Emergency *Response* Checklist for MCH Populations

Check if in Plan(s)	Plan Component
Health Equity	
	Community members & health workers who may use nontraditional birthing support are involved in planning.
	Interpretation and translation services in shelters and other locations where these MCH populations receive health care are identified with points-of-contact.
	Workforce & volunteers are representative of the community served.
	Culturally and Linguistically Appropriate Services (CLAS) 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.
	Electricity dependent DME and individuals who are chronically ill are identified
	CMIST framework is part of Shelter Plan.
	Check in with women who are postpartum in their facility and arrange for transfer to a local health provider or health care facility.

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Check if in Plan(s)	Plan Component
Continuity of Operations (COOP) & Access to Services (EOP)	
	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 in the COOP have been identified and 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 are ensured.
	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, are identified.
	Protocol(s) for activating partner networks at the regional, state, and/or local levels to provide outreach are determined.
	Protocol(s) to activate power dependency plans in the event of a power outage.
	Carbon monoxide detectors are in place and messaging is included for MCH populations about risks of carbon monoxide poisoning.
	Agreements defined to fill roles and responsibilities among organizations for MCH populations.
	Coordination is identified for shelter providers and staff to provide support for safe accommodations for survivors of partner violence and abuse if a domestic violence shelter must be evacuated.
	Mental health services are identified with points-of-contact for relocation centers and shelters to provide trauma informed mental health.
	Referrals for at-risk women who are pregnant, postpartum and/or lactating are identified with points-of-contact.
	Protocol(s) for enrolling MCH populations in Health Insurance during the emergency are determined.
	Coordination among partners including first responders, health care facilities, and labs for timely diagnoses and information sharing are identified.

Check if in Plan(s)	Plan Component
Sheltering Plan	
	Background checks for shelter personnel.
	Shelter personnel training to:
	● Identify signs of human trafficking.
	● Identify signs of abuse in women & children.
	● Identify signs of stress & trauma.
	● Cultural competency.
	● Effective communication.
	● Certified Interpreters and/or access to Language Line.
	Create strong partnerships with those serving MCH populations.
Training	
	Ensure staff have training in:
	● Trauma Informed Care
Infant Feeding	
	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.
Essential Social Services	
	Remove eligibility barriers.
	Tailor support to specific needs.
	Ensure access to medications, mental health providers, and other treatments.
	Arrange for transfer of MCH populations to local health provider and/or healthcare facility should additional assessment and/or treatment becomes necessary.
Testing & Treatment for STIs & Emergency Contraception	
	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.
	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.

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Check if in Plan(s)	Plan Component
Facility Layout and Safety	
	Lighting is provided that allows residents to walk safely at night outside the building.
	• Proper lighting and security during all times of day and night when bathrooms, laundry facilities, showers and/or other resources are located outside.
	Establish and enforce normal traffic regulations (stop signs, posted speed limits, bus stops, etc.).
	Monitor unused areas within the building to reduce the opportunity for illegal behavior and violence.
	Clearly mark multiple emergency exits.
Hygiene and Bathroom Safety	
	Bathrooms are located as close to the family designated sleeping area as regulations permit.
	Separate well-lit restroom facilities based on gender, for safety and security of users are provided.
	Shower/bathing facilities with times for child bathing and family use and appropriate monitoring by shelter staff/security are provided.
Community Concerns	
	Identify community gathering areas where residents can congregate, interact, contribute to each other's sense of hope and lessen isolation.
	Provide clear reunification protocols for unaccompanied or separated children to facilitate family reunification.
	Plan for evacuation of rural areas so that all members of a specific area are placed in the same shelter.
	Establish a community meeting forum where residents can receive updates, identify and resolve issues, and share essential recovery information.
Women who are Pregnant, Postpartum, and/or Lactating	
	Minimum standards for food, water, health, hygiene, and access to medical care are provided.
	Women and girls should receive appropriate resources and support for menstruation and nursing.
	Use a Trauma Informed Response by listening to the needs & concerns of women.
	Consider the situations impacting women who are pregnant, postpartum, and/or lactating.
	Create an environment where women are comfortable, empowered to talk about their needs, and able to access services quickly.
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	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.
	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.

Check if in Plan(s)	Plan Component
Children & Infants	
	Use a Trauma Informed approach.
	Recognize ways in which young children are affected by emergencies.
Infants	
	Prioritize access and continuity of care to the appropriate type & level of infant care (e.g., screenings, vaccines, etc.)
	Make the appropriate resources available to support newborns and infants and provide guidance to support safe sleeping.
	Ensure transportation safety by providing infant carriers.
Children	
	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.
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	Identify green spaces (outdoor areas) for children to play and, where possible, allow access to playground and out-door play materials.
	Talk to children in a way they can understand and use CLAS standards.
	Provide creative outlets for expression such as art & music.
	Ensure nutritious, age-appropriate foods are available, such as fruit cut into small pieces and soft and pureed food.
	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.
	● Arrange for children to participate in out-of-school activities such as after school programs and/or camp activities.
	Control the room temperature. Infants lose body heat more easily than adults and cannot produce enough body heat by shivering.

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Check if in Plan(s)	Plan Component
Shelter	
	Supplies
	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.
	● Environmentally sound system for their disposal.
	● Ready-to-feed formula
	● Bottles and nipples (when they can be cleaned properly)
	● Disposable cups
	● Diapers & wipes
	● Safety approved cribs & age-appropriate sleeping items.
	● Fitted sheets
	● Child-size masks and needles
	Music, coloring books, crayons, toys, puzzles, etc. to promote creative play for children.
	Safe Places for Children
	Designate a clearly delineated physical area where children can play and interact with other children.
	It is required that the space be supervised by two or more trained, background-checked adults.
	When the area for children is located in the dormitory area, surround the designated area for children by a family sleeping area, then by single women, then single men and others with more extensive needs
	To minimize the risk to young children and infants, who may be sleepwalkers and/or at risk of Sudden Infant Death Syndrome, provide age-appropriate sleeping items such as portable cribs.
	Human Trafficking

	Shelter staff have been trained to recognize signs & symptoms of human trafficking.
	"Cot Notes" are available to provide to MCH populations.
	MCH community partners and local & state contacts are identified.
Abuse Considerations (Domestic & Substance)	
	Shelter staff have been trained to recognize signs & symptoms of domestic abuse.
	Shelter staff have been trained to recognize signs & symptoms of child abuse and have points-of-contact to report suspected child abuse in emergency situations, following pre-established guidelines and protocols..
	First responders, health care providers, and social service providers have been trained in Trauma-informed approach(es) to support women who have experienced abuse or have a substance use disorder.
	Private and safe spaces when possible, to facilitate conversation, provide mental health support staff, and promote continued access to clinical care, nutrition, and other necessities.

Check if in Plan(s)	Plan Component
Medical Interpretation & Translation Services	
	Shelter Staff know how to access interpreters and/or Language Line.
	Reference/resource materials available in languages specific to MCH populations.
Staff & Volunteer Training	
	Health Equity topics to include representation, systemic & cultural barriers, infants & young children, disabilities, etc.
	Cultural Competency
	Psychological First Aid
	Communications
	● LEARN model
	● Shelter staff trained to use varied and diverse communication channels to reach MCH populations based on age and language (e.g., radio, TV, social media, text alerts).
	● Shelter staff trained to promote open and welcoming environments and use and foster health language that is inclusive for all types of families.
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	● CDC's *Hear Her* campaign including Maternal Warning signs.
	Just in Time training resources identified.
	Culturally and Linguistically Appropriate Standards (CLAS)
	MCH population data to better understand local communities and needs in emergencies.
	● Disseminate messaging during emergencies through trusted entities, such as community health workers (e.g., Promotores de Salud).

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	Shelter staff are trained to leverage networks of trusted community leaders to support emergency planning and information-sharing, such as a Community Outreach Information Network (COIN).
Behavioral Health	
	Shelter staff have been provided information on Behavioral Health self-care.
	MCH community partners have provided information about where it is safe, as well as where it may be unsafe, to seek shelter during an emergency.
	When possible, family unit is kept together to help children and their parents maintain unity and comfort.
	Shelter staff can provide basic emotional and tangible psychological support using interventions such as Psychological First Aid.
	Monitor and provide support to women who are pregnant, postpartum, and/or lactating who are trying to quit drug use.
	Shelter staff know where to refer those in need of support and treatment to behavioral and mental health providers, resources, and telehealth providers.
	Shelter staff can recognize the signs & symptoms of children who may need mental health support.

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