# A Manual for Managing Pediatric Victims and Their Families in the Field During a Mass Casualty - Hazmat Event

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# **Section 1**

## **Purpose**

This manual consists of concise and immediately usable protocols for responding to pediatric victims and their families *in the field* during a HAZMAT event. These protocols are intended to increase communication, increase victim cooperation, decrease chaos, decrease decontamination time, increase responder effectiveness and decrease likelihood of ongoing psychological harm.

For an in-depth discussion of this topic see "Managing Pediatric Victims and Their Families During a Mass Casualty Event" and "Acute Crisis Intervention with Pediatric Victims and Their Families During a Mass Casualty Event" by Peter Sternberg, L.C.S.W.

Note: Many of the considerations put forward in this paper have applicability to adults and to situations other than mass casualty.

### **Section 2**

## Unique Issues of Decontaminating Children in the Field

Fire, EMS and Police personnel will encounter some unique issues when decontaminating children who are not with their parents. In an environment like a school, the initial reaction of the Incident Commander and school administrators to an incident would be to keep the children and staff contained in a safe section of the school, permitting orderly evacuation and triage. However, if the incident involves hazardous material, removing the victims from the area of exposure is paramount. This may mean that the building the victims are in cannot be used for containment. Further, children exposed to an irritant will likely be very difficult to keep contained either within an area of the building or outdoors.

The Fire Department, in close collaboration with the Police Department, will need to establish an area where victims can be sequestered. Working within the limitations of Hazmat gear makes interacting with children more difficult. Unique approaches to **communication**, **enlisting cooperation**, **organization** may require the use of props to prevent chaos, hysteria, physical injury, elopement and hypothermia.

Communicating with children from 6<sup>th</sup> grade through high school is relatively straight- forward – they are able to follow verbal direction and understand explanations. However, they (like an adult victim) will need explanation, reassurance and direction in order to cooperate. The following are recommendations for aiding that experience:

- Once a perimeter has been established and demarcated, two-sided signs should be deployed immediately. They should be spaced no more than 10 feet apart. They need to be weatherproof, glow-in-the-dark, and stable in the wind. The signs should alternate being in English, Spanish and other languages common to the community.
- The sign facing the victims should have language like this: "You may have been exposed to something that could make you and others very sick. Even if you feel OK right now, we must take steps to get you cleaned off. We also must make sure no one else gets that stuff on them. That is why we are dressed in strange clothes. We are going to help you as fast as we can. You must not move away from this area because if we can't find you, we can't help you."
- The sign facing away from the victims should have language like this: "Your loved ones may have been exposed to a substance that can harm them. We are taking steps to get them cleaned off and moved to a hospital. If they leave this area we cannot help them. If you enter this area you will exposed to that substance and we will be delayed in helping your loved ones. We must have your help: stay back, do not call out to your loved ones, wait for information about where they are being sent."
- There needs to be lighting in the decon holding area and in the decon tents.
- Signage needs to indicate where the entrance to the decon line is, directing males to one side and females to the other.
- The language on the next sign could be: "We must make sure that the dangerous stuff has been washed off of you. Remove all of you clothing and every object on your body. Any object you keep on your body will keep you exposed to harm and will expose others to harm. We will get your belongings back to you. **Please remember this: by removing clothing**

and objects, you are getting most of the harmful material off of you." (This sign as well as the next can also have illustrations.)

- The next sign states: "You are now entering a shower. The water will be quite cold. Please do not run through the shower. Please keep moving through the shower line. We will get you warm after you come out."
- Fire personnel distribute multilingual laminated written material to victims as they are processed after decontamination, detailing what they have gone through and what will be happening next. The language could be: "We know you are going through something very strange. We are going to help you. We will get you dry and warm. You will be moved to a hospital where you will be examined and where you will see your family. Thank you for your cooperation!"
- Plans need to be in place for post-shower needs if there aren't enough ambulances to get the victims to the hospital immediately after exiting the shower. These plans must include shelter from the elements, a way to get dry, a garment or blanket and a means of warming. School busses that have been outside of the contamination zone may be a useful resource. This is critical in cold weather.
- There is an advantage to having several battery powered, all-weather, audio players that can be pulled off the truck and set up at various strategic points in the decontamination sequence to support the directions the children are hearing from Fire Personnel.

For children in grades K through 5, the operation is complicated by a number of factors:

- 1. the younger children do not have the capacity to comprehend their situation,
- 2. the younger children will require more direct supervision,
- 3. smaller bodies are less capable of withstanding exposure to toxins and therefore need to be decontaminated even more efficiently,
- 4. smaller bodies are at risk of hypothermia and exposure due to waiting in the elements and the cold water shower.

While it is possible that younger children will follow the directions they are given, if they descend into hysteria, or "freeze," cooperation is lost not only for that child but quite possibly for those around them. Therefore, to insure the flow of children through the undressing and showering process, it is advisable to **pair the children up** as follows:

K boys with 5<sup>th</sup> grade boys,
K girls with 5<sup>th</sup> grade girls,
1<sup>st</sup> with 4<sup>th</sup>, boys with boys, girls with girls, and
2<sup>nd</sup> with 3<sup>rd</sup>. boys with boys, girls with girls.

The children are instructed as they enter the undressing area that the older child is "the guide." The children remain together in pairs and ideally are transported to the hospital together. Through the showering process, the older child is in a position to guide and reassure the younger child, decreasing resistance and the likelihood of hysteria. Also, the younger child's cooperation will be needed at the hospital and pairing will facilitate that.

Preschool age children can be decontaminated while accompanied by their parent or caregiver.

Infants should be decontaminated with their parents or caregivers holding them in stable *vertical* positions while showering.

Caution:

Holding the child horizontally may increase contamination and may result in water entering the child's nose and mouth.

# The Management of Family Members and Others in the Field

Fire and Police personnel doing rescue and decontamination in the field will likely be challenged by the arrival of family members, onlookers and media. Of these, the onlookers will probably be most receptive to taking direction: maintaining safe distance, not obstructing traffic, etc.

Media are known for being intrusive and persistent. This becomes more troublesome than usual given these factors:

- the victims are children,
- the families may not know the event is occurring,
- in the case of decontamination, the rescue process involves victims disrobing,
- in the case of decontamination, the process looks "bizarre" and "dramatic".

Thought must be given ahead of time as to how the conflicting needs of the "public's right to know" and the victims' "right to privacy" will be addressed. An obvious solution is for the Police to keep onlookers and media at a distance and at an angle to ensure a minimal level of privacy for the victims.

Family members pose the greater problem, as parents will naturally want to be with their children. In a HAZMAT event, this would increase the number of contaminated individuals and slow down rescue.

Communication with family members is an important tool to get cooperation. There are a number of ways to achieve this:

- As noted previously: weather-proof, glow in the dark, multilingual signage can be put up along the barrier line, briefly explaining what is going on and the need to keep victims sequestered.
- Police can handout multilingual, laminated, written material describing: the need for separation, the process of rescue and what will occur with their loved ones after decontamination in the field. The language could be: "Your loved ones may have been exposed to something harmful. We are taking extreme precautions to keep them and everyone else, safe. They are being cleaned off and sent to the hospital. We know this is a very strange and stressful experience for you. We know you want to be with your loved one. By having you stay here, we are able to get them cleaned off and treated *faster*, which is important for their well-being. We have an information officer who will tell you to which hospital they have been sent. You can see them at the hospital after they have been treated in the Emergency Department. Thank you for your cooperation!"

- The Police have an information officer who can tell family members to which hospital their child is going.
- Police have printed instructions on handling the media.
- Police can be assigned to move through the crowd providing information and answering questions to keep family members cooperative while other Police keep the barrier line intact.