



Family Reunification Center Planning Considerations

Final: 2024.02.15

Preface

Family Reunification Centers (FRC) are established immediately following a mass casualty or mass fatality incident. The FRC is a designated centralized location used to reunify victims and their family members, often in a hospital or near where the incident occurred. It also provides a venue for authorities to provide information to families and to facilitate the collection of information from families about the victims that can be used for victim identification. The FRC should be where families and friends can gather, receive information about the victims, grieve, be protected from the media and curiosity seekers, facilitate information sharing to support family reunification, and provide death notification when a patient is deceased and the identity is known. These centers may be replaced by a Family Assistance Center (FAC) or shelter as determined by governmental authorities typically within 24-hours.¹

Introduction

Children who are separated from families are extremely vulnerable and are at risk for significant physical and mental trauma, neglect, abuse, and even exploitation. Therefore, it is important to return these children to the care of their custodial caregivers as quickly as possible. Safely reuniting children with their families can be particularly challenging given the wide range of potential developmental, physiological, and psychological differences that they may have.

Moreover, too few hospitals have plans to generally care for children in disasters. A recent survey showed that less than 50 percent of hospitals in the United States do not have disaster plans addressing children, and even fewer have specific plans to care for unaccompanied children and support their family reunification following a disaster.

In the National Pediatric Readiness Project (NPRP) assessment conducted in 2021, Michigan had 100% (138/138) participation in the assessment with a 24/7 Emergency Department (ED). Out of all hospitals in Michigan with a 24/7 ED, 46% (63/138) reportedly have a disaster plan that includes the minimization of parent-child separation and methods for reuniting separated children with their families.

A consequence of disasters, family reunification becomes one of the most challenging processes to plan for, implement, and accomplish. One critical piece in this process is to rapidly identify and protect displaced children to reduce the potential for maltreatment, neglect, exploitation, and emotional injury. A critical aspect of pediatric disaster response is to effectively address the needs of children who have been displaced from their parent or guardian.

A planning tool that provides an in-depth look at reunification and provides forms that can be adapted to healthcare organization plans is The American Academy of Pediatrics and

¹ [Family Reunification](#) | [Coyote Crisis Campaign](#) | [Coyote Crisis Collaborative \(coyotecampaign.org\)](#)

Massachusetts General Hospital Center for Disaster Medicine's Family Reunification Following Disasters: A Planning Tool for Health Care Facilities V 1. in July 2018.²

Family Reunification Planning

It is extremely important for a healthcare organization to develop a leadership chain of command and structure concerning family reunification with specific attention into how this is incorporated into overall emergency operations plan and Hospital Incident Command System (HICS). The space and staff needed to operate an FRC safely and successfully can be significant depending on the nature of the medical surge and the size of a facility. A large Level I trauma center will need more resources dedicated to an FRC, versus a rural Level IV trauma center.

One of the first steps to developing a FRC plan is to:

- ☐ Develop an internal planning team to evaluate your facility's ability to provide family reunification resources.

To help ensure that the FRC planning team develops a process that is effective and efficient in supporting reunification, each hospital should reach out as early as possible in its planning process to its community partners (American Red Cross, National Center for Missing and Exploited Children, local behavioral health specialist, and other individuals and entities). Understanding what functions the community organizations have included in their disaster plans will help to clarify the expectations of what each entity will provide during reunification operations. This outreach will help the hospital understand and leverage the community's capabilities as they develop their FRC plan.

Healthcare organizations should:

- ☐ Work with local community partners to establish off-campus resources if needed.
- ☐ Engage facility departments like public relations, risk management, social work, and food service for planning.
- ☐ Work with community transportation companies for times when off-campus sites are necessary.

Essential Elements of a Hospital Family Reunification Plan

A comprehensive hospital family reunification plan has seven essential elements:

- ☐ Describe the plan's organizational structure for family reunification staff. Include how these fit into the hospital's overall emergency operations plan (EOP) and HICS structure.
- ☐ Create processes for registering and tracking those looking for friends and family.

² [family-reunification-toolkit.pdf \(massgeneral.org\)](https://www.massgeneral.org/family-reunification-toolkit.pdf)

- ☐ Create processes for registering and tracking unaccompanied minors. Include how unaccompanied minors will be easily identified.
- ☐ Procedures to establish an off-campus family reunification site.
- ☐ Procedures for sharing protected health information (PHI) with those involved in the response who need this information to facilitate family reunification, such as other hospitals, public health agencies, American Red Cross and others.
- ☐ Procedures to operate your facility's FRC.
- ☐ Procedures to operate your facility's pediatric safe area.

It will be important that the facility clearly describes the organizational structure for the FRC and how the flow of information will work for the FRC staff during a disaster. Due to the nature of an FRC, there will be a large amount of information related to the location of the injured and non-injured going through the FRC, and this process needs to be clear and managed by trained staff.

There needs to be a clear process for collecting information from the people located in the FRC and from the people looking for family members. Facilities should create a family intake form used to compare answers to questions given to aid in reunification. This should also include specific information that will be collected from unaccompanied minors (such as parents' names, sibling(s) names, pet names, city they live in, teacher's name, names of friends) to information provided by adults claiming to be guardians when other means of verification are unavailable. Ensure all staff in the FRC are aware of what PHI can be shared with authorities seeking information.

Data elements collected to support reunification efforts should include:

- ☐ Patient's full name
- ☐ Parent/guardian name(s)
- ☐ Nicknames for child and parent(s)/guardian(s)
- ☐ Date of birth (or approximate age if unable to obtain)
- ☐ Height and weight
- ☐ Race/ethnicity
- ☐ Cultural, languages spoken, and other special needs (allergies, medical conditions, medications)
- ☐ Hair color and length of hair
- ☐ Eye color
- ☐ Gender
- ☐ Distinguishing marks on the body (may include tattoos, scars, and missing teeth)
- ☐ Clothing worn at initial arrival, along with significant belongings (stuffed animal)
- ☐ Location and mechanism of arrival/presentation to the system
- ☐ Photo (if system is capable)
- ☐ Association with disaster event (to aid in reporting all patients associated with incident)

Unaccompanied Minors

Children who become separated from their loved ones during or following a disaster are at an increased risk of trauma. Coping with anxiety and stress are much more difficult in the absence of those who know the child's individual needs. Children separated from their parents or legal guardians are more vulnerable to maltreatment, abuse, abduction, and sexual exploitation.³ A designated pediatric safe area (PSA) should be identified during the planning process for a facility to care for unaccompanied minors who are not receiving medical care. This area should be away from easy public access and be secure, as entry to the area needs to be restricted.

The other factor that needs to be considered is how children who are without a parent or guardian will be identified. Children need to be definitively identified and a process to match them to their legal custodial parent/guardian before release from the hospital needs to be in place. Accurate identification of children before releasing them from the hospital is key to preventing harm. Mistaken identity may lead to:

- Release of a child to the wrong family.
- Release of a child to an unauthorized noncustodial parent.
- Delay of reunification with the child's actual family (this affects both the child and the family).
- Failure to identify significant medical and other conditions important to the care of the child.⁴

Most children will be able to tell you their name, as well as identify their parents. Children who can identify both themselves and their parents can typically be released to their parents following usual hospital policies.

Examples of typical hospital policies may include:

- ☐ Confirm the identity of children/parents.
- ☐ Parents should provide some form of identification.
- ☐ Photographs or biometrics can be used to identify the child.
- ☐ Ability to match answers on the template questions, such as favorite toy/blanket, name of teacher, school, name of pet, or family safe word.

If the child's identity cannot be confirmed with the above methods, technology or other data could be used. Examples include:

- ☐ DNA.
- ☐ Palm printing, a newer technology that can trace the venous system of the hand, creating a unique image.
- ☐ Fingerprinting.
- ☐ Photograph of child-caregiver pair.

³ [Disaster Preparedness and Response \(missingkids.org\)](https://www.missingkids.org/DisasterPreparednessandResponse)

⁴ [family-reunification-toolkit.pdf \(massgeneral.org\)](https://www.massgeneral.org/family-reunification-toolkit.pdf)

Facilities should prepare for austere conditions which may require special adaptations of the usual hospital policies because usual data and systems may be adversely affected. This may include hospital information technology systems not functioning, no Internet access may be available, parents unable to produce identification or photographs, or governmental child services and law enforcement teams may be unavailable to assist. For those children who cannot be definitively identified, it is recommended that hospitals develop procedures to safely maintain care for all unidentified children until they can later be definitively reunited with their families.⁵

Registration, Intake, and Tracking of Unaccompanied Minors

- ☐ Registration of children should use a specific form to collect children-specific data elements. This also includes Doe identification for non-verbal children.
 - All unaccompanied minors should go through a registration, intake and tracking process regardless of their need for care.
 - These essential elements of information are needed to assure the timely and safe reunification of children with their families.
- ☐ Enter the child into your EMR/Registration system and track their location until they can be released to their custodial caregivers.
- ☐ Clearly highlight the status of unaccompanied children visually, so they can be observed by the appropriate hospital staff. Many hospitals use brightly colored wristbands or other identifiers to help with this identification.

As part of unaccompanied minor planning, facilities need to develop a form with what information should be collected including, at a minimum:

- ☐ Name
- ☐ Age
- ☐ Parent Name
- ☐ Address/Phone Number
- ☐ School/Teacher's Name
- ☐ Allergies
- ☐ Identifying Characteristics
- ☐ Where did they arrive from and who brought them to the hospital
- ☐ Take pictures of children to attach to the medical record

Pediatric Safe Area (PSA)

Children involved in a disaster will need qualified providers to distract, calm, and reassure them to help reduce long-term mental health effects. A PSA should be established in an appropriate

⁵ [family-reunification-toolkit.pdf \(massgeneral.org\)](https://www.massgeneral.org/family-reunification-toolkit.pdf)

area that allows children to be housed safely. The PSA needs to be housed in a controlled and supervised space where children can be cared for until reunited with family. This space should be in an area separate from the ED and should be away from public access and be secure, as entry to the area needs to be restricted. It should also be away from media staging areas.

Note: During a medical surge event, medical units should not be used for pediatric patients that do not have a clear medical need. This will help to avoid inability to admit patients from the ED and avoid compromising bed availability.

The Unaccompanied Minors Registry (UMR)

The National Center for Missing and Exploited Children (NCMEC) provides a place for emergency management agencies, law enforcement, shelter staff, hospital employees, and other organizations to report minors in their care during disasters. The UMR accepts reports of children up to age 18 who have been separated from their parents, legal guardians, or other relatives. The UMR also allows shelters, hospitals and other agencies managing many unaccompanied children to upload entire lists of names at once.

When a person makes a report to the UMR, it goes directly to NCMEC's Call Center. A case will be opened for the child, and information will be passed on to field resources on the ground. The UMR site is [Unaccompanied Minor Registry \(UMR\) \(missingkids.org\)](https://missingkids.org).

NCMEC also operates the National Emergency Child Locator Center (NECLC). The NECLC may be activated through a request to the Federal Emergency Management Agency (FEMA) from a state, tribe, or territory during Presidentially declared disasters. Its primary mission is to assist with the reunification of children who have become separated from their parents or legal guardians during a disaster.

Security Concerns

Security will play an important role in any incident requiring the activation of a hospital's family reunification plan. As families attempt to find their loved ones, people will go to the hospital(s) identified in news and social media as receiving patients. This influx of people will require a need for increased security personnel. It will be important to engage the facility's security leadership early in the FRC planning process. Hospital security personnel can also help with coordination of interface between the institution and outside law enforcement. Ideally, an individual with preexisting relationships with law enforcement on local and regional levels, including relevant federal entities (e.g., Federal Bureau of Investigation; Bureau of Alcohol, Tobacco, Firearms and Explosives) may fill this role. There will need to be a security presence in the Hospital Family Reunification Center (HFRC) and the PSA.

Develop a social media usage policy for staff. It is important that staff follow the facility rules on social media use during an incident/patient surge. This becomes especially important when the FRC has an area with unaccompanied minors. After disasters, the rapid identification and protection of separated children and their reunification with legal guardians is necessary to minimize secondary injuries (i.e., physical and sexual abuse, neglect and abduction).⁶ Assign staff to monitor local social media (such as the city's community chatter page) in case there is new information being shared or incorrect information that may cause concern.

Family Reunification Site

When identification and verification of a child and family is complete, it is important to have a separate area to facilitate the actual reunion. The space should be away from the HFRC and the PSA in a well-controlled, safe place away from the noise and distractions of other areas. The Family Reunification Site should also provide a secure and simple path for departure from the hospital. There should be a plan in place for reunification of children that have been admitted to the hospital and for escorting parents/caregivers to inpatient areas of the hospital.

It is very important to provide a separation of the Family Reunification Site from the HFRC to prevent creating additional trauma for families waiting in the HFRC for their children who have not yet been reunited and having them watch reunifications happening in front of them.

Plan Activation

The decision to activate the family reunification plan depends on the scale of the incident and the demands it places on the hospital. Most hospitals have protocols and are familiar with addressing small-scale incidents. When hospitals become aware there is an increased need for space, staff, and materials to provide safe care for unaccompanied pediatric patients is outpacing the normal resources and response, there should be consideration to activate the family reunification plan. The decision is made by the hospital Incident Commander after consultation with the Operations Section Chief, hospital Security Advisor and other subject matter experts.

The family reunification plan and its activation process should be a separate part of the hospital's emergency operations plan. An example flowchart from the American Academy of Pediatrics and Massachusetts General Hospital Center for Disaster Medicine is provided in Diagram 1 below.

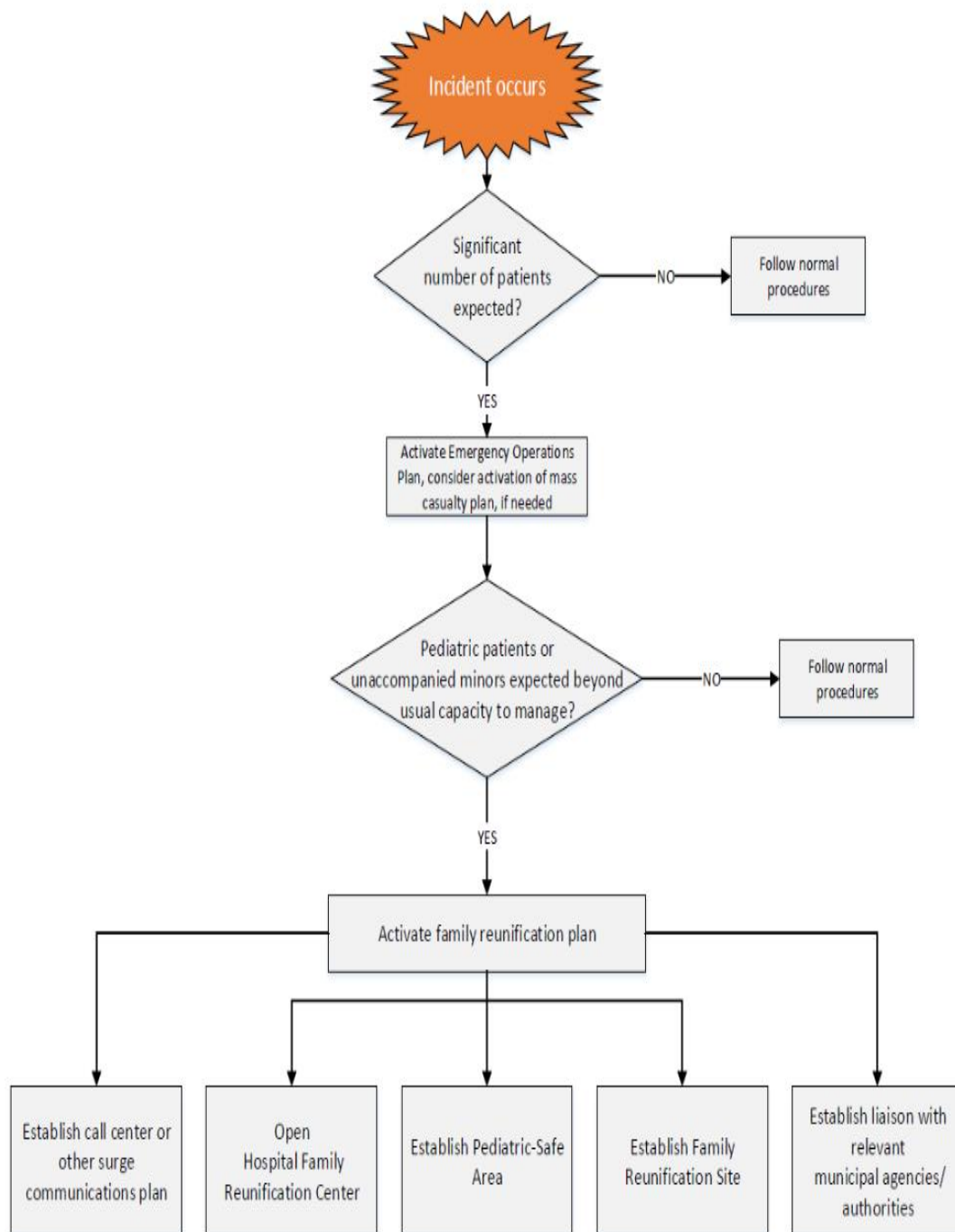
⁶ [Operation Child-ID: reunifying children with their legal guardians after Hurricane Katrina - PubMed \(nih.gov\)](#)

Transitioning to a Family Assistance Center

Depending on the scope of the disaster, a Family Assistance Center (FAC) may be activated after the first 48-72 hours. The FAC takes over for the FRC, if needed, to continue to be the hub for information collections and sharing and rendering of services regarding missing or deceased individuals. Additionally, a FAC provides a place for coordinated interagency efforts and integrated operations to support the local medical examiner. Transitioning from a FRC to an FAC should be clearly communicated to the families in the FRC, to include:

- When the transition will occur.
- Where the FAC will be located.
- What to bring with them.
- Why the change is occurring.
- Any incident specific information that may be applicable.

Diagram 1



[family-reunification-toolkit.pdf \(massgeneral.org\)](https://www.massgeneral.org/family-reunification-toolkit.pdf)

Additional Resources

The American Academy of Pediatrics and Massachusetts General Hospital Center for Disaster Medicine developed *Family Reunification Following Disasters: A Planning Tool for Health Care Facilities* ([family-reunification-toolkit.pdf \(massgeneral.org\)](https://www.massgeneral.org/family-reunification-toolkit.pdf)) and has many resources available.

Included are:

- ☐ Exercising Family Reunification Plans
 - Tabletop exercises
 - Drills
 - Functional exercises
 - Full-scale exercises
- ☐ Measuring Performance
 - Hot wash
 - After-Action Report
 - Improvement Plan
- ☐ Additional Resources
 - Federal
 - National and Professional Society
- ☐ Appendixes
 - HFRC Location Assessment Tool
 - HFRC Sample Site Diagrams
 - PSA Location Assessment Tool
 - Sample HFRC Unit Leader Job Action Sheet
 - Parent/Guardian Vetting Form
 - Sample Communications Scripting
 - Hospital Family Reunification Planning Checklist

Coyote Crisis Collaborative

[Family Reunification | Coyote Crisis Campaign | Coyote Crisis Collaborative \(coyotecampaign.org\)](https://coyotecampaign.org)

Texas Children's Hospital Family Reception Center Plan (Jan. 2019)

[Texas Children's Hospital Family Reception Center Plan • EIIC](#)

Western Region Homeland Security Advisory Council (WRHSAC)

[Family Reunification Plan Template | WRHSAC](#)