APPENDIX D

EMERGENCY PREPAREDNESS RESOURCES

EMERGENCY PREPAREDNESS AND RESPONSE FOR CHILD CARE

Emergency Preparedness and Response for Child Care training is now available at **LOW or NO-COST** to all licensed/regulated child care programs across North Carolina. The training was developed by the University of North Carolina at Chapel Hill School of Public Health, Department of Maternal and Child Health and funded by the North Carolina Division of Child Development. This **LOW or NO-COST** training gives child care providers and staff members the knowledge, skills and resources they need to prepare and practice with children for potential emergencies.

The *Emergency Preparedness and Response for Child Care Training* aims to:

- Introduce standard emergency **preparedness and response procedures** that can be used for all NC child care facilities
- Provide standardized **training for emergency situations**
- Enable child care providers to receive 4 ½ **in-service training credit hours** for emergency preparedness and response classroom training, as well as 4 ½ additional in-service training credit hours for completing an emergency plan after the training

The *Emergency Preparedness and Response for Child Care* training incorporates the recommendations of the Caring for Our Children: National Health and Safety Performance Standards as well as the requirements of the North Carolina Division of Child Development.

Emergency Preparedness and Response for Child Care Overview

Practicing

Informs providers and staff members on how to evacuate with practiced drills at the facility and in the community.

Planning

Educates the child care providers and staff members on how to assess the risks in their county and identify community resources.

Responding

Reviews procedures that will protect children, providers and staff members during an emergency.

Preparing

Instructs the child care providers and staff members on how to compile and maintain an emergency supply kit for their facility, create emergency plans, and evaluate the training needs of child care staff members and the families they serve.

Recovering

Provides information on how to help children and staff members cope with feelings, get needed medical care, and make necessary repairs in order to get back to their routine after an emergency.

Spring 2007

WHAT IS HAPPENING NOW?

Trained Child Care Health Consultants and Child Care Resource and Referral personnel have already delivered the training to over 1,000 providers and child care staff members across the state. A list of the trainers by county is available at the *Child Care Health Training for Child Care Professionals* website: **http://www.childcarehealthtraining.org/**

WHAT DOES THE TRAINING INVOLVE?

The Emergency Preparedness and Response training has **two parts**:

1. The first part is **classroom training** with an introduction to emergencies and evacuations and instructions for participants on how to develop their own Emergency Plan.

2. The second part is a **series of assignments** for participants to complete at their facility. When the assignments are complete and approved by the trainer, the participant will have a facility-specific Emergency Plan. The trainer will then submit a summary of the Emergency Plan to the facility's local Emergency Management Office.

Upon completion of the training, participants will have a working knowledge on the benefits of **Planning**, **Preparing** and **Practicing** for emergencies as well as an understanding of the importance in **Responding** to and **Recovering** from an emergency or disaster in a child care setting.

In-Service Training Credit for Child Care Providers:

- Child care providers and staff members can receive a total of **9 in-service training credit hours** for *Emergency Preparedness and Response for Child Care* training.
- In Part I, the training consists of classroom instruction. At the end of the training, a certificate citing **4 ½ hours of in-service training credit** will be awarded to the participant.
- In Part II, participants receive the additional **4 ½ hours of in-service training credit** when they successfully complete the required field assignments:

  1. Task Sheets
  2. Their facility's Emergency Plan
  3. The Emergency Plan Summary

NEXT STEPS

If you are interested in having your facility trained in Emergency Preparedness and Response, contact your local Child Care Resource and Referral agency, your local Partnership for Children, or your Child Care Health Consultant. You can also find a trainer near you by going to the *Child Care Health Training for Child Care Professionals* website:

http://www.childcarehealthtraining.org/

or call the NC Child Care Health and Safety Resource Center at 800-367-2229.

The Department of Maternal and Child Health School of Public Health The University of North Carolina at Chapel Hill CB# 8126 116-A South Merritt Mill Road Chapel Hill, 27599

Supported by funding from The NC Department of Health and Human Services Division of Child Development Raleigh, NC

10,000 copies of this public document were printed at a cost of $.13 each

Spring 2007

Security Awareness Tips for Child Care Providers

(Unless noted otherwise, these are just suggestions – not requirements. However, DCD strongly recommends that you take these kinds of steps for children's safety and parents' peace of mind.)

1) Monitor access to your facility.

- Consider tighter security for facility entrances. For example, single-action locks (which only lock people *out* of a building) are permitted by the Division of Child Development. Buzzers or bells that sound when doors open can signal when someone enters your building, as well as when children leave the building.

- Consider mandatory sign-in for all parents and visitors, with a staff member assigned at all times to answering the door or monitoring the building's entrance.

- As required, make sure that adults who pick up children from your program are authorized to do so. For any adult whom staff do not know, check that the adult's identification matches information on file about those authorized to pick up the child.

2) Develop policies about information to share with the public.

- Never share information about a child with anyone except his/her parents. Decide if there is other information that is sensitive and should be shared only with certain people.

- Tell your staff which information should (or should not) be shared, with whom, and how. Advise staff on what to do if they receive an unusual information request.

- Parents need information about your program to make informed decisions about child care. Be sure to balance security measures with responsiveness to parents.

3) Be alert and aware of your surroundings. Report anything out of the ordinary.

- Be aware of adults near your center or home who are not parents or adults from the neighborhood. Take notice of unusual visits or phone calls.

- Report anything out of the ordinary to the police and/or your Division of Child Development Licensing Consultant.

4) *(Hopefully* ***as usual)*** **maintain high standards for handwashing/other aspects of sanitation**

- Ask ALL children, staff, and visitors (including parents) to wash their hands upon entering the center or family child care home.

- Have children and staff wash their hands when coming in from outside; before preparing, serving, or eating food; after diapering and toileting; and after cleaning up sneezes.

- Take precautions in dealing with body fluids such as blood and vomit.

5) Get prepared for various types of emergencies.

- Call your local Emergency Management Coordinator/Red Cross office to find out about your area's risks, what you can do to prepare, and how to develop an emergency plan.

- Train your staff on how to be prepared and how to use the emergency plan.

- As part of the emergency plan, consider developing a plan for relocation of children off-site in case they need to be moved quickly for their safety. Identify two places (e.g., schools, recreation centers, other child care facilities, etc.) about a mile away where you can take your children. Make arrangements with the other facilities to agree to accept your children and staff in case of an emergency, and tell parents ahead of time where they can find their children if they are relocated during an emergency.

- If appropriate transportation is not readily available for all your children (including infants), make arrangements in advance with a local transportation authority, private company, or another child care program to help you safely transport children in an emergency.

- Call your county Emergency Management Coordinator to find out the kinds of situations in which "sheltering in place" is generally a safer option than relocation of children. "Sheltering in place" means staying/going inside, finding a "safe place," and *(depending on the type of danger)* sealing windows, doors, air vents, and/or staying away from windows. For example, in a tornado, it is better to "shelter in place" than to try to outrun the tornado, and it is important to go to a "safe place" that is toward the center/bottom of the building, away from windows.

- Learn how to identify suspicious packages that could contain dangerous materials. *Please note:* the known risk of dangerous mailings to child care providers is extremely low. For example, there is a better chance of being hit by lightning (a chance of one in three million) than of anyone in a child care facility contracting an infectious disease due to something sent in the mail.

- As a part of your required monthly fire drill, have your staff identify at least two ways out of each room and practice evacuation through alternate exits.

- Each month, test smoke alarms to make sure that they are in working order, and check any fire extinguishers you have to make sure that the gauges show that they are still "charged." Train staff on how to use any fire extinguishers you have. The county fire marshal's office or the local fire department will be available to assist in training needs.

Questions? Ask your Division of Child Development Licensing Consultant/Licensing Supervisor.

Child Care and Preschool Pandemic Influenza Planning Checklist

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at **www.pandemicflu.gov**.

1. Planning and Coordination:

Completed	In Progress	Not Started	
❑	❑	❑	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
❑	❑	❑	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
❑	❑	❑	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
❑	❑	❑	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
❑	❑	❑	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
❑	❑	❑	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
❑	❑	❑	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
❑	❑	❑	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
❑	❑	❑	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
❑	❑	❑	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
❑	❑	❑	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
❑	❑	❑	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
❑	❑	❑	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
❑	❑	❑	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm.)
❑	❑	❑	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
❑	❑	❑	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm.)
❑	❑	❑	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm.)
❑	❑	❑	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.)
❑	❑	❑	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm.)
❑	❑	❑	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.)
❑	❑	❑	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
❑	❑	❑	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
❑	❑	❑	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
❑	❑	❑	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
❑	❑	❑	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. ❑ How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) ❑ How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) ❑ How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) ❑ How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

CDC
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North Carolina Division of Child Development
August 2009

Emergency Preparedness Tips for Child Care Providers

BEFORE AN EMERGENCY

Know Your Risks

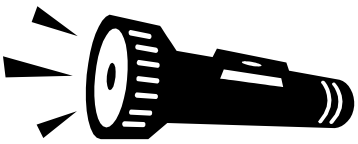
North Carolina child care providers are vulnerable to natural disasters and emergencies of all kinds, ranging from hurricanes, floods, and tornadoes to fires and chemical spills. ***Visit http://www.readync.org/ for comprehensive emergency education, planning, and preparation tools. Also, contact your county Emergency Management office or Red Cross chapter to learn your area's risk and how to prepare.***

Plan Ahead

Every program is encouraged to build on the required emergency procedures to develop a more comprehensive emergency plan. Consider…

- what actions to take if an emergency occurs while children are in your care.
- how your response will vary depending upon the type of emergency.
- where will you take the children to minimize the risk of injury.
- in case an emergency requires evacuation, do you have secondary sites and emergency transportation lined up? Do you have portable records/supplies?
- what you will say to children to reduce their fear and increase safety.
- how you will communicate with parents, local authorities, and DCD?

View an emergency plan template (Appendix 10) at
http://ncchildcare.dhhs.state.nc.us/pdf_forms/evacuation_childcare_providers.pdf



Prepare An Emergency Supplies Kit (should be *portable* in case of evacuation)

- List of emergency phone numbers
- (As available) cell phone, calling card, change for pay phones, two-way radios
- Water-backup supply of what you typically use in a day (**note**: *boiled* water is not good for infants)
- Non-perishable food; manual can-opener
- First aid kit, blankets
- Radio, flashlights, extra batteries
- Essential medications
- Hand sanitizer
- Extra clothing/shoes
- Diapers, baby food/formula, other special items for infants and toddlers
- Other items for safety and comfort
- If evacuating/relocating, remember child records and attendance sheets.

DURING/AFTER AN EMERGENCY…..

Protect the Health and Safety of the Children in Your Care

If an emergency occurs while children are in your center or home:

- Make sure all children and staff are accounted for and safe.
- If in need of immediate help, call 911.
- Call your DCD licensing consultant to report problem/get trouble shooting help.
- Contact parents as soon as possible and make arrangements for children to be reunited with their families.
- Supervise children until they are reunited with their families.

Help Staff and Children Prepare

- Train staff annually on your emergency plan, specific disaster roles, and the location of disaster supplies.
- Train new staff as part of orientation.
- In addition to monthly fire drills, have periodic drills for other possible emergencies (e.g., severe weather/tornadoes)
- Look for approved **in-service training** on emergency preparedness topics; contact your local Child Care Resource and Referral/Partnership for Children or Child Care Health Consultant.
- Identify "safe places" in your facility to take children during storms.
- Prepare children for emergencies through informative, yet non-threatening activities.
- Provide parents with emergency preparedness materials for the home (Example: ReadyNC.org).

Before children return to your facility:

- Walk around your facility to identify possible unsafe/unhealthy conditions. If you have any questions about conditions, you must have the appropriate inspectors visit your facility before you reopen.
- If your facility is not safe, you may be allowed to relocate temporarily.

To reopen or relocate, contact you licensing consultant. If you cannot reach a licensing consultant or supervisor, call DCD Regulatory Services in Raleigh at 1-800-859-0829 or 919-662-4547.

DCD will try to make information available to providers via hotlines after a disaster – tune in to media announcements.

Consider Expanding Services

If your program is fully operational and could take extra children in an emergency, contact your licensing consultant. If some programs are closed, DCD might activate special licensing policies to allow others to temporarily expand capacity.

Call DCD to Learn about Assistance

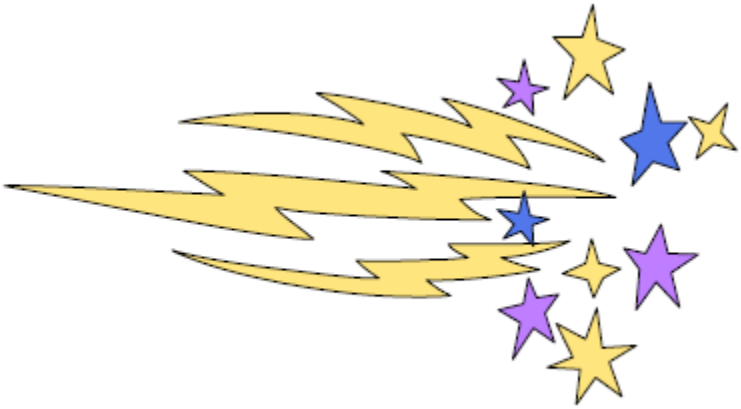
- **Assistance in developing a plan to relocate or shelter children** if an emergency occurs when children are in care and poses an immediate threat
- **Child care provider needs assessment**
- Special steps to continue **reimbursement for subsidized child care**
- **Emergency child care** to enable families to qualify for subsidized care based on disaster-related needs
- Continuation of **investigations of alleged abuse/neglect** in child care
- **Special licensing policies** to offer providers more flexibility while still assuring healthy and safe care
  Help in establishing **temporary child care** arrangements, if needed.

RESOURCES

- **ReadyNC.org -** http://www.readync.org/
  Provides North Carolinians with information need to prepare for all types of emergencies. Also contains links to other
  Sources for preparedness like http://www.ready.gov/kids/index.html and
  A phone listing of every counties Emergency Management Coordinator
- **American Red Cross**-See phone book or www.redcross.org/ to find contact information for a local chapter – Preparedness info, including helping children prepare for/cope with disaster.
- **NC Division of Emergency Management** http://www.nccrimecontrol.org/
- **Your child care resource and referral agency-** preparedness/recovery training and other possible assistance.

Emergency Plan Template

DIVISION OF CHILD DEVELOPMENT
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



MAY 2007

Child Care Facility

Emergency Plan Template

Table of Contents

Section Topic Page

Emergency Evacuation Plan Policy 2

Emergency Procedures and Emergency Evacuation 4

I. General Information 4
II. Fire 4
III. Inclement Weather 5
IV. Illness or Injury 6
V. Bomb Threats 7
VI. Utilities and Maintenance Emergencies 8
VII. Emergency Evacuation 10

Appendix A: Serious Illness or Injury Plan 11

Appendix B: Hurricane Plan 12

Appendix C: Tornado/Severe Weather Watches and Warning Procedures 13

Appendix D: Bomb Threat Caller Form 15

Appendix E: Flood Plan 16

Appendix F: Hazardous Materials Accidents 17

May 2007 Template

EMERGENCY EVACUATION PLAN POLICY

A. It is the responsibility of (your facility's name) to prepare plans whereby the facility, or parts thereof, can be evacuated quickly in the case of an emergency. Causes for evacuation could be fire, bomb threats, explosion, flood, severe thunderstorm, severe winter storm, hurricane, tornado, toxic fumes, electrical failure or structural failure. In an emergency, evacuation of (your facility's name) should proceed as rapidly and safely as possible. The plans shall be developed considering three scenarios of evacuation.

Those being:

1. **In-place evacuation:** Keeping children and staff members in place but securing location for the emergency at hand. Example: (tornado and chemical release)
2. **On-site evacuation:** Movement of children and staff members out of buildings affected and relocated to other areas on campus.
3. **Off-site evacuation:** Movement of part or all children and staff members off campus to another designated area.

These plans shall include:

a) Authority
b) Evacuation Routes
c) Evacuation Procedures/locations
d) Evacuation of Handicapped
e) Collection points
f) Accounting of Personnel
g) Assignment of Responsibilities

Further areas of the plan shall include:

a) Command Post
b) Medical/Triage Post
c) Communication
d) Public Relations
e) Transportation
f) Shelters
g) Records Retention
h) Food/clothing
i) Evacuation Cost Assessment
j) Rescue and Clean-up

B. The Facility Director shall be presented with the completed plan and shall review for approval. The plan shall be reviewed annually and updated as needed. A copy of a summary of this plan should be forwarded to the local Fire Department and the local Emergency Management Agency.

C. Each employee at the facility shall be made familiar with the plan and trained in his/her responsibilities within the plan annually. New employees shall receive this review during their orientation period.

D. Each child, if of capable age, shall receive training concerning emergency evacuation procedures during their orientation period.

E. Floor plans shall be developed for each area and posted in public view showing exits and directional paths for traffic flow. Copies of the floor plan shall be given to the local Fire Department and the local Emergency Management Agency.

F. Fire drills will be held monthly.

G. Tornado drills should be held annually and scheduled to occur during Severe Weather Awareness Week (usually the last week of February each year), sponsored by the North Carolina Emergency Management Division and the National Weather Service.

H. Power generators (when present) are to be tested at least every two weeks. All other emergency equipment shall be tested at pre-determined times.

EMERGENCY PROCEDURES AND EVACUATION

I. GENERAL INFORMATION

A. The safety of the children and staff members at (your facility's name) is the highest priority. The purpose of this directive is to provide procedures to be followed by the staff members of (your facility's name) to insure the safety of its children and staff members in the event of an emergency.

B. In the event of an emergency the Child Care Facility director (or his/her designee) will be notified as soon as possible regarding the situation and the response on it.

C. In the event of an emergency the Child Care Facility Director, or designee, may require that all staff members on duty remain at work or return to work until the situation is no longer deemed an emergency.

II. FIRE

A. Evacuate the area of the fire (always stay low as smoke and heated gasses collect near the ceiling first).

B. Activate the fire alarm (if so equipped).

C. Call **911**, indicating the need for assistance from the fire department and law enforcement. Other communication networks should be identified and utilized in the event that the fire has caused the telephone system to be out of order.

D. The facility director, or designee, will designate a person, or persons, to go to the nearest intersection to direct the fire department vehicles to the scene.

E. Evaluate the situation; determine quickly, if possible, the size, nature, and location of the fire within the facility.

F. Upon the arrival of the fire department the facility director, or designee, shall establish contact with the senior fire department official and coordinate subsequent activities with him or her.

G. Make certain that all children and staff members are accounted for and safe. Move to other locations as required. A fire deemed in any way to be a threat to the safety of the children or the staff calls for evacuation to the outside area, away from the building.

H. All windows and doors in the facility should be closed, and all electrical switches and breakers turned off.

However, do not waste time doing this if the condition is an emergency.

I. Any of the steps above may be done simultaneously as the number of staff members on duty permits. The decision not to follow any of these steps is justifiable only when there is certainty that there is imminent danger.

J. If the fire is small, any of the facility's fire extinguishers may be used to put it out, if the staff member has received proper training. Although there should be no hesitation regarding the use of fire extinguishers, the fighting of any fire by staff members should be undertaken only if there is no imminent danger.

1. The Child Care Facility's fire extinguishers are located as follows:

   a) _____
   b) _____
   c) _____
   d) _____

2. Each staff member is responsible for becoming familiar with the use of fire extinguishers (if so required by the facility).

K. The nature of the fire is a key factor in determining a course of action. Smoke color may indicate the potential danger of the situation as follows:

1. **Yellow smoke** may indicate the presence of toxic gases. Evacuation should proceed immediately, and no effort should be made to extinguish the flame.
2. **Gray smoke** with brown wisps is indicative of any electrical fire. Again the area should be evacuated immediately, and all should stay clear of the area.
3. **Gray-black** smoke is indicative of a primary fire. The first priority remains evacuation of the immediate area. Staff members may attempt to extinguish the fire only if there is no severe danger of smoke inhalation.

L. Ensure that no re-entry is attempted until authorized by the fire department

III. INCLEMENT WEATHER

(See separate Appendix B for Hurricane and Appendix C for Severe Weather Plans)

IV. ILLNESS OR INJURY

A. MINOR

1. Treat with medical supplies on hand.
2. Evaluate periodically to see if further medical attention is required.
3. Document treatments and evaluations in children's file.
4. Consult family members.

B. MAJOR

1. Employ first aid techniques as trained, if needed (Please see the Attached Appendix A for detailed information).
2. Contact **911**, if immediate medical attention required.
3. If an illness or an injury requires a doctor's care, but emergency services are not required, the staff members should then arrange for transportation to the emergency room, pediatric clinic, or hospital per instructions of the family member.

C. DEATH

1. If a death occurs at the Child Care Facility the following should be contacted immediately:
   a) Call **911**, request emergency assistance.
   b) Contact local Law Enforcement; allow them to notify the family members.
   c) The facility director.
2. The body should not be moved or tampered with.
3. All children should be moved to a part of the building away from the body.
4. The children should only be told what is essential for them to know about what has occurred, but should be offered comfort and counseling as needed.
5. No news media should be contacted. If a news reporter is aware of what has occurred and solicits information, he/she should be referred to the facility's director.

No filming or photography is to be allowed inside the building.

V. BOMB THREATS

*****NOTE: Never move or touch unidentified or suspicious objects.**

A. GENERAL PRECAUTIONS

1. Any bomb threat should be treated as real until proven otherwise.
2. Unidentified or suspicious objects should be reported to the authorities.
3. Evacuation should be to an outdoor area as far from the building as safely possible. The area to be evacuated to should be searched quickly before evacuation.
4. Upon evacuation, all windows and doors should be left open, if possible, to minimize shock damage from blast.
5. Upon arrival of law enforcement authorities the facility director, or designee, will assist with search (i.e.: unlocking doors, identifying strange or suspicious objects).
6. The appropriate authorities should be consulted prior to re-entry into the building.
7. See Appendix D for threat information sheet.

B. TELEPHONE THREAT

1. The staff member who received the call should tell another staff member that a bomb threat is in progress so that:
   a) The building may be immediately evacuated, and
   b) Local Law Enforcement may be contacted via 911.
2. The receiver of the call should keep the caller on the line as long as possible.
3. Information should be recorded on the Bomb Threat Form as quickly as possible. Information sheets are kept near each phone, or specifically record the following information:
   a) The exact time the call was received.
   b) The caller's exact words.
   c) A description of the caller's voice.
4. If the call receiver has time and opportunity he/she should ask the caller for:
   a) The location of the bomb.
   b) The exact time of explosion.

c) A description of the nature and appearance of the bomb.

d) The caller's name and his/her location.

C. **WRITTEN THREAT**

1. The staff member receiving the written threat should handle it as little as possible (to preserve finger prints), and should save all materials including any envelope or other container.
2. Local Law Enforcement should be contacted first, followed by the facility supervisor on duty, and/or the facility's director.
3. The building should be evacuated until it is determined that there is no longer a danger.
4. All materials involved in the threat should be turned over to the authorities.

VI. UTILITIES AND MAINTENANCE EMERGENCIES

A. **GAS LEAK**

1. If any staff member or children smells gas, act quickly.
2. Open windows immediately.
3. Call **911** and report the possible gas leak.
4. Do not turn any electrical switches **on OR off**. Eliminate all flames.
5. Check all gas taps and turn them off.
6. If necessary, turn off the gas main. The shutoff valve is next to the meter. Using a wrench turn the valve a quarter turn in either direction.
7. If the gas odor remains strong, evacuate the area immediately.
8. Do not return to the building until the fire department announces it is safe.

B. **POWER FAILURE**

1. The building's emergency lights, if so equipped, should come on automatically. They are connected to the facilities emergency generator, or back up batteries, which will start automatically upon loss of power (if a generator is present and connected properly).
2. The center has _____ flash lights which are located _____. There are spare batteries located _____.

3. A battery-operated radio is located _____. The radio may be used to monitor weather conditions, etc.

4. In the event of a power failure, the staff members on duty should contact the following:

   a) Local Power Company. Phone:_____

   b) The Child Care Facility's on-duty supervisor, and/or the Director.

C. **LOSS OF WATER**

1. There is an emergency supply of water located _____ . This water should be used sparingly, and only for emergency.

2. In the event of the loss of water, the staff members on duty should contact the following:

   a) Local Public Works (Only if loss of water is neither the result of a general power failure nor the result of an internal plumbing problem).
   Phone:_____

   b) The facility's supervisor on duty and/or the Director.

D. **LOSS OF TELEPHONE SERVICE**

1. There is a cellular phone located _____ which may be used in the event that regular telephone service is disrupted. Use of the cellular phone should be limited to absolute need.

2. In the event of loss of telephone services, the staff members on duty should contact the following:

   a) Local Telephone Company repairs service. (Only if loss of service is not the result of a general power failure). Phone:_____

   b) The facility's supervisor on duty and/or the Director.

E. **LOSS OF HEAT/AIR CONDITIONING (emergencies only)**

1. Contact the facility's supervisor on duty and/or the Director

2. The supervisor or staff member on duty should contact the installer of system and/or the company that services the units.

   Contact Information: _____

F. **PLUMBING PROBLEMS (emergencies only)**

1. Contact the facility's supervisor on duty and/or the Director
2. The supervisor or staff member on duty should contact the following plumbing company:

   Contact Information: _____

G. **PROBLEMS WITH LOCKS AND KEYS**

1. Contact the facility's supervisor on duty and/or the director.
2. The supervisor on duty may contact: _____.

VII. EMERGENCY EVACUATION

A. In the event of a fire, bomb threat, electrical, chemical or other emergency that would require the evacuation of the building, all staff members should adhere to the following:

1. Call **911**, indicating the need of assistance from the local Fire Department and law enforcement.
2. Make certain all children and staff members are accounted for and are safe.
3. Evacuate all children and staff members to an area as far from the building as safely practical.

   a) Adhere to predetermined evacuation routes, if possible; however, do not hesitate to adjust these routes to avoid dangerous areas.

   b) All children and staff members with special needs are to be assisted as needed.

4. Conduct a second head count for children and staff members.
5. Notify the Director as early as possible.
6. Do not approach or re-enter the building until consultation with the proper authorities.

Appendix A

SERIOUS INJURY OR ILLNESS

The immediate concern is to the aid of the sick or injured person. Proceed according to the following plan:

A. No staff member should place themselves at risk in the rescue of an injured child or staff member. Call Emergency **911** and request the needed emergency responders.

B. Do not move the victim, especially if their injury is the result of a fall, unless they are in a life threatening or dangerous environment.

C. Notify a qualified first aid person in the facility. Qualified first aid personnel are:

NAME:_____ LOCATION:_____

D. Treat immediately life-threatening injuries first in priority order:

(Emergency 911 should be called first for each of the following):

1) Impaired Breathing	2) Heart or Circulatory
3) Severe Bleeding	4) Shock

a) **Impaired Breathing** - Work efficiently. The average person will die in six minutes or less if their oxygen supply is cut off. Place victim on his/her back, loosen collar, remove any obstructions to the airway, and apply mouth-to-mouth resuscitation (if so trained). After the victim is breathing alone, treat for shock.
b) **Heart / Circulation Failure** - Work quickly. If possible, get trained help and work as a team. Apply cardiopulmonary resuscitation (CPR). If successful, treat for shock.
c) **Severe Bleeding** - Act quickly. Apply direct pressure on the wound with your hands, using a clean cloth if one is available. If there are no fractures, elevate the wound. If bleeding is of a spouting or pumping nature, apply pressure to the appropriate arterial pressure point. Never use a tourniquet except as a last resort.
d) **Shock** - If there is no head or chest injury, keep head lower than the rest of the body. Loosen clothing and cover with blankets. Encourage fluids if victim is conscious and there is no abdominal injury or nausea.

E. Other injuries / illnesses should be treated in priority with respect to threat to life.

F. Depending on the seriousness of the injury the victim should be taken to a nearby hospital by ambulance, or driven by someone else.

Appendix B

HURRICANE PLAN

A. The safe place designated by the Facility Director is the

_____.

1. All children will be moved to the safe location.
2. Maintain flashlight and voice contact among staff members at all times.
3. Direct all children to sit on the floor in designated area, not in front of doors.
4. Advise all children to wear shoes.
5. Make sure to do a head count before moving to safe place, after arriving at safe place, and after leaving designated area.

B. After absolutely certain that the storm has passed, staff members should do a head count and check the complete building for any damages such as fire, water, or structural.

C. Notify the Director as soon as possible with an update of conditions.

D. Notify appropriate agencies if services are needed.

Appendix C

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

A. The safe place designated by the Facility Director is the

_____

1. All children will be moved to the designated location.
2. Maintain flashlight and voice contact among staff members at all times.
3. Direct all children to kneel down on their knees with their head between their legs covering their head with their hands.
4. Advise all children to wear their shoes.
5. Make sure to do a head count before moving to a safe place, after arriving at a safe place, and after leaving the designated area.

B. After absolutely certain that the storm has passed,

1. Staff members should do a head count.
2. Provide any necessary first aid and call 911 for any necessary response agencies.
3. Check the complete building for any damages such as fire, water, or structural.
4. Turn on and test utilities.

C. Notify the Director as soon as possible with update of conditions.

D. Notify appropriate agencies if services are needed.

E. Severe **Thunderstorm WATCH**

1. Advise all staff members of the weather condition.
2. Monitor radio / television news for updates and/or the NOAA Weather Radio.
3. Modify outdoor activities to ensure that relatively quick access to shelter is available.

Appendix C (continued)

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

F. Severe **Thunderstorm WARNING**

1. Advise all staff members of the weather condition.
2. Monitor radio / television news for updates and/or NOAA Weather Radio.
3. Terminate outdoor activities and seek shelter.
4. Monitor sky conditions. If you see a dark, funnel shaped cloud, seek shelter and if possible, call **911** to report it.

G. **Tornado WATCH**

1. Take all precautions included in a Thunderstorm Watch. In addition:
2. Upon approach of thunderstorms, cease any outdoor activity that would delay the seeking of shelter.
3. Monitor sky conditions. If you see a dark, funnel shaped cloud seek shelter and if possible, call **911** to report it.

H. **Tornado WARNING**

1. Monitor radio / TV continuously.
2 Monitor sky conditions continuously. If you see a dark, funnel shaped cloud seek shelter and if possible, call **911** to report it.
3. Turn off all utilities if time permits.
4. Move all staff members and children to designated location:

_____

Appendix D

Bomb Threat Information Form

Exact Time of Call : _____ Date of Call: _____

Exact words of caller: _____

_____

_____

QUESTIONS TO ASK:

1. When is bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

DESCRIBE CALLER'S VOICE (circle)

Male / Female Approximate Age ____

calm	disguised	nasal	angry	broken
stutter	slow	sincere	lisp	rapid
giggling	deep	crying	squeaky	excited
stressed	accent	loud	slurred	normal

THREAT LANGUAGE

Well Spoken (educated)	Irrational	Message read or recorded
foul / vulgar	Incoherent	

If voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Remarks made by caller:_____

_____

Person receiving the call: _____

Telephone Number/line call received: _____

Appendix E

FLOOD PLAN

When Flash Flood conditions are forecast, the following guidelines shall be used:

A. Contact the on-duty supervisor and/or the facility director.

B. Monitor television, radio, and/or NOAA Weather Radio for forecast updates.

C. Move records and valuable equipment to higher floors. Store chemicals where flood waters cannot reach them and cause contamination.

D. Make transportation preparations to move children and staff members in the event that evacuation is needed.

E. Safe area to be evacuated to is: _____

   Safe Route there is: _____

F. Evacuation

   1. If the facility is in a low lying area venerable to flooding, evacuation will be immediate.
   2. Evacuation is to follow the safest route possible (listen to weather and news reports for routes). Maintain voice contact among staff members and ensure all children and staff members are accounted for.
   3. If time and conditions permit, unplug all electrical appliances.
   4. All loose outdoor articles are to be brought in or tied down.
   5. Lock all doors.

Appendix F

HAZARDOUS MATERIALS ACCIDENTS

A. Evacuate the area immediately.

   1. Do not turn any electrical switches **on or off.**

   2. Eliminate all open flames.

   3. Evacuation should be to an area (if possible) upwind and uphill of the facility.

B. Call **911**, and report that there has been a Hazardous Materials Spill.

C. Do not attempt to contain, touch, or identify (if unknown) the hazardous material.

D. Do not attempt to rescue someone who has been overcome by fumes.

E. If a child or staff member has had contact with chemicals, the chemicals should be washed off immediately.

F. Do not return to the building until authorized to do so by the fire department.

After the Emergency Is Over:

POST-TRAUMATIC STRESS DISORDER IN CHILDREN AND YOUTH

EMSC FACT SHEET

What Is Post-Traumatic Stress Disorder (PTSD)?

After experiencing a frightening or distressing event (such as an injury, assault, car crash, fire, hurricane, or other natural disaster), a child or teen may suffer psychologically, as well as physically. In the first few days to weeks after a traumatic event, he or she may find that they have unwanted or upsetting thoughts or feelings about the event, and may be more anxious or "jumpy" (constantly on the lookout for possible danger). Often, they want to avoid anything that reminds them of the traumatic experience.

When these reactions last for more than a month and are strong enough to affect everyday functioning, a child may be diagnosed as having Post-Traumatic Stress Disorder (PTSD).

While the majority of U.S. adults have experienced a traumatic event at least once in their lives, only about 20% of these people will go on to develop PTSD. However, children's experiences around traumatic events are not well documented. Some studies have found that about 30% of children who experience a traumatic event end up developing PTSD.

Children can also develop PTSD symptoms when they witness or hear about a traumatic event that happens to someone else, even on TV (for example, coverage of September 11, 2001 events), and especially if it's someone they care about, like a friend or a parent who is hurt or even killed.

What Are the Signs and Symptoms of PTSD?

Most children who experience a trauma will have at least a few of the symptoms listed below, in the first few days or weeks after the event. The majority can resolve these reactions with support from their families and others, but some children will continue to have difficulties. (A child who appears to have little reaction to the trauma in the early stages is less likely to develop symptoms of PTSD). Children or youth at high risk for later difficulties are those who have had previous traumatic experiences, who have very strong early reactions, or whose support systems (parents and other caregivers) are very distressed by the event.

The three main categories of PTSD symptoms are:

- ***Re-experiencing the Trauma.*** Upsetting thoughts, pictures, or feelings about the traumatic event just "pop" into his/her mind; may relive the traumatic event through nightmares or from "flashbacks" when awake; reminders of the trauma may bring tears or other physical symptoms such as sweating, heart pounding, or stomach upset.
- ***Avoiding Reminders of the Trauma.*** Avoids situations, activities, or locations that might be reminders; may feel emotionally "numb" or detached – shutting down emotions to protect from painful feelings; may feel less close to friends and family; can feel hopeless about the future.
- ***Hyper-Arousal.*** Becomes jumpy or easily startled (e.g., overreacts to sudden noises); may become hypersensitive to signs of danger ("on guard"); may seem irritable or angry more often than usual; may have sleep problems and trouble concentrating.

What Can An Adult Do to Help A Child with PTSD?

Observe. Be aware of changes in the child's behavior.

Talk. Speak with the child openly (and in a matter-of-fact manner) about the traumatic event. Follow his/her lead but don't avoid the topic.(If this is too upsetting for you, seek support from other adults in coping with your own feelings).

Listen. Ask the child about his/her thoughts and feelings regarding the event, and listen carefully to his/her words, tone, and body language. Gently help to correct any misunderstandings. Sometimes children feel guilty about what happened and mistakenly believe they are to blame; younger children may have unrealistic or "magical" ideas about how the trauma happened.

Support. Help your child to focus on his/her strengths and talents. Help him/her to develop and use strategies for healthy coping with any fears or anxiety.

Take Care of Yourself. Parents and other caregivers need to have support for themselves and their own reactions and feelings after a child has experienced a traumatic event.

Ask for Help – Treatments for PTSD

If a child continues to have symptoms that worry parents or caregivers, that bother the child or get in the way of his/her normal activities, or if a child has any behavior that endangers himself or others, do not hesitate to get help from a mental health professional, preferably one who has experi-

ence in helping children after trauma.Also, explore the many resources available, such as those listed below.

Books and Brochures On Children and Trauma

For Providers, Teachers and Caregivers:

- "Helping Children Cope With Disasters and Terrorism" by La Greca, A, Silverman, W, Vernberg, E, & Roberts, M (eds.). Washington: American Psychological Association. 2002.

- "Children and Trauma: A Guide For Parents and Professionals" by Cynthia Monahon, Jossey-Bass Publishers; San Francisco;1997.

- "The Scared Child: Helping Kids Overcome Traumatic Events" by Barbara Brooks, Ph.D., and Paula M.Siegel; John Wiley & Sons, In.; New York;1996.

For Children and Families:

- "Helping Children Cope with Crisis: A Guide for African American Parents." 2002. Call the National Institute for Child Health and Human Development Information Resource Center at 1-800-370-2943 or download the brochure from: www.nichd.nih.gov/publications/pubs/crisis/helping_children_crisis.cfm

- "The Handbook of Frequently Asked Questions Following Traumatic Events:Violence, Disasters, or Terrorism." 2002. Available in both English and Spanish. Order copies from The International Center to Heal Our Children at Children's National Medical Center by calling 202-884-2257 or download the document as .pdf file from: www.dcchildrens.com/dcchildrens/about/subclinical/subneuroscience/ichoc_resources.aspx

- "A Terrible Thing Happened" by Margaret M.Holmes; illustrated by Cary Pillo;Magination Press; American Psychological Association;Washington, DC, 2000.

Internet Resources

- "After the Trauma" is a SAMHSA-funded publication created by the Center for Pediatric Traumatic Stress. www.chop.edu/traumatic_stress/pdf/cpts_parenttip.pdf

- Another comprehensive resource with useful information and links regarding trauma and PTSD can be found at: www.trauma-pages.com

- The International Center to Heal Our Children has several fact-sheets and other resources available for children, parents, teachers, and health care providers in assisting children in coping with and recovering from traumatic events. www.dcchildrens.com/dcchildrens/about/subclinical/subneuroscience/ichoc_resources.aspx

- The National Institute of Mental Health has Information on Coping with Traumatic Events at www.nimh.nih.gov/healthinformation/traumaticmenu.cfm

Professional Mental Health Associations and Government Agencies

American Academy of Child and Adolescent Psychiatry	(www.aacap.org)
American Academy of Pediatrics	(www.aap.org)
American Psychological Association	(www.apa.org)
International Center to Heal Our Children	(www.dcchildrens.com/ichoc)
International Society for Traumatic Stress Studies	(www.istss.org)
National Assoc. of Social Workers	(www.naswdc.org)
National Center for PTSD	(www.ncptsd.org)
National Child Traumatic Stress Network	(www.nctsn.org)
National Institute of Mental Health	(www.nimh.nih.gov)
PTSD Alliance Resource Center	(www.ptsdalliance.org)

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Updated September 2005