Practicing a family emergency drill without frightening children

Start with the purpose: practice, not prediction

Before scheduling a drill, explain that families practice safety plans in the same way they practice crossing a road or learning a fire-escape route. A child-friendly explanation might be: "We are going to practice how our family stays together and gets help. This is practice, and everyone is safe right now." Avoid suggesting that a disaster is likely or that the child is responsible for rescuing other people.

Use direct, concrete language. Euphemisms and mysterious code words can increase uncertainty, particularly for younger children and children with anxiety. Tell children what they may hear, where they should go, which adult will guide them, and how the practice will end. If an alarm or timer will sound, warn them immediately beforehand and offer hearing protection when appropriate.

The American Red Cross and the Substance Abuse and Mental Health Services Administration both emphasize age-appropriate explanations and practicing plans together. The goal is not to make children understand every possible emergency; it is to give them a small number of reliable behaviors that can be recalled under stress.

Build a simple plan around a few repeatable actions

A family plan should be short enough for a child to remember. Depending on the hazard and local guidance, it might include recognizing an adult instruction, moving to a designated location, staying with a buddy, calling a trusted contact, or waiting for an all-clear. Choose one or two meeting places: one nearby for an evacuation and another outside the immediate area if the family becomes separated.

Walk through the home together and identify safe exits, areas for shelter, and places where emergency supplies are stored. Do not assume that a child can infer what "go outside" or "stay put" means. Demonstrate the route and use plain positional language, such as "stand by the front gate" or "sit under the sturdy table away from windows," when appropriate for the emergency.

Include a family emergency contact card with names and telephone numbers, but do not require young children to memorize several numbers. Teach them how to identify themselves and state their location. Older children may practice calling emergency services using a real phone only when instructed, while younger children can rehearse the words without placing a call. Review that emergency services are for urgent danger and that a trusted adult should be involved whenever possible.

For a household with complex medical needs, incorporate the child’s individualized emergency plan, mobility equipment, communication supports, prescribed medicines, and backup power needs. The treating clinician, pharmacist, school nurse, or emergency planning professional can help determine what must be available and how to transport it safely.

Make the first drill gentle, brief, and predictable

Begin with a "walk-through" rather than a surprise event. Tell children the sequence in advance: explanation, practice, return to normal activity, and check-in. A first session might last only five minutes. Practice at a calm time when children are rested, fed, and not already coping with illness, conflict, or a major transition.

Do not recreate the emergency. Avoid smoke machines, realistic injury descriptions, shouting, forced hiding, simulated violence, or unexpected alarms. These methods may produce a strong physical stress response without improving a child’s ability to follow the actual plan. Instead, use a neutral cue such as "This is our practice signal," then calmly guide the expected action.

Let children watch an adult demonstrate first. Some may prefer to hold a comfort object, stand near a caregiver, or complete only one step initially. Offer limited choices: "Would you like to walk to the meeting place now or watch me go first?" Choice supports autonomy while preserving the safety objective. Praise specific behaviors, such as "You listened and stayed beside me," rather than praising bravery or implying that fear is unacceptable.

Repeat the same wording and route several times over weeks or months, adjusting the plan if circumstances change. The Red Cross describes practicing together as a way to make emergency actions more familiar. Familiarity can reduce cognitive load during an actual event, when heightened arousal may impair attention and working memory.

Adapt the drill to age, temperament, and neurodevelopment

Preschool children generally benefit from short demonstrations, simple phrases, pictures, and repetition. They may interpret language literally or believe that practicing makes an event happen. Reassure them directly: "Talking and practicing does not cause an emergency." School-age children can help draw a route, choose a meeting-place reminder, or role-play a phone conversation without pretending that anyone is hurt. Adolescents may need more detail about communication, transportation, pets, and how family reunification works, while still benefiting from a calm adult tone.

Children differ substantially in their response to uncertainty. A child with separation anxiety may need gradual exposure: first discuss the plan, then walk the route with a caregiver, and only later practice a brief separation at the meeting point. A child with autism, sensory processing differences, a hearing or visual impairment, intellectual disability, or a communication disorder may need visual schedules, tactile cues, an augmentative communication device, reduced noise, or a designated helper.

Ask the child what part feels difficult rather than assuming. They might fear the sound of an alarm, being unable to find a parent, leaving a pet, or making a mistake. Solve the practical concern when possible. For example, identify who helps the child if the primary caregiver is unavailable, and include a pet-care step without asking the child to re-enter an unsafe area. Coordinate with the child's school so home and school terminology do not conflict.

If the child has a chronic medical condition, seizure disorder, respiratory disease, mobility limitation, or medication requirement, seek individualized guidance from the relevant healthcare professionals. A drill should never require withholding treatment, exceeding physical limits, or changing a prescribed emergency protocol.

Use reassurance without making unrealistic promises

Children often ask whether something bad will happen. A balanced answer acknowledges uncertainty while emphasizing adult responsibility: "Emergencies are uncommon, and grown-ups plan to keep children safe. We cannot control everything, but we can know what to do and who can help." Avoid promises such as "Nothing will ever happen" or "I will always be right beside you," because circumstances may make those statements impossible and a child may later feel misled.

After the drill, ask open but focused questions: "What did you notice?" "Which step was easy?" and "Was anything confusing or too loud?" Do not repeatedly interrogate the child about fear. Offer physical and emotional regulation strategies that already work for that child, such as slow breathing, a familiar song, a sensory object, or sitting quietly with a caregiver. Return to an ordinary activity so the nervous system receives a clear signal that practice is over.

Some children may briefly show increased clinginess, nightmares, irritability, stomach discomfort, or avoidance after a drill. These reactions do not automatically indicate a disorder, but they deserve compassionate observation. Maintain routines, limit repeated discussion of frightening possibilities, and provide opportunities for play and questions. SAMHSA recommends reassurance, familiar strategies, and predictable routines when supporting children around

disasters and safety planning.

Know when to pause and seek additional support

A drill should be stopped if a child becomes panicked, dissociative, inconsolable, physically unwell, or unable to regain a sense of safety. Move to a quiet area, stay physically and emotionally available, and use short reassuring statements. Do not punish refusal, force participation, or frame distress as misbehavior. Once the child is calm, decide whether to simplify the plan, change the timing, remove a sensory trigger, or postpone practice.

Seek advice from a pediatrician, child psychologist, therapist, school counselor, or another qualified professional if distress persists, interferes with sleep or school, causes substantial avoidance, or is linked to a previous traumatic event. Professional assessment is especially important when a child has self-harm thoughts, severe functional decline, recurrent panic-like episodes, or significant behavioral change. Caregivers should also seek urgent local help if there is an immediate safety concern.

Adults may need support too. Children often monitor caregiver tone, facial expression, and behavior more closely than the words used. Before a drill, caregivers can agree on roles and practice their own grounding techniques. If adults disagree about the plan or feel unable to remain calm, it is reasonable to consult emergency-management personnel or a mental-health professional before involving the child.

Review, refresh, and keep preparedness ordinary

End with a short review and one practical improvement. Check whether the meeting place is accessible, whether contact information is current, and whether supplies remain usable. Replace expired items and account for changing clothing sizes, medications, mobility needs, school arrangements, and household composition. Keep emergency supplies in a known but safe location, and explain that children should not take medicines or use hazardous equipment without adult direction.

Make preparedness part of ordinary family life rather than a dramatic annual event. A route can be reviewed during a walk, a contact card can be updated

when phone numbers change, and a shelter plan can be discussed before severe weather season. Children can participate in age-appropriate tasks such as choosing a flashlight location or drawing the family meeting place, while adults retain responsibility for risk assessment and decisions.

The best drill is one that leaves a child feeling informed, connected, and capable of seeking help. Measure success by whether the family understands the plan and can adapt it-not by whether a child appears fearless.