



## Pediatric Disaster Preparedness Quality Collaborative

### Module 6: Patient Tracking & Reunification

September 15 - 29, 2020

## Module 6: Patient Tracking and Reunification

[View the Learning Session and download the slides here](#)

### Objectives

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6.1: Understand the major components of a patient tracking and family reunification plan.

6.2: Perform an evaluation of your hospital's current patient tracking and family reunification plan and identify gaps for improvement or development.

### Background

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So far, we have focused on building a foundation for improving pediatric disaster preparedness at your hospital. This includes identifying a pediatric champion, defining his or her responsibilities as they relate to disaster preparedness and building relationships with your regional healthcare coalition and other partners in your area. We will now build on this foundation to develop and implement an improvement process for the stepwise incorporation of pediatric needs into your hospital disaster plan. Simply stated, it is often too overwhelming to incorporate pediatric considerations into every aspect of your hospital's emergency operations plan at one time. It is far more manageable to address one area at a time.

The next few modules will concentrate on patient tracking and family reunification, as this is an area commonly identified as needing improvement. However, the goal is for you to establish a process that can be used to address other domains of pediatric preparedness such as triage, decontamination, and interfacility (see [Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies](#)). We will reflect on the process you used here and develop a plan for addressing other preparedness domains in Module 8, sustainability.

### Patient Tracking and Family Reunification

The timing of disasters can be unknown and unexpected. This means that children may experience disasters when away from their caregivers (i.e., while at school, daycare etc.) and transported to the closest emergency department by a variety of means. Similarly, parents or guardians will often travel to the closest—and not the regional trauma center or children's hospital—hospital seeking immediate and accurate information on their loved ones. Consequently, every hospital needs to be prepared to receive unaccompanied children and reunite them with their families as soon as possible. Fortunately, most children will be able to self-identify. However, the larger challenge is identifying and reuniting the very young, non-verbal, critically injured child or deceased child. The following provides a short description on the essential considerations for a patient tracking and family reunification plan. However, we strongly suggest you review the American Academy of Pediatrics' [Family Reunification Following Disasters: A Planning Tool for Health Care Facilities](#) for a more detailed description of each.

#### *Patient Tracking and Identification*

*"We did a large drill with real child actors and we lost kids. We had no idea where they went or what happened to them..."*

- Pediatric Readiness Quality Collaborative (PRQC) participant, 2019.

Registration, intake and tracking of unaccompanied children is incredibly challenging for any hospital and can be made even more complex when hospital computer systems are down or prohibitively time consuming to

use in a disaster situation. For this reason, a separate system—including backup paper forms—should be developed to quickly register, track and identify unaccompanied children. Tracking systems should involve a variety of components including a numbering system, patient identifiers (i.e., hair color, race/ethnicity, and photos), intake source, status, and disposition. Many hospitals use colored wristbands to quickly identify unaccompanied children and assign staff whose sole job is to follow these children and continuously update their status and disposition. You may also want to consider working with your electronic medical records vendor. Many—such as EPIC—have developed integrations that can be used for the rapid intake and tracking of unidentified patients.

### *Pediatric Safe Area*

Many children that arrive at your facility may not need medical care or have been transported along with an adult in need of care. These children must also be identified and kept in a secure location until they can be reunited with family members. A pediatric safe area is meant to provide a secure area where children can play and be staffed with qualified providers who can distract, calm and reassure them until they can be safely reunited with loved ones. This area should be secure and away from both the medical care and public areas. Children who have experienced a disaster and are separated from their loved ones are particularly vulnerable to physical and mental trauma.

### *Family Reunification Area and Site*

In a disaster there will be a surge of concerned family members who will call or self-report to your emergency department seeking immediate and accurate information on their loved ones. While community-based family assistance centers will likely be mobilized, this will take time. Your hospital must be prepared to receive and provide information to these families in the meantime. A lack of planning for the surge can lead to chaos and possibly impede clinical operations. A family reunification area is meant to provide a private and secure place for families to gather and provide information regarding their missing loved ones. This area will not only include staff designated for collecting information but also to identify and support logistical, medical, psychosocial, or spiritual needs. It should also include a separate site—away from both the pediatric safe area and the family reunification area—that is specifically for the actual reunification of caregivers with their children or for communicating the death of a child.

### *Staff, Communications, and Drilling*

Possibly the most challenging aspect of patient tracking and family reunification is ensuring there is available staff to perform these tasks. Establishing partnerships with community organizations in your region such as public health, law enforcement, child protective services and the American Red Cross will enable your hospital to leverage some of their capabilities including access to qualified volunteers that can assist.

Similarly, these relationships should be leveraged to ensure that consistent and accurate information is relayed to the public. This should include pre-scripted messages and a plan for messaging and rumor control on social media.

Lastly—as with every aspect of disaster planning—the plan should be tested, ideally with live child actors. Often assumptions that are made on paper lead to considerable gaps when the plan is actually executed. Once again, the American Academy of Pediatrics' [Family Reunification Following Disasters: A Planning Tool for Health Care Facilities](#) provides details on how to exercise your family reunification plan.

## Tasks

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The purpose of the following checklist is to guide you through a gap analysis of your current patient tracking and family reunification plan. If patient tracking and family reunification is not currently a part of your hospital disaster plan, the following items should be considered when developing a plan. You may also want to look at your current processes for tracking, identifying and reuniting the occasional patient—pediatric or adult—who arrives at your facility outside the setting of a disaster. This can serve as a great starting point for writing a plan. A paper version of the checklist is included here for your reference. **Please complete the REDCap version here: <https://redcap.dellmed.utexas.edu/surveys/?s=3PHCWC9MPC>.**

Module 7 will delve further into developing a plan to address any identified gaps. However, the American Academy of Pediatrics' [Family Reunification Following Disasters: A Planning Tool for Health Care Facilities](#) provides a detailed descriptions of how to best address these areas. We have also provided you with the [Texas Children's Hospital's Family Reception Center plan](#) as an example.

Please note the goal of this checklist is specifically to help you identify areas in your hospital tracking and reunification plan that need improvement. The information you provide here will be not be shared with anyone except the collaborative organizers in an effort to identify common gaps across participants and possibly provide additional education or tools. If you have any questions, please email Meredith at [meredith.rodriguez@austin.utexas.edu](mailto:meredith.rodriguez@austin.utexas.edu).

## References and Further Reading

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1. AAP Family Reunification Toolkit (<https://www.aap.org/en-us/Documents/AAP-Reunification-Toolkit.pdf>)
2. ASPR TRACIE Topic Collection: Patient Movement and Tracking. <https://asprtracie.hhs.gov/technical-resources/70/patient-movement-and-tracking/0>
3. ASPR TRACIE Topical Collection: Family Reunification and Support. <https://asprtracie.hhs.gov/technical-resources/64/Family-Reunification-and-Support/64>
4. Example Plans:
  - a. Texas Children's Hospital Family Reception Center Plan: [https://emscimprovement.center/documents/1045/TCH\\_FRC\\_Plan - 1.24.2019 Approved.pdf](https://emscimprovement.center/documents/1045/TCH_FRC_Plan_-_1.24.2019_Approved.pdf)
  - b. NY Health Pediatric Disaster Toolkit [https://omh.ny.gov/omhweb/disaster\\_resources/pandemic\\_influenza/hospitals/bhpp\\_focus\\_ped\\_toolkit.pdf](https://omh.ny.gov/omhweb/disaster_resources/pandemic_influenza/hospitals/bhpp_focus_ped_toolkit.pdf)



## Pediatric Disaster Preparedness Quality Collaborative Patient Tracking and Family Reunification Checklist

Please complete the REDCap version here: <https://redcap.dellmed.utexas.edu/surveys/?s=3PHCWC9MPC>.

*This checklist was adapted from the 2018 “National Survey of U.S. Hospitals’ Preparedness for the Reunification of Children During a Disaster” by Dr. Nita Gupta and Dr. Rachel Charney of St. Louis University.*

### Tracking and Identification

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have a person assigned to collect information on the unidentified patients?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the plan include a method to track unidentified patients (spreadsheet, photos, database, etc.)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does your hospital have a separate tracking/identification system that includes collecting personal information, such as demographics and physical descriptors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your plan include taking and a process for managing photos of unidentified patient(s)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have a plan for showing photos to family or authorities for identification purposes?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does your plan include collecting fingerprints of unidentified patients?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does your plan include collecting DNA of unidentified patients?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does your plan include addressing the legal issues surrounding sharing of personal information on unidentified patient(s) for reunification purposes?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does your plan include a process to share information with other hospitals or agencies caring for unaccompanied minors?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Pediatric Safe Area

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Can you contain children in this area (consider stairwells, elevators, doors)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have age-appropriate food/beverages (e.g. infant formula)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have supplies such as cots, blankets, toys, and diapers?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there a nearby restroom with a diapering area?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Will children need to be escorted away from the safe area to use the bathrooms?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the area been checked for safety hazards (e.g. windows that open, choking hazards, cleaning supplies, power/curtain cords)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are all nearby medicine and supply carts locked?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. Do you have a sign-in / sign-out process for all children and adults who enter the area?  Yes  No

### Family Reunification Center

1. Do you have designated space or reception site area for family reunification?  Yes  No
2. Is the area private, away from the media and curiosity seekers?  Yes  No
3. Is this area physically separated from both the medical care area and the Pediatric Safe Area?  Yes  No
4. Are behavioral health support services available for family members?  Yes  No
5. Are spiritual care / bereavement resources available?  Yes  No
6. Are security staff and/or law enforcement present in the area at all times?  Yes  No
7. Does this area have food/beverage available?  Yes  No
8. Is there a nearby restroom with a diapering area?  Yes  No
9. Are there computers with internet access for family use?  Yes  No
10. Do you have a process for sharing information between those who are managing the unidentified patients and the Family Reunification Center  Yes  No
11. Do you have a process for sharing information with family members?  Yes  No
12. Does your hospital have a plan for ensuring the identify of family and/or separated individuals?  Yes  No
13. Does your plan ensure that unaccompanied minors are released to the appropriate legal parent or guardian, including when custodial disputes may be involved?  Yes  No
14. Do you have a plan for the release of children if law enforcement or child protective services are overwhelmed or unavailable to assist?  Yes  No
15. Do you have a process to document the reunification process?  Yes  No
16. Do you have a private area for the reunification of families with their children that is separate from both the Family Reunification Center and the Pediatric Safe Area?  Yes  No

### Communications

1. Do you have a plan for managing incoming calls regarding lost family members (e.g. a separate phone number regarding inquiries so as not to interrupt non-disaster hospital operations)?  Yes  No
2. Does your hospital plan to hold regular informational briefings to provide timely, accurate and accessible information to family members who may or may not be at the hospital?  Yes  No
3. Does your hospital have pre-scripted messaging regarding reunification that can be utilized immediately following a disaster?  Yes  No
4. Have the pre-scripted messages been coordinated with local emergency managers and/or public health?  Yes  No
5. Does your hospital have an existing website that can provide families with information regarding reunification following a disaster?  Yes  No
6. Does your hospital have a strategy for messaging and/or rumor control on social media?  Yes  No

### Staffing

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does your plan include 24/7 staffing support in case reunification process is prolonged?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your plan include staffing ratios in order to have sufficient staff to supervise patients in the assigned area for unaccompanied minors? (Example: 1 staff /3 infants ; 1 staff / 6 preschoolers) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the staff who work in the assigned area for unaccompanied minors have received a clean background check (e.g. no known child protection issues or criminal history)?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your plan include having additional security personnel and/or contracting with external security entity(ies) for obtaining extra security personnel?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your plan include psychosocial/mental health to support unaccompanied minors who are awaiting reunification, such as child life experts, social workers or psychologists available?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are interpreters available for those who do not speak English?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Other Considerations

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|---|------------------------------|-----------------------------|
| 1. Has the hospital consulted with legal services or risk management to ensure that the plan meets all applicable laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your plan ever been tested or drilled?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have a contingency plan (e.g. paper forms) for if the internet or computer systems are down?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |