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Abstract:

Family reunification after disasters continues to challenge emergency response planners at all levels—local, state, and national levels. This article highlights current resources available to assist family reunification plans as well as provides input on key concepts and stakeholders necessary for family reunification plans at the state and local levels. This article also discusses research in family reunification practices and addresses next steps to achieve an integrated functional family reunification plan.

Keywords:

Family reunification; disaster; children; organization and administration; tracking; identification

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Family Reunification After Disasters

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In today's age, natural and manmade disasters continue to grow in magnitude because of factors such as global climate change, deforestation, population growth, and environmental toxins.¹ The number of natural disasters tripled in 2000 to 2009 compared with 1980 to 1989.² Although the occurrences of disasters are considered low probability, these events can severely impact affected families and their children in devastating ways through sudden displacement and emotional stress.^{3,4} Children can be separated from their families after any disaster.⁵ In fact, separation of the family is a likely scenario as each day, 67 million children are away from their parents or caregivers in school or childcare.⁶

Children are particularly vulnerable if separated from their caregiver or parents. Depending on their age or developmental level, children may not be able to identify themselves or their loved ones. In unfamiliar circumstances, younger children may be afraid or too shy to offer information. Because of anatomical and developmental differences, children are at more risk for injuries that require medical attention.⁷ In children, the effects of being separated from parents/caregivers for extended periods can have dire consequences with increased risk for victims of maltreatment, abuse, kidnapping, and, in the most severe case, exploitation.⁸ Parents may unintentionally hinder response efforts and overwhelm staff as they frantically search for their children. In a survey, 63% parents stated that they will disregard an evacuation order and go directly to a child's school after a disaster.⁹ Family reunification policies need to take into consideration the vulnerabilities of children and the actions of loved ones looking for their children.

Although the goal of family reunification after disasters is simple, how to achieve this goal is incredibly complex and requires a multidisciplinary approach during planning and implementation for a successful outcome. As early as 2006, the Institute of Medicine

reporting on the future of emergency care stated that the needs of children are overlooked in disasters and indicated that the separation of children from their parents was a critical issue. This was the basis of the recommendation that “policymakers develop strategies to minimize parent-child separation and improved methods for reunifying separated children with their families.”¹⁰ The lessons from Hurricanes Katrina and Rita in 2005 continue to provide us with an example of inadequate planning and unanticipated consequences—more than 5000 children were separated from their families, some winding up in different states. Because of the efforts of the National Center for Missing and Exploited Children, a nongovernmental agency, all children were reunited with their families, although some families were separated for as long as 6 months.¹¹ In 2010, the bipartisan National Commission of Children and Disasters under federal law (P.L. 110-161) recommended to the President and Congress 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.”¹² In March 2012, the Federal Emergency Management Agency released the National Preparedness Report, which noted that “planning and technological gaps present challenges to post disaster family reunification.” The report cited that few states have family reunification plans after evacuation, a particular concern during the day when children are in school and daycare and away from parents. In addition, although there are many reunification tools, no single comprehensive source for information exists.¹³

There is no dispute that family reunification after disasters is a priority, but how to accomplish an integrated approach remains a challenge to all involved in emergency response. In this context, the definition used for reunification is the “process of assisting displaced survivors including children in voluntarily reestablishing contact with family and friends after a period of separation.”⁶ The objectives of this discussion are to highlight family reunification resources in the public and private sector, provide examples of policies that sought to achieve an integrated approach, discuss research/innovative advances, and address next steps.

FEDERAL RESOURCES

Federal Emergency Management Agency: Postdisaster Reunification of Children: A Nationwide Approach

The goal of this document is to create a framework that involves the whole community including nongovernmental organizations, faith-

based and community organizations, disability and pediatric organizations, and public agencies to assist in creating and deploying a family reunification policy for a region. Aimed to assist local, state, tribal, territorial, and insular area government, the document contains a comprehensive overview of logistics and coordination necessary for family reunification in a mass casualty event. The document describes federal assets such as reunification strike teams that can be used after a large event. Important roles to consider in lead and supporting agencies such as emergency management, emergency operations center, child welfare agencies, law enforcement, educational systems, and medical examiners are identified. Principles described can also be applied to school and hospital policies for family reunification.⁶

National Center for Disaster Medicine and Public Health: Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals Education Module

Established in 2008, the National Center for Disaster Medicine and Public Health's goal is to create education, training, and educational research in disaster medicine and public health preparedness. One of their online learning modules prepares health care providers to understand the complexity of family reunification. The online module describes 3 vignettes to emphasize key tasks for tracking and reunification of children in disasters including the role of the responding health care provider as well as roles within an institution and local/state agencies necessary for family reunification (http://ncdmp.h.usuhs.edu/Learn/PedsTR/TRCD_0a.htm?fs=0).

National Center for Missing and Exploited Children: Unaccompanied Minor Registry

The Post Katrina Emergency Management Reform act of 2006 mandated the initial registry National Emergency Child Locator Center be established within National Center for Missing and Exploited Children, a nonprofit, nongovernmental organization, with policies established to facilitate family reunification. Based directly on the recommendations of the National Commission on Children and Disasters, the Unaccompanied Minors Registry was created in order for anyone to report an unaccompanied minor. The registry is operational daily and uses text-based fields to collect and store information but does provide the opportunity to download a photograph. Although the registry is in its initial versions, it has the potential to be used by law

enforcement, local and state emergency managers, and other reunification stakeholders.

More information can be found at: <https://umr.missingkids.com/umr/reportUMR?execution=e2s1>.

Social Media

Limitations of federal systems include the need for a declaration of a disaster by the President. Other reunification systems have been created, all with advantages and limitations. Organizations such as the American Red Cross (Safe and Well), National Library of Medicine (REuNITE app), and social media such as Facebook and Google have family reunification sites where family members can post information including images of missing family members.^{14–16} Concern regarding social media sites includes the need for an intact technology infrastructure that maintains a child's privacy to prevent reunification with a child predator. Currently, all of these sites use a text-based search engine which becomes limited when children cannot provide information. In addition, sites are not interoperable—in essence creating individual silos.

STATE AND REGIONAL PLANNING FOR FAMILY REUNIFICATION

The key objectives of the reunification of unaccompanied minors essential to any state and/or regional plan are outlined in Table 1.⁶ Importantly, state and regional plans must include the unique needs of children. One of the essential elements for state and local governments to consider when addressing the care of children in disasters is that the needs of children are included in emergency plans, with specific attention to child tracking and family reunification.¹² Operationally, states and regions need to plan with local authorities to predetermine thresholds for activation of involvement and effective methods to augment response. With regard to family reunification, this could be the creation of a family reunification hotline or assisting in hosting and staffing a family reunification center.

Assumptions/Challenges

Key assumptions with the pediatric population include the inability to self-identify. For that reason, planning must include the ability to describe characteristics (age, sex, facial or unique features) for each pediatric victim on any intake form. The intake form should also include whether the child is unaccompanied or with caregivers. Photographs of the younger age group or those who cannot self-identify may

TABLE 1. Key objectives of the reunification of unaccompanied minors for any plan.

- Swift and safe reunification of minors with parents or legal guardians
- Safe and temporary care of unaccompanied minors to include accessible sheltering and/or housing
- Supplies necessary to sustain infants and toddlers with and without disabilities and/or other access and functional needs (eg, food, diapers, electrolytes, consumable medical supplies, and durable medical equipment)
- Appropriate medical care of minors; additional support services, such as personal assistance may be necessary to support children with disabilities and other access and functional needs
- Appropriate mental and behavioral health of minors, to be understood as the many interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance abuse, and the effect of these influences on the overall well-being of a child or adult. Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of public health strategies and directives.
- Sensitivity to the cultural differences and diverse population of our nation
- Effective enough action through:
 - A shared understanding of local and national resources and capabilities
 - Collaboration, coordination, effective communication for children with disabilities and other access and functional needs, and needs assessments during disasters
 - Shared operational procedures and technologies
 - Awareness of varying roles and responsibilities in multistate disasters and/or host state events. Identifying the agency ultimately responsible for the temporary care of minors separated as a result of a disaster

provide more accurate identification for reunification.¹⁷ However, policies regarding management of the use of photographs need to be preestablished. Ideally, all intake forms would be sent to an established tracking system leveraging speed and accuracy. This system would need to be streamlined for simplicity as parents looking for their children are already stressed and overwhelmed.

Caring for the family as a unit when it comes to children in a disaster is another important concept. Unlike adults who can be cared for separately, there must be adequate space and staffing to understand that families under most circumstances should stay together. Current state and regional plans are starting to address some basic needs of pediatric patients, but many have not outlined a family reunification process. If not done correctly, children may be left in unsafe conditions and may not be reunited with their families in a timely manner. In addition, the

appropriate mental health and clinical resources may be lacking. Agencies at all levels must prepare for pediatric patients; provide the necessary clinical care and supplies; offer the necessary services, both clinical and mental health; provide a safe environment to care for the patients; and focus on reunification of the family as quickly as possible.⁵

An additional challenge in the state and regional plans is communication. Although a local agency may be easily able to track patients in their area, challenges arise when patients are moved over regional or state lines. Some local agencies use tracking systems but not all have access to a tracking system. Having different commercial tracking systems that do not interface with each other adds a layer of complexity. Also, current tracking systems may not support victim movement across regions or state boundaries. During Hurricane Katrina, poor patient tracking and no prior operational protocols for exchange of information created challenges in family reunification.¹⁷ The importance of an interoperable system for tracking and family reunification cannot be overstated.⁴

Key Components of a State or Regional Plan

State agencies have their own plans that should incorporate working with the regional and local authorities. The state Office of Emergency Management (OEM) should be structured around an all hazards approach and have specific aspects in the plan that address evacuation and transportation of children.⁶ In addition, there should be detailed processes for the following:

- Reunification procedures and processes for children who have become separated from their parents or legal guardians due to the disaster
- Coordination with law enforcement
- Testing of their current capabilities in the form of drills
- Coordination with agencies that can provide supplies and equipment for children
- Implementation of a state mass evacuation and tracking plan, which includes a form for tracking
- Promotion of family reunification planning as part of individual and family preparedness education
- Coordination with schools and child care agencies to include reunification and sheltering with particular attention to the children with disabilities and other access and functional needs issues

As needed, activation of the state EOC plan may be necessary to facilitate multiagency coordination across Emergency Support Functions.⁶

Stakeholders Needed to Produce a State or Regional Plan

The lead agency to develop, coordinate, and execute an all-hazards pediatric emergency preparedness plan would be the state OEM.⁶ These plans should be developed together with the local emergency management agencies, law enforcement, pediatric organizations, social services agencies, child welfare agencies, medical facilities or the state hospital association, schools, and any other specialty organizations that address the needs of children and families in a disaster in the state.⁶ If there are any unique state laws around disasters, it is important to take those into account. Disaster exercises need to include pediatric victims to determine if operational plans are realistic and provide an opportunity to modify accordingly if they are not.

LOCAL PLANNING FOR FAMILY REUNIFICATION

All disasters are local; therefore, planning for victim tracking and family reunification at the local level is essential. These plans will be used most often in a disaster during the initial response. If the disaster overwhelms local response, local authorities will ask for assistance at the regional and state level, and subsequently, the state may ask for assistance at the national level. State and national resources can take days and sometimes even weeks to mobilize. Therefore, it is incumbent that local plans be robust with specific protocols for children. It is also important that the local authorities work with all schools and licensed child care facilities because in the event of a disaster during normal working hours, the children will already be separated from their families and at different locations. Schools and daycares should also have emergency contacts and identification materials for each child in case of separation due to the event or medical injuries.⁵ Childcare centers and schools may also be a good place to house a shelter for unaccompanied minors.

Assumptions/Challenges

Research has shown that many disaster exercises do not include the needs of children, which have a unique set of challenges, including the reunification of families and the safety of this vulnerable population.^{4,18} Determining who the local lead agency is can be a challenge as there may be a large local jurisdiction that is made up of many small cities. It is also important that the local authorities have some form of unified communication as one of

the main challenges in reunification is identifying where there are missing children and bringing them together with their families. If the areas are not able to communicate, then reunification will not occur.

Key Components of a Local Family Reunification Plan

Many of the components of a local plan are similar to the state and regional plan, but the local agencies should strengthen their community education and these plans should be practiced regularly. The local area needs to be prepared to stand alone and address the disaster response needs for at least 96 hours as it may take that long to get assistance from the region, state, or federal systems. The components that need to be in place are the same as for state and regional, except that they should be drilling with children. Education and coordination at the local level cannot be overemphasized. Local plans are only good if they can be tested and updated regularly.

Stakeholders Needed to Produce a Local Family Reunification Plan

It is important at the local level that the local OEM takes the lead on producing the plan. In small rural areas, there may be only one OEM, but in large metropolitan areas with many small cities, such as Los Angeles County (LAC), there is a need to address who will take the lead in a disaster. In Los Angeles, the LAC Emergency Management Agency takes the lead in a disaster and their Emergency Operations Center provides the overall plan for the county when there is a large-scale disaster. Additional stakeholders needed to create and evaluate plans are the local child welfare agency, local law enforcement, the local school districts, and the coroner's office as well as other organizations with pediatric expertise.⁶ Local agencies will need to work with state emergency agencies and the local American Red Cross as these will be the agencies that manage the shelters as well as local hospitals that are receiving patients.⁵

Example of Local/Regional Planning Reunification Policy

The LAC Emergency Medical Services Agency has developed a Family Assistance Center (FAC) as part of their Emergency Operations Plan. Los Angeles County is one of the largest counties in the country by population and area, which covers 88 cities and unincorporated areas.¹⁹ The LAC FAC operations are designed to meet the following objectives:

- Provide accurate and timely information to family and friends of victims during an incident.
- Coordinate efforts between law enforcement, EMS, and coroner personnel to identify identification of victim status and family notification.
- Provide emotional support and spiritual care.
- Facilitate the provision of additional health and social services based on the type of incident and available resources; this group would also care for unaccompanied minors until such time they are reunified with their families or turned over to the department of social services.
- Establish a secure and appropriate facility that allows agencies to interact sensitively and effectively with families.

Depending on the event, there may be more than one center set up in the county. If it is a multiple casualty incident in one area of the county, for example, a plane crash, one will be set up near the scene. If it is an earthquake and numerous areas are impacted, there will be one in the county that coordinates all information and there may be multiple centers in individual cities. The center has job action sheets, and all roles will be staffed by appropriately trained staff (ie, law enforcement and social workers). Once the location is set, the appropriate infrastructure will be deployed, (eg, computers with Internet capability, telephones, and administrative supplies). To maintain the ultimate security, all staff will be identified by their appropriate identification (badge, ID card, professional license). The only volunteers used to staff this area are precredentialed because of the sensitive nature of this center. A media center will be set up nearby, but media will not be allowed in this center so the victims and their families will have the appropriate privacy. The director of the FAC will be the one who authorizes the release of information regarding the victims. If a large number of unaccompanied minors are present, a childcare center will be set up to offer diversionary activities and to ensure their safety. This plan is also coordinated with the hospital FACs, and the county has put together a companion document in conjunction with hospitals, which details how a hospital should set up their own FAC. The staff in the FAC are also trained to the appropriate state and federal laws that allow for information sharing for protected health information to the appropriate entities for the purpose of notification of family members in a disaster.¹⁰ Further information on the LAC FAC can be found at <http://lacoa.org/annexes.html>.

HOSPITAL POLICIES FOR FAMILY REUNIFICATION

Hospital policies and plans should address issues of family reunification as part of their disaster plan. In a 2008 survey by the Centers for Disease Control and Prevention, only 42% of hospitals had a system to track unaccompanied minors and only 34% of hospitals had plans for reunification. Only 31% of hospitals had plans in place to protect displaced children.²⁰ Hospital policies should address identification of victims, space to be used, staffing, and information sharing. There should also be a media plan, which is part of the Hospital Incident Command System.²¹

Assumptions/Challenges

When a disaster occurs, victims will be triaged and sent to multiple hospitals depending on acuity. A concern for all hospitals is how to uphold the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) privacy rule which protects individual health information. During a declared disaster, HIPPA permits dissemination of certain protected information to other “covered entities” such as public health agencies or other hospitals. However, preauthorized agreements have to be in place before transfer of information can occur. Therefore, hospitals need to have preapproved protocols on patient information exchange during disasters.²²

Health care workers will not be able provide care if they do not know the location or safety of their family members. Health care workers should be encouraged to create their personal/family preparedness plans. However, hospital planning needs to be flexible for staff to attend to their family needs during a disaster.

Parents/Care givers will be frantically looking for their loved ones during a disaster. They may inadvertently disrupt hospital operations and overwhelm staff. Trained hospital staff (such as social workers or case managers) are needed to firmly but gently establish parental expectations (their child may not be at the facility), help directed parents/caregivers away from clinical areas, and interface with the emergency response system to find their family.

Key Components of a Hospital Family Reunification Plan

The key components of a hospital reunification plan, family information center, or tracking plan are as follows:

- Staffing—personnel who can staff the center based on roles (ie, security, social work, mental health, child life, and communications)
- Supplies and services—computers with Internet capability, phones, child care supplies, child specific nutrition (especially for infants and toddlers)
- Shelter—creation of a pediatric safe area
- Safety—both for child safety with mobile toddlers and security of unaccompanied minors
- Reunification—who can be released and how to assure proper identification for the safety of the children, especially for infant and preverbal toddlers who cannot speak for themselves
- Mental health—to assist with coping with stress and uncertainty both for the children and/or their families
- Cultural and religious support—for non-English speakers and religious support for families
- Care of children with special health care needs
- Tracking system for accompanied and unaccompanied children and recording key identification information in a Child ID Document for use in later tracking and reunification^{5,19,23}

These plans allow for a place for families and unaccompanied minors who are medically cleared to not occupy clinical areas. It also provides for a mechanism to both track children and facilitate family reunification. The policy should also address those that need further mental health treatment for families and staff. It is important to assure that there is a mechanism for proper identification of the parents, as in the Sri Lanka disaster, there was one small infant boy who was claimed by 9 sets of parents and eventually needed DNA testing to determine who his true parents were.²⁴

Stakeholders Needed to Produce the Plan

Family Assistance Center plans should be developed and maintained by the multidisciplinary team at the hospital, including emergency management staff, safety, security, clinical staff, communications and media relations, social work, child life, and administrative staff. If the hospital has a child care center, that is an added advantage because unaccompanied minors without injuries can be cared for by staff from this department. It is also important to include the risk management department in planning to address the appropriate state and federal laws (Figure 1).

**Tracking and Reunification of Children in Disasters
A Reference for Health Professionals**

As a healthcare provider, during disasters you may encounter a child separated from a parent or legal guardian. It is important to know your role in tracking and reunification for that child. This card is supplementary to the clinical care you would provide within scope of practice, based on ongoing medical risk assessment.

"Reunification is defined as the process of assisting displaced disaster survivors, including children, in voluntarily reestablishing contact with family and friends after a period of separation."^{1, p. 2}

This general process can vary based on state/local area and disaster circumstances.¹

IDENTIFY the unaccompanied minor.
See other side for key information to gather.

INITIATE your institution or location's tracking procedure.
(e.g., wristband, web-based system, digital photograph)

CONTACT the appropriate responsible agency in your location.

PROVIDE secure shelter, care, and tracking until reunification.

KEY RESOURCES are law enforcement, child welfare/child protective services, and the National Center for Missing and Exploited Children reunification system (24-Hour Hotline 1-800-THE-LOST (1-800-843-5678) TTY: 800-826-7653; missingkids.com).

EFFORTS WILL ENSUE to find the parent or legal guardian, and verify identity and custody before releasing the child. If needed, longer term housing, reunifying transportation, and secure care in the advent of the parent or legal guardian being deceased or incapacitated will be addressed.¹

For additional detail on these steps consult, "Post-Disaster Reunification of Children: A Nationwide Approach" (2013) at <http://nationalmasscarestrategy.org/>.



National Center for Disaster Medicine & Public Health
ncdmp.usuhs.edu | NCDMPH@gmail.com



Detailed Version: 12/2013

How to find information to complete this card:

Consult your organizational emergency preparedness plan, organizational emergency preparedness officer, local or state emergency management office, local or state child welfare agency, state or territorial missing-child clearinghouse (see listing at missingkids.com), or the "Post-Disaster Reunification of Children: A Nationwide Approach" (see document at <http://nationalmasscarestrategy.org/>)

Contacts:

Local Agency Responsible for Unaccompanied Minors:

Law Enforcement:

Child Welfare/Child Protective Services:

National Center for Missing and Exploited Children

24-Hour Hotline: 1-800-THE-LOST (1-800-843-5678) TTY: 800-826-7653; missingkids.com

Other Contacts or Community Partners:

Your responsibilities and procedures for tracking and reunification of children in a disaster depend on your role, your state and local area, and your institution's emergency preparedness plan.¹ Consider health care, communication, and/or mobility needs of children.¹

When you encounter an unaccompanied minor in a disaster:

- Ask for key information ("e.g., name, age, pre-disaster address, names of parents/legal guardians, last known whereabouts of parents/legal guardians, relatives' contact information, and, when possible, any disabilities, access and functional needs, or medical needs"^{1, p. 34}) recognizing that some may not be able or willing to provide it.¹ Also note physical description (height, weight, hair color, and eye color), gender, other identifying characteristics (such as scars, birthmarks, etc.) and description of clothing/jewelry.
- Follow your institution or location's tracking procedure (e.g., wristband¹, web-based system, digital photograph).
- Alert appropriate contacts.¹

Other notes (my key tasks for tracking and reunification or providing medical care for unaccompanied minors in a disaster, Health Insurance Portability and Accountability Act (HIPAA) considerations in my organization for children in disasters)¹:

Reference:¹ Post-Disaster Reunification of Children: A Nationwide Approach, 2013. This document can be found at the following link: <http://nationalmasscarestrategy.org/>.

Figure 1. Tracking and reunification of children in disasters: a reference for health professionals.

Examples of Family Reunification Centers Based at a Hospital

Both New York City and LAC have documents to outline structure and processes of these centers at a hospital which can be used as model guidelines for hospitals.^{19,23} Arnold Palmer Hospital in Florida outlines a plan for identification and reunification that addresses both the accompanied and unaccompanied minor that involves photographs and armbands.²⁵

RESEARCH/INNOVATION

Use of Photographs

Photographs have been advocated in the use of family reunification. Ideally, photographs can be used for identification not only in children but also for adults who cannot self-identify due to underlying medical conditions or language barriers.

At Boston Children's Hospital, we surveyed federal, state, and hospital emergency management

professionals to identify ideal characteristics of an image based reunification system. These professionals identified desirable characteristics for an image-based reunification tool to include in an algorithm of photographs of missing children that loosely match the parents' descriptions. Respondents also preferred displaying unedited photographs while acknowledging that parents may have emotional difficulty in viewing images that may include facial trauma. Interestingly, in a hypothetical large-scale disaster, more than 50% of participants would adopt an image-based reunification system that only reunites 10% of families.²⁶

In 2007, we proposed an image-based reunification system with advanced image and feature extraction technology where during a disaster; digital images of children are archived into a secure system. Features of each image such as age, sex, and skin and eye color could be automatically indexed and cataloged. Parents looking for their child could enter their child's features into the system and view

TABLE 2. Policy recommendations for family reunification from Mace et al.⁵

- Keep families together, separate children and parents/guardians only as a last resort
- Registration and identification of individuals affected by a disaster should begin immediately
- Methods for identifying those unable to provide information are necessary such as infants, young children and other lacking language ability, those with medical conditions unable to communicate (ie, stroke), special health care needs patients, inability to communicate (language), and those with mental health issues
- When children are separated from their parents/guardians:
 - Begin the identification process as soon as possible
 - Can use community members (such as teachers) to help in the process
 - Use digital photography to document children
 - Notify National Center for Missing and Exploited Children
 - Issue photographic badge to the child and/or caregiver
- Tracking systems must be as follows:
 - Biometric
 - National in scope
 - Ensure privacy
 - Meet HIPPA regulations
 - Easy accessed by those at the local disaster site
 - Have limited access to designated “officials or staff”
- Provide comfort care
- Provide psychological support (mental health services) to being the recovery process

a reduced number of images in order to find their child.²⁷ In 2012, a prototype was created and pilot tested in a convenience sample of parent-child pairs. The simulated scenario was that each parent had to search for their child in a database of more than 1200 children separated from their families. The prototype significantly reduced the number of images reviewed before the child appeared on the screen. However, in 7% of searches, parents missed identifying their child. Nonetheless, 87% of parents in the study felt that this system would be very or extremely helpful in a disaster.²⁸

NEXT STEPS

It is important that reunification continues to be an important component of the national disaster agenda. The communication of missing unaccompanied minors to the Unaccompanied Minor Registry is a great initial step, but technology should be leveraged to increase efficiency and simplicity as well as provide flexibility to track from the scene of

the disaster to final family reunification. This system must also provide interoperability between local, state, and federal agencies and a national repository for timely family reunification. Any identification form should be succinct, but informative to describe the unaccompanied minor with ability to handle photographs. Advanced technology such as facial or voice recognition should also be leveraged in a system to facilitate faster identification and reunification.

Research funding is needed to test solutions for tracking patients in a disaster. In addition, research funding is needed to test these solutions across agencies and jurisdictions. See Table 2 for additional policy plans described by Mace et al.⁵

Pediatric reunification is addressed in emergency plans, but not to the extent that is necessary to improve the process and assure that timely reunification of families will occur. During the Pediatric Reunification Consensus Conference in June of 2008, there were recommendations to establish Family Information Centers at hospitals and other sites such as police/fire stations, schools, community centers, shelter/evacuation centers, and alternative care sites and activate them during disasters.⁴ Numerous recommendations on reunification, tracking, and communication were recommended that also need to be further explored.⁸

SUMMARY

Family reunification after disasters should be a priority and need to be included in plans at all emergency response levels. In this article, we have outlined family reunification resources and sought to provide examples of family reunification policies as well as to discuss innovative advances in research. Further funding and research are necessary to develop and test processes for effective and safe family reunification at all levels. Successful family reunification plans should be disseminated and adapted for implementation. **+**

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