

# Emergency Preparedness Checklist for MCH Populations

Check if in Plan(s)	Plan Component
<b>MCH Population: Identification of Needs</b>	
	Demographics/data for MCH populations are identified and updated routinely. <ul style="list-style-type: none"> <li>• At-risk individuals</li> <li>• Infants and children</li> <li>• Women who are pregnant or postpartum</li> <li>• Access or functional need individuals</li> </ul>
	Plan accounts for the needs of MCH populations for: <ul style="list-style-type: none"> <li>• At-risk individuals</li> <li>• Infants and children</li> <li>• Women who are pregnant or postpartum</li> <li>• Individuals with access and functional needs</li> </ul>
<b>Health Equity</b>	
	Community members & health workers who may use nontraditional birthing support are identified.
	Interpretation and translation services in shelters and other locations for MCH populations identified including point-of-contact.
	Workforce & volunteers are representative of the community served.
	Culturally and Linguistically Appropriate Services ( <a href="#">CLAS</a> ) are part of the organizational mission, vision, and long-term strategic plans.
	Extra supplies and an adequately stocked emergency kit.
	Remove/identify barriers to access of health care, supplies, and economic activities during emergency response.
	Identify sensory, physical, cognitive, and other disabilities that require additional considerations.
	Provide services/support to undocumented citizenship status who may be unwilling or financially unable to seek assistance at emergency facilities, even if their child is eligible for certain services.
	Provide services/support to homeless who may be at higher risk of adverse physical and psychological reactions to emergencies due to limited resources and/or past exposure to traumatic events.
	Health care, public health, and social services providers interacting with MCH populations are representative of the local community.
	Shelter's non-discrimination policy includes gender identity, gender expression, and sexual orientation.
	Health and emergency communication materials, including those specific to MCH populations, are accessible (e.g., braille, large print, visual images, American Sign Language interpreters, closed captioning, Section 508 compliant).
	Accessibility of emergency facilities, such as shelters and evacuation centers, and accessible vehicles are in compliance with ADA requirements.
	Sensory, physical, cognitive and other disabilities of community MCH populations are identified.

Check if in Plan(s)	Plan Component
<b>Health Equity (continued)</b>	
	Electricity dependent DME and individuals who are chronically ill are identified.
	<a href="#">CMIST</a> framework is part of Shelter Plan.
<b>Essential Social Services</b>	
	Remove eligibility barriers.
	Raise awareness through outreach and effective multilingual resources.
	Tailor support to the specific needs of immigrant communities.
	Provide access to medications, mental health providers, and other treatment.
	Create systems to ensure that single parents receive the support necessary to ensure the health and hygiene of their children.
	Check in with women who are postpartum in their facility and arrange for transfer to a local health provider or health care facility.
<b>MCH Partners &amp; Stakeholders</b>	
	MCH population interpersonal partners & stakeholders are identified with points-of-contact.
	Local partners & stakeholders are identified with points-of-contact.
	State partners & stakeholders are identified with points-of-contact.
	National (Federal) partners & stakeholders are identified with points-of-contact.

Check if in Plan(s)	Plan Component
<b>Continuity of Operations (COOP)</b>	
	Critical functions should include situations impacting MCH populations such as labor and delivery services, health care for postpartum complications, infant care, pediatric services, and behavioral health needs, such as mental health and substance use services.
	Critical Functions have been identified, include MCH populations, and address the needs of women who are pregnant, postpartum and/or lactating and infants and young children.
	Access to medical and behavioral health records.
	Maintain communication with women who are pregnant, postpartum and/or lactating and infants and young children.
	Contacts & contact lists for MCH populations, including nontraditional healthcare workers.
	Protocol for activating partner networks at the regional, state, and/or local levels to provide outreach.
	Activate power dependency plans in the event of a power outage.
	Ensure carbon monoxide detectors are in place and include messaging to MCH populations about risks of carbon monoxide poisoning.
	Implement agreements defined in the preparedness phase to fill roles and responsibilities among organizations for MCH populations.
	Coordinate with shelter providers and staff and provide support to existing plans to ensure safe accommodations for survivors of partner violence and abuse if a domestic violence shelter must be evacuated.

	Provide mental health services at relocation centers and shelters to provide trauma informed mental health.
	Provide referrals to at-risk women who are pregnant, postpartum and/or lactating as appropriate.
	Enroll in Health Insurance during the emergency.
	Coordinate among partners including first responders, health care facilities, and labs for timely diagnoses and information sharing.

Check if in Plan(s)	Plan Component
<b>Women who are Pregnant, Postpartum, and/or Lactating</b>	
	Ensure minimum standards for food, water, health, hygiene and access to medical care are met.
	Women and girls should receive appropriate resources and support for menstruation and nursing.
	Consider the situations impacting women who are pregnant, postpartum, and/or lactating.
	<ul style="list-style-type: none"> <li>Trauma during pregnancy presents anatomic and physiologic considerations that may require increased use of specialized resources, such as caesarean delivery.</li> </ul>
	Create an environment where women are comfortable, empowered to talk about their needs, and able to access services quickly.
	Prevent maternal mortality and morbidity by monitoring women who are in the immediate postpartum period for signs and symptoms of complications, such as excessive and prolonged bleeding, hypertension, and complications with breastfeeding, and take necessary steps.
	<ul style="list-style-type: none"> <li>Health care providers, federal MCH grantees, community organizations, and other partners serving MCH populations should be well-informed of the urgent warning signs of pregnancy-related health issues.</li> </ul>
<b>Testing &amp; Treatment for STIs &amp; Emergency Contraception</b>	
	Services for testing and treatment such as sexually transmitted infections (STIs) and emergency contraception.
	Providers work with patients to reschedule and prioritize any appointments that were missed due to the emergency, either in person or as telehealth visits.
	<ul style="list-style-type: none"> <li>Health care providers address any disruptions in receiving prescription medications, supplements (e.g., prenatal vitamins), contraceptives, and feminine hygiene products, and re-visit birth plans.</li> </ul>

Check if in Plan(s)	Plan Component
<b>Infants &amp; Children</b>	
<b>Infant Feeding</b>	
	Access to food & clean water.
	Provide ready-to-use infant formula in a clean bottle or disposable cup; if ready-to-use formula is not available, access to clean water is required for powdered formula.
	Provide privacy for breastfeeding as stress, lack of privacy, lack of security and comfort, lack of lactation support, and concerns about possible infection or maternal medications all impact breastfeeding.
<b>Safe Sleep</b>	
	Designate a clearly delineated physical area where children can play and interact with other children.
	<ul style="list-style-type: none"> <li>Required that the space be supervised by two or more trained, background-checked adults.</li> </ul>
	<ul style="list-style-type: none"> <li>Ensure that children of all abilities can use the space.</li> </ul>
	<ul style="list-style-type: none"> <li>Surround the designated area for children by a family sleeping area, then by single women, then single men and others with more extensive needs.</li> </ul>
<b>Children &amp; Infants</b>	
	Count all children and infants upon registration by documenting their ages and physical, emotional or cognitive needs they may have.
	Support existing social networks to contribute to safety, particularly for children.
	Identify and report potential safety hazards for children such as electrical outlets, stairs, or exits and address conditions where children are at greater risk for injury or harm, such as hypothermia and head injuries..
	Identify green spaces (outdoor areas) for children to play and, where possible, allow access to playground and out-door play materials.
	Resume normal activities, such as school and child-care, as soon as possible.
	Ensure appropriate transportation to get children from the evacuation shelter site to activities, such as child-care, schools, after school programs, or camps.
	<ul style="list-style-type: none"> <li>Arrange for children to participate in out-of-school activities such as after school programs and/or camp activities.</li> </ul>
	Control the room temperature. Infants lose body heat more easily than adults and cannot produce enough body heat by shivering.
	Prioritize access to the appropriate type and level of infant care, such as newborn screenings.
	Enact emergency contingency plans to ensure continuity of screenings, including having readily accessible results from previous screenings and completing screening follow-ups.
	Make the appropriate resources available to support newborns and infants and provide guidance to support safe sleeping.
	Talk to caregivers to understand the situation when addressing the needs of young children in an emergency.
	Consider OMH's CLAS Standards when talking to children who can verbally communicate in a way that they understand (e.g., in a calm manner).

Check if in Plan(s)	Plan Component
<b>Children &amp; Infants (continued)</b>	
	Provide young children with a creative outlet to express themselves, such as through art and music.
	Ensure nutritious, age-appropriate foods are available, such as fruit cut into small pieces and soft and pureed food.
	Follow emergency protocols for child-care and school.
	Follow decontamination protocols for children in case of exposure to chemicals.
	Maintain contact with local MCH organizations to ensure infants and young children in impacted areas receive supplies in the event of service disruption.
	Provide access to pediatricians/pediatric health care providers in shelters or through telehealth and tele-mental health capabilities.
	Accommodate car seats and other supplies required for infants and young children in transportation.
	Ask caregivers how they feed their infant and do not assume how the infant is being fed.
	Communicate information to children about the emergency in a reassuring way.
	<ul style="list-style-type: none"> <li>• Give children the opportunity to share their feelings and ask questions, including recognizing scary and uncomfortable parts of the situation.</li> </ul>
<b>Sheltering Plan</b>	
	Background checks for shelter personnel.
	Shelter personnel training to:
	<ul style="list-style-type: none"> <li>• Identify signs of human trafficking.</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify signs of abuse in women &amp; children.</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify signs of stress &amp; trauma.</li> </ul>
	<ul style="list-style-type: none"> <li>• Cultural competency.</li> </ul>
	<ul style="list-style-type: none"> <li>• Effective communication.</li> </ul>
	<ul style="list-style-type: none"> <li>• Certified Interpreters and/or access to Language Line.</li> </ul>
<b>Supplies</b>	
	Age-appropriate, nutritious food for infants, toddlers, and young children.
	Equipment to take blood pressure readings, temperatures, etc. in sizes for women & children.
	Sterile materials to support newborn and young child health, such as baby basins.
	Essential materials available for young children such as diapers (various sizes), pull-ups and wipes.
	<ul style="list-style-type: none"> <li>• Environmentally sound system for their disposal.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ready-to-feed formula</li> </ul>
	<ul style="list-style-type: none"> <li>• Bottles and nipples (when they can be cleaned properly)</li> </ul>
	<ul style="list-style-type: none"> <li>• Disposable cups</li> </ul>
	<ul style="list-style-type: none"> <li>• Diapers &amp; wipes</li> </ul>
	<ul style="list-style-type: none"> <li>• Safety approved cribs &amp; age-appropriate sleeping items.</li> </ul>
	<ul style="list-style-type: none"> <li>• Fitted sheets</li> </ul>
	Music, coloring books, crayons, toys, puzzles, etc. to promote creative play for children.