



Department of Health and Human Services
Preparedness and Response Program

EMERGENCY

Response Planning

for Child Care Providers



help me grow



**Public Health Emergency
Preparedness and Response**
MONTGOMERY COUNTY, MD

Plan to be safe.





Emergency Response Planning for Child Care Providers

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Welcome

Introduce trainer

Pre-test in left side of folder

•Complete and collect before beginning training.

Ask how many are Center based providers and how many are Family Child Care

Acknowledgements

Funding for this project was provided through a grant by Advance Practice Centers and a collaboration with Montgomery County Department of Health and Human Services





Purpose of This Training

- Provide child care providers with the knowledge and tools to establish an “all hazard” emergency response plan for their individual child care program.

Define “all hazard”

- A plan comprehensive enough to meet the needs encountered in a variety of emergency situations from a fire to a unexpected ice storm.

Plans will vary because the needs of each program differ but the basic element of the plans remain the same.



Objectives

At the end of the session the participant will be able to:

- Identify emergency situations that may occur in child care programs
- Identify the roles and responsibilities that need to be considered in building an emergency response plan;
- Identify the different types of emergency responses;
- Create a written Emergency Response Plan



Agenda

- Pre Test
- Evaluate our risks
- Three types of emergency actions
- Key roles and responsibilities
- Disaster supply needs
- 15 Minute Break
- Group Activity
- Post test and Evaluation



Prior planning

Prevents

Poor Performance

The threat of disaster is nothing new!

- **Natural**
wind, ice floods, fire
- **Unintentional**
fire, chemical spills, blackouts,
transportation breakdown,
missing child
- **Intentional**
potentially violent situations
terrorist activities (bombs, bioterrorism,
hostage taking, snipers)



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Facing unexpected and emergency situations in child care is not new. This training is to assist the providers in thinking through their plans in an organized fashion. Those who are prepared have better outcomes from a disaster.

Explore different feelings 9-11 vs. snipers and why.

Chart responses on wall chart

- More personal
- Attacking ordinary citizens
- Kept going on



Evaluate Your Risks

- Flooding
- Winter storms
- Hurricanes
- Tornadoes
- Wild Fires
- Chemical Plants
- Nuclear Plants
- Power Plants
- Industrial area
- Military base
- Major Highway
- Mass Transit Routes
- Prime terrorist target
- Earthquakes

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Ask participants to evaluate which of the above risks exist in this area.

- Flooding-Sligo Creek
- Winter Storms-all area but especially Western and Northern areas of county
- Hurricanes-rare but they do occur and we usually have warning
- Tornados-Oh yes
- Military base-multiple
- Major highway-many
- Mass transit-MARC and subway (The subway can be complicated problem of a contagious agent is involved because of the multiple contacts on the train and all of those contacts dispersing into the different area.)
- Prime terrorist target

Our area obviously has many risk factors



Your Emergency Response Plan Should Address:

- o Medical Emergencies
- o Missing Child
- o Natural Disasters
- o Utility disruption
- o Fire/smoke/bomb threat emergencies
- o Hazardous material exposure
- o Disgruntled or impaired parents/guardians
- o Potentially violent situations

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How many of class are first aide and CPR certified?



Consider This

- Is your program in shared building?
- Do you know the ERP of the school system?
- Do you have children or staff with special needs in your program?

If your program is in shared space such as a school or office building you must seek out the emergency response director for the building and coordinate your plan with the building plan. You may have to advocate for the special needs of the children.

All emergency plans must include provisions for those with special needs. (vision, hearing, mobility and emotional/mental impairment)



Emergency Responses

- Preparation for emergency situations requires staff/programs to:
 - Develop written policies and procedures
 - Train staff
 - Practice

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All staff should receive a written copy of the policies and procedures.

Due to high staff turnover include this in new employee orientation.

All staff should be strongly encouraged to have their own Family Plan.

Practice is very important for the FCC where one provider may be caring for up to 8 children, 2 of them less than 24 months. Practice with the children to truly evaluate how your plan will work.



Emergency Responses

- ***Shelter in Place***

Stay or go inside a designated place where you are.

- ***Lock Down***

Securing the children, staff and visitors in protected spaces.

- ***Evacuation***

Leaving your location.

Emergency responses can be placed in three broad categories.

All three of these actions need to be practiced and evaluated on a regular basis



Emergency Responses

- Post procedures for all three actions in each room.
- Practice all three actions with the children on a regular basis.
- Take all supplies on all drills
- Evaluate the outcome of each drill.

Make sure that the procedures are posted in plain sight and are easy to read.

Practice with the children, taking all supplies that would be required..

The drills should be non-threatening. Much of what the children perceive will come from the provider. Think of how a new child reacts the first time he encounters a fire drill. Then how that same child react after a year of fire drills



Emergency Responses

- Evaluate the results of each drill
 - Staff input
 - Effectiveness of warning system
 - What problems were encountered

Brainstorm with your staff or another FCC to recognize problems and come up with solutions..



Emergency Responses

- “Ready To Go” File
 - ✓ Emergency contact information
 - ✓ Authorization for emergency medical care and transportation
 - ✓ Address, directions (maps) and telephone numbers for designated meeting places
 - ✓ Attendance sheets

An emergency does not relieve you of the responsibility of documenting when a child leaves and with whom, recording incidents and documenting medications given.

The “Ready to Go “ goes with you any time you leave your usual location even if you are staying in the building.

Demonstrate a Ready to go File



Emergency Responses

- “Ready To Go” file
 - ✓ Sign in/out forms
 - ✓ Medication administration forms
 - ✓ Incident/ injury forms

The “ready to go” file always goes with you.

Show



Emergency Responses

To decrease confusion, fear and the risk of having a child left behind:

- Use the same commands in all situations. (i.e. “Ready” and “Go”, whistle blasts)
- Use the same procedures in all situations to prepare children to take action. (i.e. lining up with a partner or holding a knot on a rope)

When dealing with children consistency reduces confusion and makes the children feel more secure. Using the same commands for all situations regardless of the type of emergency can accomplish this. For example, loudly saying “Ready” or blowing one long whistle blast may mean that all are to immediately stop what they are doing be quiet, line up, and listen for instructions which may be to go the safe room in case of a tornado or the outside assembly area in case of a fire. Saying “Go” loudly or blowing two loud whistle blasts means to follow those instructions immediately.

Regardless of the method, consistency decreases fear, confusion and the risk of a child being left behind.



Emergency Responses

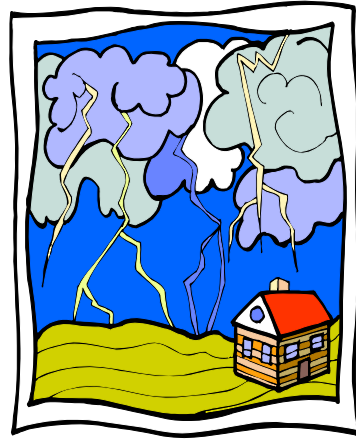
- Parents must be kept informed of your plans.
 - New parent orientation
 - Annual/bi-annual parent meetings
 - Program news letter
 - Demonstration Day
 - Attachments C and D

In your manual Attachment C is a sample letter to parents explaining your emergency plan. Feel free to adapt this.

Attachment D is a sample wallet sized information card you may choose to give your parents. On the other side of the card the family can write their individual family information. Each family member can easily keep this card with them.

● ● ● | Shelter-In-Place

- Expected to be the most likely situation.
- May be advised for weather related situations, chemical spills and certain terrorist actions.



Shelter in place is the response when it is safer to stay where you are than to try to relocate

Always listen to your radio for further instructions such as sealing vents or turning off HVAC systems.



Shelter-In-Place

- Bring all children, staff, and visitor inside.
- Have the “ ready to-go” files with you.
- The designated safe area in your building will change according to the type of event occurring.

Your “safe areas” will differ according to the type of emergency that has led to the sheltering in place. Flooding vs. tornado

Ask participants where within their building they would go for flooding and tornadoes



Shelter in Place

- Contact parents with the status of their children and the program plans.
- Listen to your radio for further instruction.
- Do not leave the building until told to do so by public safety officials

Ask participants how might they plan ahead to contact parents

Phone, Email, Fast group fax



Lock Down

- May be the chosen response to a potentially violent situation.
 - Intruder
 - A non-custodial parent/guardian
 - Parent/guardian under the influence of a substance
 - Hostage situation
 - An individual with a weapon

How many of you were in Lock Down during the sniper episode



Lock Down

- o Establish a program wide method of communication
- o Have a lock down code
- o Gather all of the children into their rooms or designated area
- o Close and lock all doors

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How is the staff alerted to a problem?

Establish method of communicating with all staff that a situation is in progress

A command or code, (whistle blast, “the birthday party is delayed”, “the office phone is broken”) that alerts staff. The code needs to be familiar to the staff but not obvious enough to make an intruder suspicious.

FCC do not face such a challenge as the groups are usually together

Staff quickly checks halls, restrooms, library etc nearest their classrooms to get children in classrooms or secured where they are

Check all doors before occurrence to make sure they can be locked and unlocked from the inside

Actions vary according to where threat is coming from. If there is a person with a weapon in the parking lot you need to stay away from exterior windows and may move to the halls or your safe room. If there is an intruder in the building you should stay in your rooms, out of site from the hallway.

● ● ● | Lock Down

- Chose the safest place within the room
- Turn off lights
- Do head count
- Stay where you are
- Inform parents



Sit quietly with the children-calm activity until informed threat is over or directed to do otherwise by emergency personnel.

Inform parents whether it is a practice drill or a real event.



Evacuation

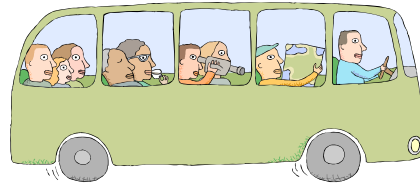
- Posted floor plan
 - Primary and secondary routes of evacuation
 - Location of the fire alarm/pull box
 - Location of fire extinguishers
 - Location of interior safe room
 - Location of exterior assembly area

Know the evacuation routes from any area of the building you may be using. For example, if you are in the library when the alarm is sounded do not return to your room at the other end of the building. Evacuate the building directly from the library and proceed to your assembly site.

Assembly area—a safe place to await parent pick up. Consider if the place will be safe in all circumstances (rain, snow, fire) Exterior assembly areas should allow occupants to evacuate the area without passing close to the building. Depending on the needs of your children and what your assembly site has (shade for summer etc.) you may need to plan ahead and have fold up umbrellas with you.

● ● ● | Evacuation

- Have a program wide warning system.
- Know two exit routes from each room.
- Plan how to move children from the building.
- Pre-pack items you will need.
- Know who is responsible for which children.
- Have your “ready to go” file.



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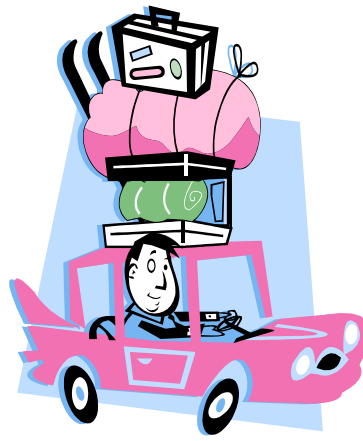
How will you move children from the building.

Will the non-walkers be carried, will they go in an evacuation crib, or a multi-seat stroller.

Ask yourself if the crib or stroller can roll over the terrain to the evacuation site. Are there stairs in the evacuation route? Then try it in a practice drill.

● ● ● | Evacuation Sites

- Plan ahead
 - Locate evacuation sites
 - Local
 - Outside your neighborhood
 - Out of your city and possibly state



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Ask audience for evacuation site ideas in all three scenarios.

Consider checking with churches, recreation centers, libraries, colleges, grocery stores, fitness centers etc.

FCC should also check with neighbors, the homes of workers who live nearby and extended family



Evacuation

- Evacuation sites
 - Come to an understanding with you evacuation sites.
 - How do you gain entrance to the building?
 - Contact yearly to confirm the status of you agreement.

Do Not assume that a facility will be able to handle you needs. Formalize your agreements with the person in charge of the facility.

Remember some sites will not be opened and available the same days the center is open; e.g. Federal Holidays so consider you selection carefully.

Consider if how you will gain access to the building, are there any supplies in the building, can you store some supplies there.



Evacuation

- Communication with parents
 - Emergency Communication Plan cards (Attachment C and D)
 - Change phone voice mail on spot or remotely to relay information about where the children are, that they are safe, and that they are being cared for by the staff.
 - Consider setting up group fast-fax and emails.

Attachment C and D in manual.



Evacuation

- Communication with parents
 - If time permits leave a note on your door telling parents where children may be picked up.
 - Call parents as soon as you are able.

***Remember, you may be directed to a different site
by emergency personnel.***



Evacuation

- Immediate area threat (fire, major building problem, bomb threat)
 - Leave the building
 - Take emergency supplies
 - Gather at the pre-determined assembly area
 - Account for all children, staff and visitors
 - Always take you “ready to go ”files

An emergency does not relieve you of the responsibility of having children signed in and out, of completing incident/injury forms, or documenting medications administered



Evacuation

- Widespread threat (chemical spill, brush fires, area bomb threat)
 - Listen to your radio for instructions
 - Leave the building and neighborhood to a pre-arrange site.
 - Take you emergency supplies
 - Take “ready to go” files
 - Gather at your assembly area to access transportation to your site.



Evacuation

- Mass Evacuation (declared state of emergency and ordered evacuation)
 - You may be directed to a mass shelter by emergency personnel.
 - You may go to a location outside of the effected area which has been previously designated by you.
 - Listen to your radio for instructions.

Some FCC have plans with relatives and friends outside of the metro area to be housed there. Some center have plans with other centers (e.g. church based) to be housed there



Evacuation

- Mass Evacuation
 - Take your emergency supplies.
 - Take you “ready to go” file.
 - Follow instructions from emergency personnel.



Roles and Responsibilities

- Identify and assign specific duties
 - Centers use your chain of command
 - FCC include staff and family members
 - People respond better when they know what is expected of the
 - Decrease confusion and panic during an emergency
 - Share and discuss responsibilities with staff.

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Chain of Command Attachment A. Change your chain of command a little a possible from the normal day to day operations. When people know what is expected of them and how to do it the is less confusion and panic in a crisis.

Because each age group has different needs to be taken into account consider a planning committee consisting of representatives from each age group you serve.

The various roles and responsibilities are discussed at length in you manual.



Roles and Responsibilities

- Identify and assign specific duties
 - Assign a primary and back up person to each responsibility.
 - Consider rotating people through each role so eventually everybody is familiar with all the roles.
 - Practice primary and alternate roles until the staff or family members are comfortable with tasks.

One person may fill many roles



Roles and Responsibilities

- FCC may have one or two people to assume all the responsibilities.
- FCC is planning for fewer children.
- FCC 's family plan is a part of the programs ERP.
- It may be helpful for two or more family care providers to team up to share ideas and discuss plans.

Attachment F in the manual.



Responsibilities

Consider Who Will:

- Complete the ERP
- Conduct employee training
- Conduct practice drills
- Keep plans, supplies, children and staff emergency cards current

Complete the ERP- This may be done by an Emergency Response Planner or a committee of representatives from each age group. Regardless set a time frame for the timely completion of ERP.

Current employees are to be trained in the ERP and new employees can be trained as part of their orientation.

Conduct regularly scheduled practice drills for Shelter in Place, Lock Down, and Evacuation. Discuss what worked and what did not work immediately after the drills. Brainstorm for solutions.



Responsibilities

- Keep parents informed on the Program's ERP
- Identify an emergency
- Choose appropriate response
- Notify emergency responders of situation
- Calmly circulate accurate information and clear directions

ER Director

Inform parents of your emergency response plans through the parent handbook, program newsletter, bulletin board, annual/biannual parent meeting and program presentations with the children involved.



Responsibilities

- Know the location of and how to use all communication devices and service devices (heating, air conditioning, ventilation (HVAC))
- Provide calm clear directions
- Searcher

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ERA needs to be trained in the basics of emergency management to be prepared to act independently

Searcher is the person or persons who looks through the center checking closets, bathrooms, cabinets making sure that no child is left behind. Close but do not lock the doors after a room has been searched.



Responsibilities

- Assist people with medical needs
- Evaluate the need for professional help and make sure it is summoned
- Carry the first aid supplies during emergency
- Monitor first aid supplies for completeness

The person and alternate assigned this role needs to be first aid/CPR certified



Responsibilities

- Be aware of and assist children and staff with special needs.
- Ensure that a three day supply of maintenance medications are available.
- Ensure that permission to treat in a medical emergency forms are complete.

First aid coordinator

● ● ● | Responsibilities

- Set up and maintain the “ready to go” files.
- Make sure cell phone remains charged.
- Make sure radios have fresh extra batteries.



Communications coordinator

Consider obtaining a NOAA radio which is a radio that sounds an alert when a weather event is effecting you area. New versions not only do this for weather events but also for civil events (police, fire, etc.)

● ● ● | Responsibilities

- Ensure that a land line phone is available.
- Establish a system of group emailing and faxing to Parents/ Guardians.



During 9/11 and other large scale emergencies cell phone were not functional as the tower signals were jammed. Many times when there is a power failure phone service is not disrupted and the land lines continue to work.



Responsibilities

- Update emergency contact information at least yearly.
- Clarify with the ERD what information is to be given to families during an emergency.
- Change center voice mail to reflect current status during an emergency.
- Establish and maintain contact with information/assistance sources.

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Consider updating info. more frequently. Contacts should include one person distant enough to be unlikely to be affected by the same emergency. Local communication is often disrupted in event of a wide spread emergency.

Contact may be established through telephone, cell phone, hand radios, telephone and the internet. Use reliable sources to obtain information!!

Utilities

- Listen to instructions from emergency personnel.
- Know where your heating, ventilation and air conditioning main shut offs are and how to operate them.
- Know where your main water, gas and electrical shut offs are and how to shut them down.



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Consider putting a card with instructions next to the shut offs.

If a tool is required to shut off a unit tape the tool to a surface near the shut off.

Seek instruction from your utility company if you are unsure of what is what in your location

Never turn your gas back on yourself.



Disaster Supply Kits

- Organize your supplies.
- Have them together and transportable.
- Your ERP should clearly show where supplies are kept, who is responsible for transporting them and who is responsible for monitoring them for completeness.

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In a widespread disaster you need to be prepared to care for the children in our program and yourself until assistance arrives.

The list of supplies is meant to help you organize your thoughts and supplies. You already have most of what is on the lists. You need to organize them and have them together and readily available to you and transportable.

It may also be necessary for you to prioritize your supplies depending on the need of your specific children. The medical needs of a child are of course a priority (medications, medical equipment, blankets) Infant formula and water are of higher priority than food.

● ● ● | First Aid Kit

- CCA required
- Special Medications
- Special equipment
- Pain/fever reducer medications



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You will need the same documentation for medications to be given in an emergency as at any other time

● ● ● | Water

- Top priority
- Should not be limited
- One gallon per person per day
- Purchased bottle water or tap water
- Monitor expiration dates
- Most space consuming



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Store tap water in soda bottles that have been washed and rinsed in one part chlorine bleach to 10 parts water and air dried. Label and date any stored water

Additional sources of emergency water can be found in the Red Cross pamphlet, Food and Water in an Emergency

Refer to the Red Cross Pamphlet



Water

- Foods high in fat, protein, and salt increase thirst.
- Eat canned foods with high liquid content.
- Reduce activity and stay cool.



Non-perishable Foods

- Maintain a supply of familiar foods.
- Take food allergies into account when gathering your food.
- Store grains such as cereal and crackers in plastic or metal containers.

● ● ● | Non-perishable Foods



- Canned foods
 - Require no water
 - Require no cooking
 - Long shelf life (high acid foods such as tomatoes and fruit can be stored safely for 12-18 months; low acid foods such as meats, fish, poultry and vegetables can be stored for 2 to 3 years.
 - Dispose of any cans with dents, bulges or leaks.

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Store food in a clean dry cool place

Canned foods can be high in salt content leading to increase thirst so try to find low salt products

Dents and leaks can allow bacteria to enter the can

Bulges means there is gas forming in the can. Pathogenic organisms produce gas. Therefore there is a high likelihood that there is bacteria growing in the can.

Although canned food may be safe to eat if stored longer the color, taste and nutritional value will be compromised.



Non-perishable Foods

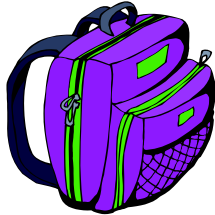
- Powdered or concentrate infant formula will require extra water.
- Take food allergies into account when acquiring foods.
- Always check the expiration date or “best if used by “ date before purchasing.
- Keep food covered in a cool, dry spot at all times.



Disaster Supply Kits

- FCCs and small centers may choose to have all supplies in a central location.
- Large centers may choose to have certain center related supplies in a central location (radio, cell phone, tools, can opener, money, water) and others in rooms (ready to go files, first aid kits, children's clothing, flashlights, formula, water).

● ● ● | Disaster Supply Kits



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Persons with Special Health Care Needs

- Children and staff with special needs must be considered when making your plan.
- Is special medication or equipment needed?
- Is special assistance needed?
- Emergency Information for Children With Special Needs (Attachment E)

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A deaf child will not hear the alarm sound. How will you alert this child and help the child know what is expected?

Can a child using crutches or a walker get to your assembly place on his own or is the ground too rough and rugged.

AAP Has developed an Emergency Information Form for children with special needs that can be added to your packet.



Because They Are Children

- For an art project, tie-dye tee shirts and stamp with program name, address, and telephone number.
- Plan ahead to provide familiar items and routines to promote a sense of security.
- Practice with the children. Celebrate success.
- Take care with what you say and portray.

What small items could be included in the emergency pack to promote a sense of security? Tape/CD with favorite music and stories, story books, family pictures, favorite toys



Staying Prepared

- Conduct practice drills on a regular basis.
- Review the activity with the staff for what went well and what did not.
- Assign specific individuals to monitor each aspect of your ERP on a specific schedule. (Attachment F)
- Replace opened, missing, outdated items immediately.

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The post-mortem on the drills is the best time to recognize problems and correct them

If specific tasks are not assigned the job becomes everybody's and therefore nobody's. It does not get done



Summary

- Evaluate the needs of your program and set up an Emergency Response Plan



Where to Get More Information

- o Further resources are listed in the back of your manual.

Pre-Test: Emergency Response Planning for Child Care Providers

Name: _____

Date: June 7, 2005

Check T if the statement is True and F if it is False.

	True	False
1. The possibility of facing an emergency in a child care setting was not present prior to 9-11.	___	___
2. Practice emergency drills are not a necessary part of an Emergency Response Plan.	___	___
3. It is recommended that child care programs have supplies available to last three days in case of an emergency.	___	___
4. In the case of an evacuation of the child care program, carrying a clean change of clothing is more important than carrying drinking water.	___	___
5. Emergency Response Plans should be the same in all child care programs.	___	___
6. In an emergency situation, people feel more secure and respond better when they have been prepared for what is expected of them.	___	___
7. In the event of a "Lock Down" all children and staff should leave the building immediately and meet at the assembly location.	___	___
8. During an emergency situation children with special needs are the responsibility of their parents/guardians.	___	___
9. The program's Emergency Response Plan need not be shared with the children's families.	___	___
10. You should follow the directions of emergency personnel.	___	___

Post-Test: Emergency Response Planning for Child Care Providers

Name: _____

Date: June 7, 2005

Check T if the statement is True and F if it is False.

	True	False
1. The possibility of facing an emergency in a child care setting was not present prior to 9-11.	___	___
2. Practice emergency drills are not a necessary part of an Emergency Response Plan.	___	___
3. It is recommended that child care programs have supplies available to last three days in case of an emergency.	___	___
4. In the case of an evacuation of the child care program, carrying a clean change of clothing is more important than carrying drinking water.	___	___
5. Emergency Response Plans should be the same in all child care programs.	___	___
6. In an emergency situation, people feel more secure and respond better when they have been prepared for what is expected of them.	___	___
7. In the event of a "Lock Down" all children and staff should leave the building immediately and meet at the assembly location.	___	___
8. During an emergency situation children with special needs are the responsibility of their parents/guardians.	___	___
9. The program's Emergency Response Plan need not be shared with the children's families.	___	___
10. You should follow the directions of emergency personnel.	___	___

Key: Emergency Response Planning for Child Care Providers

Name: _____


Date: June 7, 2005

1. False
2. False
3. True
4. False
5. False
6. True
7. False
8. False
9. False
10. True

Trainer's Outline

***Emergency Response Planning
for Child Care Providers***

Time	Materials Needed	Slide	Activity
.10	Manuals Pre Test Wall chart tablet Markers	1-5	Welcome (pre test in left side of packet to be completed and collected before beginning training) <ul style="list-style-type: none"> ▪ Introduce self and training topic ▪ Ask participants how many are family child care providers and how many are center based.
.10	Wall chart tablet Markers	6-9	As a large group evaluate the risk factors and decide which apply to this area
.10	Ready to Go File	10-17	Demonstrate Contents of Ready to Go File As a large group gather suggestions for "action commands"
.10		18-20	Discussion about Lock Down
.10		21-23	Discussion about Shelter in Place
.20	Wall Chart Tablet Markers	24-33	Discussion about Evacuation As a large group brain storm evacuation sites
.20	Manual (pgs. 7-12) Attachment B	34-45	Discussion about Roles and Responsibilities
.25	Manual (pgs. 13-18) Attachment F	46-54	Discussion about disaster supply kits
.05	Manual Attachment E	55	
.10	Manual Attachment F	57	Discussion about staying prepared
.20	Manual, Wall Chart Tablet, Markers		Small group activity: <i>Divide participants into three groups. Each group will address a scenario about sheltering in place, lock down or evacuation. Each small group will present their thoughts to the large group.</i>
.10	Post Test Evaluation		



Helping Children Cope with Trauma

Developed by
Sarah Wilch-Spamer
Early Childhood Program Specialist
Montgomery County Child Care
Resource and Referral Center

- Welcome & Introduction



Acknowledgements

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Montgomery County Department of Health and
Human Services





Why Do the Training?

- State and local initiative
- Take it a step further
- Focus on the social-emotional development of young children
- Opportunity to reflect and learn from others

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•Training Overview:

- In 2004, the Maryland Network of Child Care Resource Centers began a campaign to educate parents on the importance of emergency preparedness through the use of their LOCATE counselors who counsel parents looking for quality child care.
- In 2005, Montgomery County took this movement & created an initiative to supplement the “Teddy Bear Handbook” with a focus on emergency response within the child care community.
- In addition to preparing for disasters, the authors of this training felt the need to also develop a resource guide for providers on helping children cope with grief & loss.
- Content is based developmentally appropriate practices & an understanding of child development for children birth to age 5.
- Session includes hands-on activities, discussion of theories and research, as well as an opportunity for reflection.

● ● ● | **Guiding Supports**

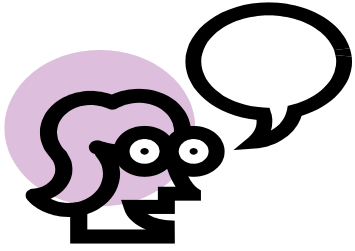
- Respect everyone's opinion
- Keep sharing to 2-3 minutes per person
- Keep cell phones and pagers on vibrate
- Others???



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•**Guiding Supports Handout**

● ● ● | **Pair Share...**



- Remember 9/11
- Express your emotions in 2-3 adjectives

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•Icebreaker

•Participants introduce themselves to the others at their table & share their name, program type, & how they felt on 9/11. One person in the group writes down two adjectives per person as they describe how they felt on 9/11; collect the papers, write the adjectives on chart paper for all to see; review the responses as a large group.



Let's define...

Traumatic vs. Stressful Events

Points to consider:

- Types of care
- Types of “events”
- Impact on mental health of child

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•As large group, develop & agree on a working definition for “emergencies” as it pertains to the subject matter.

- Consider the various types of child care & different scenarios.
- Consider traumatic & stressful events that can have a negative impact on the mental health of children.
- Types of disasters include: man-made (bombing, acts of terrorism); health crises (epidemic, famine); technological disasters (nuclear reactor spills, oil spills); international crises (wars, accidental missile launch); natural disasters (weather or environmental-related); and acts of violence (gangs, domestic violence).



Key Idea

- o Participants will gain a better understanding of how to help children cope with trauma and develop resources that will help them in preparing for traumatic events.

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•Read slide aloud



Objectives

- Develop a clear definition for traumatic events.
- Recognize the stages of grief.
- Understand the impact of stress on brain development.
- List common reactions children experience when dealing with trauma.
- Expand resources for helping children after a traumatic event.

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•Read slide aloud

•Additional Reminders:

- Encourage participants to be active learners; acknowledge the wealth of expertise they can contribute to the group.
- The most important item to remember is that this training is to be used as a framework for helping the children in their program.
- They are experts on the children in their care.



Grief, Trauma, and Loss

- Four Myths of Grief
 - An active child is not a grieving child
 - Infants & Toddlers are too young to grieve
 - Children need to “get over” their grief
 - Children are better off not attending funerals

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- **An active child is not a grieving child:**
 - Don't expect children to mourn in the same way you do. Some may cry or say they are sad, some may appear not to be feeling anything; and others may show anger and hurt. All of these reactions need to be accepted.
 - Remember, a child can work out feelings best through play. What may appear to be a frivolous play activity to us may well be an important part of the child's mourning process.
- **Infants & Toddler are too young to grieve:**
 - Any child who is old enough to love is old enough to mourn.
 - Certainly infants and toddlers are capable of giving and receiving love, yet we often hear they are too young to understand.
- **Children need to “get over” their grief:**
 - Children and adults are often told that they “should be over it by now—it's been almost a year.” Adults who believe this myth deny children the patience to live with and to work with their grief.
- **Children are better off not attending funerals:**
 - Not allowing children to attend funerals creates an environment of denial that does not allow them to actively participate in the grieving process. The funeral provides a structure for the child to see how people comfort each other openly, mourn a loved one, and honor his or her life. Children learn the ways we say goodbye to the remains of the person who died and how we show respect for the deceased.

●
●
●

Grief, Trauma, and Loss

- Stages of Grief
 - All Age Groups
 - Infants and Toddlers
 - Preschoolers
 - School-Age




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- **All Age Groups:**
- Understanding: children need to make sense out of death
- Grieving: anger as well as death must be dealt with; children's grief is an ongoing process
- Commemorating: involve children in formal & informal ways to commemorate; their creative ideas are an essential part of this process
- Going On: children can begin to risk enjoying life; this does not mean forgetting the person who's gone or the traumatic event that occurred
- **Infants & Toddlers:**
- Child Concept of Death: "All Gone"
- If infant & toddler routines are disrupted, and the adults around them are distraught, their lack of cognitive understanding forces them to integrate the cues in their environment, i.e. they know something is up—all of their senses tell them that things are not the same & not quite right.
- **Preschoolers:**
- Child Concept of Death: Magical, Egocentric, & Casual
- Young children may regress, become clingy, cry, thumb suck, bed wet, and have sleep disturbances as their response to a traumatic event. Some children may appear hypervigilant, have excessive startle reactions, and appear aggressive or sad. Children may also reenact the event over and over again through dramatic play.
- **School-Agers:**
- Child Concept of Death: Curious & Realistic
- At this age, children have a more realistic concept of what is happening in the world around them. Children at this level experience anxiety and fear as they realize there is real danger and they could possibly be hurt. Nightmares, fear of the dark, physical symptoms of headaches and stomachaches, or a desire to stay home may be noticed.

● ● ● | **Common Reactions**


- Behaviors
- Thought Patterns
- Feelings
- Physical Symptoms



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•Reactions to grief, trauma, & loss can be observed through changes in a child's behaviors, thought processes, feelings, and physical symptoms.

● ● ● | **Common Reactions**



Children who experience a major loss or trauma may grieve differently than adults. These events can be particularly difficult for small children, affecting their sense of security or survival. Often, they are confused about the changes they see taking place around them, particularly if well-meaning adults try to protect them from the truth.

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•Read slide aloud

● ● ● | How does the brain develop?

- Most development occurs during the first few years of life.
- Brain develops from the inside out
- Basic needs → sophisticated thinking




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•Read slide aloud



What are the impacts on brain development?

- Every interaction/experience with the environment creates connections between neurons.
- All learning is based on emotions.
- Stress hormones impact the development of the limbic system.
- Stressful events permanently change the “wiring” of children.



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•Every interaction/experience with the environment creates connections between neurons:

- The first few years of life are the time when most connections are being made and the brain is in full development. It is also important to understand that all learning is based on emotions.
- The brain “grows” itself for the environment it experiences. Repeated exposure to stress strengthens brain connections in a negative way. It moves you to withdraw and limits options for learning and development.

● ● ● | Take a moment to reflect...

○ What do you think about this?

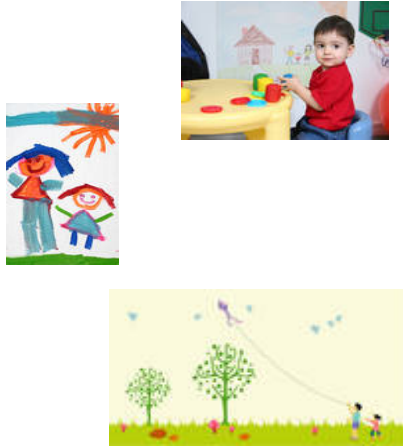


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•Give participants a few moments to think about the impact of stress on children’s development.

● ● ● | **What can you do?**

○ What changes can you create to your program's environment to create a nurturing environment?



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- **Read slide aloud & say:**

- Caregivers play a critical part in helping children cope with their changing world. Providers can:
 - Model appropriate behavior
 - Respond to needs/comfort
 - Be available (both emotionally & physically)
 - Communicate words for the child
 - Create a nurturing environment (consider sounds, lighting, colors, textures, smells)

- **Small Group Activity:**

- Have participants list what changes they can create to their environment to create a nurturing environment.
- Have groups share with each other.

10 MINUTE BREAK



Let's switch gears...



● ● ● | Think back...

- What have you experienced as changes in children after a traumatic event?

poor concentration

tummy aches

toileting issues

crying



Remember...


- Infants and Toddlers: they know something is up – all their senses tell them that things are not the same and not quite right.
- Preschool: They know more than you think, and much of it is incomplete or misconceived.
- School Age: They know more than you think and want to know more.

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- **Small Group Activity:**
 - **Read slide aloud**
 - **Assign each table an age group: infants & toddlers, preschool, or school-age children.**
 - **Give participants about 5 minutes to list out as a group at their table what they have experienced as changes in children after a traumatic event (*remind participants what a traumatic event is*).**
 - **After 5 minutes, have each table share some of their experiences with the large group.**
 - **Stress that children who are already troubled (divorce, death) may see their feelings worsens in times of crisis. These children will need extra attention.**



How to answer children's questions...

- Get your own feelings and thoughts straight.
- Think about what you want to say and how you want to say it.
- Ask children what they think the words that they are using mean what feelings they are having.
- Recognize the clues in child's art, play and/or conversation
- Respect older children's ability to understand

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- **Read slide aloud**
- **Say to the group:**
 - **REMEMBER...**
 - **Symptoms usually disappear as families adjust to a “new normal.” Look for serious, continuous changes in behavior not typical of the child**
 - **Watch for behaviors that are prohibiting children from living their lives, particularly acting out or withdrawal**
 - **Not sleeping is normal, having nightmares every night or throwing up every night is not.**

● ● ● | Where can I get more help?

- Inside your notebook
- Contact the Montgomery County Child Care Resource and Referral Center for an early childhood consultant, call 301-279-1284.



•Read slide aloud



Let's Review...

- ✓ Develop a clear definition for traumatic events.
- ✓ Recognize the stages of grief.
- ✓ Understand the impact of stress on brain development.
- ✓ List common reactions children experience when dealing with trauma.
- ✓ Expand resources for helping children after a traumatic event.

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- Read slide aloud
- Participant Q & A

● ● ● | **Before we leave...**

The generations who came before me and the
generations that follow depend on me.

I am their strength. Their hope. Their future.

My world has changed forever.

It is up to me to make that change for the better.



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- Have everyone recite the slide aloud
- Distribute Evaluations & Post-Tests

Emergency Response Planning

PRE-TEST

NAME: _____ DATE: _____

True or False (T or F)

- | | | | |
|---|---|-----|--|
| T | F | 1. | Young children should not attend funerals. |
| T | F | 2. | Children of all ages go through four general stages of grief. |
| T | F | 3. | Children who have experienced trauma, grief, or loss will all respond in the same way in order to make sense of the event |
| T | F | 4. | Infants and toddlers are not able to understand trauma, grief, and loss |
| T | F | 5. | Nightmares, bed-wetting, and aggressiveness may all be signs that a child is having trouble dealing with a traumatic event |
| T | F | 6. | Returning to normal routines does not help children deal with reactions to trauma. |
| T | F | 7. | Prejudice and intolerance begin with a lack of understanding and fear. |
| T | F | 8. | Traumatic and stressful events have a negative impact on the mental health of children. |
| T | F | 9. | Natural disasters do not cause trauma or grief in young children. |
| T | F | 10. | Children who are experiencing stress will have feelings worsens in times of crisis. |



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Emergency Response Planning

POST-TEST

NAME: _____ **DATE:** _____

True or False (T or F)

- | | | | |
|----------|----------|------------|--|
| T | F | 1. | Young children should not attend funerals. |
| T | F | 2. | Children of all ages go through four general stages of grief. |
| T | F | 3. | Children who have experienced trauma, grief, or loss will all respond in the same way in order to make sense of the event |
| T | F | 4. | Infants and toddlers are not able to understand trauma, grief, and loss |
| T | F | 5. | Nightmares, bed-wetting, and aggressiveness may all be signs that a child is having trouble dealing with a traumatic event |
| T | F | 6. | Returning to normal routines does not help children deal with reactions to trauma. |
| T | F | 7. | Prejudice and intolerance begin with a lack of understanding and fear. |
| T | F | 8. | Traumatic and stressful events have a negative impact on the mental health of children. |
| T | F | 9. | Natural disasters do not cause trauma or grief in young children. |
| T | F | 10. | Children who are experiencing stress will have feelings worsens in times of crisis. |



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Emergency Response Planning

PRE & POST TEST ANSWER KEY

1. F
2. T
3. F
4. F
5. T
6. F
7. T
8. T
9. F
10. T



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Trainer's Outline
Part 2: Helping Children Cope

Time	Materials Needed	Slide	Activity
.05	1. Pre Test 2. Chart tablet on wall 3. Markers		<p>Welcome (pass out pre-test as participants walk in and collect before beginning)</p> <ul style="list-style-type: none"> • Introduce yourself and training topic • Ask participants to introduce themselves to the people at their table by sharing: <ul style="list-style-type: none"> ® <i>Their name</i> ® <i>program type (family child care or center based) and age group</i> ® <i>Describe how you felt on 9/11 using 2 adjectives and chart these words on one piece of paper.</i>
.05			<p>Overview of Training</p> <ul style="list-style-type: none"> • Describe the format, content and purpose of training <ul style="list-style-type: none"> ® <i>In 2004, the Maryland Network of Child Care Resource Centers began a campaign to educate parents on the importance of emergency preparedness through the use of their LOCATE counselors who counsel parents looking for quality child care.</i> ® <i>In 2005, Montgomery County took this movement and created an initiative to supplement the Teddy Bear Handbook with a focus on emergency response within the child care community.</i> ® <i>In addition to preparing for disasters, the authors of this training felt the need to also develop a resource guide for providers on helping children cope with grief and loss.</i> ® <i>The content is based on developmentally appropriate practices and an understanding of child development for children birth to age five.</i> ® <i>Everyone will receive information that can be placed in the part 2 section of their Responding to Emergencies binder.</i> ® <i>This session will include hands-on activities, discussion of theories and research as well as an opportunity for reflection.</i>
.02	1. List of Guiding Supports posted on a near by wall 2. include in PowerPoint and handouts		<p>Rules/Guiding Supports</p> <ul style="list-style-type: none"> • Because this topic can evoke so many different emotions, a list of GUIDING SUPPORTS has been established to help the group stay on track <ul style="list-style-type: none"> ® <i>EX: Respect everyone's opinion, no more than 2 minutes of talk per person, cell phone/pagers on vibrate avoid interruptions, etc...</i> ® <i>see attachment</i>
.05	1. Chart tablet on easel 2. Markers		<p>Icebreaker</p> <ul style="list-style-type: none"> • As a large group develop and agree on a working definition for "traumatic events" as it pertains to the subject matter. <ul style="list-style-type: none"> ® <i>Consider the various types of child care and different scenarios.</i> ® <i>traumatic and stressful events than can have a negative impact on the mental health of children</i> ® <i>types of disasters include: man-made (bombing or acts of terrorism health crises (epidemic, famine), technological disasters (nuclear reactor spills, oil spills), international crises (wars, accidental missile launch), natural disasters (weather or environmental related) and</i>

			<i>acts of violence (gangs, domestic violence)</i>
.05			<p>Key Ideas and Objectives</p> <ul style="list-style-type: none"> • Key idea: Participants will gain a better understanding of how to help children cope with trauma and develop resources that will help them in preparing for traumatic events. • Objectives: <ol style="list-style-type: none"> 1. Develop a clear definition for traumatic events. 2. Recognize the stages of grief. 3. List common reactions children experiencing trauma. 4. Understand the impact of stress on brain development. 5. Expand resources for helping children after a traumatic event. • Review the workshop agenda and give a brief explanation of what will be covered. <ul style="list-style-type: none"> ® Encourage participants to be active learners. Acknowledge the wealth of expertise they can contribute to the group. ® The most important item to remember is that this training is to be used as a framework for helping children in their program. ® They are the experts on the children in their care.
.30			<p>Discussion: Grief, Trauma, & Loss</p> <p>MYTHS OF GRIEF:</p> <ul style="list-style-type: none"> • An active child is not a grieving child. • Infants and toddlers are too young to grieve. • Children need to “get over” their grief. • Children are better off not attending funerals. <p>STAGES OF GRIEF:</p> <ul style="list-style-type: none"> • All age groups: Understanding, Grieving, Commemorating, and Going On • Infants & Toddlers: Child concept of death = “all gone” • Preschoolers: Child concept of death = magical, egocentric, and casual • School-Agers: Child concept of death = curious and realistic <p>COMMON REACTIONS TO GRIEF, TRAUMA, & LOSS: Review common reactions hand out.</p>
.15	1. Picture of brain with key areas highlighted		<ul style="list-style-type: none"> • Discussion: Brain Development and Stress • Stress does have an effect on children’s development • The brain does most of its development in the first few years of life. The brain develops from the inside to the out: in other words from basic human needs (breathing, heart, blood circulation) to more sophisticated (thinking, movement). • When children are born, every interaction/experience with their environment creates connections between

		<p>neurons. Within the first few years of life, is the time when most connections are being made and the brain is in full development. It is also important to understand that all learning is based on emotions.</p> <ul style="list-style-type: none"> • Stress hormones impact the development of the limbic system, which causes changes in the frontal cortex. • Stressful events permanently change the “wiring” of children. The brain “grows” itself for the environment it experiences. Repeated exposure to stress strengthens brain connections in a negative way. It moves you to withdraw and limits options for learning and development. • Large Group Question: In small groups ask participants what do you think about this?
.20		<p>Activity: What can providers do to help children understand their changing world?</p> <ul style="list-style-type: none"> • Caregivers play a critical part in helping children cope with their changing world. Providers can: <ul style="list-style-type: none"> ➤ Model appropriate behavior ➤ Respond to needs/comfort ➤ Be available (both emotionally and physically) ➤ Communicate words for the child ➤ Create a nurturing environment (consider sounds, lighting, colors, textures, smells) • Small Group Activity: Have participants list what changes they can create to their environment to create a nurturing environment (<i>stress the senses from above</i>) • Have groups share with each other.
.20	<ol style="list-style-type: none"> 1. Chart tablet 2. Markers 	<p>Discussion: After a disaster</p> <ul style="list-style-type: none"> • Now that we understand the biology of stress, let’s discuss what are some emotional reactions to a crisis that lead to common changes in behavior. • SMALL GROUP ACTIVITY: Assign each table an age group: infants & toddlers, preschool, or school-age children. • Give participants about 5 minutes to list out as a group at their table what they have experienced as changes in children after a traumatic event (<i>remind participants what a traumatic event is</i>). • After 5 minutes, have each table share some of their experiences with the large group. • Stress that children who are already troubled (divorce, death) may see their feelings worsens in times of crisis. These children will need extra attention. • Discuss how to answer children’s questions: <ul style="list-style-type: none"> ➤ Get your own feelings and thoughts straight.

			<ul style="list-style-type: none"> ➤ Think about what you want to say and how you want to say it. ➤ Ask children what they think the words that they are using means (war, terrorism, and army) and what feelings they are having. ➤ Recognize the clues in child's art, play and/or conversation ➤ Respect older children's ability to understand • Remember... <ul style="list-style-type: none"> ➤ Symptoms usually disappear as families adjust to a "new normal." Look for serious, continuous changes in behavior not typical of the child. ➤ Watch for behaviors that are prohibiting children from living their lives, particularly acting out or withdrawal. ➤ Not sleeping is normal, having nightmares every night or throwing up every night is not. <p>Review of Binder Resources</p>
.05	<ol style="list-style-type: none"> 1. Post Test 2. Evaluation 3. Index Cards 		<p>Workshop Review</p> <ul style="list-style-type: none"> • As a full group, review the key message again. • Ask participants if there are any questions remaining to the subject matter. • Pass out evaluation, post test and index cards. • Remind participants to write down questions on their index cards for the part 3 panel discussion with area experts. • Mini-Flashlight Giveaway
.01	Pledge		<p>Conclusion</p> <ul style="list-style-type: none"> • As a group, have everyone recite the pledge together.
.83(150)			

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A special thank you is extended to **John Gillespie**, Montgomery County Department of Health and Human Services, for his technical skills and assistance.

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MONTGOMERY COUNTY CHILD CARE RESOURCE AND REFERRAL CENTER



Dear Child Care Provider;

Most of us have given more thought to how we would respond in an emergency since the events of September 11, 2001 and the sniper incidents of 2002. The potential for an emergency situation to occur has, however, always been with us in the form of natural disasters (snow, ice, and wind storms, tornados, hurricanes, floods, fires), unintentional disasters (electrical blackouts, chemical spills, transportation disruption), and intentional disasters (terrorist activities such as bioterrorism, bombings, hostage situations). The occurrence of any of these events may make it necessary for you to provide care for the children in your program for several extra hours or even days without outside assistance.

Emergency situations give little warning and often result in confusion and devastation. The outcome of an emergency situation is dependent on how well the people involved have planned and prepared for such occurrences.

In a local emergency such as a fire in your building you can expect prompt and adequate assistance. In a widespread emergency such as a sudden ice storm or terrorist attack you will need to be prepared to provide a safe quality environment for the children in your care for several days. Following a well thought out, written and rehearsed plan will help both the children and staff remain calm in any type of an emergency situation.

Parental and staff involvement critically affects your program's emergency response plan. Parents and staff need to be aware of all aspects of the program's emergency plan. Parents and staff need to have their own Family Emergency Plans for your child care program's Emergency Response Plan (ERP) to be effective. With the high turnover of employees and children, it is important to address and encourage a Family Emergency Response Plan as part of new staff orientation and in your program's parent handbook.

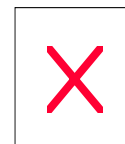
No single preparation guide can adequately address all possible emergency scenarios or the needs of each individual child care program. The goal of this publication is to provide basic emergency response and planning information that can be used in a range of child care settings for a variety of emergency scenarios. By following the guidelines in this manual, you will develop a plan that is easy to follow and effective during emergency situations

Sincerely;

Nancy Curtis

Nancy Curtis R.N., B.S.
Child Care Health Consultant
Early Childhood Services
Montgomery County
Department of Health and Human
Services

Early Childhood Services, Department of Health and Human Services
Children's Resource Center, 332 W. Edmonston Drive, Rockville, Maryland 20852
301/279-1260 x FAX 301/279-1812 x TTY 301-279-1810



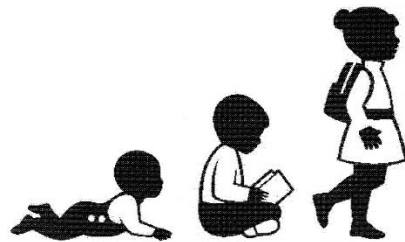
Member agency of the
Maryland Child Care
Resource Network with
funding provided by the
Maryland Department
of Human Resources



Evaluate Your Risks

Emergency Responses

Montgomery County, Maryland
Department of Health and Human Services
Preparedness and Response Program



help me grow

Each child care program needs to evaluate its individual risk factors. For example, a center located in a flood zone is at risk for a flash flood. The same center may not be located near a major highway and is therefore at low risk from a chemical spill on a major highway.

Immediate and widespread risks:

- Flooding,
- Winter storms,
- Hurricanes,
- Tornadoes,
- Wild Fires,
- Chemical Plants,
- Power Plants,
- Industrial Area,
- Military Base,
- Major Highway, and
- Prime target for terrorist attack

Your **Emergency Response Plan (ERP)** should address the following situations:

- Medical Emergencies,
- Missing Child,
- Natural Disasters; hurricanes, tornado, floods, winter storms,
- Utility Disruption,
- Fire/smoke Emergencies,
- Hazardous Material; chemical spills,
- Potentially Violent Situations (unauthorized/suspicious person/intruder),
- Disgruntled or Impaired Parents/Guardian,
- Bomb Threat,
- Evacuation Process and Procedure, and
- Sheltering in Place/Shelter off site.

Programs located in schools, office buildings and other shared space need to locate the emergency response coordinator for the building and coordinate the programs' plans with those of the remainder of the building. You will need to advocate for the unique needs of the children. For your ERP, you need to be aware of the emergency plans of the public, private, special schools, and outside programs that your children attend.

Evaluate the risks for your specific location.

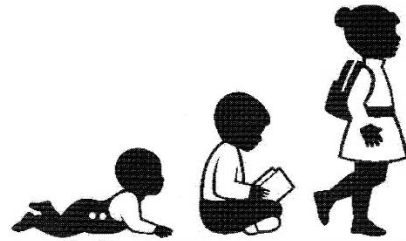
Coordinate your plans with others in your shared building/space.



Sheltering-in-Place

Sheltering-in-Place

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In most emergencies you will be advised by public safety officials to "shelter in place" because it is safer to stay where you are than try to relocate the children. Sheltering in place may be advised for specific events such as tornadoes, floods, chemical spills and terrorists activities. Gather all children, staff and visitors inside. Close as many interior doors as possible. You need to make the building as safe as possible until help arrives or the emergency ends.

Listen to your radio. Public safety officials will advise you what additional precautions are needed. Depending on the nature of the emergency, you may be advised to seal windows, doors, air vents and stay away from windows and doors. For example, you should listen for specific instructions to turn off the air conditioner/heating unit, and to seal vents, fireplaces, and kitchen/bathroom exhaust fans.

Once the order for shelter-in-place has been issued, do not leave your building location until you have been notified it is safe to do so by public safety officials.

The designated "safe zone" will differ according to the type of event occurring. For example, in the event of a tornado the safest place to be is the lowest interior space with few or no windows. However, during an ice storm you should lock the doors and windows (many seal tighter when locked) to conserve the heat, but you may use a larger portion of the center. Close off non-essential rooms such as storage areas, laundry rooms, etc.

Parents should be contacted with information about their children and your plans during the emergency. Reassure parents that their children will be cared for by staff until they are reunited.

"Sheltering-in place" means to stay or go inside a designated place where you are.

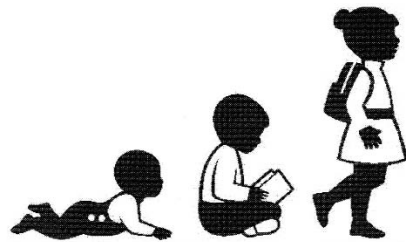
Do not leave your building until directed to by public safety officials.



Lock Down

Lock Down

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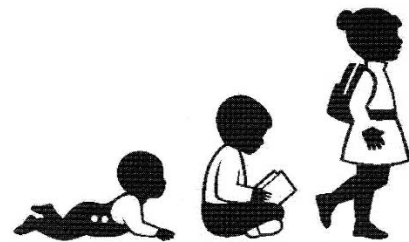
Lock down may be the chosen response to a potentially violent circumstance such as an intruder, a non-custodial parent, parent/guardian under the influence of a substance, or a hostage situation. An intruder can be defined as any visitor who through act or action poses a perceived threat to the children or employees. If at any time you are dealing with a person who makes you fearful for your safety or the safety of others, immediately contact 911.

- Warning system: a program wide method of communicating with all staff whether they are in their classroom or on the playground.
- Lock down code: a command or phrase that will alert staff to go to lock down without causing anxiety to the intruder, etc. or the children. This may be a verbal code or a hand code given to a staff member.
- Gather all children: Staff should quickly check the hall and restroom closest to their classrooms to get children into rooms.
- Close and lock all doors: Check all doors to insure that they can be locked and unlocked from the inside. Cover all windows and doors if possible.
- Choose the safest place within the room: This will depend on where the threat is coming from (inside the building verses outside the building).
- Turn off lights: Have a planned quiet activity such as a favorite story to help keep the children calm. Sit quietly with the children
- Do a head count to make sure that all children are in the room or otherwise accounted for.
- Do not leave the classroom until the all clear signal has been given or you are directed to do so by emergency response personnel.
- Inform parents of a lock down whether it is practice or real.



Evacuation

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Evacuation

Evacuation is the act of leaving the premises. In the event of an "Immediate Area Threat" such as a fire in the building, you will usually be aware of the need to evacuate. In other instances, you will receive instructions from emergency personnel, often through the media. An accurate floor plan, large and dark enough to read, is to be posted in all classrooms and common areas indicating the primary and secondary route of evacuation from that room and the building. The floor plan should also indicate the location of the fire alarm/pull boxes, fire extinguishers, the pre-determined interior safe room and the exterior assembly areas (predetermined meeting location). Exterior assembly areas should allow for the occupants to evacuate the area without passing close to the building that houses the program.

Use the same terminology and procedures to prepare the children for action in all situations, whether going to an internal safe area during a tornado warning or evacuating the building due to a fire (e.g. "Ready" and "Go"). This teaches the children and staff to stop what they are doing, line up, be quiet, and listen for instructions on "Ready" and to follow those instructions on "Go." A procedure such as lining up with a specific partner or holding a knot in a long rope should be followed in all drills. Following a familiar procedure reduces the risk of panic and leaving a child behind.

When choosing evacuation sites keep in mind children and staff with special needs such as vision, hearing, mobility, and emotional/mental impairments. Accommodations for those with special needs will need to be in place.

Possible evacuation sites to investigate may include churches, malls, community centers, schools, senior citizens buildings, recreation centers, neighbors, relatives, etc.

An evacuation is the act of departing from the premises.

Use the same commands during all emergencies.

Plans need to be in place for three different types of evacuation:

- **Immediate Area Threat** (fire, bomb threat, major building problem) This is the site required by the Fire Marshall. Leave the building and gather at the pre-determined assembly area. Pick a safe place to await pick-up by parents. Think this out. Will the location be safe in all circumstances; i.e. rain, snow, fire, etc.? Account for all children, staff and visitors. Always take you attendance sheets, emergency cards and emergency supplies with you.
- **Widespread Threat** (chemical spill widespread/brush fire, bomb threat) You will be notified by emergency personnel, via the media or individually to leave the building and neighborhood to a pre-arranged site.
- **Mass Evacuation** (declared state of emergency and ordered evacuation) You may be directed to a mass shelter determined by emergency personnel (Red Cross), or to a location outside of the effected area which are previously designated by you.

Always have your attendance sheets with you and account for all children, staff and visitors when arriving at the assembly area, before leaving for your evacuation site and upon arrival at the evacuation site.

If time permits, leave a notice on your door to remind parents where their children can be picked up. If you have the capability, change you voice mail remotely to relay information about where the children are, that they are safe, and that they are being cared for by the staff. Remember, you may be directed to another site by emergency personnel.

Make plans for children and staff with special needs

Evacuation Sites

- *Immediate Area*
- *Widespread*
- *Mass*

Take With You
Attendance Sheets
Ready to Go File
Medications
Center's Emergency Kit
Room/Children's grab and go packs

Consider these questions.

- How will you transport non-walkers? If using evacuation cribs, do they have the correct wheels to go over the terrain necessary to get to the evacuation site? Are they sturdy enough to carry the infants and anything else you plan to transport in them?
- How will you transport the children if you must leave the immediate area?
- Where are the child care program's emergency supplies and who will transport them?
- Where are the emergency supplies (grab and go bag) for individual children and how and who will transport them?
- Who will have the attendance sheets and "ready to go file"?
- Who will do the final search of the building to look for anybody left behind?
- Who will have medications?
- Who will have the cell phone and radio?
- Is the evacuation site stocked or do you need to bring all supplies?
- How do you obtain entrance to the evacuation site? Child care centers are opened on most Federal Holidays while schools, government buildings and many businesses are not.

Prepare and plan ahead. Locate evacuation sites in your immediate area, outside your neighborhood and out of your city and possibly state. Contact your evacuation sites at least once a year to confirm their continued availability and evaluate any changes that need to be made in your plan.

Remember some sites will not be open and available on the same days the center is open; e.g. Federal Holidays.

Know which staff member is responsible for each child. Do periodic drills, transporting all supplies and children in the manner planned, until children and staff are comfortable with the process.

Parents need to be informed of your plans in writing. Fill in your evacuation sites in the sample letter to parents and the wallet inserts (Appendix C and D).

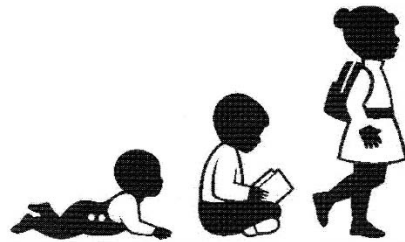
Contact evacuation sites at least annually.

Assign a staff member to be responsible for each group of children.



Roles and Responsibilities

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Identify Roles and the Personnel to Fill Them

In an emergency situation, people feel more secure and respond better when they have been prepared for what is expected of them. Identifying and assigning specific roles and conducting practice drills will help you and your staff become more comfortable with emergency response duties. Assigning and practicing specific responsibilities decreases confusion and panic during an emergency, thereby reducing the risk of error. List all staff in the Chain of Command Chart (Attachment A). Each staff member on the Chain of Command list will have responsibilities in all types of emergencies and will be involved in preparation, maintenance, and operation of the ERP. Keep your chain of command current and change as little as possible in your chain of command for emergency situations.

List the roles and responsibilities in an emergency situation. Assign a primary person and at least one alternate to fill each role. Share and discuss the roles with your staff so there are fewer surprises during an emergency. Each staff member should know their primary and back up responsibilities and be familiar with the procedures. One person may fill many roles but all roles must have an alternate person assigned in case the primary person is unavailable. Consider rotating people through the various roles so eventually everybody is familiar with all the roles.

Ask yourself these questions:

- Who will provide first aid?
- Who will carry medications if the children are moved?
- Who will carry the first aid kit?
- Who will carry emergency information on each child?
- Who will call for help?
- Who will carry the cellular phone?
- Who will carry the emergency kits?
- Which groups of children go with which staff?
- Who transports attendance lists and makes sure that everyone is out of the building?
- Who and how will emergency supplies be transported?

Maintain an accurate attendance list at all times to include the children, staff, parents and visitors who are in the building. Always know where the children are in the building (art room, computer room, library, etc.). Do not put children, staff, visitors, or emergency response personnel at risk by not knowing who is in your building and where they are.

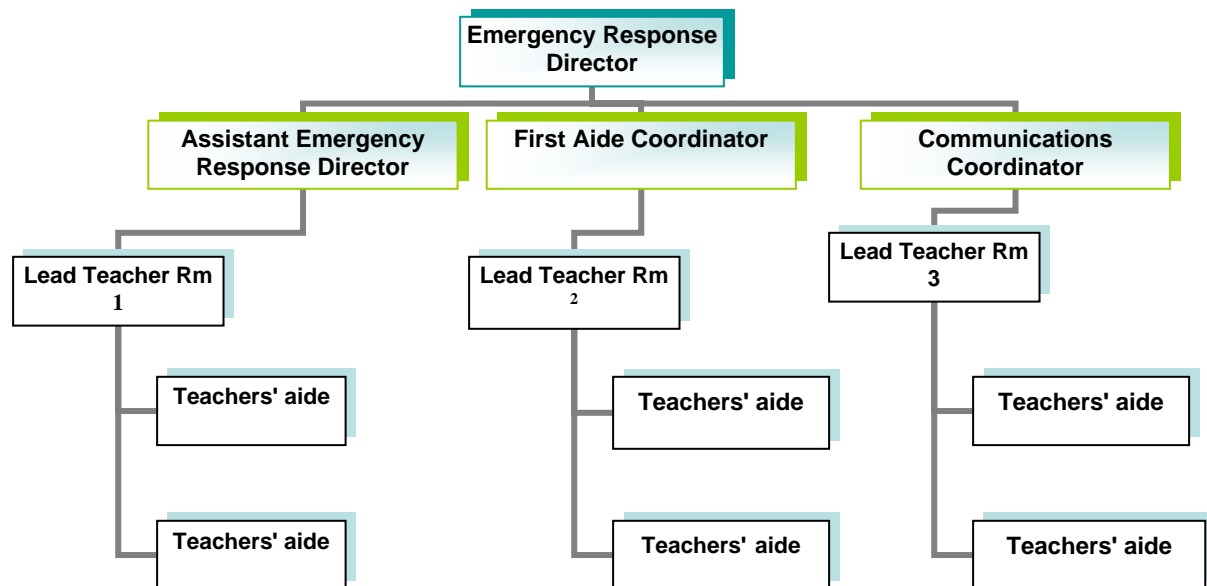
Identify and assign specific duties.

Be Aware:

*Who is in the building?
When did they arrive?
When did they leave?*

Chain of Command (Example)

A chain of command explains who each person/position is to report to.



Family child care programs may have one or two people to assume all roles and responsibilities. The provider is, however, planning for fewer children. A bonus for the family child care provider is that by completing an emergency response plan for the program the provider is also completing his/her individual family response plan. It may be helpful for two or more family care providers to team up to share ideas and discuss their plans.

Emergency Response Plan Manager (ERPM)

The duties of the ERPM may include:

Emergency Response Plan Preparation

- The timely completion of the ERP,
- Employee training, and
- Encouraging staff to complete their own family emergency plans.

Staying Prepared

- Conducting periodic practice drills,
- Sustaining all plans, supplies, emergency cards for children and staff,
- Staying informed about new practices in emergency management,
- Reviewing and updating of the ERP on a regular basis, and
- Keeping families informed about the centers ERP via a yearly meeting, the admission packet and the centers newsletter.

Emergency planning is an ongoing team effort. The planner must be adept at requesting input, delegating duties and monitoring tasks for completion.

Emergency Response Director (ERD)

Duties of the ERD may include:

During an Emergency

- Identifying an emergency,
- Choosing the response required,
- Calmly circulating accurate information to the staff and parents,
- Providing clear, concise and calm directions based on existing procedures,
- Notifying local emergency responders of the situation and keeping them informed,
- Knowing how to manually override entry/security systems, and
- Locating and knowing how to use emergency supplies (e.g., radios, cell phones, operating heating, ventilation, and air conditioning units (HVAC), etc).

The Family Emergency Plan of a family child care provider is inseparable from the programs emergency plan.

Who?
What?
When?

Emergency Response Assistant (ERA)

Duties of the ERA's may include:

During an Emergency

- Providing back up for the ERD,
- Ensuring the safety of children and staff in their designated area,
- Providing calm, clear, and concise, direction based on existing procedures, and
- Ensuring that all areas of the center (closets, bathrooms, cabinets, etc.) are search for children left behind in the case of evacuation. Doors are to be closed but not locked once a room is searched.

The ERA's should be trained in the basics of emergency management as they must be prepared to act independently if they cannot quickly communicate with the ERD.

First Aid Coordinator

Duties of the First Aid Coordinator may include:

During an Emergency

- Assisting people with medical needs,
- Evaluating the need for professional help and making sure it is summoned. and
- Carrying first aid supplies during an evacuation, and supervising their use.

Staying Prepared

- Monitor the first aid supplies,
- Be aware of the medical conditions of children and staff and any special requirements for the children or staff,
- Ensure that there is at least a three day supply of maintenance medications for those needing them (diabetes, asthma, ADHD, reflux), and
- Make sure that permission to treat in a medical emergency has been obtained for all children

Assign a primary person and an alternate to fill each role.

Emergency Communication Coordinator (ECC)

Duties of the ECC may include:

Emergency Response Plan Preparation

- Set up a "ready to go" file
- Copies of :
 - current contact information to include phone numbers and email addresses
 - essential medical information (allergies, medications, etc.),
 - emergency cards with signed medical care release,
 - care plans for children with special needs,
 - map of the area (local and state),
 - telephone number and written directions to evacuation site,
 - emergency telephone numbers of local resources,
 - injury report forms, and
 - sign in and out forms for staff and children

During an Emergency

- Establish and maintain contact with those who can provide assistance and information through telephone, cell phone, hand radios, television, and the Internet,
- Change center voice mail to reflect current status.

Staying Prepared

- Ensure that a cell phone remains charged.
- Make sure radios have extra, fresh batteries (consider a radio that automatically alerts you with a visual and auditory signal when a weather or other emergency occurs in your area; First Alert, NOAA).
- Ensure availability of a telephone that does not depend on electricity or batteries (land line).
- Clarify information to be given to families with ERD.
- Ensure that contact information for the children and staff is updated on at least a yearly basis (this is to include a contact distant enough that it is unlikely they would be affected by the same emergency and who would be available to receive and relay family information).
- Establish a system for group emailing and faxing to parents/guardians.

Practice primary and alternate roles until you and the staff or your family members are comfortable with performing assigned tasks.

Family contacts should include one person distant enough to be unlikely to be affected by the same emergency.

Utilities

In the event of a disaster you may be instructed by emergency personnel to shut off the utility service at your home or center. You should know where the shut-offs for all utilities are located and how to shut them off.

Natural gas leaks and explosions can and do cause fire following disasters. Because there are different procedures for shutting off different types of gas meters it is necessary to contact your local gas company for instructions on how to handle yours. Only a professional should turn the gas back on.

Water is a top priority in emergency situations. Cracked water lines can cause the water supply entering your home/building to become polluted and unusable for drinking. Locate the main water shut-off valve that enters your house/building and test that the valve can be completely shut off.

If natural gas is leaking an electrical spark can ignite it. You may be instructed to shut-off your electricity. Always shut-off all individual circuits before shutting off the main circuits.

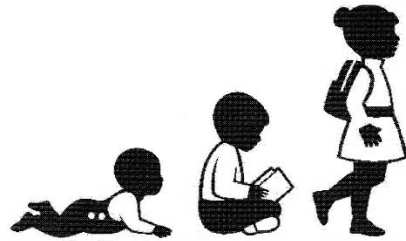
DO NOT turn your gas back on yourself. This is to be done by a professional only.



Disaster Supply Kits

Disaster Supply Kits

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Following a disaster, rescue/relief workers will be on the scene but they cannot get to everybody at the same time. It may take hours or up to several days for assistance to reach you. You need to be prepared to care for yourself and the children in your care until assistance arrives.

You can best do this by preparing a Disaster Supplies Kit. This is not such an overwhelming task when you realize that you already have many of the supplies and that your purpose is to gather them together and have them readily available and easily transportable. Once you have assembled the kits, a specific person should be responsible for monitoring it for completeness on a specified schedule. This person should monitor expiration dates and set up a system to ensure that items are used and replaced before the products expire.

Meet with staff and obtain their input on storage solutions, supply transport and evacuation procedures. Where you store and how you transport your emergency supplies whether to a safe location within the building or to an evacuation site can be tailored to fit the needs of your individual program.

The staff in each room may be responsible for maintaining their room's supplies. During an evacuation each room may be responsible for transporting their own supplies. In home child care programs and small centers, supplies may be kept in one central location.

You may choose to have each adult and child over five have a back pack (grab and go pack). The children carry their personal items such as clothing, a family picture, a tape from their parents and a favorite toy and water. The staff carries their personal items plus the remainder of the supplies designated to their group. Other methods include a rolling duffel bag, rolling trash cans, cooler with wheels, and filling an evacuation crib with supplies.

Your ERP should reflect the different procedures that you will follow in your program and it may vary from room to room or age group to age group.

A fun project for the children:

Organize a project for the children to tie-dye or paint on brightly colored shirts and/or bandanas. The center name and address could be stamped on each article for quick identification. This item of clothing can be stored with the emergency kits and will help you keep track of your children.

*First Aid Kit
Center Supplies
Water
Food*

*Establish a way to store
and transport supplies
which works for your
program.*

First Aid Kit

COMAR (Code of Maryland)07.04.01 and 07.04.02 requires that all registered child care programs have a first aid kit containing:

- 1" wide non- allergic adhesive tape,
- assorted sizes of band-aids,
- 2 rolls of cling gauze,
- cotton balls,
- disposable protective gloves,
- 2" wide gauze pads,
- thick gauze pads or sanitary napkins,
- ice pack or chemical ice pack,
- pump type non-perfumed soap,
- operating flash light,
- safety pins,
- scissors,
- triangle type sling,
- oral thermometer or fever strip,
- tweezers, and
- disposable washcloths for cleansing wounds.

Additional items not required by COMAR:

- Pain medication/fever reducer
- Extra supply of critical medications such as insulin, epi-pens, asthma and seizure medications

Child Appropriate Items

If you must evacuate the center, toys, books and games to occupy the children will be essential. A Walkman CD/Tape with earphone and speakers will serve to provide music, books on tape and messages pre-recorded by parents for their children. Small travel size games, cards, handheld games and regular books may serve well for the over 6 group. The younger group may enjoy a felt box filled with many felt shapes used to tell stories and coloring books and crayons.

Consider reading or telling a favorite story and then acting out the story with the children. Preparing a list of games and songs ahead of time will help staff to remain calm during an emergency and focus on the needs of the children.

Engaging, yet soothing activities are essential to maintain calm during an emergency.

General Supplies

Three day supply of non-perishable food (including infant food)

Three day supply of drinkable water

Infant bottles and formula

One complete change of season appropriate clothing (To include sturdy walking shoes)

Extra blankets

Item that would make the children in your care readily recognizable (brightly colored shirts or bandanas)

“Ready to go file”

- Attendance lists,
- Sign In and Sign Out sheets,
- Copies of all contact lists,
- Copies of all emergency cards with signed emergency medical care release (consider attaching a picture of the child to this card),
- Copies of care plan for children with special needs,
- Program essential papers (insurance policy, etc.),
- Map of area, and
- Written directions to designated evacuation site

Money in a water proof container (small denomination and change),

Pen and paper,

Radio-battery powered,

Flashlight and extra bulb,

Extra batteries,

Charged cell phone,

Whistle,

Vehicle Keys (Consider making an extra copy for your evacuation kit),

Matches in a waterproof container,

*Telephone that does not require electricity,

*Tools (hammer, screwdriver, pliers with wire cutter),

*Plastic sheeting (pre-cut),

*Duck tape,

Manual can opener,

Disposable bowls and utensil,

Plastic bags (sealable and un-sealable),

Household bleach (small bottle in evacuation kit),

Wet towelettes,

Antiseptic wipes,

Hand sanitizer,

Toilet paper,

Diapers and wipes,

Non-latex gloves, and

Scissors.

Collect and store supplies before an emergency occurs.

Expired, opened or missing items need to be replaced.

If you must evacuate your setting, items designated with an * do not need to be taken with you. Each program must decide what it can transport keeping in mind that water, food, the telephone and emergency information are top priorities. The supplies need to be checked regularly. Expired, opened or missing items need to be replaced. Test and replace batteries in clocks, radios, flashlights, and other communications devices. You may choose to do this on a biannual basis when you replace the batteries in smoke detectors.

Water

Water is a top priority. Drinking water should not be rationed. Plan on one gallon of water per person per day. If you plan to use powdered infant formula you will need more water. Maintain a three day supply for each person, staff and children.

You do not have to go to the expense of purchasing bottled water. You may store tap water in firm plastic containers such as soda bottles that have been washed and then rinsed in one part household chlorine bleach to 10 parts water solution. Label, date and store them in a cool, dark place for up to six months. Never use a container that has held a toxic substance.

Use and replace purchased water before the expiration date on the label. Place newly purchased water behind the older water and use the older first.

For additional sources of emergency water refer to Red Cross pamphlet, "Food and Water in an Emergency."

Adequate drinking water is a top priority.

Food

Maintain a three day supply of non-perishable familiar food. Keeping familiar foods in your kit will provide additional comfort for the children during an emergency. Put the date of purchase or the expiration date if indicated on each item. Canned foods should be stored in a cool, clean, dry place and should not have dent, bulges or apparent leakage. In general, high acid canned foods such as tomatoes, grapefruit and pineapple can be stored on the shelf 12 to 18 months; low acid foods such as meat, fish, poultry and most vegetables will keep 2 to 3 years.

Place new items to the rear of the storage area bringing older items forward to be used first as the expiration date approaches. Store foods such as cereal and crackers in metal or plastic containers to protect them from rodent or insect infestation.

Non-Perishable Foods

*Canned foods usually do not require water, cooking or special preparation but may contain a lot of salt. Consider low salt/sodium varieties as salt will increase thirst.

*Consider food allergies when acquiring non-perishable food items.

- Canned chicken, beef, tuna, pork, and fish,
- Canned fruits,
- Canned vegetables,
- Canned meals (macaroni and cheese, spaghetti, etc),
- Canned soup,
- Canned pre-cooked beans,
- Canned/boxed juice and milk,
- Jelly and jam,
- Low salt crackers and pretzels,
- Granola and breakfast bars,
- Nut free Trail mix,
- Protein or fruit bars(nut free),
- Cereals,
- Powdered milk,
- Hard candy,
- Cookies,
- Instant coffee,
- Infant formula,
- Infant cereal and jarred food,
- Low salt nachos, and
- Salsa.
- If you have a breastfed infant the parent should check with the pediatrician and supply the formula recommended.

Maintain a three day supply of non-perishable familiar foods

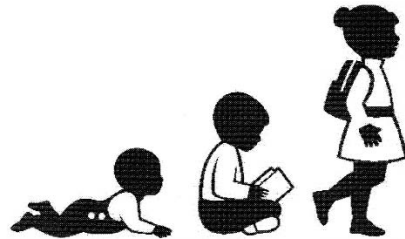
Do not use food which looks, smells, or tastes strange

Consider food allergies when gathering your food supplies.



Considerations for Persons with Special Health Care Needs

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Considerations for Persons with Special Health Care Needs

Considerations for Persons with Special Health Care Needs

Your ERP must consider the needs of all children and staff.

Does your emergency plan take into consideration any actions that need to be taken to assist a child or staff member with specific physical, mental, emotional, vision, or hearing special needs?

Does it include, how and by whom, any special medical equipment or medications would be transported to a meeting place inside or outside of the facility?

Not all special needs are ongoing. If a child has a leg cast at the time of an emergency he will need special assistance but would not need that assistance if the emergency occurred before he fractured his leg.

The American Academy of Pediatrics has developed an Emergency Information Form that can be added to your emergency materials. You may make copies from Attachment E or download a blank form from: <http://www.aap.org/advocacy/blankform./pdf>.

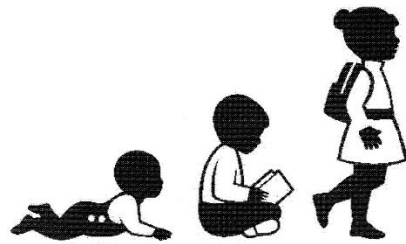
Consider children and staff who may need special assistance in an emergency situation.



Staying Prepared

Staying Prepared

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You have worked hard to set up an ERP for your child care program. Now you need to ensure that the plan remains accurate and current.

Have planned and unplanned practice drills on all aspects of your ERP (fire, lock down, evacuation, and sheltering in place). During these drills take all children and supplies with you and actually go to your “safe area” or evacuation site. This will allow you to evaluate your plan and will also help the children and staff become familiar and comfortable with the activity.

After the drills, review the activity with your staff and find areas that did not work well. This is your chance to recognize problems and initiate changes.

All aspects of your plan need to be checked and updated in an organized manner. (Attachment F). Assign individuals to be responsible for monitoring each aspect of the ERP at a specified time. Opened, missing, outdated items need to be replaced immediately.

Always try to use the perishable items before the expiration date and replace them as they are used.

In the fast moving world of today it is not unusual for people to change jobs, locations, or cell phone numbers, several times a year. Updating parent information once a year is a minimum standard. It is advisable to remind parents on a quarterly basis through a posting or in your newsletter to keep their emergency contact information current.

Carry out planned and unplanned practice drills for all aspects of your ERP.

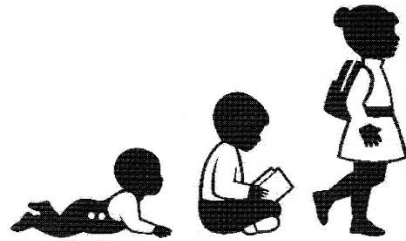
Schedule a specific time and individual to monitor each aspect of your ERP.



Helping Children Cope with Trauma

Helping Children Cope with Trauma

Montgomery County, Maryland
Department of Health and Human Services
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Helping Children Cope with Trauma

Traumatic and Stressful events

Traumatic and stressful events are situations that have a negative impact on the mental health of young children. These events include: man-made disasters (*bombing or acts of terrorism*) health crises (*epidemic, famine*), technological disasters (*nuclear reactor spills, oil spills*), international crises (*wars, accidental missile launch*), natural disasters (*hurricanes, earthquakes*) and acts of violence (*gangs, domestic violence*). In addition, loss and grief can create extreme emotional distress on children and can make it overwhelming for a child to continue their daily routine. These events can include a sudden death of a parent or close family friend, terminal illness, and changes in family structures due to divorce or separation or parents.

Common Reactions to Stress

After a traumatic or stressful event, children may exhibit a number of different reactions. Feelings of anxiety, anger, fear and shock are normal reactions. It is also common for children to display a variety of reactions and for others to have some days when they are more upset than others. Over time, many children's reactions will lessen. It is important to keep in mind that children who were already stressed before a traumatic event, will be particularly more vulnerable to stress in the aftermath period.

A child's reaction to traumatic events will vary depending on their age. Infants and toddlers react through the language of behavior. Their senses tell them that things are not the same and not quite right, and will rely on their caregiver's coping skills to determine a reaction. Preschools tend to fill in the gaps with their own ideas, resulting in incomplete or misconceived notions. Preschoolers have a difficult time understanding others point of view. As a result, they often focus their attention to a very specific event and ignore more important information. School Age children are capable of understanding, simple, concrete explanations, but have not yet acquired abstract reasoning abilities. They will pay close attention to adult's anxiety level and are very aware of the worries around them.

Keep in mind, every child is different and there is not right or wrong way for a child to react to times of stress. Normal reactions can vary from lack of interest to high anxiety. Following are common reactions children may exhibit after a traumatic event.

Traumatic and stressful events are situations that have a negative impact on the mental health of young children.

Infants and Toddlers: they know something is up – all their senses tell them that things are not the same and not quite right.

Preschool: They know more than you think, and much of it is incomplete or misconceived.

School Age: They know more than you think and want to know more.

Helping Children Cope with Trauma

Behaviors

<ul style="list-style-type: none">• Sleeplessness• Loss of Appetite• Poor Grades• Crying	<ul style="list-style-type: none">• Nightmares• Absent Minded• Clinging• Fighting	<ul style="list-style-type: none">• Social Withdrawal• Bed-Wetting• Extreme Quiet• Sighing
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Thought Patterns

<ul style="list-style-type: none">• Inability to Concentrate• Difficulty Making a Decision	<ul style="list-style-type: none">• Disbelief• Low Self Esteem	<ul style="list-style-type: none">• Preoccupation• Confusion
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Feelings

<ul style="list-style-type: none">• Anger• Guilt• Sadness• Loneliness	<ul style="list-style-type: none">• Mood Swings• Depression• Hysteria• Anxiety	<ul style="list-style-type: none">• Relief• Helplessness• Fear• Rage
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Physical Symptoms

<ul style="list-style-type: none">• Headaches• Fatigue Increased• Illness• Stomachaches	<ul style="list-style-type: none">• Shortness of Breath• Dry Mouth	<ul style="list-style-type: none">• Dizziness• Pounding Heart
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Stages of Grief

Grief is a normal response to loss. A child's understanding of death changes as he or she develops. Typically there are 5 stages of grief children pass through as a reaction to loss. Sometimes, a child may linger longer in one stage and have difficulty moving to the next. Others may skip a stage only to go back. And yet other children may pass through the stages very quickly. It is up to the adult to observe and guide the child through this healing process.

It is important keep in mind that all age groups need time to:

- Understand: children need to make sense out of death
- Grieve: anger as well as death must be dealt with; children's grief is an ongoing process
- Commemorate: involve children in formal & informal ways to commemorate; their creative ideas are an essential part of this process
- Move On: children can begin to risk enjoying life; this does not mean forgetting the person who's gone or the traumatic event that occurred

Stages of Grief:

1. *Denial*
2. *Anger*
3. *Bargaining*
4. *Sadness*
5. *Acceptance and Resolution*

Helping Children Cope with Trauma

Supporting Children

Knowing how children perceive death at different developmental stages of childhood is important so that we can then work with predictable and appropriate responses.

Infants & Toddlers:

- ❖ Child concept of death: “All Gone”
- ❖ If infant & toddler routines are disrupted, and the adults around them are distraught, their lack of cognitive understanding forces them to integrate the cues in their environment, i.e. they know something is up—all of their senses tell them that things are not the same & not quite right.

Preschoolers:

- ❖ Child Concept of Death: Magical, Egocentric, & Casual
- ❖ Young children may regress, become clingy, cry, thumb suck, bed wet, and have sleep disturbances as their response to a traumatic event. Some children may appear hyper-vigilant, have excessive startle reactions, and appear aggressive or sad. Children may also reenact the event over and over again through dramatic play.

School-Age:

- ❖ Child Concept of Death: Curious & Realistic
- ❖ At this age, children have a more realistic concept of what is happening the world around them. Children at this level experience anxiety and fear as they realize there is real danger and they could possibly be hurt. Nightmares, fear of the dark, physical symptoms of headaches and stomachaches, or a desire to stay home may be noticed.

Myths of Grief

- An Active Playing Child is not a Grieving Child:
 - ❖ Don't expect children to mourn in the same way you do. Some may cry or say they are sad, some may appear not to be feeling anything; and others may
 - ❖ Show anger and hurt. All of these reactions need to be accepted.
 - ❖ Remember, a child can work out feelings best through play. What may appear to be a frivolous

Knowing how children perceive death at different developmental stages of childhood is important so that we can then work with predictable and appropriate responses.

- play activity to us may well be an important part of the child's mourning process.
- Infants & Toddlers are too Young to Grieve:
 - ❖ Any child who is old enough to love is old enough to mourn.
 - ❖ Certainly infants and toddlers are capable of giving and receiving love, yet we often hear they are too young to understand.
- Children Need to “Get Over” their Grief and Move On:
 - ❖ Children and adults are often told that they “should be over it by now—it’s been almost a year.” Adults who believe this myth deny children the patience to live with and to work with their grief.
- Children are Better Off Not Attending Funerals:
 - ❖ Not allowing children to attend funerals creates an environment of denial that does not allow them to actively participate in the grieving process. The funeral provides a structure for the child to see how people comfort each other openly, mourn a loved one, and honor his or her life. Children learn the ways we say goodbye to the remains of the person who died and how we show respect for the deceased

Frequently Asked Questions

Q: How do I talk to children about the traumatic events?

A: As adults, it is natural for us to want to protect our children from traumatic events. But, it is important to be honest and acknowledge concerns, while explaining events in words children can understand. Reassure children that adults are doing everything possible to make sure that our community is safe and secure. Provide examples such as security measures, extra police, and safety classes.

Q: What are the different types of threats?

A: Types of disasters include: man-made (bombing or acts of terrorism), health crises (epidemic, famine), technological disasters (nuclear reactor spills, oil spills), international crises (wars, accidental missile launch), natural disasters (weather or environmental related) and acts of violence (gangs, domestic violence).

Frequently Asked Questions

Q: How should I react in an emergency situation?

A: Children are very aware of adult worries most of the time. They will observe and model caregiver and other adult's responses and can sense anxiety. If you are completely overwhelmed, ask for help from another adult.

Q: What should I tell children about the reasons for terrorist attacks?

A: Children want to know why things happen. While many people have their own beliefs and opinions why attacks happen, only terrorists know the answers. Instead, highlight that terrorists do not accept or tolerate people who are different and do not choose to solve their conflicts peacefully.

Q: How do I help children feel safe again?

A: Take the time to listen to children's fears. By listening you will gain an understanding of their comprehension on the matter. Explain events to help children make sense of the situation. Also, practice a disaster plan for different scenarios.

Q: Should I let children watch television programs related to traumatic events?

A: Limit exposure to media that covers violent events. Viewing scenes over and over again can be disturbing to children.

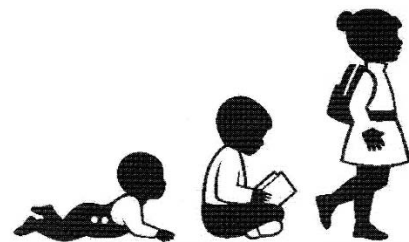
Q: How can I tell if a child should seek professional help?

A: If the child is displaying a number of reactions that don't seem to be getting better or going away after a few months, or if the child is so preoccupied by the traumatic event that he or she is unable to focus on daily routines, you should seek help from a professional. Montgomery County Providers can call 240-777-GROW.



Summing Up

Montgomery County, Maryland
Department of Health and Human Services
Preparedness and Response Program



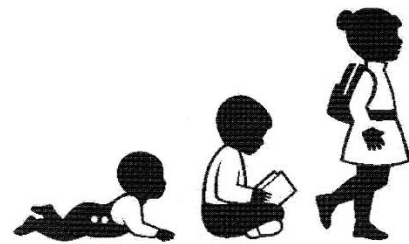
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1. *Encourage families and staff to make their own Family Emergency Response Plan.*
2. *Incorporate the Red Cross pamphlet on Family Safety Guide into Parent Orientation and ask each new family to provide all important information required by your ERP.*
3. *Designate evacuation sites for each of the three different levels of evacuation emergencies and the various shelter in place events.*
4. *Contact each evacuation site to obtain proper information and request permission to use their facilities as an evacuation site.*
5. *Designate storage areas for your ERP supplies. Food and water will take up space. Look for creative solutions to your storage problems. For example, a platform to hold children's nap time cots could house water bottles underneath. This would not give up valuable floor space and would be inexpensive to construct.*
6. *Start gathering your supplies. Many items you should have already such as First Aid supplies, however, the stock must be maintained and located with the other ERP supplies for easy access during an emergency.*
7. *Make sure your emergency contact cards are up to date for all staff and children.*
8. *Obtain extra medications for any special needs staff and children to be stored with your supply kits.*
9. *Train staff, or if a FCC, your family members on ERP.*
10. *Designate duties to staff, or if a FCC, your family members.*
11. *Set up time and dates for drills.*
12. *Practice drills with children participating.*



References

Montgomery County, Maryland
Department of Health and Human Services
Preparedness and Response Program



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American Red Cross: www.redcross.org

Bright Horizons Family Solutions: <http://www.brighthouse.com/talktochildren/>

Children's National Medical Center: <http://dcchildrens.com>

Centers for Disease Control Public Health Emergency Preparedness: www.bt.cdc.gov

Federal Emergency Management Agency: www.fema.gov

Goldman, Linda (2000). *Life & Loss: A Guide to Help Grieving Children, 2nd Edition*. Philadelphia: Accelerated Development, Inc. Publishers

Goldman, Linda (2005). *Raising Our Children to Be Resilient*. New York: Brunner-Routledge.

“Helping America Cope”: www.7-dippity.com

Jewett, Claudia L. (1982). *Helping Children Cope with Separation and Loss*. Massachusetts: The Harvard Common Press.

Maryland Emergency Management Agency: www.mema.state.md.us

Montgomery County Division of Fire and Rescue Services:
www.montgomerycountymd.gov/services/dfrs

Montgomery County Public Schools: www.mcps.k12.md.us/info/emergency

National Association of County & City Health Officers:
NACCHO.org/toolbox/Ctr-Disaster-Pl-Gen1.pdf

National Weather Service: www.nws.noaa.gov

United States Department of Agriculture: www.USDA.gov

U.S. Department of Homeland Security: www.ready.gov

Children's Books

Brown, Marc and Laurie: *“When Dinosaurs Die: A Guide to Understanding Death”*

Flynn, Jessie: *“It's Not Your Fault”*

Palmer, Pat: *“Wish I Could Hold Your Hand”*

Wolfelt, Alan: *“How I Feel: A Coloring Book for Grieving Children”*



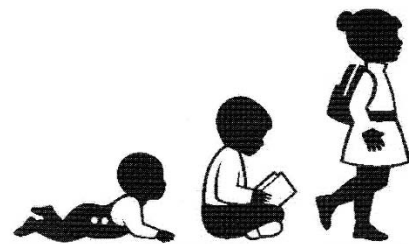
**The generations who came before me
And the generations that follow
Depend on me.
I am their strength.
Their hope. Their future.**

**My world has changed forever.
It is up to me to make that change for
the better.**



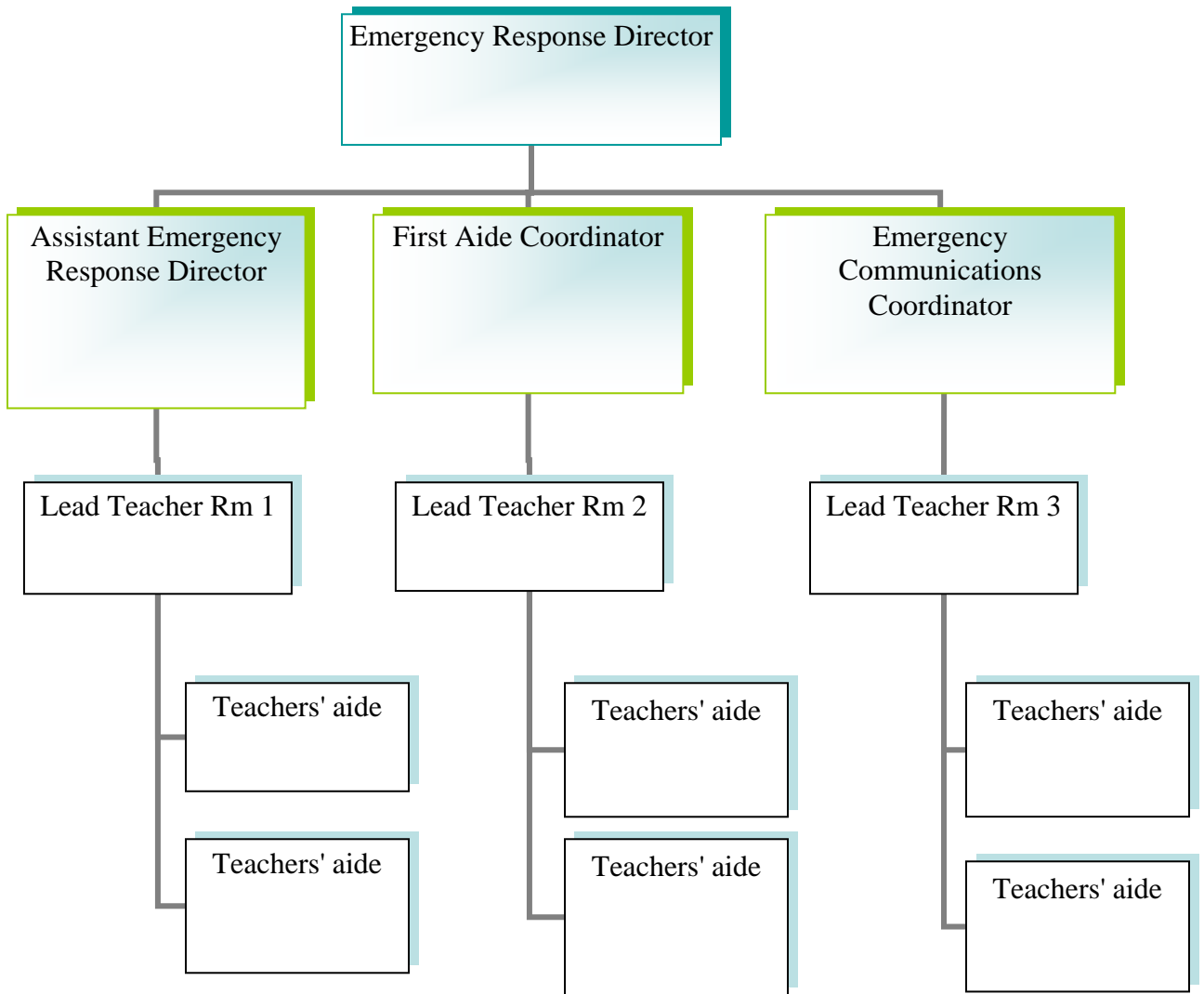
Attachments

Montgomery County, Maryland
Department of Health and Human Services
Preparedness and Response Program



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Chain of Command



Roles and Responsibilities During an Emergency

<i>Who</i>	<i>Primary</i>	<i>Alternate</i>	<i>Location</i>	<i>Drills</i>
Declares an emergency and action to be taken				
Calls for help				
Turns off HVAC system				
Turns off security system				
Makes sure each child and staff member has their grab-n-go bag				
Completes room search				
Contacts parents/guardians				
Sends e-mails to parents				
Posts sign on door				
Changes voice mail				
WHO CARRIES:				
Food and water				
Attendance lists				
Copies of all contact lists for families and staff				
Copies of all emergency cards with signed emergency medical care release				
Copies of care plan for children with special needs				
Map of area				
Written directions to designated evacuation site				
Money in a water proof container				
Pen and paper				
Extra supply of critical medications				
Radio-battery powered				
Flashlights				
Flash light bulbs (extra)				

Dear Parent or Guardian,

In the event of an emergency situation that requires an evacuation of our child care facility one of the following plans will be used. Child Care providers and staff will make every attempt to contact you in such an event. Please be sure to supply us with up to date emergency contact information including email and out of state contact information. Provided with this letter is the American Red Cross pamphlet The Family Safety Guide. Our Emergency Response Plan relies directly on your contribution of extra clothing, medication, and your preparation for an emergency situation. Please take the time to implement your own Family Plan. Keep this information with you so that you will know how to contact and find us in the event of an evacuation.

1. If the emergency environment is confined to the immediate area of the child care facility, e.g. fire or toxic fumes and the children cannot stay on the premises, the children will be brought to _____, by _____ where they will remain accompanied by caregivers while family/guardian/emergency contacts are notified of the situation and arrangements are made for either the transporting home or care taking for the remainder of the emergency.

1A. In the event of exposure to toxic materials or gases, and a physical examination is recommended, children will be transported by _____ to _____ where they will be examined by a health provider and family/guardian/emergency contacts will be notified.

2. If the emergency is more widespread and encompasses a larger area such as a neighborhood or several homes due to a non-confined environmental threat, e.g. toxic fumes from a spill, flood waters, brush fires, etc. and the children cannot remain in the area, the children will be brought to _____, by (method of transportation _____) where they will remain accompanied by caregiver(s) while family/guardian/emergency contacts are notified and arrangements for wither transportation home or a continuation of care are made.

3. In the event of a major environmental hazard that necessitates a larger area evacuation such as several neighborhoods, a city/town or a geographical area, due to a large non-confined hazard, e.g. earthquake, hurricane, etc., children will be transported to: a Red Cross designated mass shelter by _____ where they will remain accompanied by caregiver(s) while family/guardian/emergency contacts are notified and arrangements are made for their pick up.

Staff will remain with and care for the children at all times during an event. Attendance will be checked whenever children are moved. Staff will bring any necessary medications, supplies, and emergency records.

In the event that we receive different instructions from emergency personnel, every attempt will be made to contact you with the alterative plans.

Emergency Information Form for Children With Special Needs



American Academy
of Pediatrics



Date form
completed
By Whom

Revised
Revised

Initials
Initials

FORM 1001

Name:	Birth date:	Nickname:
Home Address:	Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:	
Signature/Consent* :		
Primary Language:	Phone Number(s):	
Physicians:		
Primary care physician:	Emergency Phone:	
	Fax:	
Current Specialty physician: Specialty:	Emergency Phone:	
	Fax:	
Current Specialty physician: Specialty:	Emergency Phone:	
	Fax:	
Anticipated Primary ED:	Pharmacy:	
Anticipated Tertiary Care Center:		

Diagnoses/Past Procedures/Physical Exam:	
1.	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	Baseline neurological status:

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	
4.	Prostheses/Appliances/Advanced Technology Devices:
5.	
6.	

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1.	
2.	
3.	
Procedures to be avoided	and why:
1.	
2.	
3.	

Immunizations											
Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis:

Indication:

Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:	
Physician/Provider Signature:	Print Name:

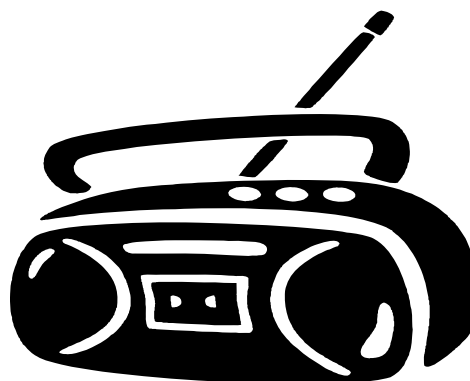
Getting Prepared and Staying Prepared

<i>On-Going Basis</i>	<i>Assigned Person</i>	<i>Date</i>	<i>Comments</i>
Attendance records			
Emergency contact lists			
Care plans for children with special needs			
Emergency card and signed emergency medical care release			
Children’s grab and go bags			
Rotate water and food stock			
Rotate infant formula			
<i>Every Six Months</i>	<i>Assigned Person</i>	<i>Date</i>	<i>Comments</i>
Water: monitor expiration dates			
Food: monitor expiration dates			
Infant formula/food: monitor expiration dates			
First aid Kit: critical medications			
<i>Every Year</i>	<i>Assigned Person</i>	<i>Date</i>	<i>Comments</i>
Emergency Card			
Signed Emergency Medical Care Release			
Care plans for children with special needs			
Map of area			
Directions to evacuation sites			
Money			
Pen and paper			
Whistle			
Vehicle keys			
Tools (hammer, screwdriver, pliers with wire cutters)			

Emergency Radio Stations

Have a battery powered radio or television in case of a power failure. In the event of a local or wide-spread emergency, listen for and follow instructions provided. Try out your radio, before you need it, to see which station you get the best reception with from your "safe area".

Station Name	Tune to
WMAL	630 AM
WTOP	1500 AM
WTOP	107.7 FM
WGMS	103.5 FM



Consider listing your center with a radio station to provide another means for parents to gather information on the status of the center.

Emergency Numbers

<i>Agency</i>	<i>Telephone</i>	<i>Other Contact Information</i>
Emergencies (Fire, Rescue, Police)	911 (Voice/TTY)	
Police – Non-Emergency	301-279-8000	(Voice/TTY)
Fire Non-Emergency	240-777-0744	TTY-240-777-0723
Alleghany Power	1-800-255-3443	1-899-955-9445
BG & E	1-800-685-0123	1-00-735-2258
Pepco: To Report Power Outages To Report down wires	1-877-737-2662 202-872-3432	
Washington Gas To Report Gas Leaks Emergencies	1-800-752-7520 1-703-750-1400	TTY 703-750-7975
WSSC	1-800 828-6439 (x4002)	
Verizon – repair	301-954-6260	
Poison Control	1-800-222-1222	
Crisis Center	240-777-4000	
American Red Cross	301-588-2515	
Montgomery County Public Schools Call Center	301-309-MCPS (6277)	
Montgomery County Emergency Mgt	240-777-2300	
Centers for Disease Control Hotline	770-488-7110	
Public Health Emergency	240-777-4200	
Public Health Disease Control	240-777-1755	
National Response Hotline	800-424-8802	

Program Ideas for Providers

PREPARING FOR DISASTER:

1. Grab and Go Bags:

Create a special bag for each child. In a large gallon zip lock bag add the following items:

- Family pictures
- Laminated emergency card
- 4-6 crayons
- small spiral bound notepad
- board book

2. Fun in A Bag:

Fill two back packs with self contained activities for children to occupy their time while waiting if in a shelter-in place situation.

- Electronic hand held games
- Paper
- Markers/crayons
- Puzzles
- Building Manipulatives
- Animals
- People
- Books

3. Practice for Emergencies:

- Sound the alarm each time you practice an emergency with the children so they become used to the sound.
- Practice building evacuation for different scenarios (natural disasters, fire, and intruder).
- Have a back up location (in opposite direction) in case of road closures.
- Practice shelter-in place.

4. Other Ideas:

- Use large rolling trashcans with covers to store emergency kits, supplies and water and non-perishable food items.
- Copy and laminated a complete set of emergency cards for all children and staff. Attach to a ring and keep in a zip lock bag with supplies.
- Keep a map of the area with supplies.
- Check non-perishable foods and water every 3 months.

CLASSROOM ACTIVITIES:

1. Feeling Masks

After a traumatic event children can react in many different ways. As time goes on, feelings change. Young children need support labeling these feelings to better understand the process. Focus on labels such as nervous, confused, hurt, worried, shocked, versus happy, sad and mad.

Materials:

- popsicle sticks
- small paper plates
- markers or crayons
- glue
- a book about feelings

Discussion:

Read a book aloud about feelings. Ask the children how they would feel if their favorite doll or toy suddenly broke. Ask them how they feel when they are sick. Ask the children how they feel when they first meet someone new.

Activity:

- Invite children to make faces of feelings on 4 different paper plates.
- Next, glue Popsicle sticks to the bottom of plates for handles.
- Afterwards, have children discuss the different faces and when they have felt that feeling.
- Keep the feeling plates at school and play with them together.

2. We Are All the Same

This is a simple activity to show we can look different on the outside, yet be the same on the inside.

Materials:

- one or more brown eggs
- one or more white eggs
- a bowl

Discussion:

Invite a discussion with the children about how people are alike (we all have two eyes, we all have hair) and how we differ (blue eyes vs. brown eyes-long hair vs. short) show them a brown egg and a white egg. Discuss and chart on a paper the similarities and differences in the eggs. (They are oval, they are different colors.) Break each egg into the bowl and dispose of shell. (Hint: this is best done above their eye level because if they see which yolk came from which egg, they will be able to make a distinction). Can they tell which is which? No--because just like people, even though we may LOOK different on the outside, we're all the same on the inside!

3. Feelings Meter

Help young children express how they are feeling by showing them a spectrum of feelings from feeling happy to very upset.

Materials:

- 6 colored construction paper (red, orange, yellow, green, blue and purple)
- markers

Discussion:

Talk with children about reactions to different events (happy, sad and traumatic events). Show the class the 6 colored construction papers. Decide as a group what feelings are associated with each color (ex: red=mad, purple=scared, yellow=happy).

Activity:

Label each colored construction paper with a feeling. Have the children draw pictures of the associated feelings. Hang the papers as a ruler on the wall in order of less stress to most stress. Afterward, when children are upset, encourage them to point to the feeling that best expresses how they feel.

4. Routines

One of the most upsetting results of trauma and stress is a disruption from routines. Routines help children feel safe and secure.

Materials:

- 3 large clock drawn on butcher paper labeled morning, afternoon, night
- magazines
- glue

Discussion:

Talk to the children about what is a normal routine in your program. Have the children list different aspects of the day that always happen. Next, discuss what are normal routines they share at home (eating dinner, taking bath, going to bed).

Activity:

Invite the children to cut out pictures from magazines that represent the activities they do in the morning, afternoon and at night. Have the children glue the pictures to the corresponding clock. Hang the clocks on the wall to reinforce the daily routine.

5. Forgiveness

Helping children to forgive is a skill that is modeled and practiced over time.

Materials:

- strips of paper
- small box

Activity:

Prepare small pieces of paper and write on each piece an incident that has happened in your program (ex: "Someone took what you were playing with and won't share it", "Someone won't let you play a game", "Someone broke something of yours", "Someone calls you names"). Put the papers in a box labeled "Forgiveness Box". Show the box and ask a child up one at a time to take a piece of paper out of it. Read the statement and ask questions on how they would respond (ex: Has this ever happened to you? How would you feel?).

Explain that by forgiving someone this means that they shouldn't be angry at each other anymore and they should be friends.

6. Worry Busters

Fears and worries are normal responses after experiencing a traumatic event. Adults can help children cope with fears.

Materials:

- Sheet of Paper with two columns: one labeled worry, the other worry buster plan

Activity:

* *This activity can be done one on one or as a group.* Ask the child to talk about their fear. Write it on the left side of the paper. Provide reassurance that the child is safe and together you will work out a solution to cope with the fear. Identify people the child can talk to at home and at school. Reward the child for facing fears!