

Understanding and Implementing the Pediatric Disaster Preparedness Checklist

*Domain 6: Patient Tracking and
Family Reunification*



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Acknowledgement and Disclaimer

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- The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
- The AAP designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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Session Participation Incentives: MOC

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

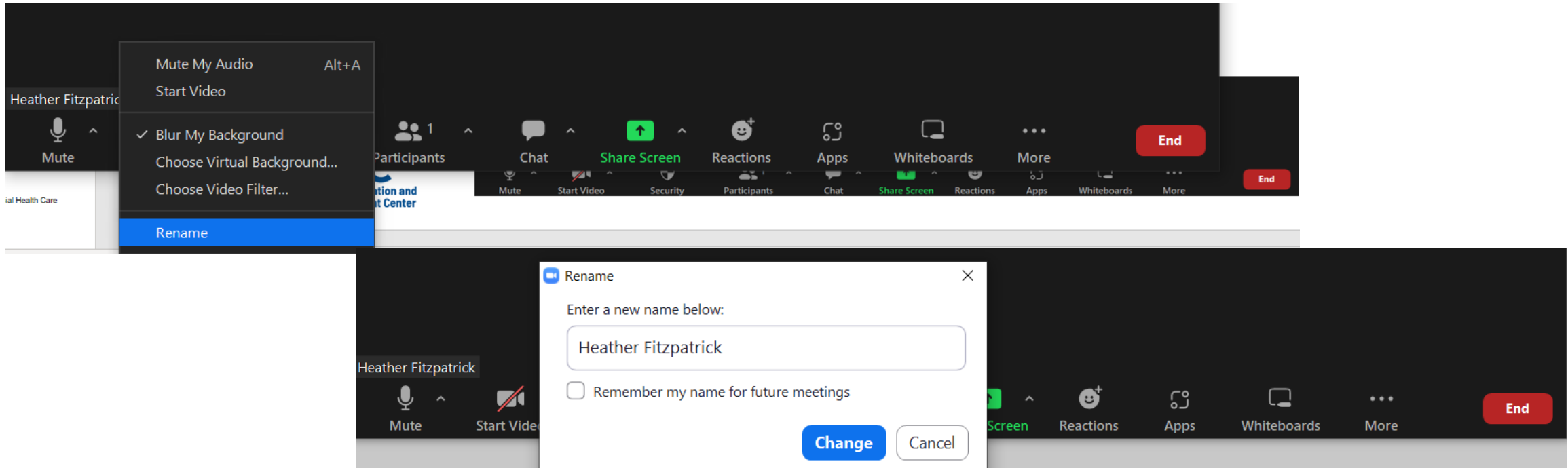
To be eligible to claim MOC Part 2, participants must:

- Attend the entire live session
- Complete the knowledge change survey available after the session

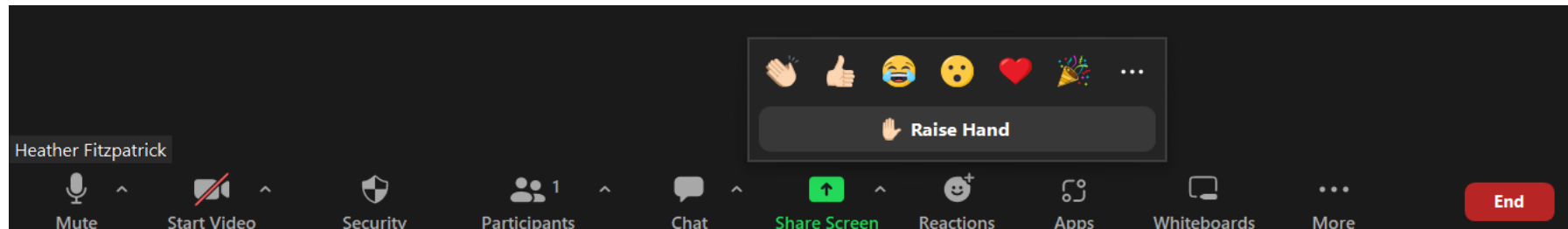
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 - Include role and name (eg, EMS-Jane Smith, PEM physician-Juanita Lopez)
- Feel free to enter questions in chat
- During Q &A, raise your hand (virtually or old-fashioned) and unmute when called on
 - To use “raise hand” feature in Zoom, click on “reactions” and select “raise hand”

Change Name



Raise Hand



Agenda

- Overview of the Emergency Medical Services for Children Innovation and Improvement Center (EIIC) – *5 minutes*
- Introduction to the Checklist – *10 minutes*
- Understanding Domain 6: Patient Tracking and Reunification – *15 minutes*
- Q & A Discussion – *15 minutes*
- Wrap-up – *5 minutes*
 - Remaining sessions
 - Claiming continuing education credit and/or maintenance of certification
2 credits

Domain 6: Patient Tracking and Family Reunification



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Today's Faculty



Jefferson Barrett, MD, MPH, FAAP



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David Greenky, MD, FAAP



Deanna Dahl Grove, MD, FAAP



Disclosures

- Today's speakers have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity
- Today's speakers do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation
- Today's speakers considered 'Words Matter: AAP Guidance on Inclusive, Anti-Biased Language' in preparing this presentation

Learning Objectives

- **Following this session, learners will be able to:**
 - Identify 2 best practices related to pediatric patient tracking and family reunification during disasters.
 - Understand the pediatric patient tracking and family reunification considerations included in the 3 progressive categories of foundation, intermediate and advanced in the checklist.
 - Identify 1 policy or procedure that can be improved to better prepare for pediatric patient tracking and family reunification during disasters.

Emergency Medical Services for Children Innovation and Improvement Center (EIIC)

Deanna Dahl Grove, MD, FAAP



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EIIC Mission

The mission of the EIIC is to optimize outcomes for children across the emergency care continuum by leveraging quality improvement science and multidisciplinary, multisystem collaboration.



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EIIC Background

- Formed in 2016
- Led by 2 organizations with significant experience in the EMSC space
 - The University of Texas at Austin Dell Medical School
 - University Hospitals Rainbow Babies and Children's
- Part of the Emergency Medical Services for Children program

EIIC Background, cont

- Key Partner Organizations
 - Yale University
 - Baylor College of Medicine
 - The Lundquist Institute
 - Multiple professional societies, including American Academy of Pediatrics
 - Multiple Federal Organizations

EIIC Structure

- The EIIC is structured into key focus areas:
 - Hospital-Based Care
 - Prehospital-Based Care
 - Disaster Preparedness
 - Trauma
 - Quality Improvement Collaboratives
 - Advocacy
 - Knowledge Management
 - Research
 - Analytics
 - Value-Based Care

EIIC Offerings – EMSC Program Support

- EMSC Partnership Grants
- Targeted Issues Grants
- EMSC Grants Database
- All Grantee Meeting
- Coordination with the EMSC Data Center

EIIC Offerings - Education

- Pediatric Education and Advocacy Kits
- Toolkits
- Training Modules
- Webinars

EIIC Offerings – Quality Improvement

- QI Collaboratives
- Communities of Practice
- Current/future Opportunities
 - PECC Workforce Development Collaborative
 - ED STOP Suicide Collaborative
- National Pediatric Readiness Project

Introduction: Disaster Preparedness Checklist

Jefferson Barrett, MD, MPH, FAAP

David Greenky, MD, FAAP



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- Intro video here

Domain 6: Patient Tracking and Family Reunification

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- Domain 6 Video Here

Using the Checklist

DOMAIN 6: PEDIATRIC PATIENT TRACKING & FAMILY REUNIFICATION

Pediatric disaster response is unique in that it involves preparing for the arrival of unaccompanied minors, developing family tracking and reunification policies, and considering special security situations.

RECOMMENDED ACTIVITY	FOUNDATION	INTERMEDIATE	ADVANCED
Pediatric Patient Tracking and Family Reunification	<ul style="list-style-type: none"> ○ Create a process to track an unaccompanied child who presents to the emergency department. ○ Create a child identification form listing information available from verbal children (name, age, parent name, address/phone, pediatrician's name, school/school teacher's name, allergies) and identifying characteristics and intake source (where did they arrive from and who brought them in). ○ Take pictures of children to attach to the medical record. ○ Consider best practices to identify unaccompanied children (see references). 	<ul style="list-style-type: none"> ○ Create a process to track multiple unaccompanied children; consider incorporating a process into electronic health records. ○ Create processes defining how unaccompanied children will be definitively identified, especially if they are unable to identify self. ○ Engage with regional partners such as the American Red Cross and the National Center for Missing and Exploited Children to develop a uniform pediatric identification/tracking process. 	<ul style="list-style-type: none"> ○ Create a transfer/tracking tool with capacity to record children's photos/ID information. This should include photography and photo printing capabilities. Ensure there is a process or guideline on the use of photos.



Using the Checklist

DOMAIN 6: PEDIATRIC PATIENT TRACKING & FAMILY REUNIFICATION (Continued)

RECOMMENDED ACTIVITY	FOUNDATION	INTERMEDIATE	ADVANCED
Family Reunification Planning	<ul style="list-style-type: none"> ○ Develop a comprehensive internal planning team to understand hospital family reunification capabilities and conduct a needs assessment of local community partners (including social work, pediatricians, emergency management, and child life if available). ○ Engage adjunct hospital departments (Public Relations, Risk Management, Chaplaincy, Food Services) for planning purposes. ○ Develop procedures to recommend appropriate social media usage by staff, families, and patients (only the PR or communications/media staff will post official updates - staff are to refrain from personal posts during an incident). ○ Assign staff to monitor local social media (including local social media such as the city's community chatter page) in case there is new information being shared or incorrect information that should be corrected. 	<ul style="list-style-type: none"> ○ Develop a leadership chain of command and organizational structure concerning family reunification with specific attention into how family reunification is incorporated into your overall emergency operations plan and HICS. ○ Develop procedures to establish and operate a Hospital Family Reunification Center, Pediatric Safe Area, and Family Reunification Site. Please see Family Reunification Following Disasters: A Planning Tool for Health Care Facilities for a description of these areas. ○ Create a family intake form that can be used to compare answers to questions given by an unaccompanied child to aid in reunification, such as: parents' names, siblings names, pets names, city they live in, school/teacher's name, pediatrician's name, names of friends or neighbors or relatives) to information provided by adults claiming to be guardians when other means of verification are unavailable. ○ Include family reunification in hospital drill or tabletop exercise. 	<ul style="list-style-type: none"> ○ Develop procedures with external stakeholders that govern the sharing of relevant information with other hospitals, public health agencies, and other partners involved in the response, as legally permitted, to facilitate family reunification. ○ Consider leading regional family reunification drills and/or tabletop exercises to test plans, plan components, and response by certain areas within the hospital or community. ○ Offer to serve as a resource for other hospitals to augment their plans.
Space Use	<ul style="list-style-type: none"> ○ Identify areas in the hospital that can serve as: <ul style="list-style-type: none"> • Secure private location for Pediatric Safe Area (PSA) for unaccompanied children. • Hospital Family Reunification Center (HFRC). • Family Reunification Site (FRS). This process may occur at the hospital or—for medically cleared children—at a community site with others who can assist with reunification (law enforcement, educators). Please see Family Reunification Following Disasters: A Planning Tool for Health Care Facilities for a description of these areas. 	<ul style="list-style-type: none"> ○ Pediatric Safe Area, Family Reunification Site, and Hospital Family Reunification Center should be in separate areas in the hospital. ○ Ensure that the Hospital Family Reunification center has a waiting area and small rooms for private conversations. 	<ul style="list-style-type: none"> ○ Ensure that there is a private notification center for parents who are seeking information about their child's status (this does not have to be at the hospital, specifically). An advanced approach involves having separate spaces for age groups (infants, toddlers, middle childhood, adolescents) and even a separate space for those children with sensory integration concerns. ○ Establish medical oversight in the Pediatric Safe Area.



Using the Checklist

DOMAIN 6: PEDIATRIC PATIENT TRACKING & FAMILY REUNIFICATION (Continued)

RECOMMENDED ACTIVITY	FOUNDATION	INTERMEDIATE	ADVANCED
Staff	<ul style="list-style-type: none"> ○ Ensure availability of security for Pediatric Safe Area, Hospital Family Reunification Center, and Family Reunification Site. ○ Define staffing plan for Pediatric Safe Area, Hospital Family Reunification Center, and Family Reunification Site that utilizes either hospital staff, community partners, or a combination of both. (These areas may be combined if sufficient staff is not available for all three areas). ○ Ensure that there is adequate medical oversight for children who might decompensate. 	<ul style="list-style-type: none"> ○ Consider appropriate staffing ratios for younger children in Pediatric Safe Area; utilize security staff to ensure children do not wander into other areas of the hospital. 	<ul style="list-style-type: none"> ○ Consider developing a family reunification team—consisting of both hospital personnel and community partners—that could provide assistance to impacted hospitals in your region.

DOMAIN 6 RESOURCES

1. AAP Disaster Preparedness Advisory Council, Reunification Subcommittee. (2018). Family Reunification Following Disasters: A Planning Tool for Health Care Facilities. Retrieved from <https://downloads.aap.org/AAP/PDF/AAP%20Reunification%20Toolkit.pdf>
2. Federal Emergency Management Agency (FEMA) Ready Campaign. (2013). Post-Disaster Reunification of Children: A Nationwide Approach. Retrieved from https://www.ready.gov/sites/default/files/2019-06/post_disaster_reunification_of_children.pdf
3. Texas Children's Hospital. (2019). Family Reception Center Plan. Retrieved from https://media.emscimprovement.center/documents/TCH_FRC_Plan_-_1.24.2019_Approved.pdf
4. The US Department of Health & Human Services, Office of the Assistant Secretary for Preparedness and Response, & Technical Resources, Assistance Center, and Information Exchange (TRACIE). (2015). Topic Collection: Family Reunification and Support. Retrieved from <https://asprtracie.hhs.gov/technical-resources/64/family-reunification-and-support/0>

Highlighted Resources

- Family Reunification Following Disasters: A Planning Tool for Health Care Facilities
(<https://downloads.aap.org/AAP/PDF/AAP%20Reunification%20Toolkit.pdf>)
- Sample Family Reunification Plan: Texas Children's Hospital Family Reception Center Plan (2019)
(https://media.emscimprovement.center/documents/TCH_FRC_Plan_-_1.24.2019_Approved.pdf)

Q & A Discussion

Please feel free to raise your hand to be called on to unmute or type your question in the chat box.



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Wrap-up

Post-session Items



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Next Steps

- All participants will receive the evaluation survey – please provide your honest feedback!
- Those who indicate an interest in receiving MOC 2 points will receive the post-session knowledge change survey
- Please contact the EIC Disaster Domain project managers with any questions
 - Dina Dornack, MSN, RN - Dina.Dornack@UHhospitals.org
 - Heather Fitzpatrick, MPH – hfitzpatrick@aap.org

Future Sessions

October 25, 2022 – Pediatric Surge Capacity

Brent Kaziny, MD, FAAP



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Thank you!

Thank you for all you do to improve the health and well-being of infants, children, and adolescents!



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