



Caring for Non-injured and Non-ill Children in a Disaster:

A Guide for Non-Medical
Professionals and Volunteers



Introduction

Since children comprise nearly a quarter of the United States population, they will likely be impacted by any natural or man-made disaster. Children have certain physical and developmental characteristics that put them at greater risk and increase their vulnerability during disasters, so it is vital that their unique needs are addressed before, during, and after a disaster event. Appropriately planning for and addressing the needs of children are steps toward decreasing their risk of injury, illness, and maltreatment.

Non-medical professionals, such as law enforcement officers, fire fighters, public health workers, and emergency managers as well as volunteers (those responsible for coordinating and staffing shelters, Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) members), may find themselves in the position to care for, watch over, or consider the needs of non-injured and non-ill children during and after a disaster. Because these individuals may not normally care for children on a day-to-day basis, they may not be aware of the specific needs of children.

This guide was designed as a resource for individuals and groups who may have to consider the needs of children during times of disaster. It includes a basic understanding of how children react to disasters and responders/volunteers, the specific needs (physical and emotional) of children of all ages, tips on caring for and talking to children, information on children with chronic medical or behavioral conditions [Children with Special Health Care Needs (CSHCN)], and caring for unaccompanied children.

The following age groups are used throughout this guide:

Newborn (Birth to 1 month)	Pre-school (4-6 years)
Infant (1 month to 1 year)	School age (7-12 years)
Toddler (1-3 years)	Adolescent (13-18 years)

Understanding Children's Reactions

Children react to events and people based on their age and developmental level. The chart below has general information on the emotional and physical/behavioral reactions that children may have following a traumatic event or disaster. Please note that during stressful situations, children may regress and exhibit behavior typical of a younger child (for example a toddler that has been potty-trained may temporarily regress and need the use of diapers).

Age Group	Emotional Reaction	Physical/Behavioral Reaction
Newborn	<ul style="list-style-type: none"> • Anxiety when separated from caregiver(s) 	<ul style="list-style-type: none"> • Exaggerated startle reflex • Crying/fussiness • Irritability • Feeding problems • Sleeping problems
Infant	<ul style="list-style-type: none"> • Fear of separation • Anxiety when separated from caregiver(s) 	<ul style="list-style-type: none"> • Exaggerated startle reflex • Crying/fussiness • Irritability • Feeding problems • Sleeping problems
Toddler	<ul style="list-style-type: none"> • Fear of separation • Worry/anxious • Sadness • Missing people/things 	<ul style="list-style-type: none"> • Clinging to caregiver(s) • Crying/fussiness • Irritability • Regression • Feeding problems • Sleeping problems/nightmares • Aggression • Hyperactivity • Tantrums

Age Group	Emotional Reaction	Physical/Behavioral Reaction
Preschool	<ul style="list-style-type: none"> ● Fear of separation ● Fear of being alone ● Helplessness ● Powerlessness ● Passivity ● Magical thinking-feel that they caused the event or it occurred to punish them 	<ul style="list-style-type: none"> ● Aches and pains ● Confusion-not understanding that the danger is over ● Sensitivity to noise ● Regression ● Clinging to caregiver(s) ● Eating problems ● Sleeping problems ● Crying ● Not talking ● Re-enact incident repeatedly
School age	<ul style="list-style-type: none"> ● Withdrawal ● Fearfulness ● Sadness ● Guilt-feels responsible ● Anger ● Increased interest in details about death due to their increased understanding of death 	<ul style="list-style-type: none"> ● Aches and pains ● Confusion ● Poor concentration ● Eating problems ● Sleeping problems ● Attention seeking ● Regression ● School avoidance ● Aggression ● Fixated on the event ● Irritability
Adolescent	<ul style="list-style-type: none"> ● Withdrawal ● Fearfulness ● Sadness ● Hopelessness ● Detached ● Shame/guilt ● Overwhelmed 	<ul style="list-style-type: none"> ● Aches and pains ● Poor concentration ● Sleep changes ● Acting out ● Irritability ● Substance abuse ● Isolation ● Avoidance ● Abrupt social and attitude changes ● Dangerous or risk-taking behavior



What Children Need

The following pages provide information on the physical and emotional needs of children based on their age group, during and after a disaster. It also includes tips on how to talk to children based on age and developmental level. It concludes with information on the needs of Children with Special Health Care Needs as well as unaccompanied children [those who have been separated from their caregiver(s)].



Newborns

Nutrition Needs

- Breast or bottle fed only
 - 2-3 ounces/feeding every 2-3 hours

Emotional/ Mental Health Needs

- Keep with caregiver(s), if possible
 - May be soothed by being bundled, having something to suck on or being rocked

Hygiene Needs

- 8-12 diapers per day
- Clean diaper changing surfaces after each use and disinfect daily with 1:10 bleach solution
- Sponge baths in a basin with warm water and gentle soap 2 times/week

Safety and Security Needs

- Use a crib/bassinet, if available
- Discourage caregiver(s) from sleeping in same bed/cot with newborn
- Place newborns/infants on their backs to sleep
 - Avoid soft surfaces for sleeping
- Keep with caregiver(s), if possible
 - Protect from abduction/maltreatment

Tips

- Hold newborns as much as possible
- Keep warm
 - Lose body heat easily
 - At risk for hypothermia
- Avoid loud noises and bright light
 - Speak softly
- When washing newborn linen/clothes, rinse thoroughly and use baby laundry detergent,
 - If mother is breast feeding:
 - Provide clean, private area
 - Encourage mother to drink plenty of fluids
 - Provide access to power outlet for breast pump and a place to clean bottles

Infants

Nutrition Needs

2-4 months:

- Breast or bottle fed only
- 3-4 ounces/feeding every 3-4 hours

4-6 months:

- 4-5 ounces/feeding (breast or bottle) 4 times/day
- Baby food (e.g., rice cereal)

6-9 months:

- 6-8 ounces/feeding (breast or bottle) 4 times/day
- Baby food and mashed table food

9-12 months:

- 6-8 ounces/feeding (breast or bottle) 4 times/day
- Soft bite-sized pieces of food

Emotional/ Mental Health Needs

- Keep with caregiver(s), if possible
- Familiar objects can be soothing
 - Will react to caregiver's stress

Hygiene Needs

- 8-12 diapers per day
- Clean diaper changing surfaces after each use and disinfect daily with 1:10 bleach solution
- Use a basin, warm water, gentle soap, and cloths to bathe infant 2-3 times/week

Safety and Security Needs

- Use a crib/bassinet if available
- Discourage caregiver(s) from sleeping in same bed/cot with infant
- Place infants on their backs to sleep
- Avoid soft surfaces for sleeping
- Keep with caregiver(s), if possible
 - Protect from abduction/maltreatment

Tips

- Hold infants as much as possible
- Use simple words and speak softly
- Keep warm
 - Young infants lose body heat easily
- Avoid loud noises and bright lights
- Provide age-appropriate toys and distractions (see inventory list on p.13 for examples)
- Provide safe areas for infants to crawl and/or walk (older infants)
- When washing infant linen/clothes, rinse thoroughly and use baby laundry detergent, if possible

Toddlers

Nutrition Needs

- Table food is appropriate
 - Soft bite-sized pieces
- Avoid foods that can cause choking (e.g., hot dogs, grapes, chunks of meat)
 - Consider potential food allergies

Tips

- Provide age-appropriate toys and distractions (see inventory list on p.13 for examples)
- Provide a safe area for child to play
 - Keep to their normal routine as much as possible, including favorite rituals

Safety and Security Needs

- Protect from abduction and maltreatment
 - Use appropriately sized beds
 - Establish family sleep areas and bathrooms if possible

Hygiene Needs

- 6-10 diapers per day
- Clean diaper changing surfaces after each use and disinfect daily with 1:10 bleach solution
- May use slip-on type diapers during potty training
- Previously potty trained toddlers may regress and temporarily need diapers during/after disaster

Emotional/Mental Health Needs

- Keep with caregiver(s), if possible
- Offer plenty of reassurance (physical and verbal)
 - May cling to caregiver(s); like to be held
 - Will react to caregiver's stress
- Limit exposure to TV programs and adult conversations about the events
- Monitor for ineffective coping

Preschool

Nutrition Needs

- Table food is appropriate
- Finger foods for younger children
- Avoid foods that can cause choking (e.g., hot dogs, grapes, chunks of meat)
- Consider potential food allergies

Safety and Security Needs

- Protect from abduction and maltreatment
- Establish family sleep areas and bathrooms if possible

Emotional/Mental Health Needs

- Keep with caregiver(s), if possible
- Offer plenty of reassurance (physical and verbal)
 - Reinforce that the events are not their fault
- Limit exposure to TV programs and adult conversations about the events
- Monitor for ineffective coping

Hygiene Needs

- Previously potty trained children may regress (e.g., bed wetting)
- Designate one staff/official to monitor bathrooms for safety

Tips

- Answer questions honestly and with simple explanations
- Provide age-appropriate toys and distractions (see inventory list on p.13 for examples)
 - Provide a safe area for child to play
 - Keep to their normal routine as much as possible, including favorite rituals
 - Observe for physical complaints

School Age

Nutrition Needs

- Regular table food
- Consider potential food allergies

Hygiene Needs

- Ensure privacy in bathrooms and showers
- Provide separate bathrooms for each gender
- Designate one staff/official to monitor each bathroom for safety

Emotional/Mental Health Needs

- Encourage time with caregiver(s), if possible
 - Encourage child to talk about feelings/fears but do not force
 - Offer reassurance
- Validate fears, difficulties, and feelings
- Discuss common reactions to stress, trauma, and disasters
- Share own response and ways of coping
 - Monitor for ineffective coping

Safety and Security Needs

- Protect from abduction and maltreatment
 - Protect from harm during anger outbursts, nightmares
- Observe for and discourage risk taking behaviors

Tips

- Provide a safe area for child to play
- Provide opportunities for social outlets, if possible
 - Provide age-appropriate toys and distractions (see inventory list on p.13 for examples)
 - Provide opportunity to resume normal activities (e.g., school), if possible
- Provide clear, honest, and concrete information and answers to questions
 - Provide information about changes (e.g., routines, moving, what is going to happen)
 - Observe for physical complaints

Adolescent

Nutrition Needs

- Regular table food
- Consider potential food allergies

Hygiene Needs

- Ensure privacy in bathrooms and showers
- Provide separate bathrooms for each gender
- Designate one staff/official to monitor each bathroom for safety
- Provide sanitary napkin and tampon supplies for females

Tips

- Address teen directly
- Provide honest and clear information and answers to questions
- Keep informed about any new updates
- Allow for participation in decision making and response activities, if possible
- Provide time to interact with peers, if possible
- Provide opportunity to resume normal activities (e.g., school), if possible
 - Be reasonably flexible with rules, academic and behavioral expectations

Emotional/ Mental Health Needs

- Encourage opportunities to talk about feelings/fears in a private setting, but do not force
- Discuss common reactions to stress, trauma, and disasters
 - Educate teen about risks of substance use and illegal behaviors
- Share own response and ways of coping
- Monitor for ineffective coping

Safety and Security Needs

- Protect from harm during anger outbursts, nightmares
- Observe for and discourage risk taking behaviors

Children with Special Health Care Needs (CSHCN)

Examples of Common Disorders/Conditions: Autism, cerebral palsy, seizure disorders, hearing loss, Down syndrome, muscular dystrophy, mental health disorders

Nutrition Needs

- Based on age, developmental level and pre-existing conditions
- Examples of special considerations
 - Tube feedings/spoon feed
 - Swallowing difficulties
 - Medical disorders with dietary considerations, such as diabetes

Hygiene Needs

- Based on age, developmental level and pre-existing conditions
- Large, more accessible bathrooms/shower facilities may be needed
- Older children may use diapers
 - Provide private area with enough space to allow for changing
 - Clean diaper changing surfaces after each use and disinfect daily with 1:10 bleach solution

Safety and Security Needs

- Protect from abduction and maltreatment
- Use appropriately sized and accessible beds
- May need access to power outlets to charge medical and/or mobility equipment

Emotional/Mental Health Needs

- Based on age, developmental level and pre-existing conditions
- Those with history of psychiatric/behavioral disorders are at increased risk for acute stress disorder (ASD) and/or post-traumatic stress disorder (PTSD)

Tips

- Establish family areas to allow for quiet and more private spaces
- If caregiver(s) are present, ask to determine the special needs of the child
 - Contact local medical supply vendors for assistance with equipment, medications, oxygen restock, wheelchairs, etc.

Unaccompanied Children

Caring for Unaccompanied Children

- Identify a pediatric safe area
- Area should have strict security access control
 - Use sign in and sign out sheets for area
- Assign at least one staff member to supervise the area and use the following as a guide to escort and care for unattended children:
 - At least 1 adult to 4 infants
 - At least 1 adult to 10 preschool children
 - At least 1 adult to 20 school age children

Steps to Reunite Unaccompanied Children

- Notify emergency operations center of unaccompanied children
- Take pictures of unaccompanied children if a camera is available
- Contact resources to help reunite children:
 - American Red Cross
 - National Center for Missing and Exploited Children
 - Illinois Department of Children and Family Services
- Work with local authorities/above agencies and follow shelter guidelines to verify guardianship before releasing unaccompanied child. Obtain the following:
 - Address and phone information
 - Copy person's ID/document information from ID
 - Ensure person describes/identifies child correctly
 - Obtain proof of guardianship, if possible

Recommended Supplies for Children

The following recommended supply list provides an overview of some of the items children may need. It should be used as a guide and is not meant to be an all-inclusive list.

Nutrition, Hygiene, and Sleeping Supplies

Baby formula	Pacifiers	Slip-on type diapers (size 4T-5T)	Wash cloths/towels
Baby food/cereal	Toddler feeding spoons/forks	Diaper wipes	Portable cribs, bassinets, play pens
Oral electrolyte replacement	Manual breast pumps with bottles	Container for soiled diapers	Laundry baskets (can be used for infant bed; use minimal bedding)
Sports drinks	Hand sanitizer	Diaper rash ointment	Bed sheets
Baby bottles and nipples for bottles	Cloth diapers/other small towels for spit ups	Toddler toilet seat (potty chairs)	Lightweight hypoallergenic blankets
Plastic bowls	Disposable changing pads	Infant wash (soap)	Baby laundry detergent
Sip cups	Diapers (size 1-6)	Infant bathing bins	

Age Appropriate Toys/Distractions

Infants/Toddlers	Preschool/School Age	Adolescents	General
Musical/light toys	Plastic animals, action figures, cars	Teen rated games	Bubbles
Pop-up toys	Building blocks	Video/electronic games	Balls
Mirrors	Books	Journal and writing supplies	Coloring books and supplies
Shape sorters	Dolls	Books and magazines	Arts and craft supplies
Stacking rings	Elementary school rated games	Activity sets	Music
Activity blocks	Foam balls	Music	Stickers
Teething rings			Sculpting clay
Board books			
Beginner toy cars			

For safety and infection control reasons, only provide toys that are washable, nontoxic, not easily broken, with no small parts that could present a choking hazard to children. Consider including some toys/objects that could be given to the child to keep (small new stuffed animals, cars, stickers, coloring books/crayons, etc.).

Resources

Illinois Department of Children and Family Services
24/7 hotline: 1-800-25-ABUSE (22873)

Illinois Department of Human Services
Crisis Help Information Line
1-800-843-6154

Illinois Emergency Management Agency
1-217-782-7860

Illinois Poison Control Center
24/7 hotline: 1-800-222-1222

National Center for Missing and Exploited Children
24/7 hotline: 1-800-THE LOST (1-800-843-5678)

Links

American Academy of Pediatrics Children & Disasters
www.healthychildren.org (search "children and disasters")

American Red Cross
www.redcross.org

Illinois Emergency Medical Services for Children (EMSC)
dph.illinois.gov/topics-services/emergency-preparedness-response/ems/emsc.html

FEMA 4 Kids
www.ready.gov/kids/

References

National Commission on Children and Disasters. (2010). 2010 Report to the President and Congress. Appendix E: Standards and indicators for disaster shelter care for children. Retrieved from www.acf.hhs.gov/ohsepr/report/2010-national-commission-children-and-disasters-report-president-and-congress

National Commission on Children and Disasters. (2010). 2010 Report to the President and Congress. Appendix F: Supplies for infants and toddlers in mass care shelters and emergency congregate care facilities. Retrieved from www.acf.hhs.gov/ohsepr/report/2010-national-commission-children-and-disasters-report-president-and-congress

New York State Department of Health/Division of Family Health. (2017, April). Pediatric and obstetric emergency preparedness toolkit: A guide for pediatric and obstetric emergency planning. Retrieved from www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/documents/emergency_preparedness_manual-April-2017.pdf

New York University Child Study Center. (2006, September). Caring for kids after trauma, disaster and death: A guide for parents and professionals (2nd ed).

Save the Children. (2007). Child safety guidance for emergency evacuation shelters and local assistance centers.

U.S. Department of Homeland Security. (2012). Fiscal year 2012 Homeland Security Grant Program. Supplemental resource: children in disasters guidance. Retrieved from cdps-docs.state.co.us/safeschools/Resources/DHS%20Department%20of%20Homeland%20Security/DHS%20Children%20in%20Disasters%20Guidance.pdf



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dph.illinois.gov/topics-services/emergency-preparedness-response/ems/emsc.html

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