

EMERGENCY OPERATIONS PLAN
Children Emergency Response Plan

CITY OF NEW HAVEN EMERGENCY OPERATIONS PLAN
Children Emergency Response Plan

1. Purpose

The purpose of the Children's Emergency Response Plan as an addendum to the Emergency Operations Plan, is to prepare as a community for the unique needs of children before, during and after a significant event or a disaster.

2. Situation and Assumptions

2.1. Situation

Children (0-18 years of age) are a highly vulnerable segment of the population in times of disaster. Under normal conditions, there are components at the governmental, private and non-profit level which together form networks on which children depend to support their development and protect them from harm. In addition to these systems, children fall under the supervision of their parents, guardians and/or primary caregivers. Once a disaster occurs, however, most or all of these foundations in a child's life may suddenly collapse.

Child care centers and schools in which they were enrolled may be damaged, destroyed or used for public shelters. Their parents or guardians may be stretched between caring for needs of their children and addressing the needs of the whole family's recovery. The child victims, who are generally incapable of managing their own needs, can suffer disproportionately and may fall behind their peers in development and education. Additionally, the physical and psychological damage sustained by children can far outweigh the same effects inflicted on fully-grown members of society, often requiring years of physical, psychological and other therapy to address.

2.2. Assumptions

- 2.1.1** Children whose parents or guardians are present will remain under parental guardian ship or under the care of legal guardians.
- 2.2.2** The location of the City's children during the school year and during regular school hours is predictable as determined by the Department of Education and the individual educational facilities.
- 2.2.3** Outside of regular school hours, the location of children is dictated primarily by families and social networks.

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- 2.2.4** Parents and guardians primary concern during times of emergency or disaster will be to locate and collect their children.
- 2.2.5** Many providers of children's care, including child care and home care employees, teachers, camp counselors and others, will be affected by major disasters themselves. Their primary concerns at this time may be the whereabouts and safety of their own families.
- 2.2.6** Institutions normally tasked with the daytime care of children, including schools, child care centers and others, are likely to be closed during and following a major disaster.
- 2.2.7** In events where there are numerous injuries or fatalities sustained by children, local pediatric care providers and institutions will be quickly overwhelmed.
- 2.2.8** Children will suffer the effects of PTSD at rates and severities greater than those of adults.
- 2.2.9** In certain disasters, such as pandemic flu or bioterrorism, families with children will be encouraged to shelter in place.
- 2.2.10** In certain disasters, children will be required to shelter in place at daytime care facilities, including schools and child care centers.
- 2.2.11** Transient children, including the children of tourists, travelers passing through the community, patrons of local businesses and others, may require additional help related to guardianship, especially when parents or guardians are not present.
- 2.2.12** All schools and many private child care and educational facilities maintain internal emergency operations plans of their own to address the needs of children, although these plans are applicable only while children remain in their care.
- 2.2.13** Catastrophic disasters may overwhelm the capacity of local facilities to deal with pediatric needs, including medical care, emergency care, special diets, sheltering arrangements and supervision.
- 2.2.14** Until children are moved from the grounds of a school or child care facility or until assistance is requested from the office of emergency management, children will remain under the care of the school or child care facility administration.

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3. Mitigation

Mitigation is the continuing effort to lessen the impact disasters have on people and property. Mitigation is defined as “sustained action that reduces or eliminates long-term risk to people and property from natural hazards and their effects.” A Children’s Emergency Response Task Force (TBD) will submit its plan for reference to the City of New Haven Emergency Operations Plan. In addition, it is **recommended** that all organizations working with children take the following mitigation measures.

3.1. Disaster Supply Kits

Prepare disaster supply kits with a three-day supply of items needed for the care of children.

3.2. Drills and Exercises

Participate in disaster exercises and **conduct regular drills**, including the testing of on-site fire and tornado procedures and evacuation and shelter-in-place plans.

3.3. Floodplain Assessment

Check with local authorities to determine whether a facility is located within a flood prone area.

3.4. Hazard Mitigation Assessments

Conduct hazard mitigation assessments and take action to address any vulnerability.

3.5. NOAA Weather Radios

Purchase NOAA weather radios and test them regularly.

3.6. SafeRooms

Install SafeRooms in facilities that care for children.

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4. Preparedness and Public Education

Planning and public information are essential elements of preparedness. The planning phase is designed to save lives and to minimize damage when an emergency occurs. These activities ensure that when a disaster strikes, emergency responders will be able to provide the best response possible. Public education is a crucial part of the effort to prepare children, their families and the organizations who serve them for disaster.

4.1. Public Education

The Board of Education and the Office of Emergency Management should take advantage of every opportunity to provide public information to the community with regard to the needs of children in emergencies and the preparations necessary to ensure those needs are addressed. Community response agencies can distribute a Family Preparedness Guide and other emergency readiness materials at public education events.

4.2. Children with Special Needs

The Office of Emergency Management will encourage organizations that serve children with special needs to engage in the planning process needed to prepare to assist their clients during a disaster.

4.3. Continuity of Operations Plans

All organizations caring for children will be encouraged to write and maintain continuity of operations plans [see the Institute for Business and Home Safety's *Open for Business* or visit www.ready.gov for guidance.

4.4. Crisis Communication Plans

Assemble and maintain crisis communication plans to include emergency calling trees for rapid notification of employees and parents and contingencies for alternative communication methods if needed.

5. Response

When the City of **New Haven** declares a state of emergency, addressing the needs of children must be at the forefront of response strategies. Response is defined as the actions taken to save lives and prevent further damage in a disaster or emergency situation. Relief efforts to support victims of the disaster are also included in the response phase. During a disaster response, priorities are ranked in this order of importance: life safety, incident stabilization and property protection.

5.1. Shelter-in-Place

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Facilities that care for children must prepare shelter-in-place protocols that include identifying the safest place within each building and ensuring that all children can be safely sheltered. Protocols should cover scenarios such as tornadoes, hazardous materials incidents and intruders.

5.2. Evacuation/Transportation

In the event that children must be evacuated to a shelter or reunification point, tracking and safe transportation should be the highest priorities. Facilities that care for children and response agencies called upon to assist them must ensure that adequate safety precautions, including child car seats, are available and utilized. Evacuation routes should be pre-identified, taking into consideration factors such as floodplains.

5.3. Shelters

The City and the American Red Cross will ensure that all shelters follow established internal protocols for the care of children.

5.4. Credentialing Systems

In the event of a large-scale disaster requiring transportation and sheltering of children, credentialing will be required and will follow procedures dictated by the Office of Emergency Management and the American Red Cross (See ESF-6 Shelters of the Emergency Operations Plan).

5.5. Reunification

When reunification is required in an evacuee shelter or a large-scale disaster shelter, the following measures should be taken.

- 5.5.1** Recognize that some children in the shelter may not be with their usual guardians and that these children are at high risk of being listed as missing by family members.
- 5.5.2** Utilize Community Emergency Response Teams, Medical Reserve Corps and other medical and non-medical volunteers to conduct pediatric social assessments.
- 5.5.3** Attach a hospital-style identification bracelet (or photo ID badge, if possible) to the child and a matching one to the supervising adult(s) and monitor frequently to ensure that the wristband/badge matches that of the adult(s) seen with the child while in, or when leaving, the evacuee shelter.

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- 5.5.4** Review the data sheets promptly to identify those children not traveling with their legal guardians, consider these children to be at high risk and submit the names of these children to the National Center for Missing and Exploited Children (NCMEC) or to a locally-maintained database if the disaster is smaller in scale.
- 5.5.5** When a response is received from NCMEC or local database that a child in the shelter has been listed as missing, immediately locate the child in order to pursue reunification, and establish and monitor the safety and well-being of the missing child.

5.6. Pediatric Health Care

5.6.1. Pediatric Care Cache

The Connecticut Region 3 Metropolitan Medical Response System (MMRS) and the Federal Strategic National Stockpile maintain a cache of pediatric-specific equipment and medical supplies which can be made available to hospitals, treatment facilities and shelters in time of disaster.

5.7. Facility Tracking

In the event of a disaster, the New Haven Health Department can provide the Office of Emergency Management or other city agencies with lists of all licensed child care facilities in the City as well as public, magnet and private schools.

6. Recovery

Recovery is defined as the actions taken to return the City to normal following a disaster. Repairing, replacing, or rebuilding property are examples of recovery.

6.1. Mental Health

6.2. Long Term Recovery

Long-Term Recovery Committees may be established to consider the special needs of children in working with families recovering from disasters. This includes requesting resources appropriate for meeting children's ongoing needs, integrating personnel trained specifically to deal with children (i.e. mental health professionals, child advocates and service providers) into the Long-Term Recovery case management process, and taking into consideration issues such as health care, child care, counseling and child safety.

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7. Target Groups

7.1. Families

As the most critical part of a child's support structure, families must ensure that they prepare for disaster, including establishing a family disaster plan and assembling a disaster supply kit. Parents should educate their children about what to do before, during and after a crisis. Parents should also be proactive about learning the precautions their children's schools and/or child care centers have taken. Further information may be obtained from the Emergency Management Office and the Federal Emergency Management website www.ready.gov.

7.2. Schools

In addition to school emergency response plans mandated by the **Connecticut Department of Education**, schools must all take steps to further enhance their disaster preparedness measures. This includes: installing SafeRooms, working closely with parents, distributing literature, and creating supply kits.

7.3. Child Care Centers and Family Child Care Homes

In addition to child care facility, emergency response plans mandated by the **Connecticut Department of Public Health** and the **New Haven Health Department** child care facilities must all take steps to further enhance their disaster preparedness measures.

7.4. Youth Centers and Summer Programs (Boys & Girls Clubs, YMCA, etc.)

The City will encourage organizations that operate youth and summer programs to participate in the community's emergency response process and to develop their own internal emergency plans, in addition to those mandated by the Department of Human Services and other accrediting agencies.

7.5. Pediatric Health Care Facilities

Pediatric health care facilities such as hospital emergency rooms, children's hospitals, pediatrician offices and the community's clinic system will work together with **Community Services Office** to rapidly identify the need for a pediatric medical response and make accurate referrals to appropriate facilities in a mass casualty incident or a disaster.

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8. Authorities and References

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