

TULSA COUNTY EMERGENCY OPERATIONS PLAN
ANNEX G: Children's Emergency Response Plan

I. Purpose

The purpose of the Children's Emergency Response Annex to the Tulsa County Emergency Operations Plan is to prepare as a community for the unique needs of children before, during and after a community disaster.

II. Situation and Assumptions

A. 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 the 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.

The child care centers and schools in which they were enrolled may be damaged, destroyed or used for shelters. Their parents or guardians may be stretched between caring for the 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.

B. Assumptions

1. Children whose parents or guardians are present will remain under parental guardianship or under the care of the legal guardians.
2. The location of the community'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.
3. Outside of regular school hours, the location of children is dictated primarily by families and social networks.
4. Parents' and guardians' primary concern during times of emergency or disaster will be to locate and collect their children.

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.
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.
7. In events where there are numerous injuries or fatalities sustained by children, local pediatric care providers and institutions will be quickly overwhelmed.
8. Children will suffer the effects of PTSD at rates and severities greater than those of adults.
9. In certain disasters, such as pandemic flu or bioterrorism, families with children will be encouraged to shelter in place.
10. In certain disasters, children will be required to shelter in place at daytime care facilities, including schools and child care centers.
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.
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.
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.
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.

III. Plan Development and Maintenance

As part of the Tulsa Partners/Save the Children initiative to help prepare and protect children in disaster, Tulsa Partners, Inc. brought together a planning committee that included representatives from the Tulsa Area Emergency Management Agency, Tulsa Public Schools Office of Safe & Drug Free Schools, Child Care Resource Center, and

Metropolitan Medical Response System to work through the process of formulating a Children's Emergency Response Plan using guidance from the Save the Children document "The Unique Needs of Children in Emergencies: A Guide for the Inclusion of Children in Emergency Operations Plans." Once a draft was arrived upon, the committee called together a larger group of subject matter experts to provide input to the plan. Once a final draft was arrived upon, the plan was submitted for inclusion as an annex to the Tulsa County Emergency Operations Plan (EOP).

This annex will be updated as part of the EOP's established review and revision process.

IV. Administration and Logistics

The members of the planning committee have agreed to form a Children's Emergency Response Task Force that will become a subcommittee of the Tulsa Human Response Coalition (THRC). The group will periodically be convened by the Tulsa Area Emergency Management Agency or the THRC to provide ongoing leadership to Tulsa's efforts to prepare as a community for the needs of children in emergencies.

Agencies with representation on the task force include: American Red Cross; Child Care Resource Center; Metropolitan Medical Response System; Tulsa Area Emergency Management Agency; Tulsa Health Department; Tulsa Partners, Inc.; Tulsa Public Schools.

V. 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."

The Children's Emergency Response Task Force will submit its plan for reference to the City of Tulsa All-Hazards Mitigation Plan and the Tulsa County Hazard Mitigation Plan.

In addition, it is recommended that all organizations working with children take the following mitigation measures.

A. Disaster Supply Kits

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

B. Drills and Exercises

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

C. Floodplain Assessment

Check with local authorities to determine whether a facility is located within a floodplain. Obtain floodplain insurance.

D. Hazard Mitigation Assessments

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

E. NOAA Weather Radios

Purchase NOAA weather radios and test them regularly.

F. SafeRooms

Install SafeRooms in facilities that care for children.

VI. 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.

A. Public Education

The Children's Emergency Response Task Force will 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 will regularly distribute the Family Preparedness Guide and other emergency readiness materials at public education events and through participation in the McReady program.

B. Children's Disaster Workshops

The Children's Emergency Response Task Force will provide outreach to area elementary and middle schools and other children's programs such as Campfire,

Boy Scouts, Girl Scouts, YMCA, etc. to present the Children's Disaster Workshops developed by Save the Children. The Task Force will also promote preparedness activities and programs for middle and high school students.

C. Children with Special Needs

The Children's Emergency Response Task Force 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.

D. Community Disaster Plans

The Children's Emergency Response Task Force will monitor the community's disaster plans, including the Tulsa County Emergency Operations Plan and the Oklahoma Region 7 Metropolitan Medical Response System Plan to ensure that the needs of children are considered during the plans' development and revision.

E. 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].

G. 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.

VII. Response

When the City of Tulsa or Tulsa County 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.

A. Children's Emergency Response Task Force

During a community emergency, the Children's Emergency Response Task Force will call meetings as necessary to monitor the needs of children based upon the response situation and make recommendations to response and human service agencies as warranted.

B. Shelter-in-Place

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.

C. 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.

D. Shelters

The American Red Cross will ensure that all shelters follow established internal protocols for the care of children. The assistance of VOAD and other organizations will be enlisted per pre-determined agreements to provide child care services within shelters. Volunteers who have been provided with Save the Children's "Safe Space" training will assist with these operations.

E. Credentialing Systems

In the event of a large-scale disaster requiring transportation and sheltering of children, a community-wide credentialing and badging protocol must be implemented that will ensure that all children and workers are appropriately identified and tracked. Partnerships with agencies such as the City of Tulsa and Tulsa Health Department will be utilized to provide badging services. Spontaneous unaffiliated volunteers will be instructed to report to an established volunteer reception center for background checks and other screening measures, per the "Volunteer Central of Greater Tulsa Plan for Coordinating Emergent Volunteers in Disaster."

F. Reunification

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

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.

2. Utilize Medical Reserve Corps and Health Department medical and non-medical volunteers to conduct pediatric social assessments.
3. Register all children as they enter the shelter; conduct 'sweeps' of the shelter on an on-going basis to ensure that no children have been overlooked in the registration process.
4. When needed, use a survey form to question each child about their sleeping location in the shelter, age and relationship to the adult who is currently supervising the child. If possible, generate a digital data entry system to record information such as date of birth, identifying birthmarks or scars, home address, names of relatives, etc.)
5. 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.
6. 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.
7. 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.

G. Pediatric Health Care

1. Pediatric Injury Response Team

The Pediatric Injury Response Team (PIRT) is a team of medical professionals affiliated with the Medical Reserve Corps that is trained in pediatrics and will respond to a pediatric-specific emergency such as a mass casualty incident or disaster.

2. Pediatric Care Cache

The Metropolitan Medical Response System (MMRS) will 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.

3. Safe Kids Tulsa Area Chapter – Injury Response

In the event of a disaster, the Safe Kids Tulsa Area Chapter can be consulted to ensure that areas where children will be sheltered are reviewed for possible child injury. See: “Operation Child Safe: A Strategy for Preventing Unintentional Pediatric Injuries at a Hurricane Katrina Evacuee Shelter.”

H. Facility Tracking

In the event of a disaster, the Child Care Resource Center will provide the Children’s Emergency Response Task Force with lists of all licensed child care facilities in Tulsa County. Tulsa Public Schools and other local school districts will provide lists of school locations. TAEMA and the Public Works Department will provide lists and maps of critical facilities.

VIII. Recovery

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

A. Mental Health

Response agencies will work with the Tulsa Human Response Coalition’s Mental Health Emergency Response Committee and its member agencies such as Family & Children’s Services to coordinate counseling and debriefing sessions specifically geared toward children.

American Red Cross will also work with mental health providers to arrange for counselors to be present in shelters.

Schools and child care centers will provide ongoing counseling opportunities for children affected by disasters.

B. Long Term Recovery

Long-Term Recovery Committees will 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.

IX. Target Groups

A. 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.

B. Schools

In addition to school emergency response plans mandated by the Oklahoma 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.

C. Child Care Centers and Family Child Care Homes

In addition to child care facility emergency response plans mandated by the Oklahoma Department of Human Services, child care facilities must all take steps to further enhance their disaster preparedness measures. This includes: installing SafeRooms, working more closely with parents, distributing literature, and creating supply kits.

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

The Children's Emergency Response Task Force 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.

E. 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 the Medical Emergency Response Center 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. Facilities will work with the Metropolitan Medical Response System on an ongoing basis to ensure that pediatric response plans are adequate.

F. Disaster Response Organizations

In addition to the member agencies of the Children's Emergency Response Task Force, the other response and human service agencies involved in disaster activities in Tulsa County must engage in the process of becoming prepared as a community to address the needs of children in disaster.

X. Authorities and References

Brandenburg, Mark A., Sue M. Watkins, Karin L. Brandenburg and Christoph Schieche. Operation Child-ID: Reunifying children with their legal guardians after Hurricane Katrina. *Disasters*. 2007.

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Powell, Maria, Neal A. Pollard and Kelly Deal. Project Pediatric Preparedness Final Report.

Save the Children. The Unique Needs of Children in Emergencies: A Guide for the Inclusion of Children in Emergency Operations Plans. August 2007.