

Welcome



SMS Code, Disclosure Summary, & Accreditation Statement

SMS Code for Attendance: DAVVOL to 857-214-2277

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- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

For more information: <https://accme.org/faq/what-accmes-definition-ineligible-company>

MITIGATION STRATEGIES

Mass General Brigham has implemented a process to mitigate relevant financial relationships for this continuing education (CE) activity to help ensure content objectivity, independence, fair balance and ensure that the content is aligned with the interest of the public.

The following planners reported no relevant financial relationship with an ineligible company:

Eileen Searle, PhD, RN	Charles Hardin, MD, PhD	Aileen Patel, MS, RN	Jack Leeber, MSEM
Paul Biddinger, MD	Erica S. Shenoy, MD, PhD	Stefanie Lane, MPH, MS	Jacky Nally, MA, RN

The following speakers reported no relevant financial relationships with an ineligible company:

Sarita Chung MD Associate Physician in Pediatrics, Division of Emergency Medicine, Boston Children's Hospital
Joyce Li MD MPH Associate Physician in Pediatrics, Division of Emergency Medicine, Boston Children's Hospital
Anna Lin, MD Clinical Associate Professor, Division of Pediatric Hospital Medicine, Stanford University, Pediatric Hospitalist, Lucile Packard Children's Hospital Stanford
Amy Combs, LMSW, Clinical Supervisor, Care Management, Helen DeVos Children's Hospital



MGH Center for Disaster Medicine Series 2022-2023

Family Reunification Following Disaster: Planning for Considerations and Tools for Healthcare Facilities

April 14, 2023 12:00 PM ET

Learning Objectives

Upon completion of this activity, participants will:

1. Learn best practices related to planning for the secure reception, tracking, and care of large numbers of children who may present to a hospital following a mass-casualty event
2. Learn to implement national and regional reunification resources in their hospital setting
3. Gain knowledge needed to identify who within the community may be able to support hospital efforts to identify, and safely reunify, children with their families

Target Audience

RNs, PAs, MDs, and other members of the healthcare team

Course Director

Eileen Searle, PhD, RN
Director of Funded Projects
Massachusetts General Hospital

Faculty

Sarita Chung MD

Joyce Li MD MPH

Amy Combs, LMSW

ACCREDITATION

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This session will broadcast outside of Mass General Brigham 3



Mass General Brigham

Family Reunification Following Disaster: Planning for Considerations and Tools for Healthcare Facilities

April 14, 2023

Housekeeping

- The recording and slides for today's webinar will be made available on the Region 1 Disaster Health Response System website at (<https://www.rdhhs.org/regional-webinars/>)
- To limit background noise, your microphone has been muted for the duration of the webinar.
- We encourage your questions and comments! If you have a question or comment at any point during the webinar, you can type your questions into the Q&A box.
- Join the conversation on social media by following & tweeting @Region1RDHRS



Acknowledgement

- This webinar is presented by the Regional Emerging Special Pathogens Treatment Center (RESPTC) in collaboration with the Region 1 Disaster Health Response System (RDHRS). Both programs are funded by the Administration for Strategic Preparedness and Response (ASPR), within the US Department of Health and Human Services (HHS)
- The Western Regional Alliance for Pediatric Emergency Management was supported by Award Number 6 U3REP190616-01-02 from the Administration for Strategic Preparedness and Response (ASPR).
- This Region V for Kids Pediatric Center for Disaster Excellence is supported and funded by the Administration for Strategic Preparedness and Response, formerly the Assistant Secretary for Preparedness and Response (ASPR) as part of an award (U3REP190615-01-01) totaling \$2.85 M with zero percent financed with non-governmental sources.
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- No information provided in this presentation is meant to provide specific medical advice.
- The speakers have no affiliation or financial interests/relationships to disclose.



Moderators & Speakers

Moderator:

Paul D. Biddinger, MD

Principle Investigator

Region 1 Regional Disaster Health Response System

Speakers:

Sarita Chung, MD

*Associate Professor of Pediatrics and Emergency Medicine
Boston Children's Hospital, Harvard Medical School*

Amy Combs, LMSW

*Clinical Supervisor, Care Management,
Helen DeVos Children's Hospital*

Joyce Li, MD, MPH

*Assistant Professor of Pediatrics and Emergency Medicine
Boston Children's Hospital, Harvard Medical School*



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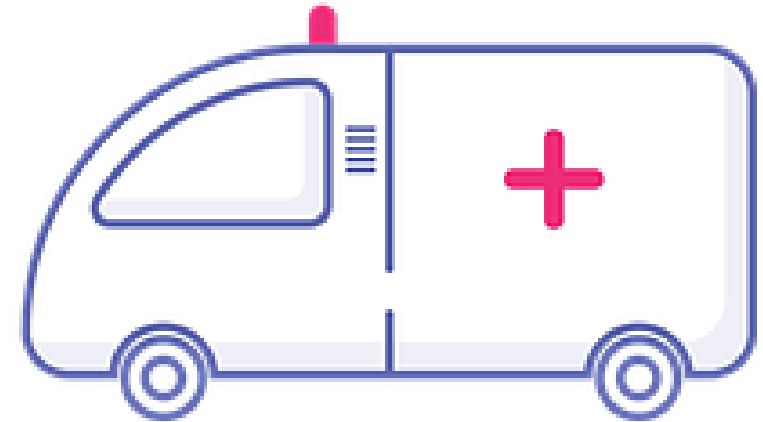
1. Learn best practices related to planning for the secure reception, tracking, and care of large numbers of children who may present to a hospital following a mass-casualty event
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Pediatric Considerations in MCI

Mass Casualty Incident:

- Caring for a large number of unaccompanied children
- Providing reunification information to parents and guardians
- Tracking the movement of children with up to date information



How do kids get separated in disasters

Start Separated

- School/Daycare
- At scene

Hospital Transport

- Evacuation
- Resources



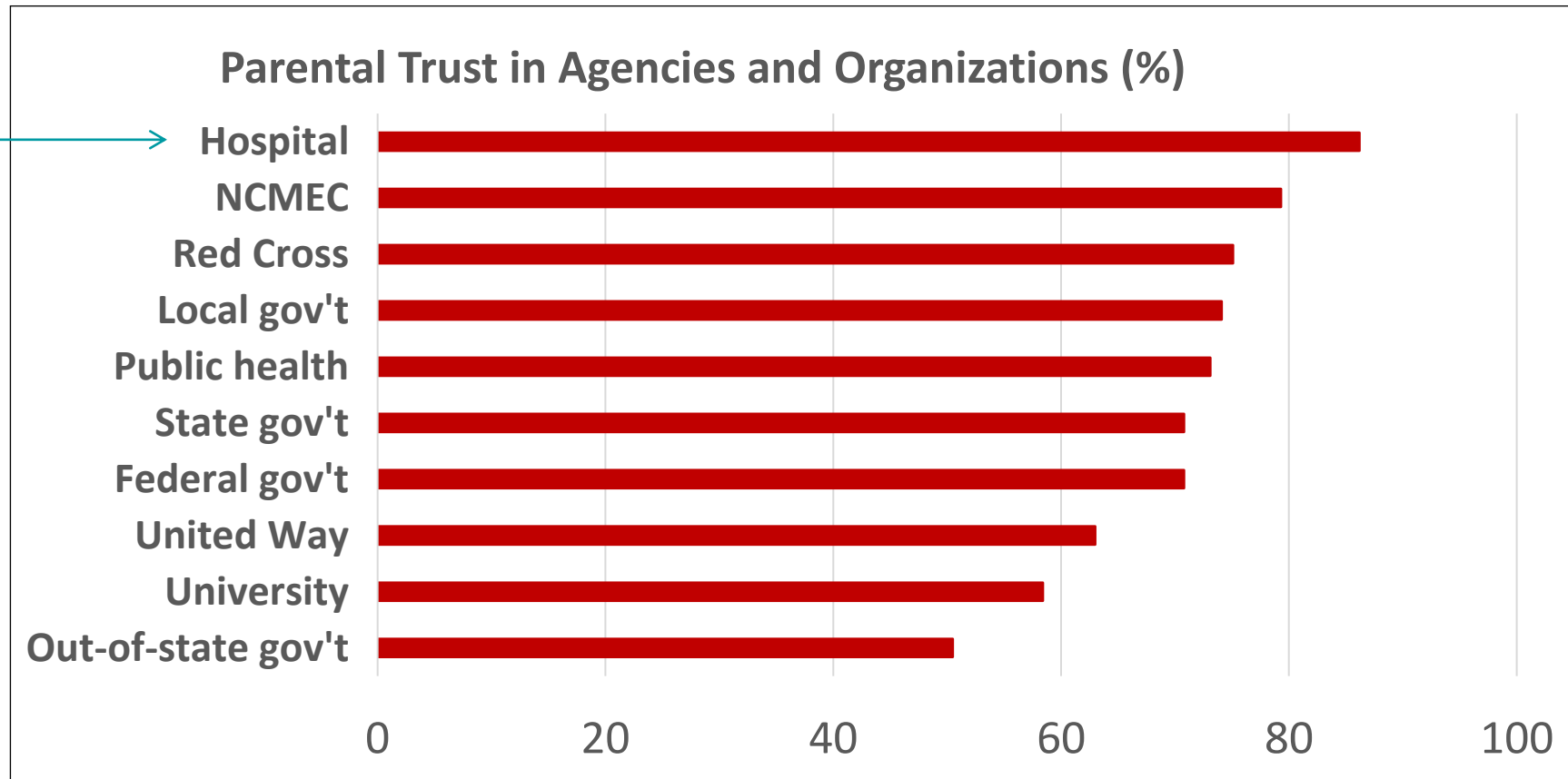
What can hospitals expect?

- 961 guardians, anticipated use of the hospital for non-medical resources
- 49.6% believe hospitals should help reunify families, even if they are not patients
- 30.1% (n=289) have a designated meeting place if separated



Parental Trust

**You are
it!**



Expectations vs Reality

Assumptions

- Families will obey evacuation instructions
- Families expect all hospitals have a plan to reunite families
- Families expect immediate identification and reunification of all survivors

Reality

- 63% Families would disregard evacuation instructions
- Peds Ready Data:
 - Only 47% EDs report having a disaster plan that address children
- Hospitals will not have that information
 - Identity of deceased victims may take days, weeks



Hospital Family Reunification Planning



- 45-66% Hospitals have a hospital written reunification plan
- Predictors of preparedness:
 - Pediatrician on the hospital disaster committee
 - Conducting a Family Reunification Drill
 - Implementing the 2018 American Academy of Pediatrics Healthcare Reunification Planning Tool

Challenges to reunification

Developmental

- May not self-identify-Immature cognitive skills, special needs
- Lack of identifying items (cell/ID)
- May self-identify but don't know parent's names or contact info

Safety

- Child safety and protection
 - Escalation of staffing

Legal

- Confirmation of guardianship
- DCF/Schools/Police



Scenario

You get a call that there was a fire at a local grade school with daycare and at least 25 children from 2 years old to 12 years old are coming to your ED in the next 20 minutes

- What are some things to think about?
- In addition to the medical preparations, what else should you start planning?



Pediatric care considerations going into an active MCI

- Tracking the pediatric patients
- Identify the injured and uninjured children
- How will you provide information to parents/guardians as they arrive?
- How will you reunify them?
- Meet the needs of the unaccompanied children
 - Ideally there should be a plan in place prior to event



Set up

American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR
DISASTER MEDICINE



Family Reunification Following Disasters:

A Planning Tool for Health Care Facilities

Version 1: July 2018

Set up four areas:

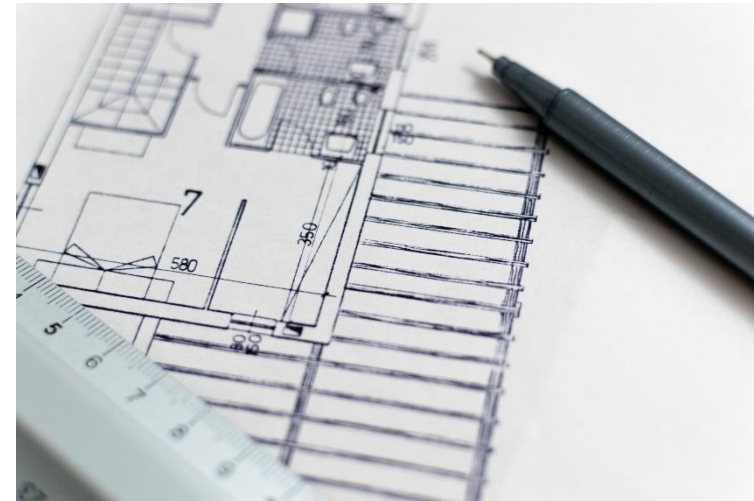
1. Pediatric Safe Area
2. Family Assistance Center/Hospital Reception Site*
3. Family Reunification Area*
4. Media area

Ensure there is an incident command/Leader for each area and for patient tracking



General Considerations

- Does not have to be ED medical staff
- Spontaneous volunteers
- Staging area
- Missing person form
- Make sure your frontline staff are aware of all plans
 - Location of areas
 - Plans for updates
- Loop in security early



Pediatric Safe Area (PSA)

- Controlled, supervised space where medically cleared children can wait safely and securely
- Process to register and track any unaccompanied minors
 - Have an intake to gather info about each child
 - Clear visual indication of unaccompanied minor status such as bright colored bands



PSA Location Assessment Tool

Area Reviewed: _____ Date Reviewed: _____ Reviewer: _____

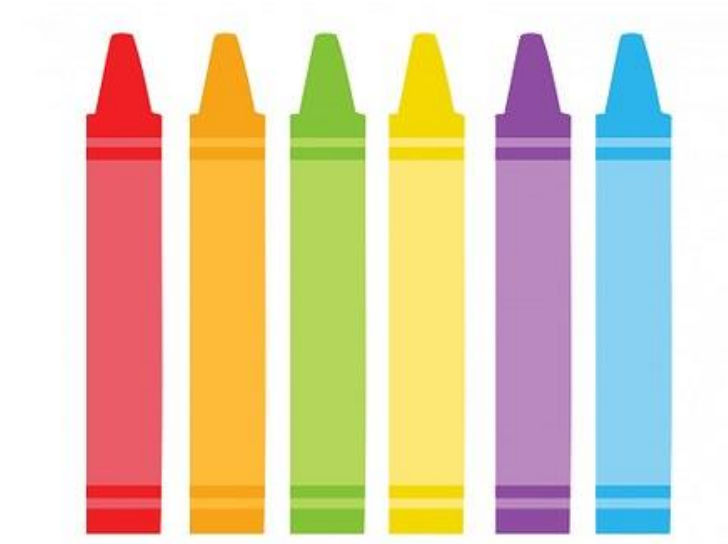
Area of Concern	Finding		Follow-up Action Needed
	Yes	No	
1. Is access to the designated Pediatric-Safe Area (PSA) able to be controlled? Can children be contained and directly supervised in this area? (Consider stairwells, elevators, and doors.)			
2. Is there a plan for security of the unit?			
3. Have you conducted drills of the plans for this area with relevant departments?			
4. Do you have a plan to definitively identify the children?			
5. Do you have a plan for identifying the mental health needs of these children?			
6. If needed, can various age-groups be separated into different areas? (Consider whether older children pose a safety issue for the younger children.)			
7. Are enough staff members available to adequately supervise the children? (Consider that younger children need more staff to supervise.)			
8. Do you have a sign-in–sign-out sheet for all children and adults who enter the area?			
9. Are all children admitted to the area required to have appropriate identification bracelets?			
10. If children need to leave the area to use the bathrooms, are there appropriate methods to escort them?			
11. Is there a safe, stable area near a sink but away from eating areas that can be used for diapering?			
12. Are there appropriate facilities for handwashing?			
13. Does the area have fire and smoke alarms?			
14. Is there adequate egress in case of fire?			
15. Do the windows open? (Consider whether the windows would be used for egress in case of fire.)			
16. Are the windows appropriately protected? Do they have window guards?			
17. Is the area safe for children of varying ages? (Is the area free of blinds, drapes, or cords that could pose a strangulation hazard?)			
18. Are electrical outlets child safe / covered?			



Pediatric Safe Area (PSA)

You need to give the children something to do

- Games, toys
 - [Activity Resource Packet • EIIIC](#)
emscimprovement.center
- Ask older children to help babysit younger children
- Provide food (avoid potential food allergens) and water, diapers, formula, hand sanitizer



Activity Resource Packet

New England EMS for
Children

State EMSC Webpages

New England Regional
Behavioral Health Toolkit

Activity Resource Packet

Toolkit Steering
Committee

**Pediatric Behavioral
Health Video and Podcast
Series**

**Comprehensive Care
Bundle**

Foundations of Pediatric
Preparedness Virtual Forum

PWDC - PECC Workforce
Development Collaborative

Resource leader: Joyce Li MD MPH

Team members: Jennifer Schlebusch, Samantha Swankowski, Marc Minkler

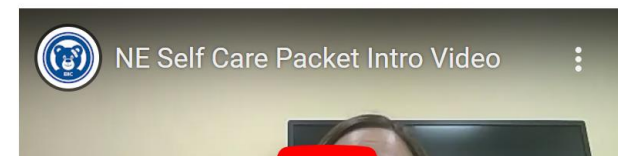


This packet contains a self-care, no-cost activities binder and ED resource guide for patients with behavioral health conditions.

The goal of this resource packet is to give you age appropriate activities that can be done in the ED setting for pediatric patients with a behavioral health condition. In this packet, you will find two resources and supporting advertising material: 1) a no cost self care activities binder that ED staff and caregivers can use with patients while they are boarding, 2) an ED staff purchasing guide for additional age appropriate, safe items and activities you can purchase for your patients, 3) advertising material including a draft email template and poster to help inform your staff about this resource. Please watch the brief video below for a walk through of all the items in this resource packet.

Introductory Video

Please watch the video for an introduction to items in this packet.



Individual Bags for Behavioral Health Conditions
Slime kit – to make: 6oz of glue + ¼ cup of Elmer’s magical liquid + food coloring or water color (use urine cups for storage)
(2) Sticker by number pages
(2) Velvet art pages
(5) Colored sheets of origami paper + instructions for 2 folding projects
(2) Learn to draw animal instructions + crayons + 4 sketch paper pages
Foam stress ball
Puzzle packets for older children – (2) crosswords, (2) word searches, (2) <u>MadLibs</u> , & (2) <u>Sudokus</u>

Example purchasing guide: We do not endorse any of these products as being superior to any other product and we are receiving no financial endorsement from these items. This list is meant to give you examples of items you can purchase. Click on hyperlink to see examples of items you can consider purchasing for your pediatric patients. Items highlighted in green are green zone items and in yellow are yellow zone items (see page 2 for further details about green zone and yellow zone).

Purpose	Vendor	Item Description	Price	Link
Active	Amazon	<u>Elmers Magical Liquid</u> (for homemade slime)	\$9.39/qt	Elmers Magical Liquid
Active	Amazon	Over the Door Basketball Hoop	\$14.99	Nerf Sports Dude Perfect Mini Perfectshot Hoop
Active	Amazon	Soccer (purchase ball set, use tape to make goal)	\$9.99	Mini Ball Assortment
Active	Amazon	Playing Cards	\$12.99	Cards
Active	Amazon	Space Hopper Ball w/ pump	\$16.90	Space Hopper
Active	Amazon	True Balance Coordination Game	\$24.99	True Balance Coordination
Active	Amazon	Fabric Dartboard with 20balls	\$24.90	Dartboard
Active	Amazon	Hula Hoop	\$22.99	Hula Hoop
Active	Amazon	Yoga Spinner Game	\$14.86	Yoga Spinner
Active	Amazon	Yoga Cards for Kids	\$13.99	Yoga Cards
Active	Amazon	Denise Austin's Fit Kids Workout DVD	\$9.99	Kids Workout DVD
Active	Amazon	6 Fit Kids' Workouts DVD	\$15.69	Kid Workout DVD
Active	Amazon	Tae Bo with Billy Blanks DVD	\$18.98	Tae Bo DVD
Active	Amazon	Yoga for Families DVD	\$13.49	Yoga Family DVD
Active	Amazon	Yoga for Kids <u>Outerspace</u> DVD	\$7.57	Yoga Outerspace
Active	Amazon	Yoga for Beginners DVD Set	\$23.99	Yoga for Beginners
Active	Amazon	Yoga Mats (10 pack)	\$74.99	Yoga Mats



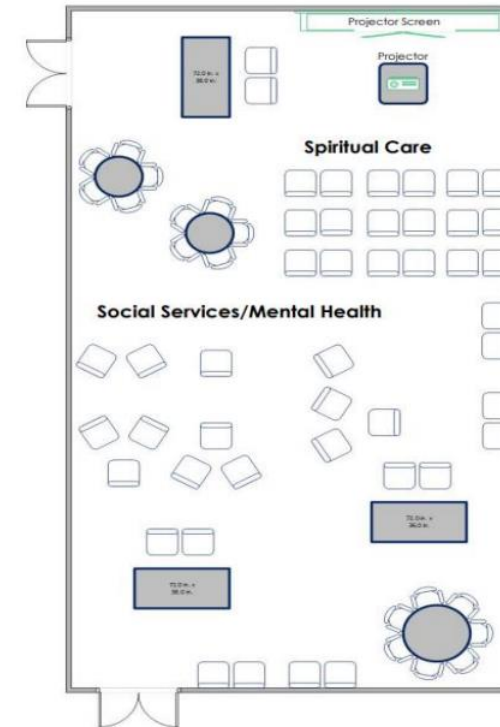
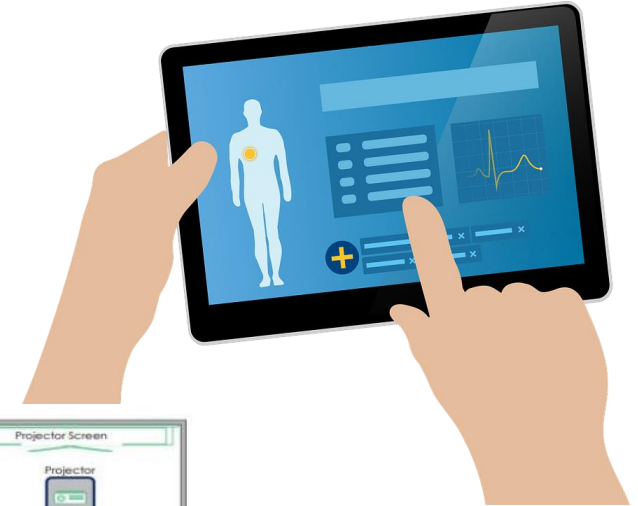
Family Assistance Center/Hospital Reception Center: Considerations

Check in area for families.

- Badging/registration process
- Upload pictures of children and vetting form to help with identification (more to come)

Pick a location that is nearby but not in view of ED

- Have secondary site for overflow



Sample Reception/Family Waiting Area

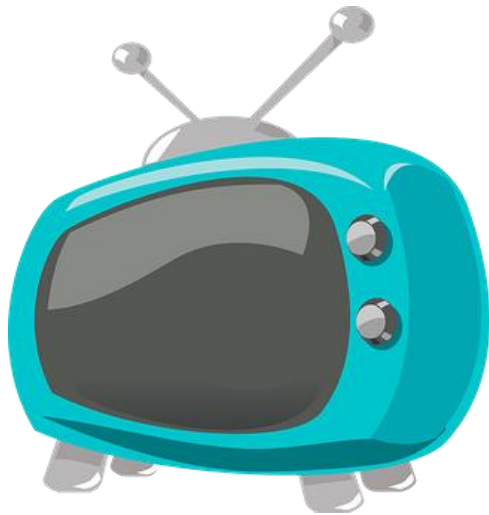


Family Reunification Center



- Similar to FAC, can be near by FAC
- Can be smaller for one-on-one reunification or death notifications
- For death notifications, ideally someone with training or experience in this area

Media Center



Away from all other areas

- Have a pre-designated route from FAC, FRC and PSA that is not in front of media center

Have a process for designated media briefings.

- Consider a notification board
- Only release validated information
- Incident Command/Hospital Administration

Confirmation of Identity/Guardianship

- One study showed parents mis-identified their child 9.5% in photo searches!
- Ideally, set up a plan prior to event in conjunction between pediatrics, legal, social work, case management, local police, DCFS, schools
- If you don't have a plan, do what you would normally do if an unaccompanied minor were to show up at your ED



Confirm Identity



- Self identify
- Photographs of child with adult alone (not group pictures) who is coming to claim the child
- Use matching templated answers

Family Vetting Forms

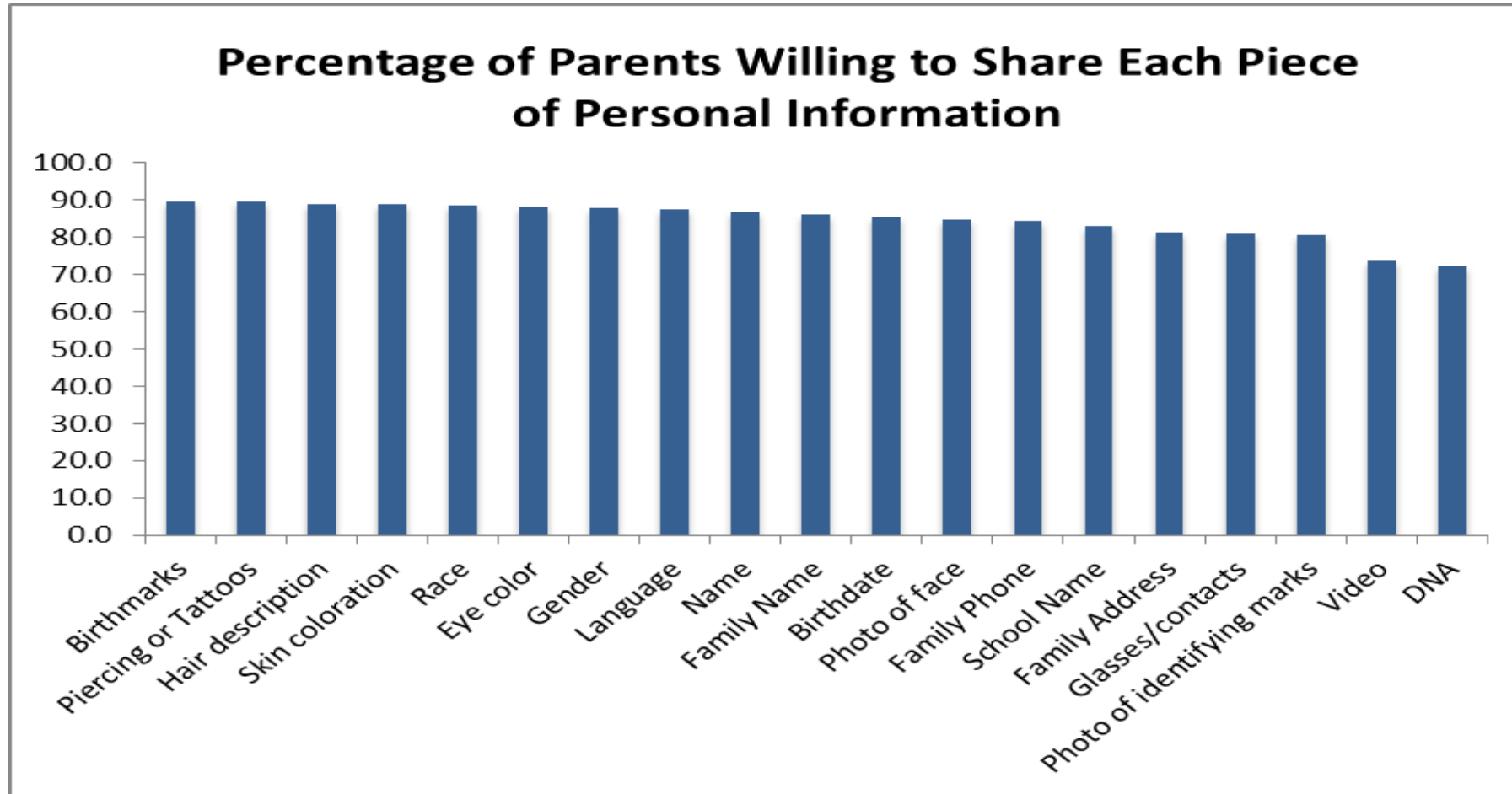
Contact number:	
Family's address:	
Child's Name(s) and MR# (or Drill ID#):	RENATA SHEN CAUDER SHEN
Patient Identifiers:	
Hair Color	BLACK
Eye Color	BROWN
Clothing	T. SHIRT/SHORTS - RENATA
Shoes	KIDS DRESS - CAUDER
Jewelry	NONE
Other	RENATA WEARS GLASSES CAUDER HAS A DBL BRAID
Name of School and/or Grade:	DRISCOLL SCHOOL K-8 RENATA 3RD (GOING ON 4TH) CAUDER (GOING ON TO KINDERGARTEN)
Name of Teacher:	PHOEBE JONES ALEX CAMPBELL
Pets - Type of Animal(s) and Name(s):	

Vetting Form: To be completed by staff member interviewing child.

Name	
Medical record number	
Birth date	
Age (or approximate age)	
Parent 1's name	
Parent 2's name	
Sibling name(s) and age(s)	
Address (or street/town name)	
Name of school / grade	
Each teacher's name	
Each pet's name and the type of animal(s)	



Information Sharing



What parents can correctly identify

Table 2. Percent agreement between a researcher and parent/guardian on child's physical descriptors, clothing, and accessory variables

Child's physical descriptor variable	Percent agreement	p value
Gender	.92*	<.001
Eye color (brown vs not brown)	.85*	<.001
Race	.84*	<.001
Age	.82 [†]	<.001
Eye color (brown, blue, green, and hazel)	.69 [†]	<.001
Eye color (light vs dark)	.63*	<.001

Child's clothing variable	Percent agreement	p value*
Bottoms/pants predominant color	.71*	<.001
Bottoms/pants style (none, jeans, shorts, skirt, and pants (other))	.70*	<.001
Top/shirt style (none, long sleeves, short sleeves, and sleeveless)	.66*	<.001
Top/shirt predominant color	.59*	<.001

Child's accessory variable	Percent agreement	p value*
Earrings	.78*	<.001
Necklace(s)	.58*	<.001



Table 3. Percentage of verbal children answering personal questions correctly

Variable	N = 73; correct percent (n)
Have a pet (yes/no)	100 (73)
Child's gender	98.6 (72)
Have a favorite stuffed animal or blanket (yes/no)	98.6 (72)
Child knew name of sibling(s)	95.9 (70)
Child knew name of parent/guardian	87.7 (64)
Child's nickname	84.9 (62)
Child's full name	76.7 (56)
Child's birthday	68.5 (50)
Child knew name of grandparent(s)	52.1 (38)
Child knew one parent/guardian's phone number	45.2 (33)
Child knew their home address	38.4 (28)

What children can correctly identify

Variables about school	
Child knew they are in school	97.3 (71)
Child identified their correct grade in school (N = 64)	96.9 (62)
Child identified their teacher's name (N = 64)	87.5 (56)



Does not address

- Young Children (pre-verbal)
- Children with Special Healthcare Needs
- Severely Injured
- Deceased



For the deceased/severely injured

- Local dental records
- Local police department
- DNA/finger printing

The image displays two forms related to a request for medical and dental records.

The top form is a "REQUEST FOR MEDICAL, DENTAL RECORDS OR INFORMATION" (DD FORM 877, 1-64). It is dated 11/96 and is for NRS MARION, CA. The form includes fields for "PATIENT'S NAME", "ADDRESS", "CITY", "STATE", "ZIP", "DATE OF BIRTH", "DATE OF DEATH", "DATE OF INJURY", "DATE OF TREATMENT", "DATE OF REQUEST", "DATE OF RECEIPT", "DATE OF FILING", "DATE OF REVIEW", "DATE OF CLOSURE", "DATE OF REOPENING", "DATE OF REEVALUATION", "DATE OF REASSESSMENT", "DATE OF REEVALUATION", "DATE OF REASSESSMENT", "DATE OF REEVALUATION", "DATE OF REASSESSMENT".

The bottom form is a fingerprint card for Rosa L. Parks. It includes fields for "Name", "Classification", "Reference", "Color", "Sex", "Age", "Height", "Weight", "Build", "Complexion", "Hair", "Eyes", "Mouth", "Nose", "Ears", "Fingers", "Toes", "Feet", "Hands", "Arms", "Legs", "Back", "Chest", "Stomach", "Anus", "Genitals", "Skin", "Nails", "Teeth", "Jaws", "Lips", "Tongue", "Throat", "Trachea", "Esophagus", "Stomach", "Intestines", "Bladder", "Uterus", "Vagina", "Penis", "Prostate", "Spleen", "Pancreas", "Liver", "Gallbladder", "Bladder", "Uterus", "Vagina", "Penis", "Prostate", "Spleen", "Pancreas", "Liver", "Gallbladder".

The Hospital Reception Site Template: Addressing the Challenges of Hospital Reception During Disaster

SARITA CHUNG MD ON BEHALF OF THE WRAP-EM HOSPITAL RECEPTION SITE PLANNING GROUP

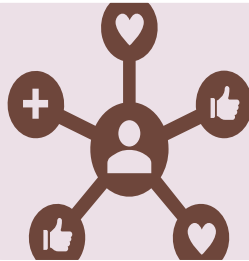
Family Assistance



Allows family/friends to gather/receive information about victims



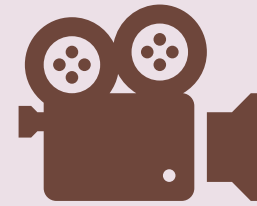
Reunifies separated family members, including unaccompanied minors



Facilitates information sharing to support family reunification



Provides death notifications as victims are identified

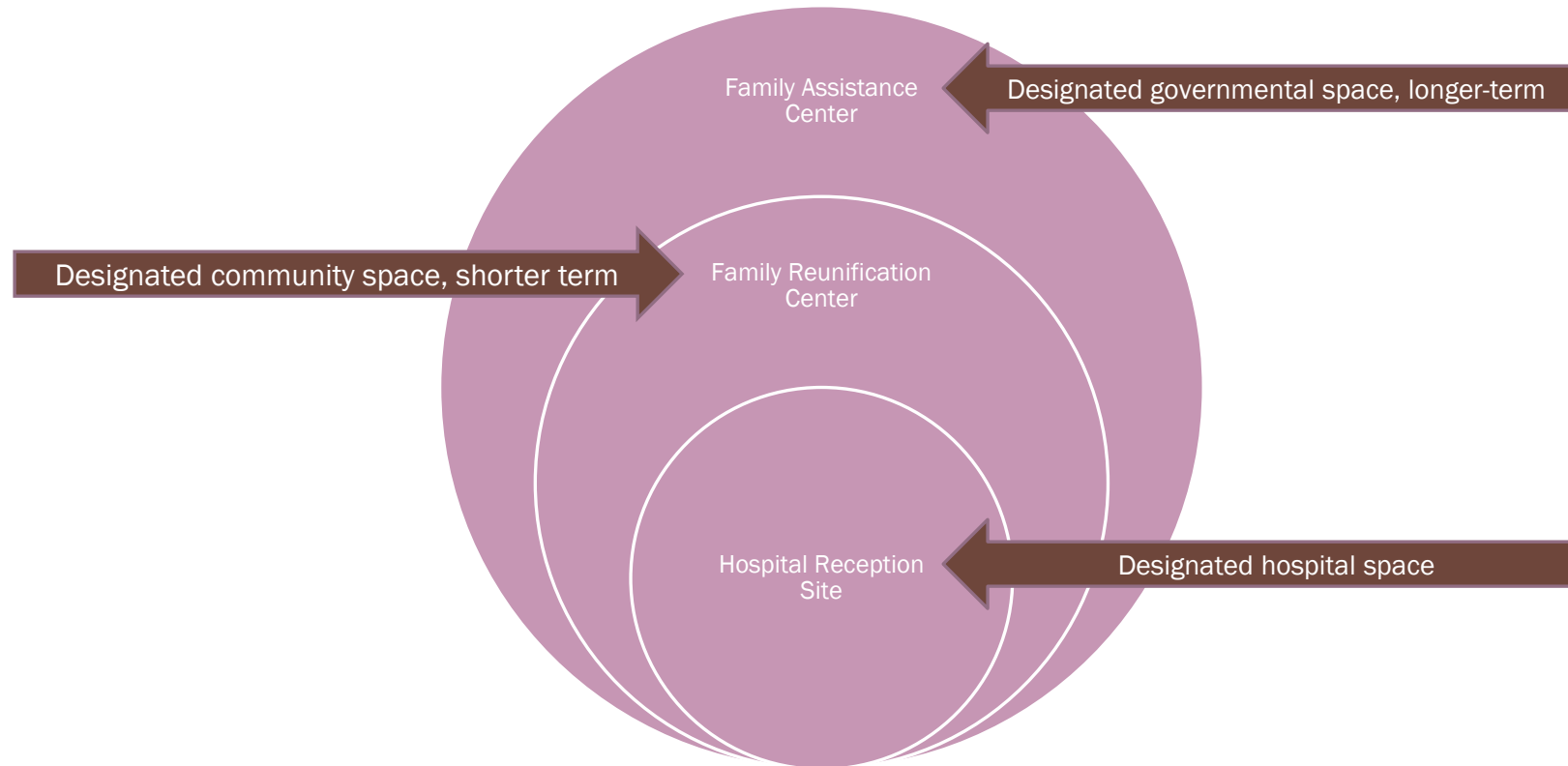


Protects families from media inquiries and curiosity-seekers

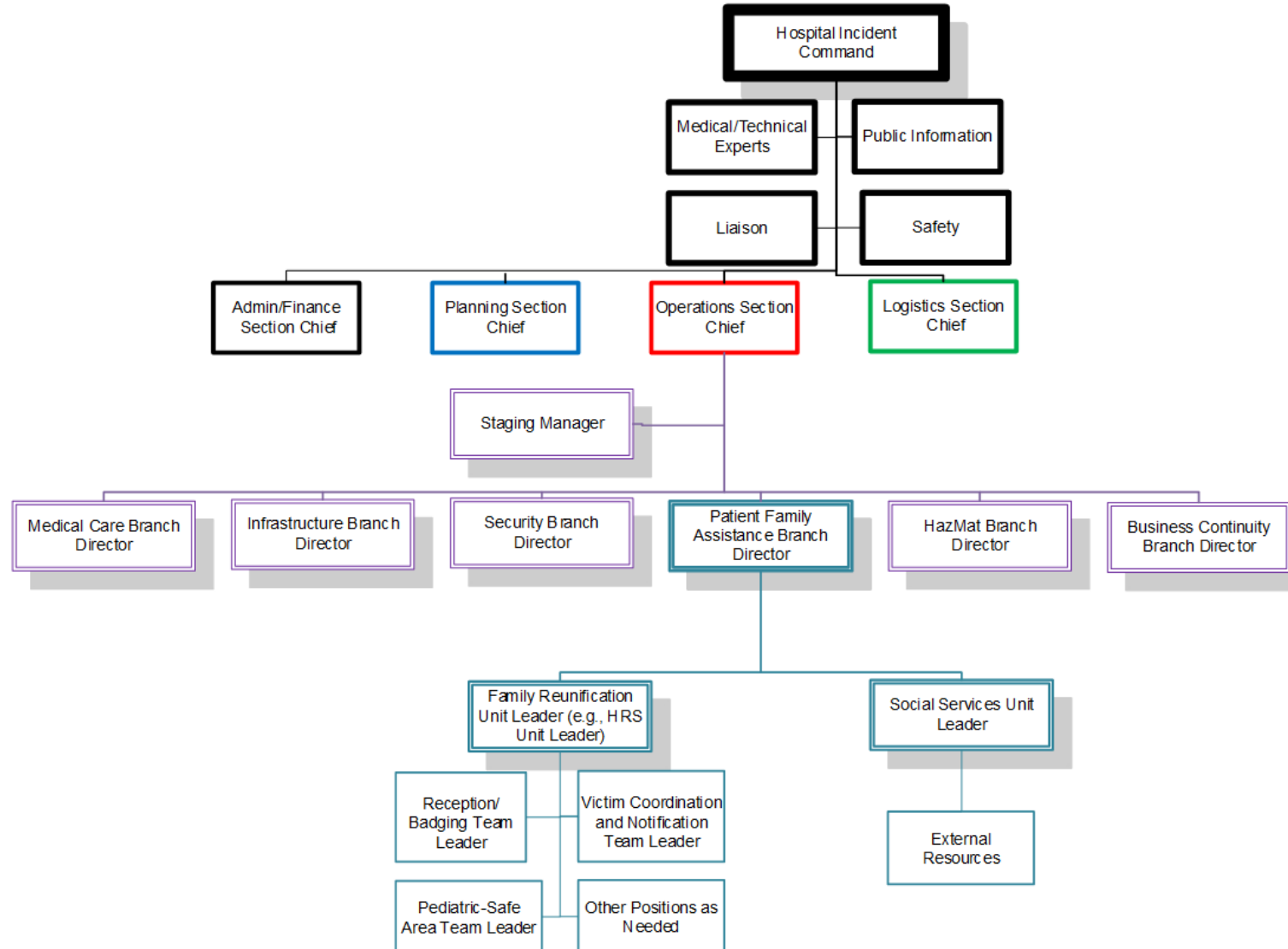


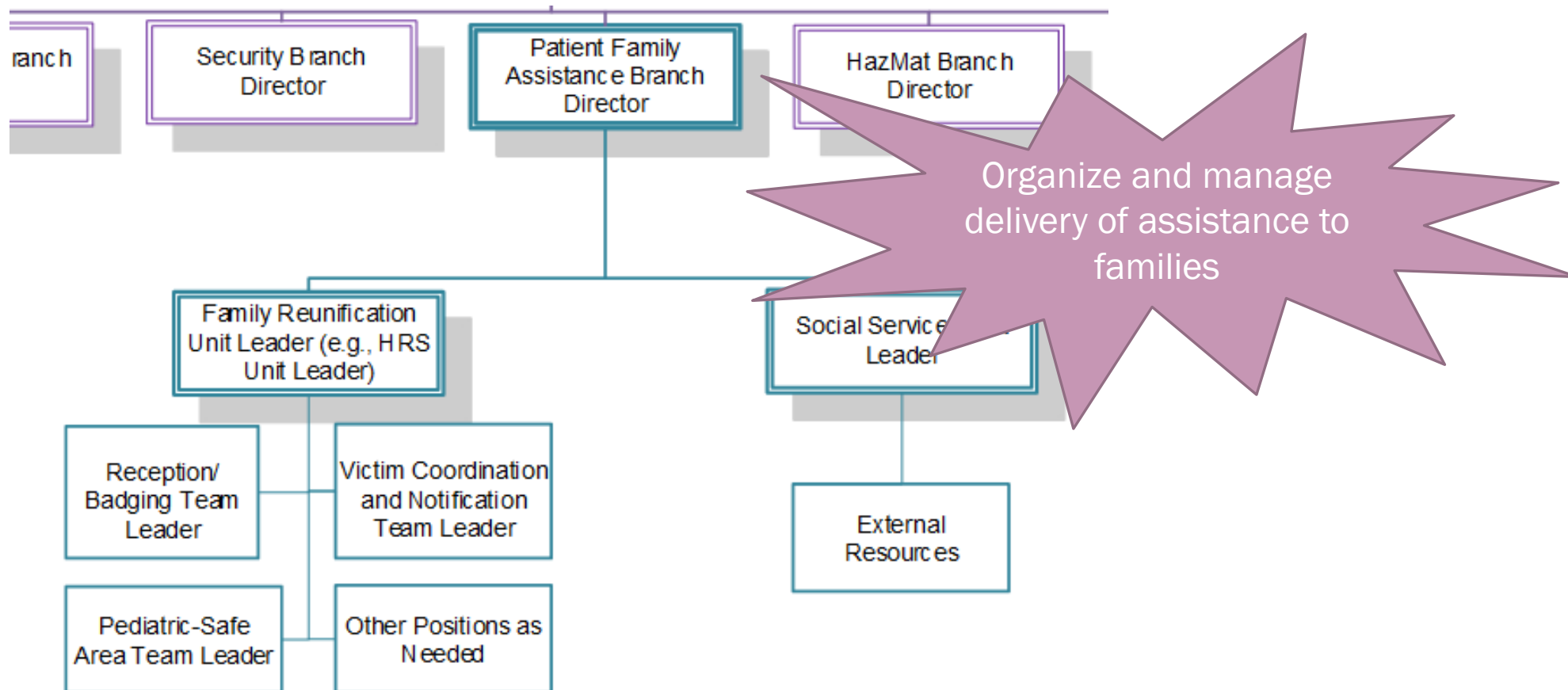
Refers families to long-term services

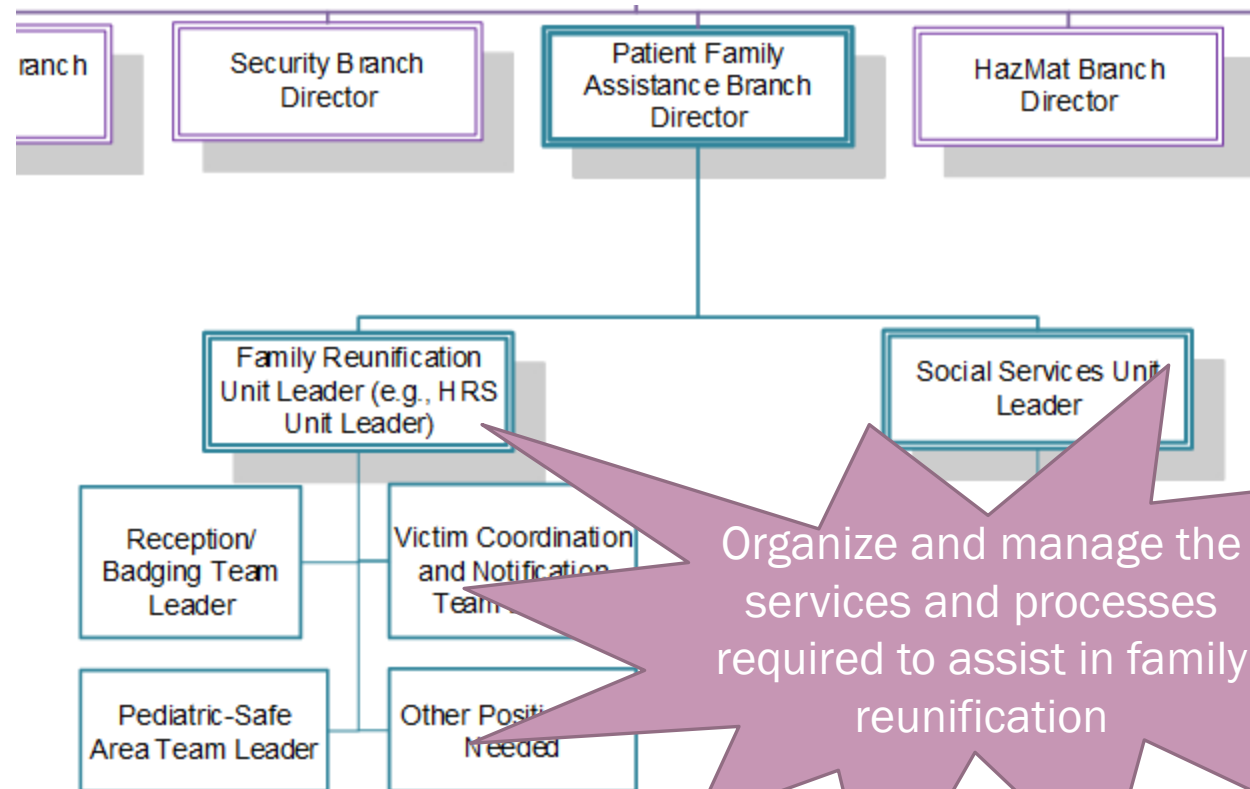
FAC, FRC, HRS – What?



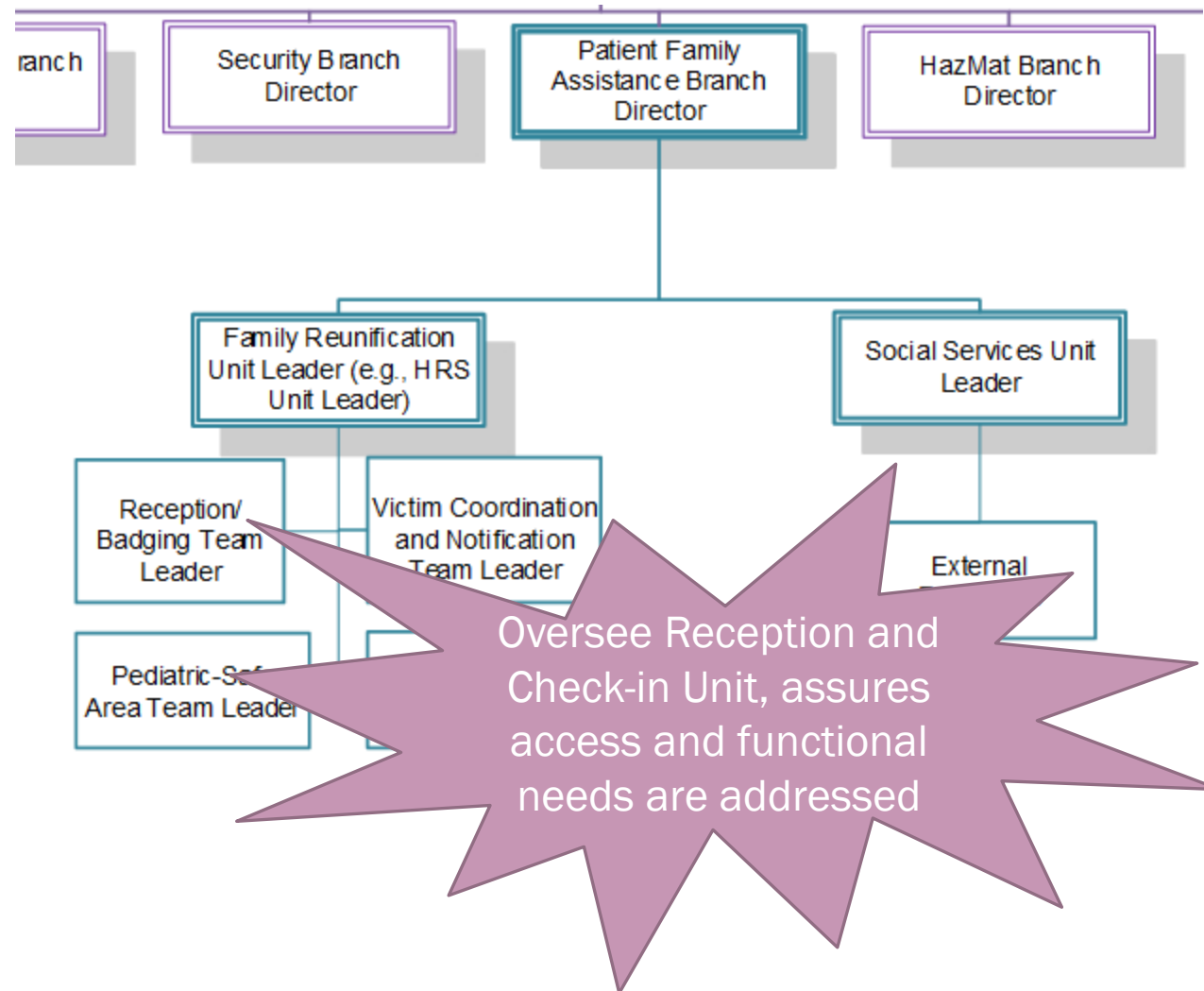
Hospital Incident Command System Chart







Organize and manage the services and processes required to assist in family reunification



Example Forms

Family Reception Site Sign-In Sheet

INCIDENT NAME: _____

OPERATIONAL PERIOD: _____

#	ARRIVAL		NAME	CONTACT#	SEARCHING FOR	RELATIONSHIP TO MISSING PERSON	LEGAL NEXT OF KIN? (YES/NO)
	DATE	TIME					
1							
2							
3							
4							
5							
6							
7							
8							
10							

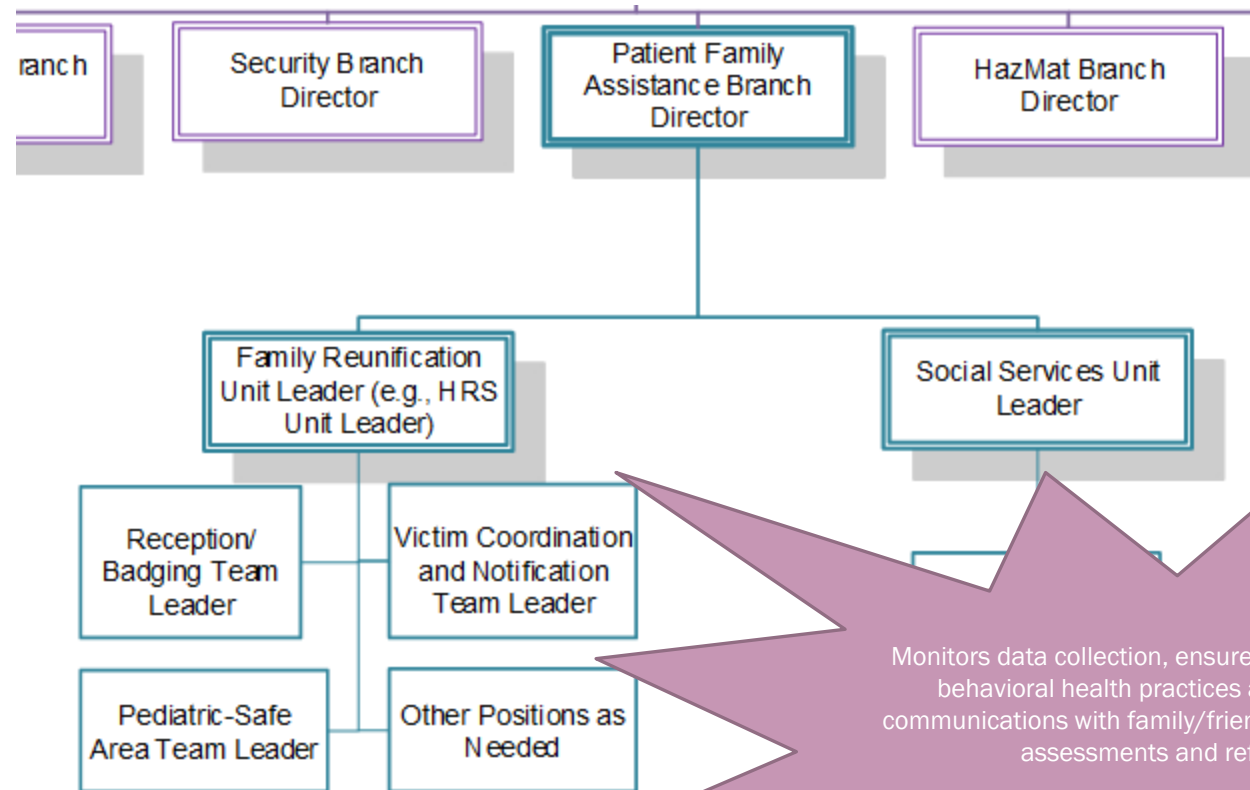
Hospital Reception Site Intake Form

(Standardized victim/patient information form collected at Hospital Reception Site for reunification purposes. Data should be reflected in state tracking platforms or strategies – e.g., EMTrack)

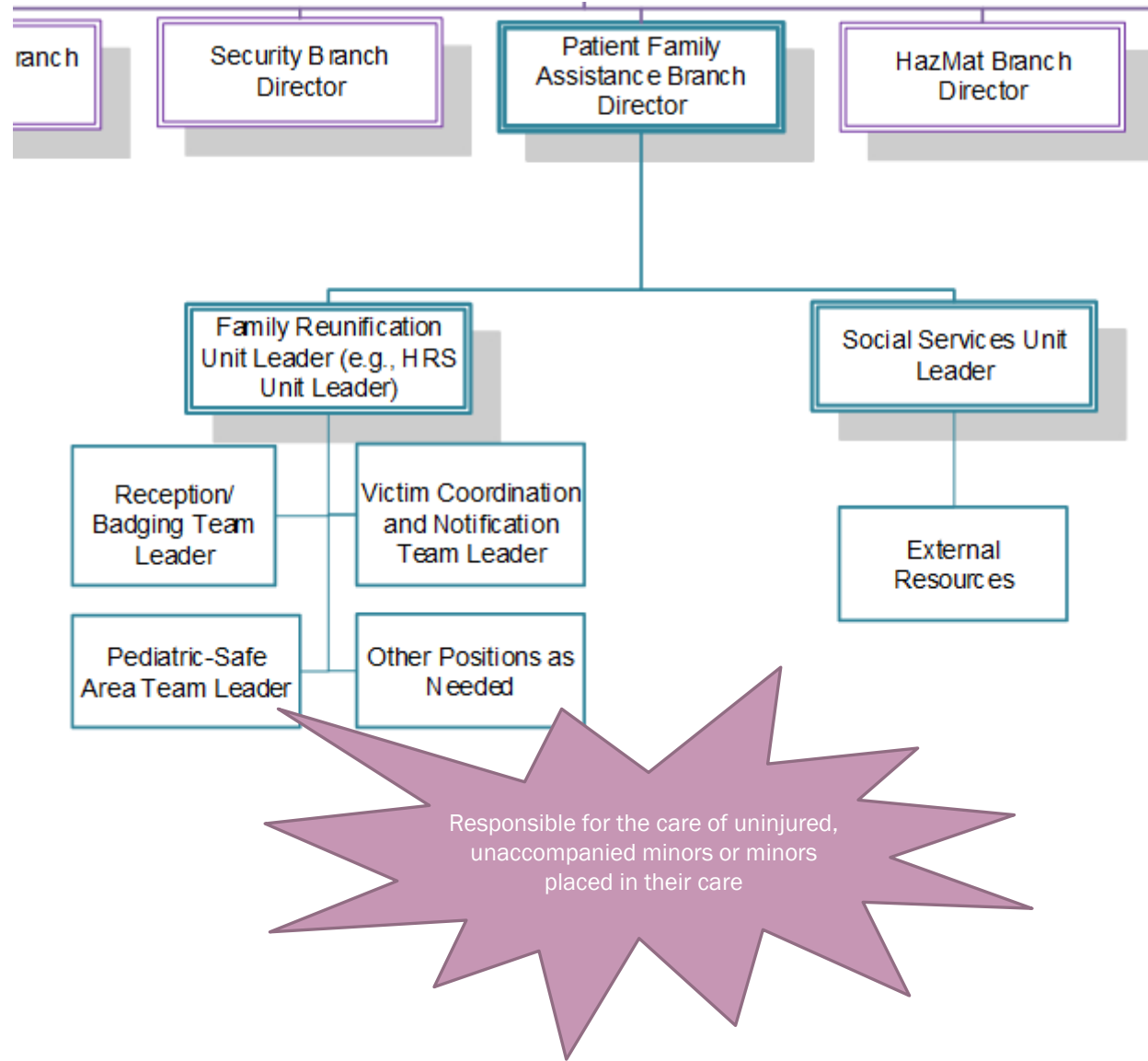
Name:	Phone Number:
Address:	
Relationship to Missing Person:	
Missing Person Information:	
Name:	
Gender:	Insert Photo Here
Age:	
DOB:	
Height/Weight:	
Race:	
Hair Color:	
Eye Color:	
Distinguishing Characteristics: (e.g., Tattoos, birthmarks, scars, dental features)	
Occupation:	School:
Primary Language:	Languages Spoken:
Last Known Location and/or Point of Contact:	
Notes:	

Name and Date _____

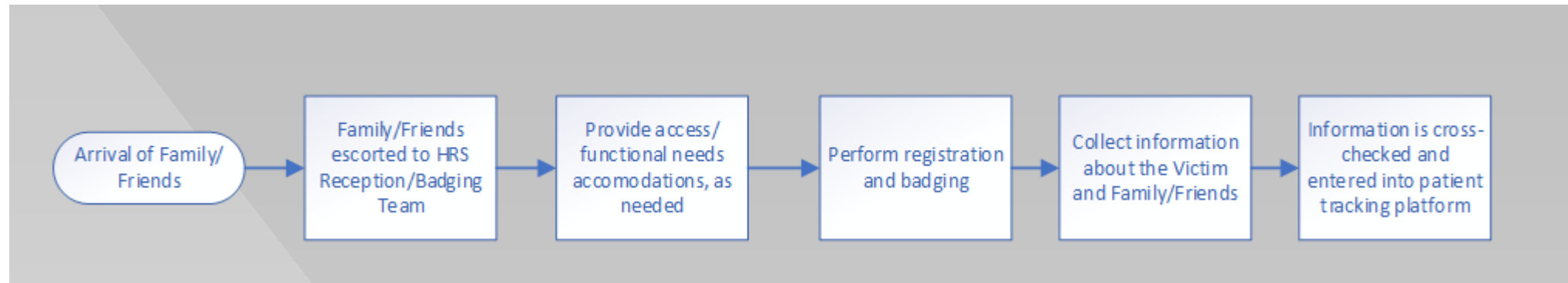
(For internal use only)



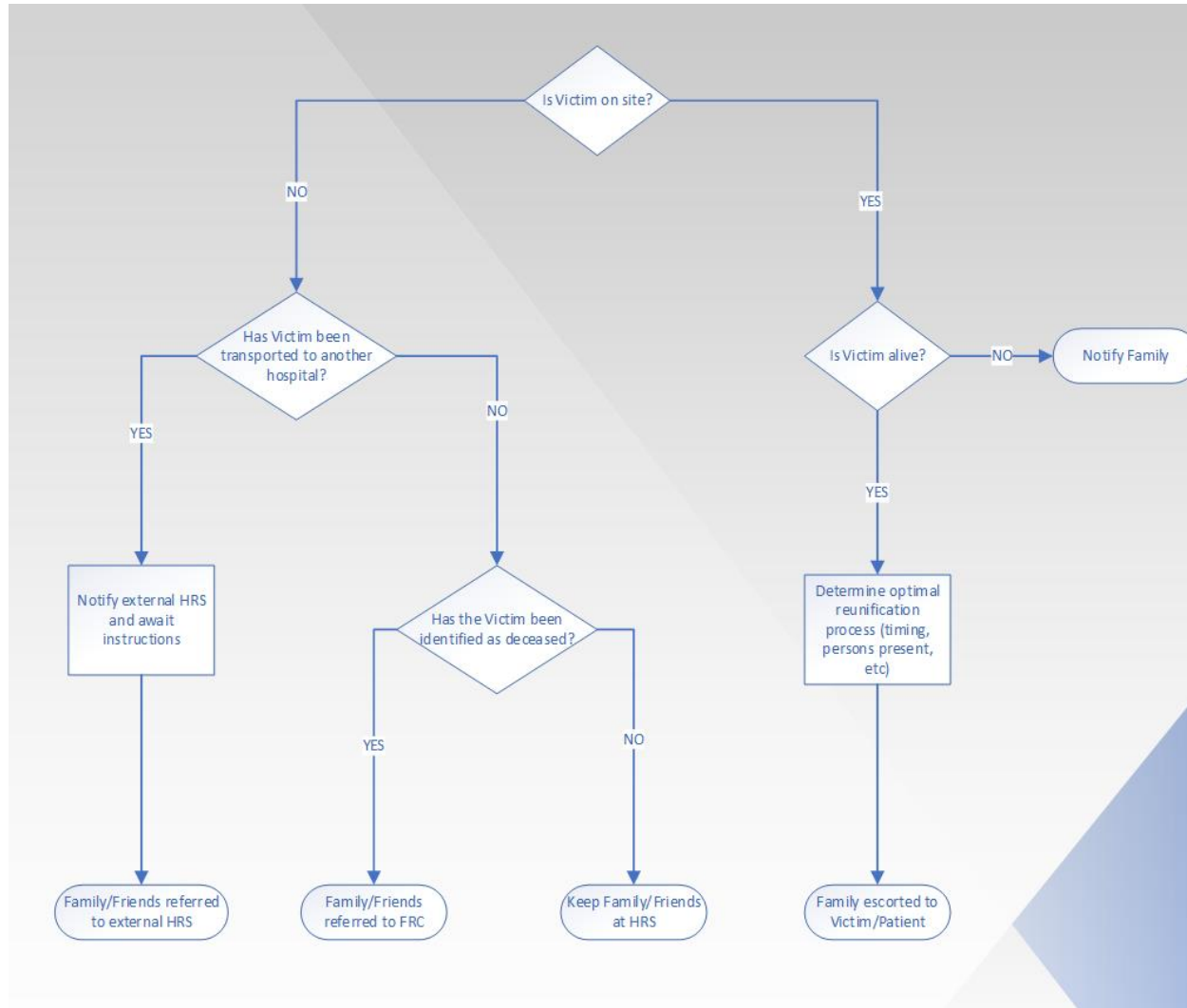
Monitors data collection, ensures evidence-based behavioral health practices are applied to communications with family/friends, provides crisis assessments and referrals



Family Intake Workflow



Family Notification Process





Pediatric Emergency Preparedness Tools for Success:

Hospital Family Reunification Plans

Amy Combs, LMSW

Clinical Supervisor, Care Management

Helen DeVos Children's Hospital

APRIL 27, 2021, 12:00PM TO 3:00PM EST

Pediatric Patient Tracking & Family Reunification



EIIC
EMSC Innovation and Improvement Center



SEPTEMBER 13, 2022, 8:00AM TO 4:30PM

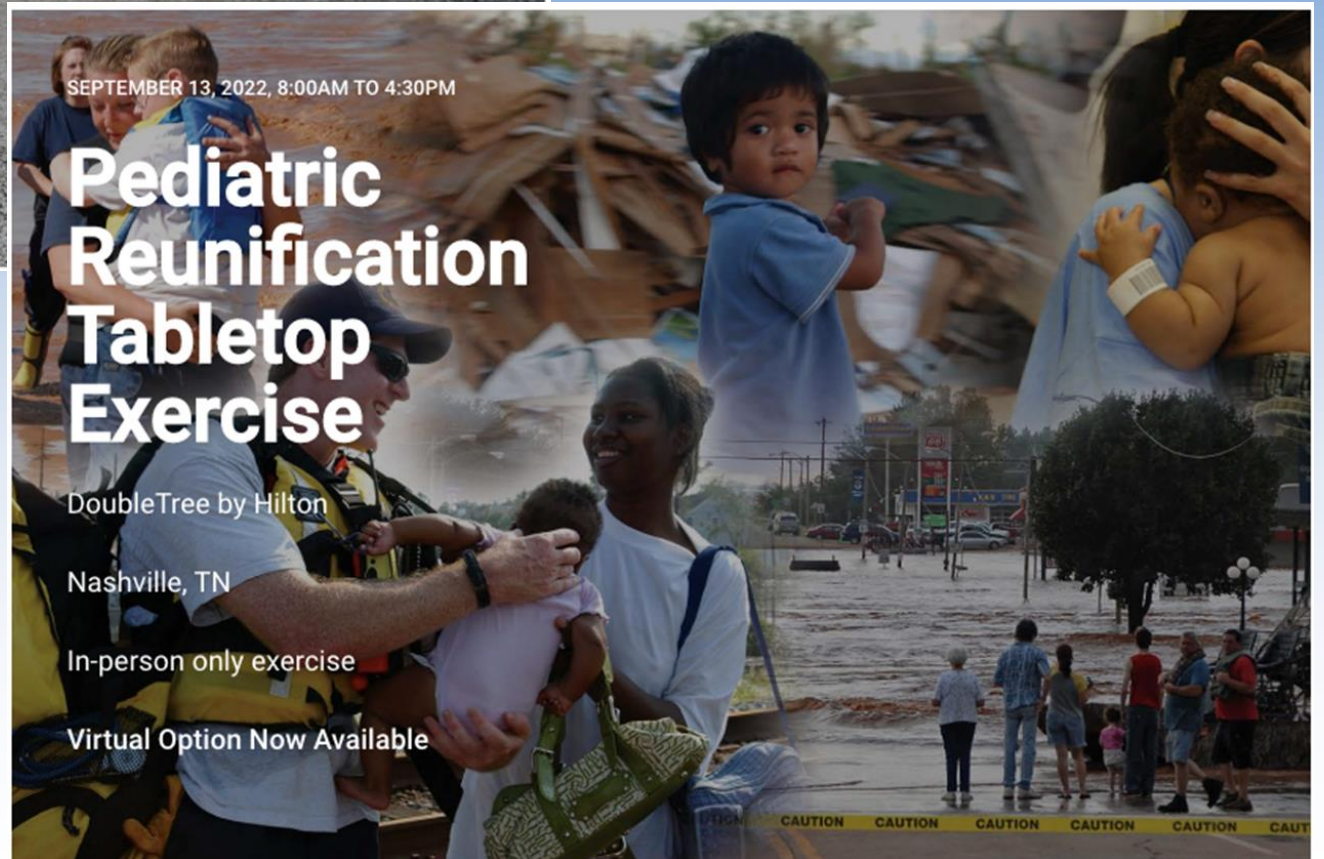
Pediatric Reunification Tabletop Exercise

DoubleTree by Hilton

Nashville, TN

In-person only exercise

Virtual Option Now Available



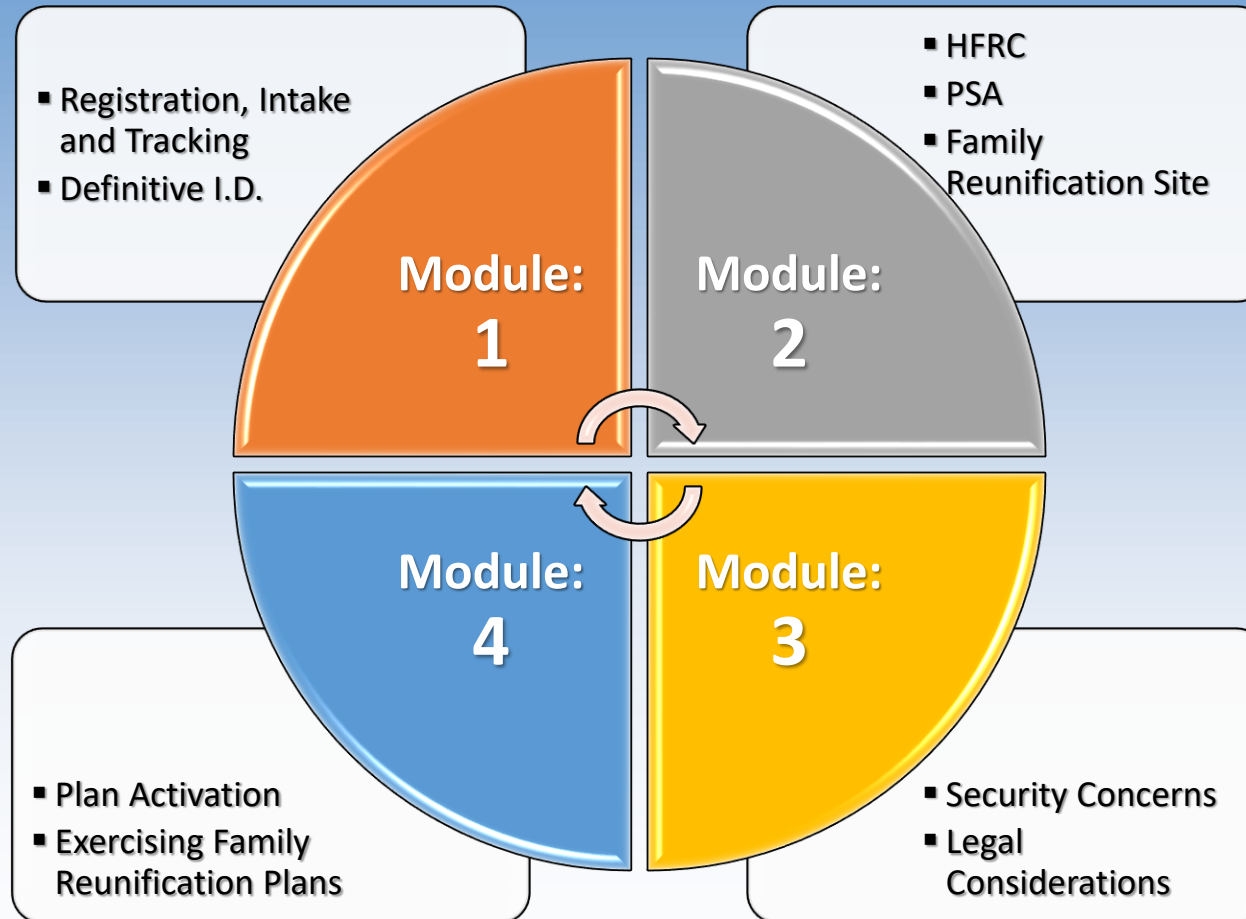


Overview

- ❑ Goal: Collaborate with regional Children's hospitals to establish baseline reunification efforts
- ❑ Collaboration: Pediatric Pandemic Network and Region V for Kids
- ❑ Provide educational modules to promote further development of hospital family reunification plans
- ❑ Analytics:
 - Integrated Survey
 - Pre- post module survey
- ❑ Project debrief



Education Modules





PPN Reunification Domain

Sarita Chung MD

Rachel Charney MD

Sheila Carmon (PM)

Anna Lin MD



What is PPN: Mission and Vision

In collaboration with the nation's children's hospitals and their communities, the network will coordinate, prepare, and enable high-quality, equitable, research-based pediatric care in emergencies, disasters and pandemics.

Improving health outcomes of children and the resiliency of children, families and communities impacted by emergencies, disasters and pandemics.

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of grant awards U11MC43532 and U11MC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit [HRSA.gov](https://www.hrsa.gov).



Goals of the Reunification Domain

- Goal 1: Increase quality and number of formal hospital family reunification plans
 - Method: QI project to improve and develop collaboratives utilizing the AAP Hospital Reunification Toolkit
- Goal 2: Community Reunification Toolkit development
 - Method: Assemble a task force of stakeholders charged with developing a community family reunification toolkit
 - Develop QI project and collaborative to disseminate toolkit





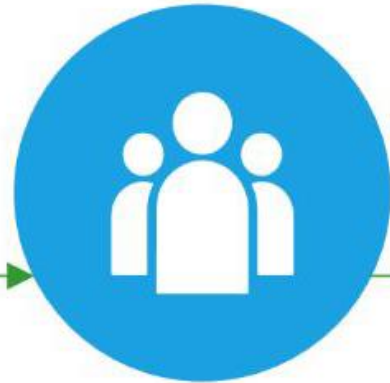
**Pilot Hospital
Reunification
QI Process at
Children's STL**



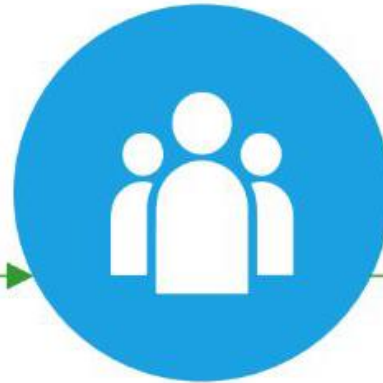
**Create
modules for QI
process**



**Begin training
group of
Reunification
SMEs**



**Region V for Kids
Hospital
Reunification QI
Process**



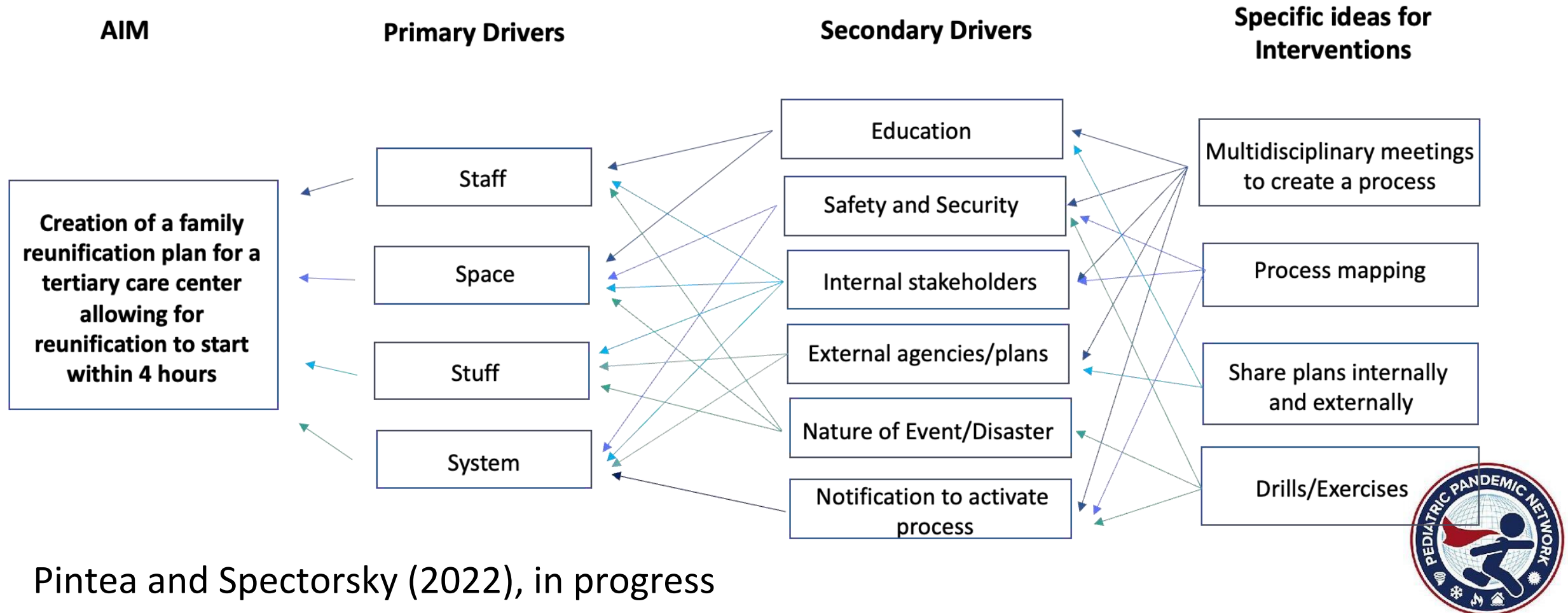
**Hospital
Reunification Plan
QI Process at PPN
Core hospitals**



**Complete gap
analysis of AAP
Hospital reunification
toolkit**



Driver Diagram

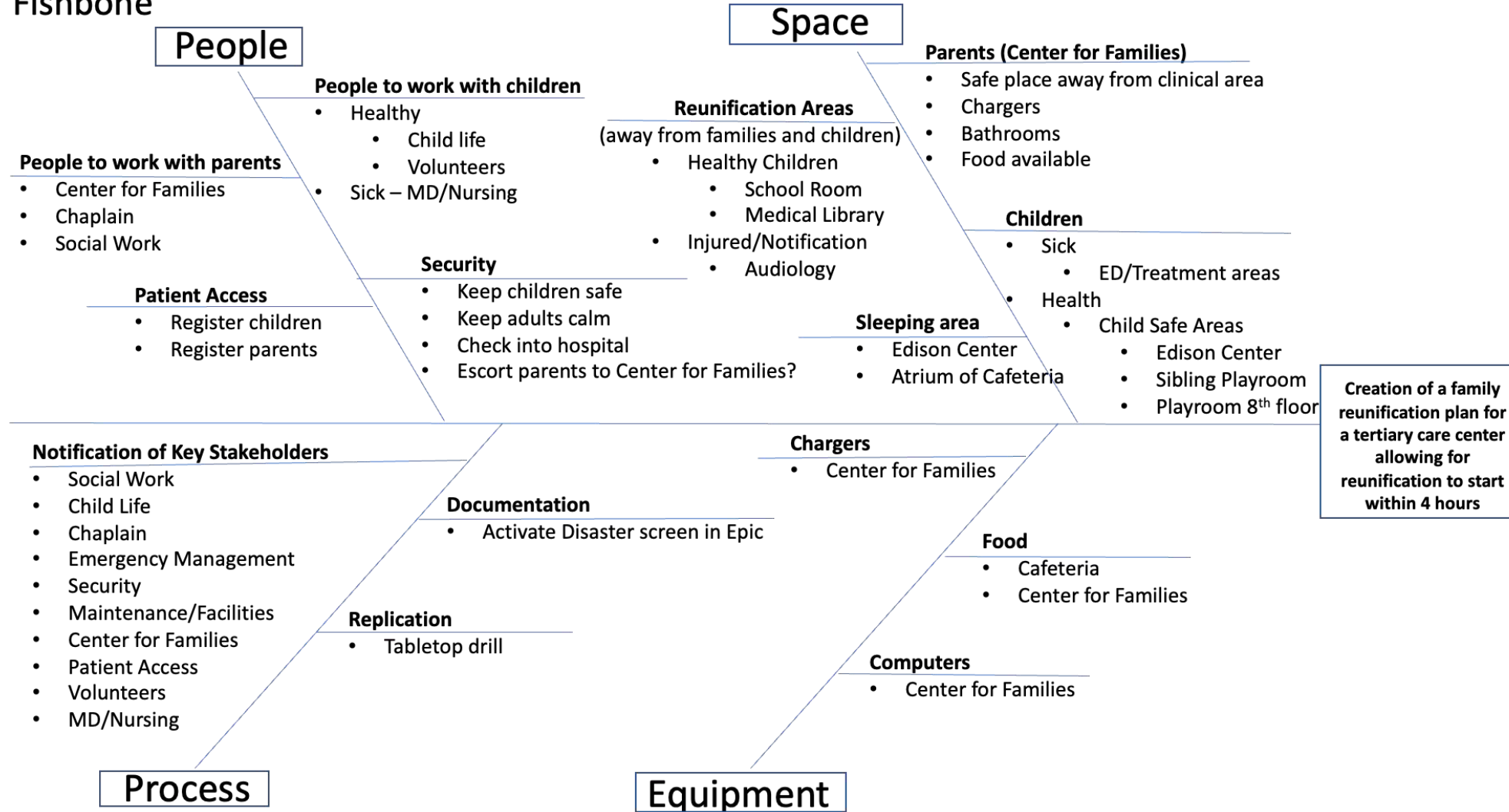


Pintea and Spectorsky (2022), in progress

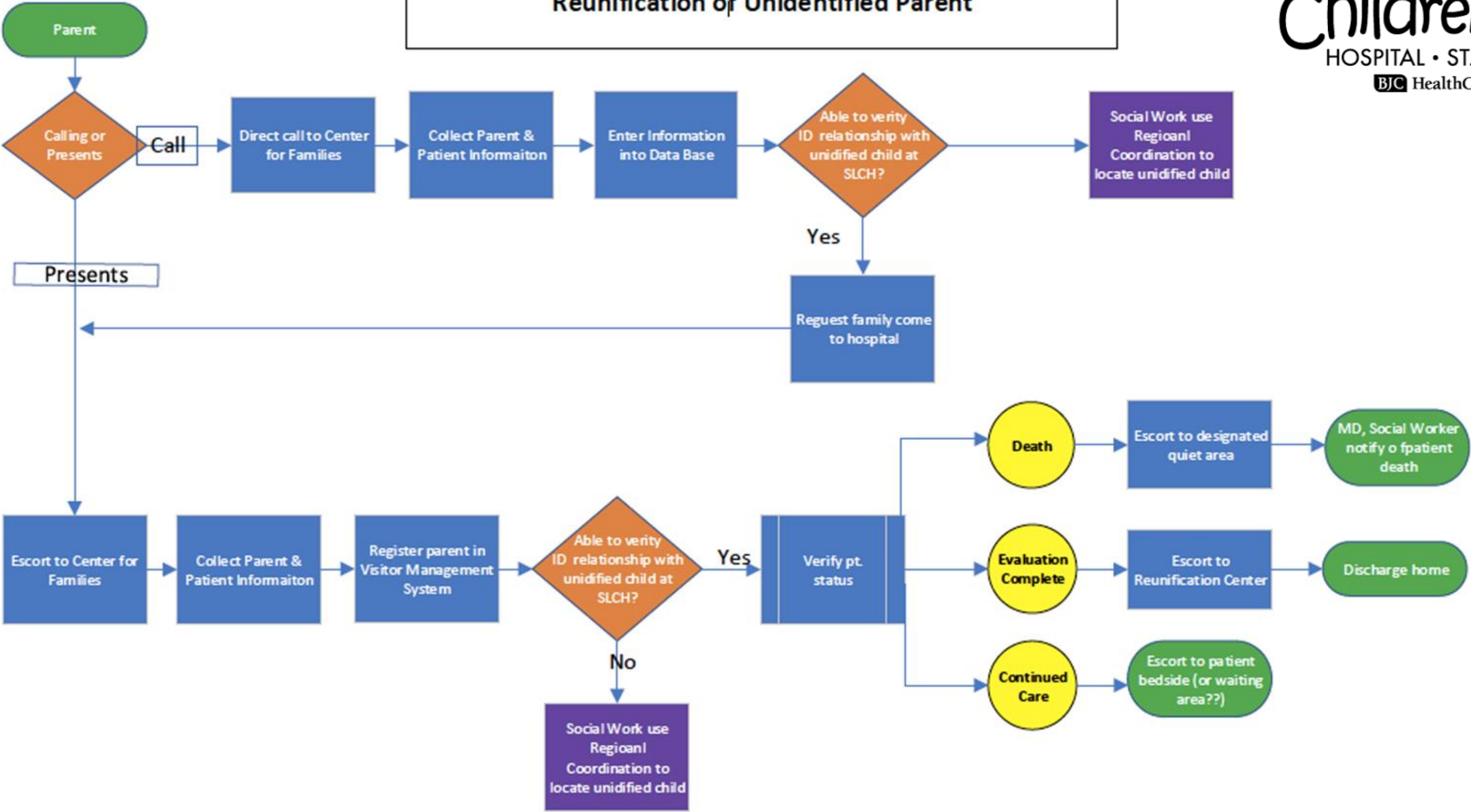


Fishbone

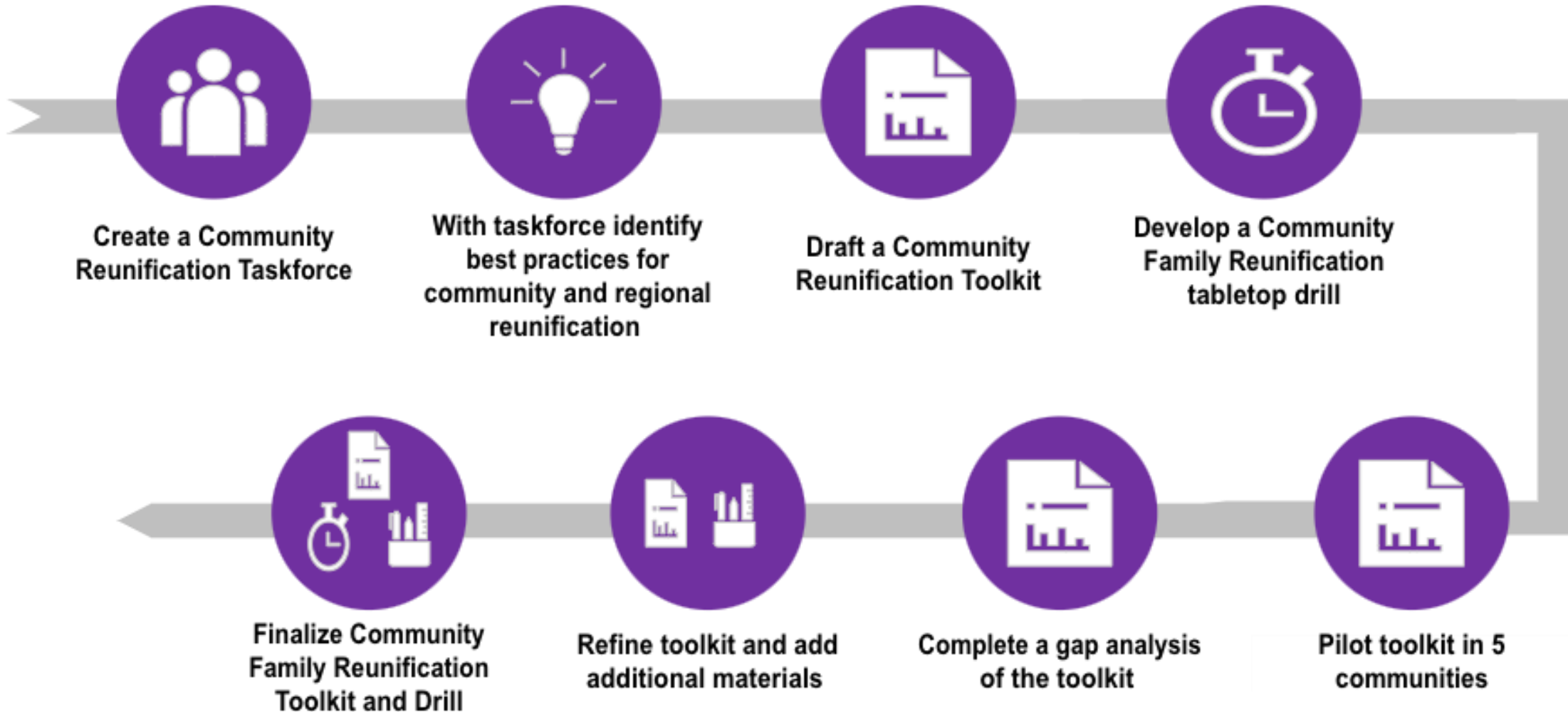
Fishbone



Reunification of Unidentified Parent



Community Reunification Goal



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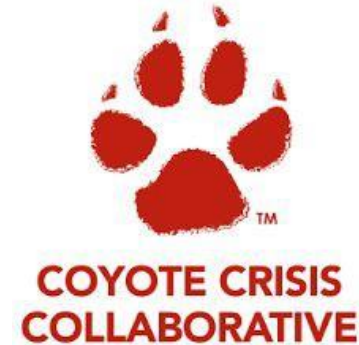
Community Reunification Task Force



Where the world comes for answers



FEMA



Our specialty is you.



American Red Cross



NORTON Children's Hospital



Resources (how to get started):

Webinar: Introduction to Reunification (Youtube, hosted by EIIIC)

[Understanding & Implementing the Pediatric Disaster Preparedness Checklist Domain 6: Reunification – YouTube](#)

AAP Reunification toolkit

[AAP Reunification Toolkit.pdf](#)

EIIIC Pediatric Disaster Preparedness Checklist

[Pediatric Disaster Preparedness Toolkit • EIIIC \(emscimprovement.center\)](#)

EIIIC tabletop drill links

[EMS for Children Innovation and Improvement Center Exercises](#)

WRAP-EM

[wrap-em.org](#)



Q&A



Thank you!



REGION 1

**Regional Disaster
Health Response
System**



Massachusetts General Hospital

Founding Member, Mass General Brigham

Region 1 Emerging Special Pathogens Treatment Center



Region1RDHRS@mgh.harvard.edu

MGHBRT@partners.org



www.rdhhs.org

www.massgeneral.org/disaster-medicine



[@Region1RDHRS](https://twitter.com/Region1RDHRS)

[@MGHDisasterMed](https://twitter.com/MGHDIsasterMed)