Appendix D: Identifying Resources for Children Worksheet

This worksheet supports the identification and coordination of specific resources for children in preparation for establishing a Family Reunification Center. It guides communities in capturing capacity, gaps, and planning needs across multiple sectors.

Section 1: Community Education Partners

Identify applicable educational systems in your community and note whether they are engaged in reunification planning.

Type of Educational System	Present in Community? (Y/N)	Point of Contact	Established Reunification Procedures? (Y/N)	MOU for shelter or reunification site use? (Y/N)	Notes
Public School District					
Private Schools					
Parochial Schools					
Tribal School District					
Charter Schools					
Home School Programs					
Bureau of Indian Education Schools					
Other					

Section 2: Pediatric Health Care Infrastructure

Document the pediatric medical resources available and their capabilities. Then use the **Pediatric Readiness Checklist** as a quick reference tool to evaluate whether your EMS agency is prepared to care for children in alignment with national recommendations.

Type of Facility or Service	Contact	Capabilities (Check all that apply)	# Pediatric Beds or Capacity	Reunification Procedures in Place? (Y/N)	Data sharing agreements for reunification (Y/N)
Pediatric Hospitals		☐ Trauma Level: ☐ Burn ☐ Inpatient ☐ ED ☐ NICU ☐ PICU ☐ Surgery ☐ Helipad			
Community Hospital with Pediatrics Units		☐ Trauma Level: ☐ Burn ☐ Inpatient ☐ ED ☐ NICU ☐ PICU ☐ Surgery ☐ Helipad			
Urgent Care Centers with Pediatric Services		☐ After-Hours ☐ Walk-In ☐ Minor Trauma			
Outpatient Pediatric Clinics		☐ Primary Care ☐ Specialty			
Telehealth Services for Pediatrics		☐ Acute ☐ Behavioral Health ☐ Chronic			
Pediatric Home Health Providers		☐ Medical ☐ Therapy ☐ Support Services			

National PRP
Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

Prehospital Pediatric Readiness Checklist

This checklist is based on the 2020 joint policy statement **"Pediatric Readiness in Emergency Medical Services Systems"**, co-authored by the American Academy of Pediatrics (AAP), American College of Emergency Physicians, Emergency Nurses Association, National Association of EMS Physicians, and National Association of EMTs. Additional details can be found in the AAP Technical Report **"Pediatric Readiness in Emergency Medical Services Systems"**.

Use this tool to check if your EMS or fire-rescue agency is ready to care for children as recommended in the policy statement and technical report. Consider using resources compiled by the National Prehospital Pediatric Readiness Project Steering Committee when implementing the recommendations noted here, to include the **Prehospital Pediatric Readiness Toolkit**.

Education & Competencies for Providers

- ☐ Process(es) for ongoing pediatric specific education using one or more of the following modalities:
  - Classroom/in-person didactic sessions
  - Online/distributive education
  - Skills stations with practice using pediatric equipment, medication and protocols
  - Simulated events

Process for evaluating pediatric-specific competencies for the following types of skills:

- ☐ Psychomotor skills, such as, but not limited to:
  - Airway management
  - Fluid therapy
  - Medication administration
  - Vital signs assessment
  - Weight assessment for medication dosing and equipment sizing
  - Specialized medical equipment
- ☐ Cognitive skills, such as, but not limited to:
  - Patient growth and development
  - Scene assessment
  - Pediatric Assessment Triangle (PAT) to perform assessment
  - Recognition of physical findings in children associated with serious illness
- ☐ Behavioral skills, such as, but not limited to:
  - Communication with children of various ages and with special health care needs
  - Patient and family centered care
  - Cultural awareness
  - Health care disparities
  - Team communication

Equipment and Supplies

- ☐ Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages
- ☐ Process for determining competency on available equipment and supplies

Patient and Medication Safety

- ☐ Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to:
  - Length based tape
  - Volumetric dosing guide
- ☐ Policy for the safe transport of children
- ☐ Equipment necessary for the safe transport of children

Patient- and Family-Centered Care in EMS

Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training, including:

- ☐ Using lay terms to communicate with patients and families
- ☐ Having methods for accessing language services to communicate with non-English speaking/nonverbal patients and family members
- ☐ Narrating actions, and alerting patients and caregivers before interventions are performed

Policies and procedures that facilitate:

- ☐ Family presence during resuscitation
- ☐ The practice of cultural or religious customs
- ☐ A family member or guardian to accompany a pediatric patient during transport

231128 | Revised 2/22/24

Policies, Procedures, and Protocols (to include Medical Oversight)

- ☐ Prearrival instructions identified in EMS dispatch protocols include pediatric considerations, when relevant, such as, but not limited to:
  - Respiratory distress
  - Cardiac arrest
  - Choking
  - Seizure
  - Altered consciousness
- ☐ Policies, procedures, and protocols include pediatric considerations, such as, but not limited to:
  - Policy on pediatric refusals
  - Pediatric assessment
  - Consent and treatment of minors
  - Recognition and reporting of child maltreatment
  - Trauma triage
  - Children with special health care needs
- ☐ Direct medical oversight integrates pediatric-specific knowledge
- ☐ Protocols (indirect medical oversight) include pediatric evidence when available
- ☐ Destination policy that integrates pediatric-specific resources

Quality Improvement (QI)/ Performance Improvement (PI)

- ☐ PI process includes pediatric encounters
- ☐ Pediatric-specific measures are included in the PI process
- ☐ Submission of EMS agency data to the state's prehospital patient care database
- ☐ Submitted data is compliant with the current version of NEMSIS (version 3.5 or higher)
- ☐ Process to track pediatric patient centered outcomes across the continuum of care, such as, but not limited to:
  - Transport destination
  - Secondary transport destination
  - ED and hospital disposition
  - ED and hospital diagnoses
  - Survival to hospital admission
  - Survival to hospital discharge

Interaction with Systems of Care

Policies, procedures, protocols, and performance improvement initiatives involve ongoing collaboration with:

- ☐ Pediatric emergency care
- ☐ Public health
- ☐ Family advocates

Plans and exercises for disasters or mass casualty incidents include:

- ☐ Care of pediatric patients, such as, but not limited to:
  - Pediatric mental health first aid
  - Pediatric disaster triage
  - Pediatric dosing of medications used as antidotes
  - Pediatric mass transport
- ☐ Tracking of unaccompanied children
- ☐ Family reunification
- ☐ Collaborate with external personnel or have internal staff focused on enhancing pediatric care, such as, but not limited to:
  - Pediatric emergency care coordinator (PECC)/champion
  - Regional PECC/pediatric champion
  - Pediatric advisory council(s)
  - Medical director with pediatric knowledge and experience
- ☐ Understand pediatric capabilities at local and/or regional emergency departments for children with the following types of conditions:
  - Medical emergency
  - Traumatic injury
  - Behavioral health emergency
- ☐ Policies and/or procedures for transfer of responsibility of patient care at destination

To provide feedback on this checklist, please email **pprp@emscimprovement.center**
For additional information on the Prehospital Pediatric Readiness Project (PPRP), visit:
https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness

Section 3: Child Welfare & Protective Services

Identify child welfare resources and oversight bodies in the community.

Child Protection & Support Entity	Point of Contact	Notes
Local/State Child Protective Services (CPS) Agency		
Tribal CPS or ICWA Support Services		
Juvenile/Family Court		
Child Advocacy Centers		

- How is cross-jurisdictional custody handled?
- Are systems in place to determine legal custody quickly?
- Integrated into reunification planning?

Section 4: Tribal Community Considerations for Children

Use this section if your community includes tribal partners or jurisdictions.

Does the tribe(s) have a Child-Focused Champion?
• If yes, who?
  ○ Name:
  ○ Contact:

Does the tribe(s) have an existing Reunification Plan?
Who determines legal custody of a child? • Does the tribe(s) have its own court system?
What is the school infrastructure for the tribe(s)? • Tribal school districts • Bureau of Indian Education • Charter schools • Parochial schools • Public school district
What is the emergency services infrastructure? Who provides… • Law enforcement • Fire • Emergency Medical Services
What is the public health / medical services infrastructure? • Public health administrator • Indian Health Service (638 contract/compact) • Existing relationships with area hospitals
Who provides post-mortem services?
Is there a tribal membership office which identifies registered members of the tribe(s)?
Is there an appointed tribal public health administrator(s)?
Are social services available? • What are the scopes of services?
Who is the tribal liaison for your FEMA region? (May be multiple) • Name: • Contact:

- What barriers exist to coordination with tribal court or (Child Protective Services) CPS for reunification efforts?

Section 5: Children with Special Population Needs

Document the available resources and their capabilities for special populations.

Capability	Present in Community? (Y/N)	Agency	Capabilities	Notes
Transportation operations for children with mobility needs				
Assistive technology and support services				
Caregiver training on children with disability needs				
Child psychologist or counselors				
Mobile crisis response with expertise regarding children				
Coping/grief resources for children				
Partnerships with trauma-informed care providers				

Section 6: Community Engagement for Children during Reunification Summary

Summarize the overall readiness and gaps in community resources for children for reunification planning.

Consideration	Summary Notes
Strengths in current child-focused partnerships	
Identified gaps in capabilities for children	
Additional partners needed for future engagement	
Community readiness to support child reunification	