

Children and disaster planning: The National Commission on Children and Disasters' findings and recommendations

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ABSTRACT

This article focuses on the National Commission on Children and Disaster's 2010 Report regarding disaster planning for children. This article recommends measures to ensure best practices in planning for children in disasters. It also highlights the unique needs of children and sheds light on the differences between planning for children and planning for other at-risk populations.

Key words: children, disaster, National Commission on Children and Disasters

Imagine a fire breaks out on a nearby college campus. The school would immediately activate their emergency operations plan and evacuate all students, faculty, and staff. The students would be notified to assemble at the designated areas, as emergency wardens sweep the buildings thoroughly. The students may be advised to leave the campus temporarily as the college investigates the fire. These students could then freely exit the campus via their own vehicles and public transport. The students not yet on campus would be alerted via e-mail and text messaging that classes are cancelled.

Next, imagine the same scenario but replace college campus with a nearby childcare center. Evacuation of children aged below 18 years is going to be vastly different; although some children may comprehend the severity of the situation, younger children may be incapable of understanding the dangers surrounding them. They may be unable to make critical decisions affecting their safety. They may also rely on others to take care of their needs, both during and after the emergency. First, responders must be prepared to address the evacuation and short-term sheltering of

these children with age-appropriate supplies such as diapers, cribs, and baby food. Reunification becomes an issue, as emergency personnel should strive to return these children to their guardians as quickly as possible.

The aforementioned situation demonstrates some of the unique vulnerabilities that children face in a disaster. Children cannot be treated as "small adults," and emergency personnel cannot use adult-sized solutions to address children's problems during a crisis. For example, during a medical emergency, they require different medications, dosages, and delivery systems than adults. After a disaster, children face challenges including long-term effects such as post-traumatic stress disorder, anxiety, and behavioral problems.

The statistics and anecdotal stories regarding emergency response procedures for children are sobering. Only 25 percent of emergency medical services have the essential equipment and supplies to treat children properly in an emergency.¹ The stockpile of Tamiflu for children was fully depleted within months during the 2009 H1N1 pandemic, which demonstrates how under-stocked these countermeasures for children were in the Strategic National Stockpile.² Hurricane Katrina displaced more than 160,000 children,³ and many suffered from mental anguish and post-traumatic stress disorder years after the incident. Furthermore, only 65 percent of childcare centers in the Greater New Orleans area reopened as of December 2009.⁴ The lack of childcare infrastructure made it difficult to provide children with a safe environment to regain a semblance of stability. The lack of childcare services also created economic burdens on families, as parents were unable to return to work.

These aforementioned statistics clearly illustrate that something must change in the nation's disaster management for children. In the event of a large-scale disaster, the country may not be immediately prepared to effectuate a full and capable response to facilitate the safety and protection of this vulnerable group. As children comprise approximately 26 percent of the US population,⁵ it is extremely important for emergency management personnel to consider the various issues that may adversely impact children.

By acknowledging the perceived inadequate response to Hurricane Katrina, the former President George W. Bush established the bipartisan National Commission on Children and Disasters in 2007. Authorized under the provisions of the Kids in Disasters Well-being, Safety, and Health Act of 2007 (Pub L No. 110-161), the commission was given statutory authority under the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act of 2009 (Pub L No. 110-329). Ten commissioners were chosen across various disciplines such as pediatric medicine, mental health, children's advocacy, emergency management, and state-elected officers. These officials offer a wide berth and experience to address the issues of children in disasters. The Commission worked closely with officials from the Federal Emergency Management Agency (FEMA) and the Department of Health and Human Services. Stakeholders such as the American Red Cross, American Academy of Pediatrics, and Louisiana Family Recovery Corps were also intimately involved. One commissioner acknowledged that the wealth of knowledge already existed amongst various groups but it "tends to exist in silos" and recognized the challenge of "incorporating all of these perspectives and responsibilities into comprehensive disaster planning for children."⁶ These various groups assisted the Commission to accomplish its main objectives, namely:

- "[c]onduct a comprehensive study that examines and assesses children needs as they relate to preparation for, response to, and recovery from all hazards, including major disasters and emergencies;

- identify, review, and evaluate existing laws, regulations, policies, and programs relevant to such needs;
- identify, review, and evaluate the lessons learned from past disasters relative to addressing such needs; and
- report to the President and Congress on its findings and recommendations to address such needs, including regarding the need for a national resource center on children and disasters, coordination of resources and services, administrative actions, policies, regulations, and legislative changes."⁷

The Commission compiled its findings and recommendations in an interim report issued in October 2009, and the final report, the 2010 Report to the President and Congress,⁸ was presented in October 2010.

GENERAL FINDINGS

The report makes more than 100 policy, legislative, regulatory, and administrative recommendations. These recommendations touch on all needs of children, including physical and mental health, elementary and secondary education, child welfare, childcare, housing, evacuation and transportation, juvenile justice, and emergency management. This article is not a comprehensive overview of the entire report, but a summary of the topics specifically relevant to emergency management professionals.

First, the recommendations examined disaster management and recovery and suggested that disaster planning documents should separate children from other special needs categories. The Commission recommends that children should be prioritized separately from other at-risk populations because of their unique needs, making them distinct from other at-risk populations. The Commission finds the following needs to be unique to children and integral to disaster planning for this special population:

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- Children are more susceptible to chemical, biological, radiological, and nuclear threats and require different medications, dosages, and delivery systems than adults.
 - During disasters, young children may not be able to escape danger, identify themselves, and make critical decisions.
 - Children are dependent on adults for care, shelter, transportation, and protection from predators.
 - Children may be in the care of schools or other childcare providers, which must be prepared to ensure children's safety.
 - Children must be expeditiously reunified with their legal guardians if separated from them during a disaster.
 - Children in disaster shelters required age-appropriate supplies such as diapers, cribs, baby formula, and food.¹

The Commission recommends that children should be categorized independently of at-risk populations because grouping them with other special needs populations leads to a lack of concentration on, and the eventual marginalization of, children's needs. The Commission feared that placing children in the all-inclusive "special needs" category would also encourage disaster planners to merely push children into the appendix or annexes of current plans instead of incorporating children's needs into the body of the plans themselves. Overall, the report recommends that children should be distinguished as a distinct and immediate priority in disaster management by integrating them into base disaster plans and target capabilities analysis. This, in turn, may cause a reconsideration of current state and local jurisdictions' foundation plans such as emergency operations plans, emergency response plans, and continuity of operations plans.

To begin this prioritization of children in disaster planning, the Commission recommends that the federal

government revisit laws and policies like the 2006 Pandemic and All-Hazards Preparedness Act, which groups children into a broad at-risk population category. The Commission cites an example of this reprioritization in a move made by the Centers for Disease Control and Prevention (CDC). The CDC found that children were disproportionately affected by the 2009 H1N1 Pandemic and in response created a Children's Health Team to bring attention to the needs of children.

Lastly, the Commission recommends that education, childcare, juvenile justice, and child welfare systems should be incorporated into disaster planning, training, and exercise. By working with children every day, experts will help to determine the specific needs of children in disaster situations.

In addition to the specific planning for children's needs, the Commission finds the need for developing pediatric capabilities of emergency responders. The National Disaster Medical System (NDMS) is the federal government's primary system to supplement medical care in response to major disasters. The Commission's interim report highlighted the need for more pediatric capability in reacting to major disasters and found that less than 6 percent of NDMS practitioners had subspecialty training in pediatrics.⁹ NDMS made several improvements in response to the Commission's interim report, including the hire of a deputy chief medical officer for pediatric care, developing a resource pool of credentialed candidates willing to commit part time to NDMS, initiating a cache development program to define a cache standard for pediatrics, and developing guidelines for a standard pediatric training curriculum for NDMS practitioners. At this time, no national standards for pediatric disaster education and training exist. This creates a wide disparity in the content and quality of training provided to emergency medical responders. The Commission recommends that the federal government should prioritize the development of emergency pediatric care curriculum and training.

Beyond the emergency responders, the Commission emphasizes that hospitals should be prepared for a surge of walk-in patients postdisaster. Although there are 250 children's hospitals nationwide, other hospitals should also be prepared as these hospitals may be out of

space depending on the number of children affected by the disaster.¹⁰ The Commission finds that only 6 percent of hospital emergency departments have pediatric supplies and equipment that meet national guidelines.¹¹

The Commission highlights the need for disaster planning by childcare facilities, schools, and like institutions. More than 12 million children aged below 6 years are in childcare every week.¹² According to a 2010 report, only 14 states have laws or regulations requiring licensed childcare facilities to have written disaster plans.¹³ The Commission advocates that disaster planning should be a requirement to meet minimum health and safety standards for childcare facilities on a state level. It is recommended that these plans include provisions for evacuation, lock down or shelter in place, communication, continuity of operations, accommodation of disabled persons, staff, and volunteer training, practice drills, and reunification.

In 2009, more than 49 million students attended 99,000 public elementary and secondary schools, with an additional 5.8 million students enrolled in 33,700 private schools.¹⁴ Many schools and school districts have emergency plans; however, the Commission finds that many of these plans do not comply with federally recommended practices. The reason for noncompliance is typically lack of funding to procure necessary equipment, to provide training, and to implement emergency planning efforts. The US Department of Education through the Readiness and Emergency Act for Schools program aims to provide this necessary funding to school districts. The Commission found a gap in this system, as it noted that this program has provided grants to 815 local education agencies since 2003, thus serving a small portion of school districts nationwide.¹⁵ The Commission recommends that competitive grants should be awarded to states through the aforementioned program as a first step toward bringing funding to schools.

Finally, the Commission examines shelters and evacuation procedures on a federal level and makes recommendations to address the unique needs of children. In 2009, the American Red Cross worked with FEMA and other partners to create a guidance document, Standards and Indicators for Disaster Shelter Care for Children. The Commission found that this

guidance was integral to the increased awareness in Georgia during the 2009 floods. Flash flooding occurred in Georgia between September 18, 2009, and October 8, 2009, and the President declared a state of emergency in the state of Georgia. These floods affected 849 residences, displacing their occupants to shelters.¹⁶ During the 2009 floods, Georgia had child-appropriate supplies in its shelters as well as expertise on hand to deal with child-specific needs. The Commission also collaborated with the American Red Cross, FEMA, the American Academy of Pediatrics, and Save the Children to create a list of age-appropriate shelter supplies for infants and toddlers.

The final area of disaster planning for children highlighted in this article are the unique evacuation needs of children. The key element in evacuation of children is the necessity of tracking for reunification purposes. The chaotic nature of a disaster may lead to the separation of children from their parents during an evacuation. Alternatively, children may be evacuated while under the care of a childcare provider or school and thus already be separated from their parents during the disaster. As an example of this, Hurricanes Katrina and Rita left more than 5,000 children separated from their parents.¹⁷ After both storms, more than 34,000 calls were made to the National Center for Missing and Exploited Children, and it took 6 months to finish reuniting children with their parents.¹⁷ These statistics show that without the ability to track children, reuniting children with parents is difficult and prolonged.

In response to this gap, FEMA created the National Mass Evacuation Tracking System as a tool for states to track evacuees. This system is available for use in paper or electronic format, and each format works in concert with wristbands including unique numbers and barcodes to locate people. The system is also able to support Radio Frequency Identification wristbands. One drawback of this tracking system is the possibility of losing track of an individual once they cross state lines. This shows an area where information sharing agreements among states would be integral to the successful tracking and reunification of families postdisaster. There are other tracking systems in use created by Google, American Red Cross,

and the National Library of Medicine. These tools are the first step in efficient reunification of families; however, the problem still exists where data are not shared between varying tracking systems. The Commission recommends a national tracking system, which will close the gaps in the use of various tracking software and loss of data once an individual crosses a state line. As the Commission recognizes, this recommendation will require extensive funding over a multiple year period.

The Commission has set forth many recommendations to state, local, and tribal governments for effective disaster planning efforts incorporating children's specific needs. The state and local jurisdictions must work in conjunction with the federal government and other stakeholders to improve national policy and the health and safety of the nation's children. As a general rule, emergency response starts at the local level, and as a disaster increases in size and scope, the state and then federal agencies get involved. Based on this premise, the Commission makes many recommendations specific to state and local jurisdictions and their particular roles in protecting children during disasters. The Commission first recommends that each entity should determine the demographics of their child population with specific regard to children with disabilities and those with special healthcare needs. Once this population has been identified, the Commission finds it prudent to identify all places where children will be under supervised care, such as a school, summer camp, group homes, or similar facilities. The Commission also urges the state and local governments to create evacuation plans that provide transportation for children with their families while including the needs of children with disabilities.

In the wake of an evacuation, children may be separated from their parents. In the alternative, if children are evacuated directly from a childcare facility or school, they will be relying on their parents to give them direction. In this vein, the Commission urges the state and local governments to include child tracking and family reunification procedures in their disaster planning efforts. A key difference between planning for adults and planning for children is the need to transport the children and to track them so

that parents will be able to find their children in the aftermath of a disaster.

As is suggested for federal disaster planning, the Commission urges state and local governments to provide safe shelter environments for children equipped with necessary supplies as well as proper emergency care and hospital care for children. The Commission recommends that the state healthcare licensing bodies and the joint Commission on Accreditation of Healthcare Organizations promote the adoption of standards and emergency preparedness recommendations relating to emergency pediatric care. Lastly, as the Commission urges the federal government to include schools and childcare facilities in planning, training, and exercising, it also urges the state and local government to do so on a local level.

CONCLUSIONS

The federal government has taken initial steps toward the incorporation of children into disaster planning, such as the Ready Kids Web site¹⁸ and the Student Tools for Emergency Planning (STEP) program.¹⁹ However, the Commission is strongly of the view that not enough is being done to protect the nation's children in the event of an emergency.

Naysayers to the Commissioners' recommendations would point out that there are not available resources to redraft foundational emergency plans or to implement these costly recommendations. They would argue that current economic realities already stretch the limited resources available for emergency management and that these suggestions are economically unfeasible to make adoption a reality. However, the Commission is in the process of developing target capabilities and grant guidance for children-centric expenses to be reimbursed. Although some of these projects would require financial backing, others do not require much more financial expense but a strategic way of rethinking about old problems. For example, children could be accounted for in the design of mass shelters, which could potentially create more child-friendly and safe environments. Sometimes, common sense can prevail in the face of economic limitations.

However, the main objective for the Commission, and the nation at large, must remain the development

of policies and strategies that would minimize and diminish the traumas and disruptions to children's lives during and postemergency. Ultimately, making children a priority is vital, for "priorities drive investment and resource allocation decisions."^{1(p23)} The implementation of the report's recommendations and additional conversations about the topic will help to drive the country into developing policy and implementing programs that would ultimately benefit children's overall safety.

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