Appendix E

Children with Access and FunctionalNeeds

Introduction

Children, especially those with access and functional needs, encounter significant challenges in disaster preparedness and response. Interviews conducted with hospitals involved in the Hospital Preparedness Program, as well as input from parents and caregivers, reveal that many of these children are cared for at specialized facilities like Children's Hospital Los Angeles and MemorialCare Long Beach Miller's Children Hospital. When the Los Angeles County EMS Agency Pediatric Surge Plan is activated, it is essential to address the specific needs of these children to ensure their safety and effective care during emergencies.

Ideally, pediatric patients with access and functional needs should receive care at Tier 1 facilities (see Appendix A for tier designations). However, disasters may necessitate the diversion of these children to adult hospitals. In the event of a county-wide disaster, all facilities must be equipped to accommodate pediatric patients with access and functional needs. This includes preparing not only for a surge of victims but also for an influx of families seeking shelter. Typically, children with access and functional needs will be accompanied by a parent or caregiver and may also bring along siblings who are children.

The following pages outline planning and response considerations for caring for children with access and functional needs during emergencies or disasters. These guidelines have been compiled from various sources, which can be found beginning in the Additional Resources section below.

Considerations

Identifying the Population

Not all children with access and functional needs exhibit obvious signs of their condition(s). To ensure that every child is recognized and receives appropriate care, it is important to document their baseline developmental and functional status in the medical record. Additionally, utilize an identifier to communicate the patient's needs to the staff effectively.

Communication

Effective communication is crucial during emergencies and disasters. Communication plans must acknowledge that traditional methods used for the general population may not be effective for children with access and functional needs. To ensure these children receive and comprehend important information, tailored techniques should be employed for those with sensory, mental, cognitive, developmental, and speech or language needs. Examples of alternative communication methods can be found on the table below.

Evacuation

Many children with access and functional needs rely on medical devices and mobility aids. Evacuation and transportation plans must account for both the children and their equipment.

During the planning stages, it is essential to identify accessible routes and ensure additional staffing is available to assist with evacuation and transportation.

Triggers and Cues

Children with access and functional needs, particularly those with sensory, mental, or cognitive and developmental conditions, can be sensitive to specific triggers and cues. These triggers can compromise their sense of security and safety, leading to negative reactions and uncooperative behavior. Cues exhibited by these children can indicate when they are affected by a trigger. To minimize exposure to triggers, consider placing them in quiet, private areas, providing comfort items (such as stuffed animals), or offering activities and games to distract them from the situation.

Possible Triggers:

- Exposure to loud noises
- Exposure to crowds
- Unfamiliar environment
- Disruption of daily routines

Possible Cues:

- Change in facial expressions.
- Change in speech.
- Change in movement.
- Change in overall demeanor.

Space Allocation and Arrangement Guidelines

- **Location**:
  - **Quiet and Private**: Choose a location away from high-traffic areas, media zones, and entrances to minimize distractions.
  - **Accessibility**: Ensure the space is easily accessible to parents and caregivers, ideally on the same floor as restrooms and electrical outlets.
- **Size and Capacity**:
  - **Sufficient Space**: Design a sizeable area that can comfortably accommodate children along with their parents or relatives, allowing for movement and interaction without overcrowding.
- **Safety and Security**:
  - **Enclosed Environment**: Utilize barriers like walls or partitions to create a secure area, ideally positioned away from doors to prevent unintended exits.
  - **Childproofing Measures**: Eliminate potential hazards by placing the space away from windows, shelves, and bookcases. Use safety locks and secure any loose items.
- **Functional Amenities**:
  - **Electrical Outlets**: Strategically place outlets to allow for necessary equipment (e.g., laptops, chargers) while maintaining safety standards.
  - **Restroom Proximity**: Position the space near restrooms for easy access, ensuring a quick and comfortable experience for both children and caregivers.
- **Additional Considerations**:
  - **Comfort Features**: Incorporate soft seating, calming colors, and natural light to

create a welcoming atmosphere.
    - **Flexible Layout**: Design the space to be adaptable for various activities, allowing for both quiet time and interactive sessions.

Personnel Considerations for Pediatric Care

Hospitals should proactively identify staff with experience in caring for children with access and functional needs, including pediatric nurses and child life specialists. Establishing recruitment pools for qualified candidates, alongside leveraging existing Child Life staff and trained volunteers, can enhance support for young patients. It's crucial to recognize that parents and caregivers are the best resources for understanding their child's unique habits and routines. By fostering a collaborative approach, hospitals can ensure that families are actively involved in care decisions. Clear communication channels should be established, allowing parents to share insights and preferences effectively. Additionally, ongoing training for staff on pediatric care and emotional support will enhance the hospital environment, ensuring it meets the diverse needs of children and their families.

Special Dietary Needs

Many children with access and functional needs have strict dietary requirements and unique eating habits that may be at risk during a disaster. For instance, if a power outage occurs, alternative methods for food storage must be implemented to keep essential items like total parenteral nutrition (TPN) formula, blended foods, and other liquid feedings properly chilled.

In addition to food storage, it's important to address feeding challenges, particularly selective eating behaviors common among children with conditions such as autism spectrum disorder (ASD). These children may exhibit strong preferences for specific brands, colors, or textures of food and may be hesitant to try new items. Preparing for these needs in advance ensures that their dietary restrictions and preferences are respected, helping to reduce stress and maintain their nutritional intake during emergencies.

By proactively planning for both food storage and individual eating habits, hospitals can better support the nutritional needs of children with access and functional needs in times of crisis.

Tech Dependency

Children with access and functional needs who rely on technology will require a reliable power source. It is essential to inform them and their caregivers about the locations of working electrical outlets throughout the facility. To enhance support, hospitals should consider supplying additional power strips and backup batteries to ensure that necessary equipment remains operational. This proactive approach will help mitigate any disruptions and maintain the health and safety of tech-dependent children during their stay.

Common medical devices used by children with access and functional needs include:

- Tracheostomy tubes
- Ventilators

- Bi Level Positive Airway Pressure (BiPAP) machines
- Continuous Level Airway Pressure (CPAP) machines
- Central IV Catheters
- Feeding Catheters
- Gastronomy tubes
- Nebulizers
- High flow nasal cannula
- Supplemental oxygen

Decontamination

Special care must be taken when decontaminating children with access and functional needs. Communication challenges can complicate how directions are conveyed and understood, potentially heightening anxiety and impacting cooperation, which can jeopardize safety. To address this, involving parents or caregivers in the decontamination process is crucial. Keeping the child and guardian together is important, even if the guardian also requires decontamination; in such cases, both should be decontaminated at the same station with special considerations (refer to table below: Decontamination section.

Additionally, consideration should be given to any medical devices or mobility aids the child uses. Non-porous and non-motorized devices can typically be decontaminated, but some children may rely on power-dependent mobility devices that cannot be safely decontaminated. Planning for these scenarios ensures that the needs of both the child and their caregiver are met while prioritizing safety and comfort throughout the decontamination process.

Reunification

Separation during an emergency can significantly impact children with access and functional needs, particularly those with conditions that affect communication and understanding. These children may struggle to convey essential personal and medical information necessary for identification during the reunification process. Additionally, feelings of fear and distrust toward on-site personnel, such as law enforcement and hospital staff, may complicate their situation further.

To mitigate these challenges, preventive measures are crucial. One effective tool is the Emergency Information Form (EIF), designed specifically for children with special health care needs (CSHCN). This form, endorsed by the American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics (AAP), provides critical information that can expedite care and improve identification efforts.

Additional Resources

American College of Emergency Physicians: Emergency Information Form for Children With Special Health Care Needs

https://www.acep.org/by-medical-focus/pediatrics/medical-forms/emergency-information-form-for-children-with-special-health-care-needs

American Academy of Pediatrics: Family Reunification Following Disasters: A Planning Tool for Health Care Facilities

https://downloads.aap.org/AAP/PDF/AAP%20Reunification%20Toolkit.pdf

American Academy of Pediatrics website: Family Separation and Reunification in Disasters

https://www.aap.org/en/patient-care/disasters-and-children/disaster-management-resources-by-topic/family-separation-and-reunification-in-disasters/?srsltid=AfmBOooSE7xoIafH77I0n611bjWUUAjk4IfgujlRzDH_FE4y4hKRNxw8

https://www.chla.org/sites/default/files/2023-09/CHLA-Pediatric-Decontamination-Picture-Book.pdf

The following table includes suggestions on caring for children with access and functional needs during an emergency or disaster. These recommendations have been compiled and adapted from various leading sources and agencies in the field of disaster preparedness.

COMMUNICATION -Alternative methods for children with access and functional needs *Sources: Marin County School District, National Emergency Management Association, and International Association* of *Emergency Managers*	
Recommendations	**Additional Comments**
▪ Provide written materials should be available in different formats (e.g., Braille, large print, disks, and audio cassettes)	
▪ Hearing-assistive technologies, auxiliary aids, and services such as sign language interpreters should be available.	
▪ Alarm systems for fire, etc. should have both audible and visual elements.	
▪ Pre-identify staff with foreign language and sign language skills and/or establish contracts with agencies who can support them.	
▪ Use pictures, symbols, and gestures to help communicate	
▪ Use electronic variable messaging boards, short message systems (SMS), teletypewriters (TTY) or telecommunications display devices (TDD)	
▪ Train staff and volunteers to practice basic American Sign Language (ASL) for emergency words	▪ Suggested words: important, emergency, fire, keep calm, fire exit, stairs, and elevator
▪ Screen all messages to ensure simplicity for understanding	
▪ All video and live television coverage should include captioning, ASL interpreters, and/or audio description	

DECONTAMINATION - Considerations for children with access and functional needs

Sources: Marin County School District, National Emergency Management Association, and International Association of Emergency Managers, Children's Hospital Los Angeles Pediatric Decontamination Picture Guide

Recommendations	Additional Comments
• Children may be allowed to ambulate through the line with assistance from either their parents or staff members. Children in wheelchairs may also move through the line in their chairs.	• or children with mobility issues and with mobility aids that cannot move through the line, consider the use of wheeled shower chairs or backboards.
• Infant and non-ambulatory small children are slippery and can fall. Avoid holding them during the decontamination process.	• Use an infant bathtub with drainage holes, laundry basket, pediatric decontamination stretcher. Infant can also be secured using these devices while the caregiver disrobes
• Note that children may be upset and feel uncomfortable with the removal of their assistive medical device and/or mobility aid, as well as the unfamiliar process and environment.	• Speak slowly and calmly. Provide assurances about their safety and welfare
• Allow additional time and effort during the process for children with visual and/or hearing impairments.	• Provide descriptions about the environment and its physical layout • Incorporate parents or caregivers in the process to help create a sense of familiarity, provide positive contact, and assist with instructions
• Plan for communication issues regarding sound and sight due to the PPE	• Incorporate the use of visuals in your communication such as the CHLA Pediatric Decontamination Picture Book: https://www.chla.org/sites/default/files/2023-09/CHLA-Pediatric-Decontamination-Picture-Book.pdf

GENERAL PREPAREDNESS - **Considerations by needs type** *Source: Marin County School District*	
Recommendations	**Additional Comments**
▪ **Cognitive/Developmental:** These children may have difficulties understanding the situation and how to respond. Many conditions may lead to children having difficulty reading complicated directions for evacuation or response plans. Include visuals to assist non-reading or overstressed children. Make sure evacuation routes have directional signs that are easy to follow. Practice evacuation procedures and review route(s) regularly.	▪ Suggested preparedness items are comfort items (e.g. stuffed animal), pen and paper, and visual communication instructions
▪ **Hearing:** Pre-identify staff that are versed in sign language and provide other staff with sign language training. Staff should practice basic hand signals for emergency communications. Emergency alerting systems should also utilize non-audible components such as strobe lights and vibrating pagers.	▪ Suggested preparedness items are pen and paper, flashlight, extra hearing aid batteries, and batteries for TTY and light phone signaler
▪ **Mobility:** Children with limited mobility may face issues regarding evacuation and access. All furniture should be secured and arranged in a way to facilitate a barrier-free route. If possible, keep a spare lightweight manual wheelchair for emergencies. Staff should be trained on how to properly transfer patients to and from wheelchairs. Also train and have mobility impaired patients practice wheelchair safety precautions such as locking their wheels and covering their heads and bodies.	▪ Suggested preparedness items are: heavy gloves for making way over glass or debris, extra battery for wheelchairs, patch kit for punctured wheels, flashlight or headlight, and whistle

• **Respiratory:** Children with respiratory impairments may have difficulty breathing when walking long distances or descending stairs during evacuation. Smoke, dust, fumes, chemicals, and other odors often exacerbate their conditions. For prevention purposes, emergency evacuation masks and respirators as well as other oxygen and respiratory equipment should be available for distribution. Have patients and staff practice putting on and removing this equipment as part of an emergency drill.	▪ Suggested preparedness items are medical masks, and any medical equipment needed for 72 hours. and paper and pen
• **Speech/Auditory:** Pre-identify the patient's preferred method of communication and whether or not it is effective. Also, provide patients with a filled-out emergency card and evacuation instructions on a card to be carried at all times and placed in an easy-to-see location.	• Suggested preparedness items are extra batteries for communication equipment, paper and pen, and comfort items Suggested preparedness items are:
▪ **Visual:** During an evacuation, assistance from others may be needed for patients with visual impairments Provide Braille signage or audible directions for patients who are blind or have low vision. Having emergency backup lighting systems, especially in stairwells and other dark areas, can also help patients with limited visual acuity. All emergency supplies and materials should be marked with large print or Braille. Have patients practice describing their surroundings.	▪ Suggested preparedness items are extra folding white cane, heavy gloves, colored clothing item for visibility, and comfort items