Preparing children for severe weather warnings

Start with a calm, age-appropriate explanation

Children often notice a warning before they understand it. A phone alert, emergency broadcast, darkening sky, or hurried adult conversation can trigger fear. Begin when everyone is calm, rather than waiting for an active warning. Explain that severe weather is a powerful change in the environment and that warnings are messages designed to help people move to safety. Use concrete language such as, "A tornado warning means weather observers or radar indicate that a tornado may be happening or is very close. We will go to our safe place now."

For younger children, focus on a few repeatable actions: listen to the adult, take the emergency bag, go to the designated shelter, and stay there until an adult says it is safe. Older children can learn that a watch means conditions are favorable for severe weather, while a warning means dangerous weather has been detected or is occurring and immediate protective action may be needed. Explain that terminology and alert procedures can vary by hazard and location, so the family should follow local emergency-management instructions.

Avoid graphic descriptions, exaggerated predictions, or statements such as "Nothing bad will happen." Instead, say, "We have a plan, and adults will help

you follow it." Invite questions and check understanding by asking the child to show or explain what they would do. Children who are anxious, neurodivergent, very young, or have communication differences may benefit from visual schedules, social stories, simple drawings, or rehearsal without loud alarms.

Build a family warning and communication plan

Write a short plan that a child can understand and that every caregiver can access. Include the child’s full name, important medical information, emergency contacts, the household address, and the county, parish, or equivalent local area used by warning services. Teach children how to state their location, even if they cannot provide a complete address. A family emergency contact card can be useful in a wallet, school bag, or emergency kit, but avoid placing sensitive information where it can be easily seen by others.

Identify more than one way to receive information. Consider official mobile alerts, a battery-powered or hand-crank weather radio, local television or radio, and direct notifications from local emergency authorities. The National Weather Service emphasizes using multiple warning methods because one device may lose power, connectivity, or battery charge. Outdoor sirens should not be the only source of information: they may be intended for people outdoors and may not be heard inside a building.

Choose an out-of-area contact and agree on a simple communication procedure. During widespread emergencies, voice calls may be difficult, so text messaging may sometimes be more practical; however, families should follow local instructions and avoid overloading communication networks. Tell children who may collect them from school or childcare and what identification or authorization rules apply. If caregivers become separated, children should know to stay with the responsible adult or follow the school’s reunification process rather than trying to travel independently.

Broader Emergency preparedness for children should also account for custody arrangements, language needs, hearing or vision differences, and children who need assistance with mobility, feeding, medication administration, or medical devices. Share only necessary information with trusted caregivers, but provide enough detail for them to act safely.

Choose and practise the safest shelter location

Before storm season, identify the safest accessible location in the home and confirm that everyone knows how to reach it. For tornadoes, this is generally a small interior room on the lowest level possible, away from windows, skylights, and exterior doors, following local emergency guidance. A basement may be suitable for some homes, but it must be safe and accessible for the child. Do not use a location that could expose a child to flooding, falling objects, hazardous chemicals, or blocked exits.

Place needed supplies nearby rather than expecting a frightened child to search for them. Consider sturdy shoes, helmets if recommended by local authorities, blankets, flashlights, spare batteries, a weather radio, water, snacks, comfort items, and a charged phone or backup power source. Keep mobility aids, communication devices, glasses, hearing-device supplies, and medically necessary equipment where they can be reached quickly. Ask the child's clinician or medical-equipment provider about backup power, storage temperatures, and emergency handling of essential treatments.

Practise moving to the shelter as a brief family drill. Walk the route, identify where each person sits or crouches, and rehearse covering the head and neck as directed by emergency authorities. Practise at different times of day, but do not use realistic frightening simulations or unexpected loud noises. End by returning to a normal activity and praising specific behaviours, such as listening, moving promptly, or helping carry a safe item. Repetition makes the response more automatic without suggesting that danger is inevitable.

Prepare an emergency kit that meets the child's needs

A general household kit should be adapted to the child rather than built around a standard checklist alone. Store water, shelf-stable food, a can opener if needed, first-aid supplies, sanitation items, flashlights, batteries, chargers, blankets, and copies of essential documents according to local public-health guidance. Include familiar, non-perishable foods when possible, especially if sensory preferences or allergies could make emergency meals difficult.

For children with asthma, diabetes, epilepsy, severe allergies, complex medical needs, or other chronic conditions, preparation may require individual clinical

advice. Ask the child's healthcare professional to review an emergency action plan, medication supplies, monitoring equipment, dietary needs, and signs that require urgent medical attention. Do not change doses, stop treatments, or substitute medicines because of a storm without professional guidance. Keep medicines in original labelled containers and check expiration dates regularly. Some products require temperature control, so ask a pharmacist or clinician about safe storage and transport.

Include comfort and regulation items: a favourite small object, headphones or ear protection, books, drawing materials, or a familiar activity. These are not luxuries. They can help reduce sensory overload and support emotional regulation while a child waits in a confined or noisy space. If the child uses augmentative and alternative communication, include the relevant device, backup communication board, charging equipment, and a way to protect it from water.

Review the kit after every drill or severe-weather season. Children grow, prescriptions change, batteries expire, and food preferences evolve. Invite children to help check non-medical items so preparedness feels like a shared family responsibility rather than a secret adult concern.

Coordinate plans with school, childcare, and other caregivers

Children may be at school, childcare, an activity, or a friend's home when a warning is issued. Ask each setting how it receives alerts, where children shelter, how attendance is checked, and how families are notified. Confirm the authorized pickup and reunification procedure, including what happens if roads are closed or communication systems are disrupted. A child should not be expected to leave with an unfamiliar person simply because that person claims to be a relative.

Share relevant medical and functional information with the appropriate school nurse, teacher, childcare professional, or activity leader. Discuss medication authorization, rescue medicines, allergies, mobility support, toileting needs, sensory triggers, and communication strategies. Families should clarify who can administer prescribed emergency treatments and how documentation is maintained; these decisions must follow local law, school policy, and the child's clinician's instructions.

Teach children that adults at school have a plan and that drills are practice, not evidence that a disaster is occurring. Encourage them to follow staff instructions even if the procedure differs slightly from the home plan. Older children may be able to help by checking on a younger sibling or carrying a small item, but responsibility for safety should remain with trained adults. Include children in discussions without making them responsible for protecting the whole family.

Respond during a warning and support emotional recovery

When an alert arrives, pause long enough to verify it through an official source, then act on the relevant instructions. Give children one direction at a time in a steady voice: "The warning is active. Bring your shoes and come with me to the shelter." Limit exposure to repeated alarming broadcasts, graphic images, and speculation on social media. An adult should monitor official updates while another caregiver, if available, helps children settle in the shelter.

Children may cry, become unusually quiet, cling to adults, ask repetitive questions, regress in toileting or sleep, or complain of nonspecific physical discomfort after a frightening event. These reactions can be part of an acute stress response, but caregivers should not assume every physical or emotional change is caused by stress. Maintain routines for sleep, meals, school, and play as soon as practical. Offer truthful reassurance, opportunities to talk or draw, and choices that restore a sense of control, such as selecting a snack or comfort activity.

Observe the child over time and seek advice from a healthcare professional or mental-health clinician if distress is intense, persists, interferes with functioning, or includes safety concerns. Seek urgent help for immediate danger, severe breathing difficulty, altered consciousness, serious injury, or other emergency warning signs. Do not pressure a child to recount the event repeatedly. Calm listening, predictable routines, and patient adult support are often more helpful than demanding that a child "be brave."

Afterward, review what worked and make one or two practical changes. This turns the experience into learning without assigning blame. Teaching kids emergency response is an ongoing process: skills should be revisited after moves, changes

in school or custody arrangements, new diagnoses, or changes in local weather risks.