____

NO

IN PROGRESS

County responsibility

Agency _____

READY

In Progress

NOT Ready

State responsibility

Agency _____

5. DISASTER CASE MANAGEMENT

- ☐ a. Your state will consider requesting “disaster case management teams” from FEMA as one of its post-disaster strategies for mitigation and recovery. (FEMA has cooperative agreements to provide these teams.)

Your state will consider requesting “disaster case management teams” from FEMA as one of its post-disaster strategies for mitigation and recovery.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

- ☐ b. Your state has the capability of activating its own “disaster case management teams”.

Your state has the capability of activating its own “disaster case management teams”.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

6. CHILD CARE AND EARLY EDUCATION

- ☐ a. All regulated child care providers have a written plan for emergency notification of parents and reunifications of families following an emergency.

All regulated child care providers have a written plan for emergency notification of parents and reunifications of families following an emergency.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ b. All child care providers have a written plan for evacuating and safely moving children to an alternate site.
(This should include provisions for multiple types of hazards.)

All child care providers have a written plan for evacuating and safely moving children to an alternate site.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ c. Regulated child care centers have access to disaster recovery funds.

Regulated child care centers have access to disaster recovery funds.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

CHILD CARE AND EARLY EDUCATION (continued)

- ☐ **d. All child care providers have a written plan that accounts for children with disabilities and those with access and functional needs.** (This standard should go beyond specific classes of special needs that may exist elsewhere in state code, and should include a specific requirement indicating how all children with special needs will be included in the emergency plan. This should apply to all regulated child care providers.)

All child care providers have a written plan that accounts for children with disabilities and those with access and functional needs.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

7. ELEMENTARY AND SECONDARY EDUCATION

- ☐ **a. All schools have a disaster plan that addresses multiple types of hazards and covers a number of responses, including evacuation, shelter-in-place, and lock-down situations.** (This should apply to all schools, including public charter schools as well as private schools.)

All schools have a disaster plan that addresses multiple types of hazards and covers a number of responses, including evacuation, shelter-in-place, and lock-down situations.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

- ☐ **b. Schools have a requirement concerning how often their disaster plan must be practiced.**

Schools have a requirement concerning how often their disaster plan must be practiced.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

- ☐ **c. Schools are required to collaboratively plan and/or train with emergency management officials.**

Schools are required to collaboratively plan and/or train with emergency management officials.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
	READY	In Progress	NOT Ready	State responsibility

ELEMENTARY AND SECONDARY EDUCATION (continued)

- ☐ d. School personnel (teachers, school administrators, and others) have access to training to understand the impact of trauma and loss on learning, and to provide basic supportive services that will help students adjust to a disaster and its aftermath, and will promote academic achievement.

School personnel (teachers, school administrators, and others) have access to training to understand the impact of trauma and loss on learning, and to provide basic supportive services that will help students adjust to a disaster and its aftermath, and will promote academic achievement.	ACCESS ?	YES	Local responsibility	Agency _____
		NO		
	In state plan?	YES	County responsibility	Agency _____
		NO	State responsibility	Agency _____

READY In Progress NOT Ready

- ☐ e. Schools have a mechanism to access to immediate resources in order to reopen and restore the learning environment in a timely manner and provide support for displaced students and their host schools.

Schools have a mechanism to access to immediate resources in order to reopen and restore the learning environment in a timely manner and provide support for displaced students and their host schools.	ACCESS ?	YES	Local responsibility	Agency _____
		NO		
	In state plan?	YES	County responsibility	Agency _____
		NO	State responsibility	Agency _____

8. CHILD WELFARE AND JUVENILE JUSTICE

- ☐ a. Disaster planning (in collaboration with emergency management officials) is required by the entity responsible for Child and Family Services in the state.

Disaster planning is required by the entity responsible for Child and Family Services in the state.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ b. Juvenile, dependency, and other courts hearing matters involving children are required to have disaster plans, and the plans include contingencies for quickly resuming decisions involving the release, confinement, or movement of youth.

Juvenile, dependency, and other courts hearing matters involving children are required to have disaster plans, and the plans include contingencies for quickly resuming decisions involving the release, confinement, or movement of youth.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ c. Residential treatment, correctional, and detention facilities that house children, as well as private facilities that manage youth treatment programs, have a comprehensive disaster plan in place.

Residential treatment, correctional, and detention facilities that house children, as well as private facilities that manage youth treatment programs, have comprehensive disaster plans in place.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

9. SHELTERING STANDARDS, SERVICES AND SUPPLIES

- ☐ a. A standard for shelters (shelter design, supplies, and safety) is in force that clearly includes the age-appropriate needs of children.

A standard for shelters (shelter design, supplies, and safety) is in force that clearly includes the age-appropriate needs of children.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ b. At a minimum, all shelter workers are trained to identify and address suspicious and inappropriate activity.

At a minimum, all shelter workers are trained to identify and address suspicious and inappropriate activity.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ c. Those responsible for shelters have access to the American Red Cross (ARC) guidance document *"Standards and Indicators for Disaster Shelter Care for Children"*.

Those responsible for shelters have access to the American Red Cross (ARC) guidance document <i>"Standards and Indicators for Disaster Shelter Care for Children"</i> .	ACCESS ?	YES	Local responsibility	Agency _____
		NO		
	In state plan?	YES	County responsibility	Agency _____
		NO	State responsibility	Agency _____
READY	In Progress	NOT Ready		

10. HOUSING

- ☐ a. The importance of expediting the transition of families with children back into permanent housing is acknowledged in disaster planning.

The importance of expediting the transition of families with children back into permanent housing is acknowledged in disaster planning.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

- ☐ b. The importance of access to wrap-around services (schools, social services) is considered when designating locations for temporary post-disaster housing.

The importance of access to wrap-around services (schools, social services, food resources, etc.) is considered when designating locations for temporary post-disaster housing.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY	In Progress	NOT Ready		

11. EVACUATION

- ☐ a. Disaster plans specifically address the evacuation and transportation needs of children with disabilities and chronic health needs, in coordination with child congregate care facilities such as schools, child care, and health care facilities.

Disaster plans specifically address the evacuation and transportation needs of children with disabilities and chronic health needs, in coordination with child congregate care facilities such as schools, child care, and health care facilities.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY In Progress NOT Ready				

- ☐ b. There is a specific plan to follow for quickly reuniting displaced children with their families, guardians and caregivers when separated by a disaster.

There is a specific plan to follow for quickly reuniting displaced children with their families, guardians and caregivers when separated by a disaster.	In state plan?	YES	Local responsibility	Agency _____
	NO	IN PROGRESS	County responsibility	Agency _____
			State responsibility	Agency _____
READY In Progress NOT Ready				

APPENDIX A: QUICK CHECKLIST (no workflow schematics)**1. DISASTER MANAGEMENT AND RECOVERY**

- ☐ a. During disasters, information is collected on children and families necessary to identify and support their immediate and long-term recovery needs.
- ☐ b. There is an ability to share information with appropriate government agencies and non-government organizations to enable the delivery of recovery services.
- ☐ c. There is a process to pre-identify and credential local and out-of-state voluntary and non-government organizations and networks that provide disaster assistance to children and families.
- ☐ d. The needs of children in disaster plans are prioritized separately from “at risk” population categories.

2. MENTAL HEALTH

- ☐ a. Disaster mental and behavioral health is one core component of disaster preparedness, response, and recovery efforts in your state disaster plan.
- ☐ b. There is access in your state to pre-disaster preparedness and just-in-time training in pediatric disaster mental and behavioral health, including psychological first aid, bereavement support, and brief supportive interventions, for mental health professionals and individuals, such as teachers, who work with children.

3. CHILD PHYSICAL HEALTH AND TRAUMA

- ☐ a. There is rapid availability and access to pediatric countermeasures at the state and local level for chemical, biological, radiological, nuclear, and explosive threats.
- ☐ b. Your state-based DMAT team has integrated pediatric-specific training, guidance, exercises, and supplies into their structure, as well as personnel with pediatric expertise.
- ☐ c. Hospital pediatric surge capacity is a structured process and a mandated component of your state disaster plan.
- ☐ d. The rapid re-opening of schools, child care facilities, and other child congregate facilities in disaster-impacted areas is a stated priority in your state disaster plan.

APPENDIX A: QUICK CHECKLIST (continued)**4. EMERGENCY MEDICAL SERVICES AND PEDIATRIC TRANSPORT**

- ☐ a. Pediatric training requirements exist for certification and recertification of Emergency Medical Services (EMS) field providers in your state.
- ☐ b. Basic Life Support (BLS) and Advanced Life Support (ALS) ground ambulances in your state carry at least 95% of the equipment recommended in the "Equipment for Ground Ambulances Joint Policy Statement" published in *Prehospital Emergency Care* 18(1):92-97, 2014.
- ☐ c. Your state has an active funded EMS for Children (EMSC) program, with at least 1.0 FTE of personnel time dedicated solely to the EMSC program.
- ☐ d. At least 80% of 24/7 hospitals in your state submitted a detailed assessment to the National Pediatric Readiness Project in 2013-2014. (This included disaster-related components.)
- ☐ e. Aggregate state score for question on the 2013-2014 National Pediatric Readiness assessment "*hospital disaster plan addresses issues specific to the care of children*". (National aggregate score for this question was 46.8 %.)
- ☐ f. Your state has mutual aid agreements with adjacent states to assist in moving pediatric patients by ambulance if necessary in a disaster environment.

5. DISASTER CASE MANAGEMENT

- ☐ a. Your state will consider requesting "disaster case management teams" from FEMA as one of its post-disaster strategies for mitigation and recovery. (FEMA has cooperative agreements to provide these teams.)
- ☐ b. Your state has the capability of activating its own "disaster case management teams".

6. CHILD CARE AND EARLY EDUCATION

- ☐ a. All child care providers have a written plan for emergency notification of parents and reunifications of families following an emergency. (This should apply to all regulated child care providers.)
- ☐ b. All child care providers have a written plan for evacuating and safely moving children to an alternate site. (This should include provisions for multiple types of hazards.)
- ☐ c. Regulated child care centers have access to disaster recovery funds.

APPENDIX A: QUICK CHECKLIST (continued)

- ☐ d. All child care providers have a written plan that accounts for children with disabilities and those with access and functional needs. (This standard should go beyond specific classes of special needs that may exist elsewhere in state code, and should include a specific requirement indicating how all children with special needs will be included in the emergency plan. This should apply to all regulated child care providers.)

7. ELEMENTARY AND SECONDARY EDUCATION

- ☐ a. All schools have a disaster plan that addresses multiple types of hazards and covers a number of responses, including evacuation, shelter-in-place, and lock-down situations. (This should apply to all schools, including public charter schools as well as private schools.)
- ☐ b. Schools have a requirement concerning how often their disaster plan must be practiced.
- ☐ c. Schools are required to collaboratively plan and/or train with emergency management officials.
- ☐ d. School personnel (teachers, school administrators, and others) have access to training to understand the impact of trauma and loss on learning, and to provide basic supportive services that will help students adjust to a disaster and its aftermath, and will promote academic achievement.
- ☐ e. Schools have a mechanism to access to immediate resources in order to reopen and restore the learning environment in a timely manner and provide support for displaced students and their host schools.

8. CHILD WELFARE AND JUVENILE JUSTICE

- ☐ a. Disaster planning is required by the entity responsible for Child and Family Services in the state.
- ☐ b. Juvenile, dependency, and other courts hearing matters involving children are required to have disaster plans, and the plans include contingencies for quickly resuming decisions involving the release, confinement, or movement of youth.
- ☐ c. Residential treatment, correctional, and detention facilities that house children, as well as private facilities that manage youth treatment programs, have a comprehensive disaster plan in place.

APPENDIX A: QUICK CHECKLIST (continued)**9. SHELTERING STANDARDS, SERVICES AND SUPPLIES**

- ☐ a. A standard for shelters (shelter design, supplies, and safety) is in force that clearly includes the age-appropriate needs of children.
- ☐ b. At a minimum, all shelter workers are trained to identify and address suspicious and inappropriate activity.
- ☐ c. Those responsible for shelters have access to the American Red Cross (ARC) guidance document “*Standards and Indicators for Disaster Shelter Care for Children*”.

10. HOUSING

- ☐ a. The importance of expediting the transition of families with children back into permanent housing is acknowledged in disaster planning.
- ☐ b. The importance of access to wrap-around services (schools, social services) is considered when designating locations for temporary post-disaster housing.

11. EVACUATION

- ☐ a. Disaster plans specifically address the evacuation and transportation needs of children with disabilities and chronic health needs, in coordination with child congregate care facilities such as schools, child care, and health care facilities.
- ☐ b. There is a specific plan to follow for quickly reuniting displaced children with their families, guardians and caregivers when separated by a disaster.

APPENDIX B: Executive Summary: National Commission on Children and Disasters: 2010 Report to the President and Congress

The President and Congress charged the National Commission on Children and Disasters with carrying out the first-ever comprehensive review of Federal disaster-related laws, regulations, programs, and policies to assess their responsiveness to the needs of children and make recommendations to close critical gaps.

In this Executive Summary, the Commission assembles all the recommendations in this report. As is customary for a Federal advisory body such as the Commission, the recommendations are primarily directed toward the President, Federal agencies, and Congress. However, in order to achieve a coordinated national strategy on children and disasters at all levels of government—including Federal, State, tribal, territorial, and local—the Commission urges non-Federal executive and legislative branches of government to consider and apply the recommendations, as appropriate.

To assist Congress, Federal agencies, and non-Federal partners in quickly identifying recommendations most relevant to them, the Commission provides an index organized by the agency, group, or individual charged with implementing the recommendation (go to [Appendix B: Index to Recommendations and Responsible Entities](#)).

1. Disaster Management and Recovery

Recommendation 1.1: Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations.

- The President should develop a National Strategy for Children and Disasters.
- The Executive Branch, Congress, and non-Federal partners should prioritize children separately from "at-risk" population categories.
- The Executive Branch at all levels of government should establish and maintain permanent focal points of coordination for children and disasters, supported by sufficient authority, funding, and policy expertise. The Federal Emergency Management Agency (FEMA) should establish Children's Integration Specialists at the regional level.
- The Executive Branch and non-Federal partners should incorporate children as a distinct priority in base disaster planning documents and relevant grant programs.
- The Executive Branch and non-Federal partners should incorporate education, child care, juvenile justice, and child welfare systems into disaster planning, training, and exercises.

- The Executive Branch and non-Federal partners should incorporate children as a distinct priority in relevant target capabilities, preparedness training, and exercises, with specific target outcomes and performance measures.
- The Executive Branch and Congress should institute accountability and progress monitoring measures to track implementation of Commission recommendations and capability improvements.

Recommendation 1.2: The President should accelerate the development and implementation of the National Disaster Recovery Framework with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing, and human services recovery needs of children.

Recommendation 1.3: The Department of Homeland Security (DHS)/FEMA should ensure that information required for timely and effective delivery of recovery services to children and families is collected and shared with appropriate entities.

- Government agencies and non-governmental organizations should collect information on children and families necessary to identify and support their immediate and long-term recovery needs.
- DHS/FEMA should expand information sharing with appropriate government agencies and non-governmental organizations to enable the delivery of recovery services.
- DHS/FEMA should pre-identify and credential additional local and out-of-State voluntary and non-governmental organizations and networks that provide disaster assistance to children and families.

Recommendation 1.4: DHS/FEMA should establish interagency agreements to provide disaster preparedness funding, technical assistance, training, and other resources to State and local child serving systems and child congregate care facilities.

2. Mental Health

Recommendation 2.1: HHS should lead efforts to integrate mental and behavioral health for children into public health, medical, and other relevant disaster management activities.

- Congress should direct HHS to lead the development of a disaster mental and behavioral health Concept of Operations (CONOPS) to formalize disaster mental and behavioral health as a core component of disaster preparedness, response, and recovery efforts.

Recommendation 2.2: HHS should enhance the research agenda for children's disaster mental and behavioral health, including psychological first aid, cognitive-behavioral interventions, social support interventions, bereavement counseling and support, and programs intended to enhance children's resilience in the aftermath of a disaster.

- HHS should convene a working group of children's disaster mental health and pediatric experts to review the research portfolios of relevant agencies, identify gaps in knowledge, and recommend a national research agenda across the full spectrum of disaster mental health for children and families.

Recommendation 2.3: Federal agencies and non-Federal partners should enhance predisaster preparedness and just-in-time training in pediatric disaster mental and behavioral health, including psychological first aid, bereavement support, and brief supportive interventions, for mental health professionals and individuals, such as teachers, who work with children.

Recommendation 2.4: DHS/FEMA and the Substance Abuse and Mental Health Services Administration (SAMHSA) should strengthen the Crisis Counseling Assistance and Training Program (CCP) to better meet the mental health needs of children and families.

- Simplify the Immediate Services Program (ISP) grant application to minimize the burden on communities affected by a disaster and facilitate the rapid allocation of funding and initiation of services.
- Establish the position of Children's Disaster Mental Health Coordinator within State level CCPs.
- Formally modify the CCP model to indicate and promote "enhanced services" where the mental health impact is unlikely to be adequately addressed by "typical" CCP services.
- Include bereavement support and education within services typically provided under the CCP.

Recommendation 2.5: Congress should establish a single, flexible grant funding mechanism to specifically support the delivery of mental health treatment services that address the full spectrum of behavioral health needs of children including treatment of disaster-related adjustment difficulties, psychiatric disorders, and substance abuse.

3. Child Physical Health and Trauma

Recommendation 3.1: Congress, HHS, and DHS/FEMA should ensure availability of and access to pediatric medical countermeasures (MCM) at the Federal, State, and local levels for chemical, biological, radiological, nuclear, and explosive threats.

- Provide funding and grant guidance for the development, acquisition, and stockpiling of MCM specifically for children for inclusion in the Strategic National Stockpile (SNS) and all other federally funded caches, including those funded by DHS/FEMA.
- Amend the Emergency Use Authorization to allow the FDA, at the direction of the HHS Secretary, to authorize pediatric indications of MCM for emergency use before an emergency is known or imminent.

- Form a standing advisory body of Federal partners and external experts to advise the HHS Secretary and provide expert consensus on issues pertaining specifically to pediatric emergency MCM.
- Within the HHS Biomedical Advanced Research and Development Authority, designate a pediatric leader and establish a pediatric and obstetric working group to conduct gap analyses and make research recommendations.
- Include pediatric expertise on the HHS Enterprise Governance Board or its successor and all relevant committees and working groups addressing issues pertaining to MCM.
- Establish a partnership between the proposed MCM Development Leader and key pediatric stakeholders both within and outside government.

Recommendation 3.2: HHS and DoD should enhance the pediatric capabilities of their disaster medical response teams through the integration of pediatric-specific training, guidance, exercises, supplies, and personnel.

- HHS should develop pediatric capabilities within each National Disaster Medical System (NDMS) region.
- HHS should establish a "reserve pool" of pediatric health care workers to assist in NDMS disaster response.
- HHS and DoD should establish a Pediatric Health Care Coordinator on each disaster medical response team and develop strategies to recruit and retain team members with pediatric medical expertise.

Recommendation 3.3: HHS should ensure that health professionals who may treat children during a disaster have adequate pediatric disaster clinical training.

- The President should direct the Federal Education and Training Interagency Group for Public Health and Medical Disaster Preparedness and Response (FETIG) to prioritize the development of pediatric core competencies, core curricula, training, and research.
- The FETIG should support the formation of a Pediatric Disaster Clinical Education and Training Working Group to establish core clinical competencies and a standard, modular pediatric disaster health care education and training curriculum.

Recommendation 3.4: The Executive Branch and Congress should provide resources for a formal regionalized pediatric system of care to support pediatric surge capacity during and after disasters.

- HHS should include pediatric surge capacity as a "Required Funding Capability" in the Hospital Preparedness Program.

- States and hospital accrediting bodies should ensure all hospital emergency departments stand ready to care for ill or injured children through the adoption of emergency preparedness guidelines jointly developed by the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association.

Recommendation 3.5: Prioritize the recovery of pediatric health and mental health care delivery systems in disaster-affected areas.

- Congress should establish sufficient funding mechanisms to support restoration and continuity of for-profit and non-profit health and mental health services to children.
- The Executive Branch should recognize and support pediatric health and mental health care delivery systems as a planning imperative in the development and implementation of the National Health Security Strategy and National Disaster Recovery Framework.
- HHS should create Medicaid and Children's Health Insurance Program incentive payments for providers in disaster areas.
- The American Medical Association should adopt a new code or code modifier to the Current Procedural Terminology to reflect disaster medical care in order to facilitate tracking of these services and as a means for enhanced reimbursement from public and private payers.

Recommendation 3.6: EPA should engage State and local health officials and non-governmental experts to develop and promote national guidance and best practices on re-occupancy of homes, schools, child care, and other child congregate care facilities in disaster-impacted areas.

- EPA and HHS should expand research on pediatric environmental health risks associated with disasters.

4. Emergency Medical Services and Pediatric Transport

Recommendation 4.1: The President and Congress should clearly designate and appropriately resource a lead Federal agency for emergency medical services (EMS) with primary responsibility for the coordination of grant programs, research, policy, and standards development and implementation.

- Establish a dedicated Federal grant program under a designated lead Federal agency for pre-hospital EMS disaster preparedness, including pediatric equipment and training.

Recommendation 4.2: Improve the capability of emergency medical services (EMS) to transport pediatric patients and provide comprehensive pre-hospital pediatric care during daily operations and disasters.

- Congress should provide full funding to the Emergency Medical Services for Children (EMSC) program to ensure all States and territories meet targets and achieve progress in the EMSC performance measures for grantees, and to support development of a research portfolio.
- As an eligibility guideline for Centers for Medicare & Medicaid Services (CMS) reimbursement, require first response and emergency medical response vehicles to acquire and maintain pediatric equipment and supplies in accordance with the national guidelines for equipment for Basic Life Support and Advanced Life Support vehicles.
- HHS and DHS should establish stronger pediatric EMS performance measures within relevant Federal emergency preparedness grant programs.
- HHS should address the findings of the EMSC 2009 Gap Analysis of EMS Related Research.

Recommendation 4.3: HHS should develop a national strategy to improve Federal pediatric emergency transport and patient care capabilities for disasters.

- Conduct a national review of existing capabilities among relevant government agencies and the private sector for emergency medical transport of children.

5. Disaster Case Management

Recommendation 5.1: Disaster case management programs should be appropriately resourced and should provide consistent holistic services that achieve tangible, positive outcomes for children and families affected by the disaster.

- The Executive Branch and Congress should provide sufficient funds to build, support, and deploy a disaster case management system with nationwide capacity.
- DHS/FEMA should clarify the transition from Federal to State-led disaster case management programs.
- Government agencies and non-governmental organizations should develop voluntary consensus standards on the essential elements and methods of disaster case management, including pre-credentialing of case managers and training that includes focused attention to the needs of children and families.

6. Child Care and Early Education

Recommendation 6.1: Congress and HHS should improve disaster preparedness capabilities for child care.

- Congress and HHS should require States to include disaster planning, training, and exercise requirements within the scope of their minimum health and safety standards for child care licensure or registration.

- Congress should provide HHS the authority to require States to develop statewide child care disaster plans in coordination with State and local emergency managers, public health, State child care administrators and regulatory agencies, and child care resource and referral agencies.

Recommendation 6.2: Congress and Federal agencies should improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster.

- DHS/FEMA should revise its Public Assistance regulations to codify child care as an essential service.
- Congress should codify child care as an "essential service of a governmental nature" in the Stafford Act.
- Federal agencies should incorporate child care as an essential service in the National Response Framework, the National Disaster Recovery Framework, the National Disaster Housing Concept of Operations, and Disaster Housing Practitioners' Guide.
- Congress should authorize a grant funding mechanism, such as an emergency contingency fund, to repair or rebuild private, for-profit child care facilities, support the establishment of temporary child care, and reimburse States for subsidizing child care services to disaster-affected families.

Recommendation 6.3: HHS should require disaster preparedness capabilities for Head Start Centers and basic disaster mental health training for staff.

7. Elementary and Secondary Education

Recommendation 7.1: Congress and Federal agencies should improve the preparedness of schools and school districts by providing additional support to States.

- Congress and the Department of Education (ED) should award disaster preparedness grants to State education agencies to oversee, coordinate, and improve disaster planning, training, and exercises statewide and ensure that all districts within the State meet certain baseline criteria.
- DHS/FEMA should partner with ED to provide funding and other resources to support disaster preparedness efforts of State and local education agencies, including collaborative planning, training, and exercises with emergency management officials.

Recommendation 7.2: Congress and ED should enhance the ability of school personnel to support children who are traumatized, grieving, or otherwise recovering from a disaster.

- Congress and ED should award funds to States to implement and evaluate training and professional development programs in basic skills in providing support to grieving students and students in crisis, and establish statewide requirements related to teacher certification and recertification.

Recommendation 7.3: Ensure that school systems recovering from disasters are provided immediate resources to reopen and restore the learning environment in a timely manner and provide support for displaced students and their host schools.

- Congress should create a permanent funding mechanism to support recovery for schools and students.
- Congress should establish an emergency contingency fund within the Education for Homeless Children and Youth program and expeditiously provide grants to school districts serving an influx of displaced children.
- Congress and ED should support the immediate provision of expert technical assistance and consultation regarding services and interventions to address disaster mental health needs of students and school personnel.
- DHS/FEMA, ED, and other Federal agencies should clarify, consolidate, and publicize information related to the recovery programs, assistance, and services (e.g., transportation to schools) currently available to school systems through the Stafford Act and other Federal sources.

8. Child Welfare and Juvenile Justice

Recommendation 8.1: Ensure that State and local child welfare agencies adequately prepare for disasters.

- Congress should request a national assessment of child welfare disaster planning to determine if significant advances have been made since passage of the Child and Family Services Improvement Act of 2006 (CFSIA):
 - HHS should develop detailed disaster planning criteria by regulation or other formal policy guidance to supplement the basic procedures mandated in CFSIA.
- Within each ACF regional office, child welfare staff and the region's emergency management specialist should collaboratively review and evaluate the State child welfare disaster plans required by CFSIA and assist States in developing comprehensive plans and meeting their statutory obligations.
- DHS/FEMA and HHS should provide funding, guidance, and technical assistance to child welfare agencies and encourage collaboration with emergency management, courts, and other key stakeholders.

Recommendation 8.2: Ensure that State and local juvenile justice agencies and all residential treatment, correctional, and detention facilities that house children adequately prepare for disasters.

- Congress should require State and local juvenile justice agencies and all residential treatment, correctional, and detention facilities that house children to have comprehensive disaster plans in place.
- DHS/FEMA and DOJ should support disaster planning for State and local juvenile justice agencies and residential treatment, correctional, and detention facilities that house children by providing funding, technical assistance, and training.

Recommendation 8.3: HHS and the Department of Justice (DOJ) should ensure that juvenile, dependency, and other courts hearing matters involving children adequately prepare for disasters.

- HHS should include disaster preparedness as a component of the Court Improvement Program for dependency courts.
- DOJ should include disaster preparedness as a component of the proposed National Juvenile Delinquency Court Improvement Program.
- DOJ and the National Council of Juvenile and Family Court Judges should incorporate disaster preparedness into the Model Courts program.

9. Sheltering Standards, Services, and Supplies

Recommendation 9.1: Government agencies and non-governmental organizations should provide a safe and secure mass care shelter environment for children, including access to essential services and supplies.

- Implement national standards and indicators for mass care shelters that are specific and responsive to children.
- Integrate essential age-appropriate shelter supplies for infants and children into shelter planning and fund the addition of child-specific supplies to caches for immediate deployment to support shelter operations.
- Implement common standards and training, including standards for criminal background checks, to mitigate risks unique to children in shelters such as child abduction and sex offenders.

10. Housing

Recommendation 10.1: Prioritize the needs of families with children, especially families with children who have disabilities or chronic health, mental health, or educational needs, within disaster housing assistance programs.

- Government agencies and non-governmental organizations should ensure that families with children in disaster housing, especially community sites, have access to needed services and are provided safe and healthy living environments.

- Congress should authorize DHS/FEMA to reimburse State and local governments for providing wrap-around services to children and families in community sites.
- DHS/FEMA should develop clear written guidance around emergency transportation planning and reimbursement for State and local governments that addresses the recovery needs of children and families.
- Government agencies and non-governmental organizations should identify and promote innovative programs to expedite the transition into permanent housing for families with children.

11. Evacuation

Recommendation 11.1: Congress and Federal agencies should provide sufficient funding to develop and deploy a national information sharing capability to quickly and effectively reunite displaced children with their families, guardians, and caregivers when separated by a disaster.

- DHS should lead the development of a nationwide information technology capability to collect, share, and search data from any patient and evacuee tracking or family reunification system.
- DHS should support the development of voluntary consensus-driven standards for data collection and data sharing through a joint Federal, non-Federal, and private sector process.
- Government agencies should ensure the collection of appropriate data on evacuated children, particularly unaccompanied minors.

Recommendation 11.2: Disaster plans at all levels of government must specifically address the evacuation and transportation needs of children with disabilities and chronic health needs, in coordination with child congregate care facilities such as schools, child care, and health care facilities.

APPENDIX C:

Example: of Suggested Dashboard Style

Plan for reuniting children with their parents if separated? READY In Progress Not Ready	In state plan? NO IN PROGRESS YES	Local responsibility Agency _____
		County responsibility Agency _____
		State responsibility Agency <u>State Police</u>
Shelter supplies that include child specific items such as infant formula, diapers, bottles, etc. READY In Progress Not Ready	In state plan? NO IN PROGRESS YES	Local responsibility Agency _____
		County responsibility Agency <u>Regional Health Dept</u>
		State responsibility Agency _____
Pediatric-dosed medications are in medical supplies for nuclear, chemical, biological and/or radiological hazards. READY In Progress Not Ready	In state plan? NO IN PROGRESS YES	Local responsibility Agency _____
		County responsibility Agency _____
		State responsibility Agency _____
Child care providers need to have a family reunification plan. READY In Progress Not Ready	In state plan? NO IN PROGRESS YES	Local responsibility Agency _____
		County responsibility Agency _____
		State responsibility Agency _____
Schools have disaster plans that address multiple types of hazards READY In Progress Not Ready	In state plan? NO IN PROGRESS YES	Local responsibility Agency _____
		County responsibility Agency _____
		State responsibility Agency _____

APPENDIX D: CHECKLIST--ROLE OF STATE GOVERNMENT IN PROTECTING CHILDREN**Reprinted (and reformatted) from Appendix D of the *National Commission on Children and Disasters 2010 Report***

- ☐ Determine the demographics of your child population (age 0-18), including children with disabilities and special health care needs.
- ☐ Identify places children will most likely be when under supervised care (school, preschool, child care, summer camps, group homes, juvenile justice facilities).
- ☐ Include needs of children in disaster training, exercises, and equipment purchases.
- ☐ Evaluate performance in meeting needs of children during exercises/drills and in after-action reports.
- ☐ Designate a focal point of responsibility for coordinating children's needs.
- ☐ Design an evacuation plan that provides transportation for children with their families and caregivers, especially children with disabilities.
- ☐ Include child tracking and family reunification procedures in disaster plans.
- ☐ Provide safe, accessible shelter environments for children and families, including essential age-appropriate supplies and care for medically-dependent children.
- ☐ Develop capability of emergency personnel to provide effective pre-hospital pediatric transport and medical care (training and supplies).
- ☐ Develop capability of hospital emergency departments to provide effective care for children (training and supplies).
- ☐ Provide basic psychological first aid training for emergency personnel to assist children.
- ☐ Support disaster plans, training, and drills for child congregate care providers that include evacuation, reunification, and addressing children with disabilities or chronic health needs.
- ☐ Plan for establishing emergency child care.
- ☐ Identify resources in county and surrounding counties to address a surge in children's needs, especially health and mental health needs.
- ☐ Develop a long-term disaster recovery plan that addresses the needs of children and families (housing, schools, child care, health, and mental health).

APPENDIX E: ADDITIONAL RESOURCES

Federal Websites:

- **Federal Emergency Management Agency** <http://www.fema.gov>
- **Centers for Disease Control & Prevention** <http://www.bt.cdc.gov>
- **US Dept of Health & Human Services, Assistant Secretary of Preparedness and Response** www.hhs.gov/aspr/index.html
- **National Library of Medicine's Disaster Information Management Research Center (DIMRC)**, in collaboration with the Emergency Medical Services for Children (EMSC) Program and the Office of the Assistant Secretary for Preparedness and Response (ASPR), the [Health Resources on Children in Disasters and Emergencies](#) is a compendium of online resources related to medical and public health issues on this topic. Links are provided to both journal articles and to other documents and materials that may be useful in preparedness, mitigation, response, and recovery activities. Its intent is to consolidate the multitude of resources available across a variety of organizations, websites, databases, and training sites, making the search for relevant materials simpler and more direct.
- <http://www.nhtsa.gov/>
- <http://www.ems.gov/FICEMS.htm>

Other Links to Pediatric Disaster and Preparedness Resources

- http://cpem.med.nyu.edu/files/cpem/u3/pediatric_disaster_preparedness.pdf
- <http://www2.aap.org/disaster>
- <http://www.luhs.org/depts/emsc/peddisasterguide.pdf>
- <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Pediatric-Preparedness-Resource-Kit.aspx>
- <http://archive.ahrq.gov/research/pedprep>
- http://www.emscnrc.org/files/PDF/EMSC_Resources/DisasterPreparednessforCSHCN_2011.pdf
- http://www.emscnrc.org/files/PDF/EMSC_Resources/Hospital_Preparedness_Checklist.pdf
- <http://www.jumpstarttriage.com/>
- http://www.emscnrc.org/files/PDF/EMSC_Resources/Drafting_Legislation_Related_to_SPDP.pdf
- http://emscnrc.org/files/PDF/EMSC_Resources/Checklist_HospitalDisasterPrepare.pdf
- file:///C:/Users/fad69857/Downloads/04_Biosec_Mag-Pediat_Terror_Pre_Nat_I_Guidelines.pdf
- <http://www.luhs.org/depts/emsc/pedsexercisesdec06.pdf>
- <http://www.cidrap.umn.edu/practice/toolkit-paves-way-hospitals-meet-childrens-needs-during-disaster>
- [Master Pediatric Surge Planning Solutions within Reach](#) (PDF)
- http://cchealth.org/ems/pdf/master_ped_surge_planning.pdf

APPENDIX E: ADDITIONAL RESOURCES (continued)**Other Links to Pediatric Disaster and Preparedness Resources**

- <http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx>
- <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx>
- <http://www.savethechildren.org/>
- <http://www.aap.org/family/frk/aapfrkfull.pdf>
- http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6206913/k.68FA/Preparing_for_Emergencies.htm
- <http://www.phe.gov/Preparedness/planning/Pages/eops.aspx>
- <http://www.phe.gov/Preparedness/PLANNING/MSCC/Pages/default.aspx>
- <http://www.phe.gov/Preparedness/planning/abc/Pages/default.aspx>

APPENDIX F: REFERENCES

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