Head Start Emergency Preparedness Manual

U. S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start

Abstract
The *Head Start Emergency Preparedness Manual* (2009) is a resource to support Head Start programs as administrators and staff plan for emergencies and implement emergency preparedness plans. There is information on the four phases of an emergency (i.e., Planning, Impact, Relief, and Recovery), the Practice-Review-Revise Cycle, and how to plan and prepare for specific emergency situations. Head Start program planning teams can use the information and tools included in this *Manual* to develop or revise their emergency preparedness plans.

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This *Manual* was produced in 2009.

An electronic version of the *Head Start Emergency Preparedness Manual* is available on the Emergency Preparedness landing page of the Early Childhood Learning and Knowledge Center (ECLKC) at http://eclkc.ohs.acf.hhs.gov/ . Updates to this *Manual* will be available on the ECLKC.

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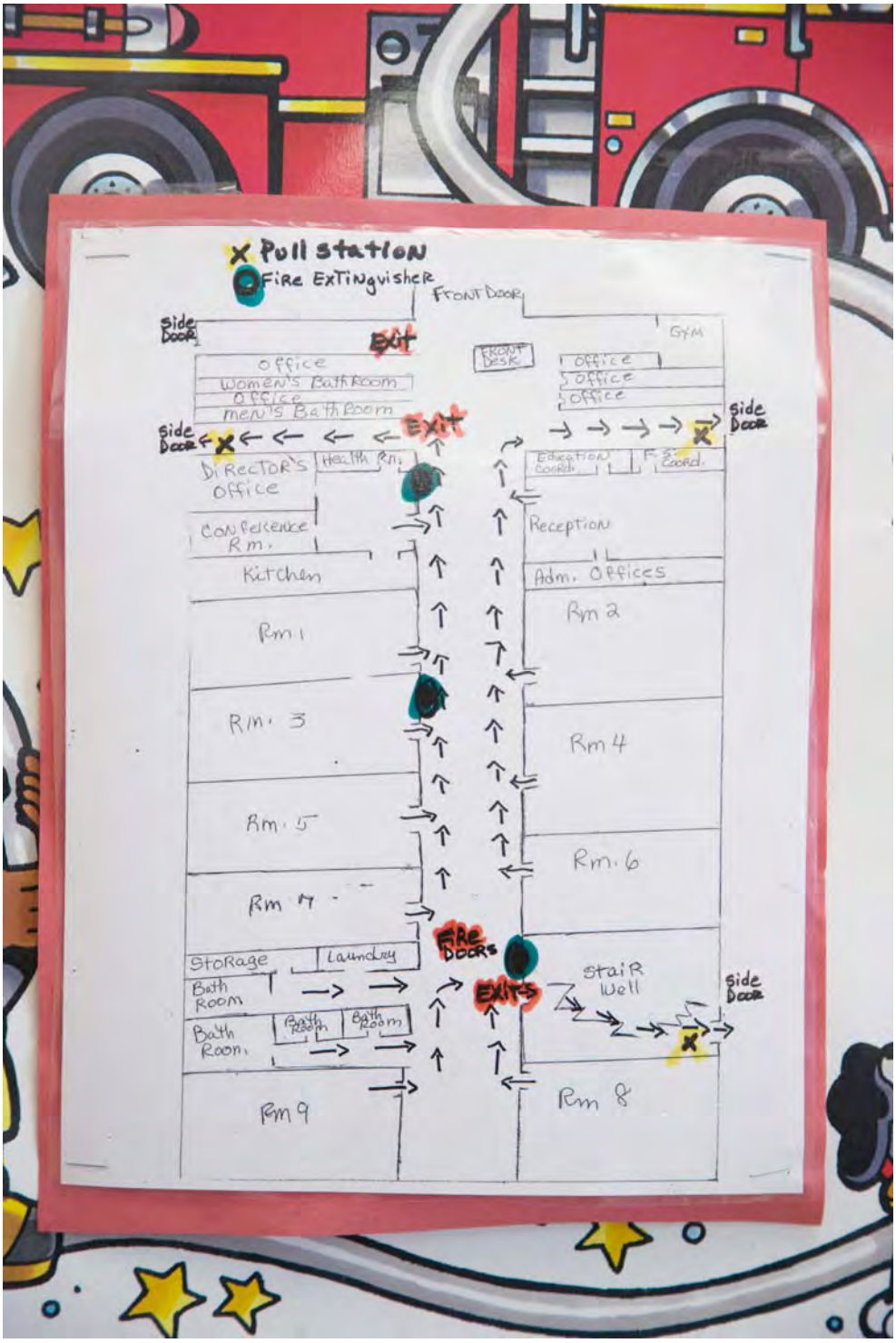


Exit plans are posted in each Head Start classroom and office.

Preface

From time to time, communities around the country face catastrophic natural and man-made disasters. The wildfires in California, the hurricanes on the Gulf Coast, the floods in the Midwest, and the attacks of September 11, 2001, are examples of disasters in recent years that garnered national attention. They also highlight the fact that an emergency can occur suddenly, with little or no warning; deprive families of even the most basic food and shelter; and have significant social and emotional impacts that linger long after the event.

Head Start can play an important role in supporting children and families in their local communities before, during, and after an emergency. Toward that end, all Head Start programs should have an effective, well-practiced emergency preparedness plan in place.

The Office of Head Start has developed this *Head Start Emergency Preparedness Manual* to provide Head Start programs with tools and resources to guide their planning process. The *Manual* provides information on the emergency preparedness cycle, which includes Planning, Impact, Relief and Recovery. Appendices include resources from the Federal Emergency Management Agency and the Centers for Disease Control and Prevention on natural disasters, health emergencies, terrorism and random acts of violence, and technical hazards.

This *Manual* is available online on the Early Childhood Learning and Knowledge Center (ECLKC) at http://eclkc.ohs.acf.hhs.gov/. Future updates to the *Manual* will be available on the ECLKC.

A Story of Emergency Preparedness in Head Start

Delivering high-quality services to Early Head Start children sheltered in a closet…

Yes, it's true. Until yesterday, I'd never experienced the delivery of high-quality services to infants and toddlers being sheltered in a closet. During a Training and Technical Assistance (T/TA) session with a group of Early Head Start (EHS) staff, an administrator from the elementary school popped her head into our room to say that a tornado warning was about to go into effect. The teachers in my session calmly stood up and headed back to their classrooms. The children had just gotten up from their naps and were having a snack when the sirens started and the lights went out.

By the time I got to the classroom, the teachers had taken their children into the storage closet adjacent to their room. They shared the space with a group of preschoolers from the special education classroom next door. While the space was very tight, the EHS teachers had arranged themselves so that they were nestled together with their primary caregiving groups. One staff member was off to the side with a child who had recently transitioned from a home-based program to a center and was still adjusting to being with a group of children.

After settling in and using the light from their cell phones, the EHS teachers and manager began to sing songs and engage the children in finger plays. Later, they invited the children to play games with a few toys they had available to them. The mood was calm and comforting. After an hour and a half, the emergency was declared over and everyone returned to their classrooms. Parents arrived and, while nervous about the incredible rain that continued to pour down, they were reassured by the sight of the contented children with their nurturing caregivers.

What an amazing experience – the effect of which did not end that day. I spoke with the EHS manager the next morning. Although they still did not have power at the school, her incredible staff came to work anyway. It appeared to be another day in EHS; one filled with possibilities. When you have good staff who are prepared for an emergency and ready to make any adjustments necessary, even working in a closet, children can continue to receive the quality care they need.

Contributed by Sarah Minteer Semlak, Ph.D.
Early Childhood Consultant

Chapter I: Introduction

The Chinese use two brush strokes to write the word "crisis." One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger – but recognize the opportunity.

Richard Nixon – 37th President of the United States who opened relations to China by visiting in1972

Overview

Emergencies occur suddenly and disastrously and can leave you feeling overwhelmed and powerless. Being prepared can lessen some of these feelings by allowing you to better protect yourself, families, and property, and to help others who may be affected. By preparing for emergency situations, you can empower your staff and families to make decisions and take appropriate actions during an emergency.

Planning is a key component of your current systems and services in Head Start. Your program creates, maintains, and revises plans on service delivery to children and families. These plans satisfy requirements of the *Head Start Program Performance Standards* and serve as working documents to guide everyday functioning. An emergency preparedness plan is not new; rather, it builds upon existing program plans.

Your program has fire drills, emergency weather procedures, and other necessary plans for a variety of emergencies. However, has your program considered all of the possible emergencies that might occur? In recent years, emergencies related to illness, violence, and severe weather have occurred when programs never expected them. Therefore, it is critical to ask some key questions before determining that your plan is complete. Does your plan:

- Consider specific emergencies and their varying levels of consequence?
- Include what needs to happen before, during, and after the emergency?
- Include perspectives from different members of your Head Start community and the community at large?
- Fit into the broader community emergency preparedness plans?
- Include regularly scheduled opportunities for practice, review, and revision?

Top Five Reasons to Prepare

1. Emergencies, large and small, occur in every community, even yours.
2. You are already doing it! Every program prepares plans to meet requirements of the *Head Start Program Performance Standards*.
3. As a member of your community, you participate in local planning efforts. Your emergency preparedness plan simply complements these efforts by focusing on how your program fits into the community plan.
4. Your input is essential to make a plan that works. Administrators, staff, family members, and members of the community at large collaborate together.
5. Emergency preparedness is a dynamic planning process of practice, review, and revision that is essential to program excellence.

INTRODUCTION

Comprehensive emergency preparedness plans consider these questions to ensure that everyone in the Head Start community is equipped to handle a possible emergency. By considering the possibilities and planning several courses of action, you can help to ensure that everyone in the Head Start community is equipped to handle what may happen – even when loss is inevitable. The more prepared you are, the more likely you are to reduce losses and to rebuild faster after a loss. By going step-by-step through each phase of an emergency (i.e., Planning, Impact, Relief, and Recovery), you enable your program to build a plan that is comprehensive, collaborative, and effective.

Note: In an emergency situation, staff from the Administration for Children and Families (ACF) Regional Office implement their Continuity of Operations Plan (COOP). To support programs and maintain services to children and families, the Regional Office staff assesses damage; assigns and activates necessary teams of staff to needed areas; and if necessary, relocates Regional Office staff until normal operations can resume. This ensures that the Regional Office is able to support your program in times of emergency and ensures continuity for all other programs, affected or unaffected.

The *Head Start Emergency Preparedness Manual* has been organized to support you as you create, practice, revise, and implement emergency preparedness plans. Each phase is discussed in greater detail throughout the *Manual*, including "how-to" suggestions for planning. You can read from the beginning to the end or go directly to the sections that are most relevant to you. Ultimately, each section offers comprehensive information to help your program prepare for and manage an emergency.

Though it may seem daunting at first, your program can work through these steps in ways to help you succeed. You may choose to plan for one type of disaster at a time or work phase-by-phase. You do not have to do it all at once! Getting started is the most important. The final result is a comprehensive, effective emergency preparedness plan.

This *Manual* offers guidance on how to reduce the confusion, helplessness, and shock you might feel and encounter in others when an emergency occurs. When reviewing the plans and procedures described in this *Manual*, carefully consider whether adaptations or special supports are needed to protect the safety of infants and toddlers, and individuals with disabilities. Involve your infant-toddler specialists, disabilities services coordinator, parents of infants, toddlers, and children with disabilities, and community partners. Structural changes to your facilities need to be made in consultation with your landlord or local management company.

Finally, some Editor's Notes:

1. The term "emergency" is defined by the Federal Emergency Management Agency (FEMA) as "any unplanned event that can cause deaths or significant injuries to employees, customers or the public, or that can shut down your business, disrupt operations, cause physical or environmental damage, or threaten the facility's financial standing or image" (http://www.fema.gov/business/guide/index.shtm). In this *Manual*, "emergency" is used interchangeably with "disaster."

2. This *Manual* describes the four phases of an emergency (i.e. Planning, Impact, Relief, Recovery). Each one of these phases includes a planning component which is highlighted in the chapter. The resources in the Appendices will help you plan for each phase.

3. The URL addresses listed in this *Manual* are current as of its publication. However, when Web sites are updated, pages may be moved or no longer available. If a Web site that you are trying to access is no longer available, contact the organization directly for assistance.

4. Many of the Federal and national organizations cited in this *Manual* also provide emergency preparedness information in languages other than English. For example:
   - FEMA's Web site is offered in Cambodian, Croatian, French, Haitian-Creole, Hmong, Simplified Chinese, Traditional Chinese, Italian, Laotian, Russian, Spanish, Tagalog, Tigrinya, Vietnamese, and other languages at http://www.fema.gov/media/resources/languages.shtm.
   - The Spanish-language version of the Centers for Disease Control and Prevention Web site (Centros para el Control y la Prevención de Enfermedades) is available at http://www.cdc.gov/spanish/.
   - The Spanish-language version of the American Red Cross Web site (Cruz Roja Americana) is available at http://www.cruzrojaamericana.org/index.asp.

What Is Emergency Preparedness?

At times, Head Start staff, children, and families are faced with the unexpected. Almost every day, there is a news story about an emergency that affects individuals, families, towns, cities, or regions. Appearing suddenly or with minimal warning, an emergency can rob staff and families of their basic necessities, such as food and shelter. An emergency can take many forms: terrorism and random acts of violence, health emergencies, and natural disasters. Events, such as 9/11, Hurricane Katrina, California wildfires, Midwestern tornadoes, and pandemic flu outbreaks underscore the critical importance of preparing Head Start programs to respond appropriately and quickly to emergencies.

Emergency preparedness is the ability to react appropriately to a disaster. The Emergency Preparedness Cycle consists of four phases: Planning, Impact, Relief, and Recovery. As seen in Figure 1, the four phases occur

in a logical order to support program actions in preventing and coping with the consequences of an emergency situation. Understanding the phases helps you plan what your program can do before, during, and after an emergency. This *Manual* provides guidance on how to plan for each phase.

Figure 1: Emergency Preparedness Cycle
Note: In this* Manual, *"planning" refers to "mitigation" and "preparedness" as used by emergency preparedness professionals. They also group "impact" and "relief" into a "response" phase.

The **Planning Phase** assesses emergencies that might occur, identifies preventative measures to reduce risk, and develops a broad framework for your program to use.

The **Impact Phase** begins during the moments when you are alerted to an impending emergency and when the emergency actually occurs. Your planning efforts detail what individuals are expected to do, outlining the difficult decisions so others can simply act.

Next, your program enters the **Relief Phase**. These are the hours, days, or weeks after an emergency occurs when efforts are focused on food, water, shelter, and the safety of those affected. Your plan specifies activities to meet these basic needs.

Finally, during the weeks, months, and years (in extreme cases) of the **Recovery Phase**, your program resumes services. Your program determines long-term plans for assisting community members in returning to their everyday lives by coping with losses resulting from the emergency.

After you plan for each of these phases, revisit each phase through the **Practice-Review-Revise Cycle** to ensure that your emergency preparedness plan is comprehensive, effective, and well-implemented.

Planning is an ongoing process. Your emergency preparedness plan is never complete; it is a working document. By regularly revisiting your plan, you ensure that key members of the community know the plan, improve it with their expertise, and can implement the plan if necessary.

How Do Levels of Impact Affect Planning?

A disaster can have a widespread impact on a community. As indicated in Figure 2, disasters can affect an individual child or family, a program, a neighborhood, a state, or an entire region. A house fire is a disaster that might only affect a child and family, while a hurricane may impact an entire state or region.

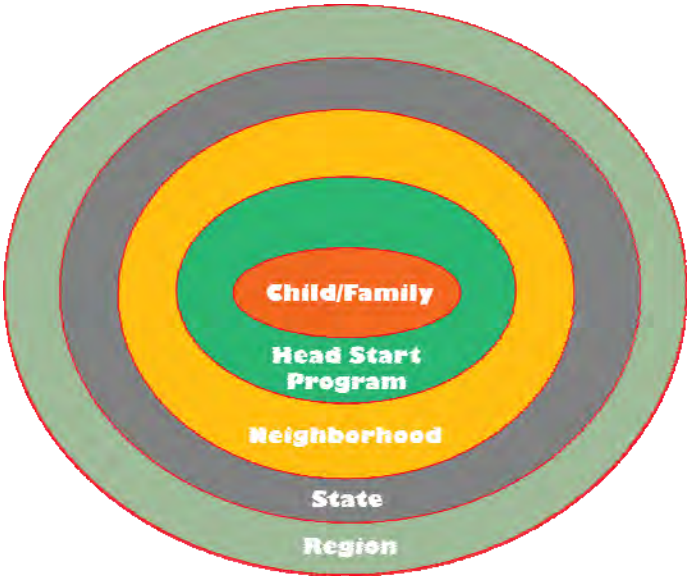


Figure 2: Intensity of Impact. When an emergency affects larger areas and more people, comprehensive and collaborative emergency preparedness planning is essential.

Head Start programs can:

- Collaborate with community organizations to implement an organized response to emergencies;
- Support their staff in developing personal plans so that staff are reassured that their families and friends are safe;
- Develop strong communication systems for all staff, families, and other community members;
- Offer shelter to displaced and homeless families;
- Provide mental health support necessary to assist children, families, and staff to cope during and after crisis;
- Collect basic necessities to relieve the sudden needs of family and staff; and
- Maintain collaborations and resources necessary to help families rebuild their lives.

INTRODUCTION

Head Start programs can:

- Help families, staff, and volunteers prepare for an emergency;
- Offer shelter and support during an emergency if their building is still safe;
- Link families with needs to other community agencies that can help, such as the Red Cross and Salvation Army; and
- Open their doors to new families who have fled emergencies and offer expanded services to those in need.

A disaster's overall impact is important to keep in mind when planning each phase of the emergency preparedness cycle. Focusing on the level of impact is key when planning for evacuation or sheltering-in-place; assessing and compiling resources; and preparing community members mentally and physically to cope with emergencies. Additionally, it is important to consider the possible duration of the emergency, as well as the duration of each phase of the emergency.

Emergency preparedness has gained national attention since the terrorist attacks of 2001 and the Gulf Coast hurricanes of 2005; yet, it has always been a concern for Head Start programs. Emergency preparedness is the process by which you, as a Head Start community, work to consider what could happen and what to do if it does. As you work through the different emergencies that might occur and make decisions about how to react in each phase, you offer programs, families, and community partners ways to minimize potential trauma in their lives.

Why Is Emergency Preparedness Important?

Emergency situations arise suddenly and can be devastating to programs and communities. When programs prepare in advance, the negative effects of an emergency can be reduced. While you may not be able to anticipate everything that might happen, comprehensive planning for each phase of an emergency allows you the peace of mind needed to help children, families, and staff. In addition, preparation allows you to resume services promptly and support the community at large.

According to the Federal Emergency Management Agency (FEMA):

- Being prepared can reduce fear, anxiety, and losses that accompany disasters. Communities, families, and individuals need to know what to do in the event of a fire and where to seek shelter during a tornado. They need to be ready to evacuate their homes and buildings and take refuge in public shelters and know how to care for their basic medical needs.
- By acting in advance, people can reduce the impact of disasters (e.g., flood proofing, elevating a home or moving a home or building out of harm's way, securing items that could shake loose in an earthquake) and sometimes avoid the danger completely.

(FEMA, *Are You Ready? Why Prepare,* http://www.fema.gov/areyouready/why_prepare.shtm)

A sound emergency preparedness plan helps your program to respond appropriately and quickly to circumstances that occur, thereby reducing risk to everyone within your Head Start community.

Recognizing the importance of emergency preparedness, the Improving Head Start for School Readiness Act of 2007 Section 649 (m): Program Emergency Preparedness (Appendix D) requires that the Secretary of Health and Human Services prepare a report to Congress on the emergency preparedness of Head Start programs, including Early Head Start, to large-scale emergencies. Recommendations are to include improvements to preparedness and response capabilities, procedures for informing and communicating with families, staff trainings, and coordination among Federal, state, and local emergency management agencies.

What Are the National Standards Related to Emergency Preparedness?

Developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care, the *Emergency/Disaster Preparedness for Child Care Programs: Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Applicable Standards* (http://nrc.uchsc.edu/SPINOFF/EMERGENCY/Emergency.pdf) offers emergency preparedness-related national standards relevant to Head Start programs. These standards provide a "gold standard" to emergency preparedness planning or are Head Start requirements for funding and licensing.

For more standards related to your program, contact the following:

- Local health department
- ACF Regional Office Program Specialist
- Head Start Collaboration Office, state health department, or Indian Health Services
- The *Head Start Program Performance Standards* (1996) also include requirements related to emergency preparedness. These requirements include publishing telephone numbers of emergency response systems and posting evacuation routes [45 CFR 1304.22(a)(1-5); maintaining well-supplied and accessible first aid kits [45 CFR 1304.22(f)(1)]; and ensuring that safety measures are in place to reduce damage from disasters [45 CFR 1304.53 (a)(10). Programs must be familiar with these and other requirements and regulations that protect children, families, and staff in emergency situations.

The damage caused by Hurricane Katrina to this Early Head Start center in Biloxi, Mississippi, required relocation and rebuilding at a new site.

What Is Head Start's Role?

Head Start can play an important role when a disaster strikes by offering a sense of continuity and normalcy. It is important for Head Start programs to resume services as soon as possible so that the children and families you serve can begin to rebuild their lives.

Each local Head Start program is assigned an ACF Regional Office Program Specialist who works with other ACF staff to help you prepare and respond to emergencies. In some Regions, programs may be asked to submit an emergency preparedness plan to their Program Specialist. You can direct questions or resource requests to your Program Specialist.

As you develop or improve your plan, consider how your program fits into a larger system of accountability. As you create or improve your plan, consider how each element of your systems and services can be affected by each emergency situation.

While reviewing your plan, your Program Specialist assesses how each system and service area can adjust to help your program meet the needs of children, families, and staff. Ultimately, your program works with Regional and Federal staff to support children and families through each emergency situation that might occur.

What Have We Learned from Disasters?

Several recent emergencies have taught us what Head Start can do in times of disaster. Head Start programs helped families cope during the terrorist attacks of 2001, the Gulf Coast hurricanes in 2005, and numerous other natural or man-made disasters throughout the country. As an active participant in the emergency preparedness process, Head Start programs have been able to offer relief to thousands of families during these tough times.

In this section, you will read about the lessons learned from these emergencies. These lessons illustrate why your program's involvement is so important and how you can plan for the future, providing a safe haven for children, families, staff, and community members.

September 11, 2001

Whether or not you were in New York, Virginia, or Pennsylvania the morning of September 11, 2001, you felt the impact of the 9/11 terrorist attacks. What were Head Start programs doing that morning and the many mornings after? How did they cope with the tragedy and how did they move forward?

While Head Start programs were not directly affected in the area around the Pentagon, several programs located in Lower Manhattan were near "ground zero." Because they had effective emergency preparedness plans in place, those programs were able to evacuate to nearby Head Start sites where they had built collaborative relationships and established procedures. There, the children were cared for and waited to be picked up by a parent or guardian.

Head Start staff in New York City who worked during those hours struggled with the decisions of whether to stay and for how long. Everyone was worried about friends and family. Most communication systems were down; cell phone connections were unavailable; and landlines were overwhelmed. Programs had to deal with staffing, communication issues, and the needs of children, families, and staff.

As soon as programs were able to resume services, Head Start staff went into overdrive to offer mental health support to families. Very young children had seen images that horrified most adults, and families were grieving their personal and national losses. Through program resources and a flood of support from early childhood and mental health organizations, Head Start programs focused on helping parents to reduce exposure to the disturbing images on the TV and to cope with the trauma that children were experiencing.

The New York State Association for the Education of Young Children and the New York Head Start-State Collaboration Office worked together to implement specific trainings for staff in coping with their own stress, as well as the stress of the families they served. By offering comprehensive mental health services to families and staff, programs found ways to cope and rebuild their lives.

Lessons Learned:

- Collaborations between Head Start and other child care programs can assist in providing a safe place to evacuate.
- Clear communication systems that inform families and staff about evacuation procedures are essential to reconnect families.
- Immediate mental health support for families and staff is essential to relief and recovery efforts.
- Personal emergency preparedness planning for staff and families is a key component to developing a comprehensive program plan.

The Gulf Coast Hurricanes of 2005

The Gulf Coast is hit by big and small hurricanes every year. Many residents expect to be hit by at least one hurricane during the hurricane season. However, 2005 was different. The vicious combination of three major hurricanes in a row and the broken levees in New Orleans caused more loss of life and property than residents had experienced in at least 50 years. A sudden mass migration out of the south dispersed families from the Gulf Coast to areas throughout the country, causing them to lose homes and jobs, child care and schools, and support networks.

This satellite image shows three hurricanes moving toward the Gulf Coast in 2005.

Head Start programs took in families wherever they were. Programs:

- Opened their doors to offer basic necessities;
- Connected families; and
- Provided families with resources either to return home or to build a life in a new place.

The Office of Head Start and private donations offered financial support to local programs to help them respond to their new community members. Through the planning process, many programs had established strong community relationships that facilitated working collaboratively and providing comprehensive support.

One of the many challenges of the 2005 mass evacuation was keeping track of staff and families. With so many homes destroyed, families and staff were forced to move to other states where they could find a place to stay while they rebuilt their homes on the Gulf Coast.

Within the Head Start community, few systems were in place to help people know where other members of the community had gone. Messages were sent back to programs through a variety of means. As soon as it was feasible, programs began to rebuild facilities to serve returning children and their families.

During the rebuilding process, many Head Start programs emphasized the importance of getting their own staff back on their feet before attempting to deliver services. Working with mental health and emergency preparedness professionals, staff practiced plans for relief and recovery that could be used in the future. Staff were given support in finding housing, coping with loss, and re-establishing connections to family members and friends.

This served dual purposes: 1) Staff were able to take care of themselves so that they could later focus on others' needs; and 2) Relief and recovery plans were tested to determine their effectiveness for other members of the community. When Head Start programs eventually opened up their doors for children and their families, their needs were addressed with improved efficiency and effectiveness.

Along the Gulf Coast, many programs struggled with the destruction of program records. Rooms with children's files were flooded. Computerized data were destroyed unless they were portable and evacuated by a staff member. Many programs had to rebuild their records based on data collected during the rebuilding process. For those families that had relocated, information to help them register in a new program was unavailable. Children with disabilities or health needs were most impacted because the documentation regarding the services guaranteed to them was lost.

Lessons Learned:

- Planning requires preparation for the best- and the worst-case scenarios.
- Personal planning for staff is an important component of ensuring that their children and families get the consideration and care they need.
- Practicing emergency preparedness plans helps to ensure that the plans will be effective.
- Crucial program data need to be maintained in a portable manner to retain confidentiality and accessibility afterward. This might include backing up data at another secure location.
- Even Head Start programs not directly impacted by a disaster may need to open their doors to others who were impacted.
- Strong collaborations with local health departments and social service organizations can support comprehensive services for enrolled children and their families, as well as those you may welcome after an evacuation. Collaboration can be built through your Health Services Advisory Committee (HSAC), Policy Council, and other governing bodies.
- Communication systems need to include contact information for local and long-distance evacuations to maintain connections and to support people no matter where they go.
- When Head Start programs are able to rebuild quickly, they can ensure comprehensive services to those who need them most.

Other local emergency situations offer lessons regarding the emergency preparedness process similar to those in the preceding examples. The following scenarios and lessons learned offer a vision of what programs might experience during fires, random acts of violence, and floods. They are composite stories based on reports from Head Start programs. The lessons learned could be applicable to emergency situations in your program.

Other Local Emergencies: Fire

It is right after lunch at the Early Head Start Center for Infants and Toddlers. The three infant classrooms are dark with babies napping. The toddlers are tidying their rooms after eating to get ready for their nap time. Just as everyone is settling into a quiet rest hour, a loud explosion occurs. Everyone jumps with a start. The babies start crying. Some of the toddlers begin to cry, while others think it is a game and start behaving silly. Staff look at one another, unsure of what has happened. The building has lost power. Teachers looking out the window notice smoke coming from the building next door. Moments later, the center's alarm starts blaring.

Fire is the most frequent cause of loss of property and life.

Following the drill they have practiced many times, staff evacuate the children from the center. Because of the unknown nature of the explosion, the program director, Barbara, directs the staff to follow an additional protocol to move the children to a hotel several blocks away. As part of the center's emergency preparedness plan, the center has formed a partnership with the hotel to serve as its designated local evacuation site. The hotel has agreed to provide the center with a large meeting room during emergencies and has stored toys and materials to entertain the children while they wait for their parents to pick them up.

When the staff and children reach the hotel, staff take a roll call. Some teachers sit the toddlers down to explain what has happened (in a developmentally appropriate way). While the children are settling in at the hotel, Barbara returns to the site to determine the status of the situation. She sees that the building next door is engulfed in flames that are beginning to spread to the center's building. She uses a decision tree (discussed in the "Impact Phase" chapter of this Manual*) from the plan. When she returns to the hotel 30 minutes later, Barbara activates the emergency phone tree to ask parents to pick up their children as soon as possible. Throughout the afternoon, parents arrive at the hotel and learn about what has happened.*

At the end of the day, Barbara returns to the center to survey the damage. The fire has been extinguished, but the center's building is covered in soot and ash and an entire wing has been demolished. The fire chief tells her that services cannot resume until the building is cleaned and repaired. According to the emergency preparedness plan, the program has access to an alternative site 20 minutes away that can house the children and staff temporarily.

Following the program's action checklist and long-term recovery plan, Barbara uses the phone tree to alert the staff and families that children will receive services at the alternative site until an appropriate transitional site can be found. In the days after the fire, she begins working with the Policy Council to find a transitional site and begins taking steps toward clean-up. With the Policy Council's help, she finds a transitional location and moves toward reconstruction. After 3 months, the staff and children are back in their original setting with no interruption in services.

Lessons Learned:

- A local evacuation site can be established through a partnership with a local business or organization that can provide a comfortable space for children.
- Organized communication systems assist parents in reuniting with their children.
- Policy Council members can assist in making decisions and finding answers to problems that arise following an emergency.

Other Local Emergencies: Random Acts of Violence

The Infants and Toddlers Child Care Center is located in a local high school that provides services to teenage parents. It also serves as a child development and parenting class for the high school students. At 11 a.m. on Wednesday, the students are working with the 3- to 12-month-old babies when suddenly, gun shots ring out in the hallway. Teachers and students cautiously peer through the classroom's window into the hallway. They see panicked students running toward the front office. One student, the mother of one of the young babies, rushes in with a look of terror and says breathlessly, "Someone's been shot!" She grabs her child and runs toward the door, but another student runs in, and shouts, "We're trapped! They've blocked off the front door!"

Following the program's decision tree, a teacher immediately locks the door. Staff and students creep throughout the room collecting supplies such as diapers, food, water, toys, blankets, and a cell phone that they take into a large walk-in closet. Silently, they gather the babies and the other students into the

closet, shutting the door behind them. The closet has been converted into a comfortable shelter-in-place. Every half hour, a staff member calls the police emergency line for updates on the situation. Although everyone is shaken, the staff do their best to calm fears. The babies express their stress through crying and clinging to their caretakers. Eventually, the babies begin to calm down and everyone eats a quiet lunch. Finally, at 3 p.m., a police officer enters the classroom and gives the OK to come out of hiding.

Police have begun to allow parents and students into the building. Though the scene is chaotic, parents form a line to enter a staging area where they are reunited with their teenagers. In the Infants and Toddlers Child Care Center, the students, staff, and children remain in their classroom and watch the scene unfold through the window. As they witness these reunions, staff and students are still in shock. They are worried about moving with their babies through the crowded hallways to the staging area. Sensing their concern, the police officer offers to escort parents to the classroom to pick up their infants. After the babies and students are gone, the police escort the staff through an area of the school unaffected by the situation.

The following day, EHS staff work in small groups with a team of psychologists, social workers, and other mental health specialists from the school district and a local university that has a partnership with the program. Over the next few weeks, mental health providers offer training and support to center staff and the babies, high school students and their parents. Resources are made available 24 hours a day to help everyone through the trauma.

Lessons Learned:

- A comfortable and safe location for shelter-in-place situations may lessen the trauma experienced by children.
- Cooperation with local authorities in reuniting children with their families may help decrease the likelihood of children's exposure to traumatic events.
- Mental health services through pre-existing partnerships can help children, families, staff, and others deal with trauma in a healthy way.

Other Local Emergencies: Flood

It has been pouring rain for the last 5 days. Weather reports indicate that the rain is likely to worsen throughout the day. Rebecca, a Head Start family child care provider, begins to receive calls from parents. They express concerns about whether she is going to close early, evacuate, or shelter-in-place. At noon, weather forecasters begin warning of mudslides, and the Governor announces a state of emergency in a neighboring county. By 1 p.m., Rebecca learns that a state of emergency has been declared in her county as well. Parents are beginning to arrive to pick up their children early. Several parents call Rebecca to report that they are stuck in heavy traffic.

On the television, newscasters warn of flooding and possible contamination of the water supply. While Rebecca is confident that her house is not in immediate danger of mudslides, she is concerned about flooding. She has a two-story house with ample space on the second floor for sheltering, but she is not sure if that is the best option for the children.

Her program has a decision tree to follow, so Rebecca calls the central office for the Head Start program and asks for their assistance in making an appropriate decision. The staff walk her through the decision tree and conclude that she should wait another hour for parents to arrive. If the children still have not been picked up by then and the roads are not yet flooded, the center will send a van to bring Rebecca and the children to the center, five miles away. The center has a complete evacuation site stocked with sufficient supplies.

Floods are one of the most common hazards in the United States.

After an hour, there are still two children who have not been picked up. Rebecca calls the center and learns that the roads are clear. She calls the two parents who have not made it to her house. She provides them with directions to the center just as the program van arrives to pick up her and the children. After another hour, the children have been reunited with their parents at the center, and Rebecca is able to meet her family at their planned evacuation site.

Lessons Learned:

- Strong communication systems allow families to be in constant communication with their children's care provider about emergency preparedness plans.
- A decision tree is an essential tool during an emergency situation.
- Family care providers need to be involved in the planning process to make sure that plans are feasible for them as well.
- A central evacuation site that can be used by multiple sites may offer a safe and efficient alternative to shelters-in-place.

Chapter II: Planning Phase

Planning is based on two key elements, which emergency preparedness professionals refer to as the ***mitigation*** and ***preparedness phases***. To determine what emergencies might occur in your program and the effects that may result, your planning team (*Planning Team Members*, Appendix B) can survey different types of disasters that might occur and make preparations to reduce risk (***mitigation***).

Once you have determined your risks and have made basic preparations, you can develop a broad plan that meets the individual needs of children, family, and staff; bridges gaps in services; and makes resources available (***preparedness***). Involvement from staff and families, and collaboration with local health departments and other partners (*Collaboration Partners*, Appendix B) ensure that mitigation efforts and plans are well-coordinated and comprehensive. The plans developed during the Planning Phase provide the framework for decisions made in the later emergency phases (i.e. Impact, Relief, and Recovery).

Planning is based on two key elements, *mitigation* and *preparedness*. While collaborating with emergency preparedness professionals, you may hear them refer to "mitigation" and "preparedness" in the same way that the term "planning" is used in this *Manual*.

Emergency Preparedness Program Self-Assessment

Before you begin the emergency preparedness process, it is important to do a program self-assessment. The questions below can help you determine the steps you need to take to develop a comprehensive and effective emergency preparedness plan. The *Emergency Preparedness Program Self-Assessment* is also available as a pull-out in Appendix B.

1. Have you conducted a comprehensive risk analysis to determine the emergencies your program may face?
    - If yes, continue to question 2.
    - If no, refer to Chapter II: Planning Phase, "Mitigation" on page 20.

2. Have you made alterations to your program to cope with the emergencies you have identified?
    - If yes, continue to question 3.
    - If no, refer to Chapter II: Planning Phase, "What Is Planning?" on page 19.

3. Do you have an emergency preparedness plan for each emergency that might occur?
    - If yes, continue to question 4.
    - If no, refer to Appendix A: Information Regarding Specific Emergencies on page 78.

Tools for Planning

Appendix B offers the following tools to assist your planning team during the Planning Phase:

- Action Checklist Framework
- Collaboration Partners
- Community Hazard Risk Assessment Worksheet
- Decision Tree Outline
- Disaster Plan Checklist
- Emergency Plan Outline
- Emergency Preparedness Planning Worksheet
- Emergency Preparedness Program Self-Assessment
- Head Start Systems and Services Needs Analysis
- Head Start Systems and Services Task Sheet
- Long-Term Recovery Plan Framework
- Materials Review Chart
- Mitigation Action Plan
- Needs Analysis Worksheet
- Nonstructural Safety Checklist
- Organizational Roles and Responsibilities
- Planning Team Members
- Priority Brainstorm Worksheet
- Probability of Occurrence Worksheet

4. Have you integrated personal planning for staff and families?
   - If yes, continue to question 5.
   - If no, refer to Chapter II: Planning Phase, "What Role Does Personal Preparedness Play in Program Planning?" on page 35.

5. Have you considered all of the program systems and services in your plan?
   - If yes, continue to question 6.
   - If no, refer to Chapter II: Planning Phase, "What Are the Systems To Consider in Your Program?" on page 22 and "What Are The Services To Consider in Your Program?" on page 27.

6. Have you developed specific procedures to implement immediately before and during an emergency?
   - If yes, continue to question 7.
   - If no, refer to Chapter III: Impact Phase, "What Are Decision Trees?" on page 40.

7. Do your procedures for the time immediately before and during an emergency take into consideration your program's systems and services, as well as the specific emergency?
   - If yes, continue to question 8.
   - If no, refer to Chapter III: Impact Phase, "What Priorities Does Your Program Need To Consider?" on page 39.

8. Do you have a list of activities you anticipate implementing immediately following the emergency to ensure the safety and basic necessities of the families and staff in your program?
   - If yes, continue to question 9.
   - If no, refer to Chapter IV: Relief Phase, "How Do Programs Develop Action Checklists?" on page 51.

9. Have you considered your program's systems and services, as well as the effects of the specific emergency when compiling this list of activities?
   - If yes, continue to question 10.
   - If no, refer to Chapter IV: Relief Phase, "How Do Systems and Services Relate to the Needs Analysis?" on page 51.

10. Do you have detailed plans to resume services, as well as to support families and staff in rebuilding their lives?
    - If yes, continue to question 11.
    - If no, refer to Chapter V: Recovery Phase on page 57.

11. Do you have a plan for practicing and revising your emergency preparedness plan?
    - If yes, continue to question 12.
    - If no, refer to Chapter VI: Practice-Review-Revise Cycle on page 71.

12. Do you have strategies for communicating the plan to Head Start staff, families, and program partners?
    - If yes, continue to question 13.
    - If no, refer to Chapter VI: Practice-Review-Revise Cycle, "How Is Your Plan Communicated to the Head Start Community?" on page 74.

13. Do you have training strategies for emergency preparedness in place?
    - If you answered yes to all of these questions CONGRATULATIONS! You have a comprehensive plan in place.
    - If no, refer to Chapter VI: Practice-Review-Revise Cycle, "What Are Some Suggestions for Emergency Preparedness Training?" on page 74.

What Is Planning?

Programs that have plans in place are better able to respond to an emergency. If staff, families, children, and community partners know how to react to an emergency, they are better able to deal with the effects. Planning helps reduce the damage caused by emergencies and helps programs resume services quickly.

If regularly practiced and implemented, effective emergency preparedness planning can alleviate fear, reduce disruption, and save valuable time and lives. When Head Start program staff and community members are prepared and trained in their roles and responsibilities according to emergency preparedness plans, they are empowered to better protect the health and well-being of the children and families served.

The work you put into mitigation and preparedness lessens your efforts in the phases that follow (Impact, Relief, and Recovery). Planning helps you consider how the different services and systems will be utilized in the subsequent phases.

Mitigation planning involves:

- Organizing resources
- Assessing risks
- Developing a mitigation plan
- Implementing the plan and monitoring progress

(FEMA, *Mitigation Planning,* http://www.fema.gov/plan/mitplanning/index.shtm)

Mitigation

According to FEMA, "mitigation is the effort to reduce loss of life and property by lessening the impact of disasters. This is achieved through risk analysis, which results in information that provides a foundation for mitigation activities that reduce risk" (FEMA, *Mitigation*, http://www.fema.gov/government/mitigation.shtm). Programs use mitigation to be proactive before an emergency strikes.

Analyzing risk helps you determine what emergency situations your program may encounter and the effects of those emergencies on your program. It provides your team with the data necessary to make decisions, prioritize activities, and select appropriate community partners, such as the local health department. (See Community Hazard Risk Assessment Worksheet, Appendix B).

By knowing what you may face, you are better able to deal with it. And by making the proper preparation to systems and facilities ahead of time, you decrease the amount of damage to your program.

Understanding the risks confronting your program and making changes to reduce their effects enables a more effective response to actual emergencies. As a crucial first step in emergency preparedness, mitigation provides you with the information you need to plan while allowing you to reduce risks. A risk analysis helps you determine what emergency situations your program may confront. It offers your team the data necessary to make decisions, prioritize activities, and select appropriate community partners, such as the local health department.

Mitigation planning might ensure that your facility is structurally sound for earthquakes or tornadoes. It may involve a plan for storage of program files and data, including portability, in case of evacuation. Or it may have implications for insurance programs that you select for your program (e.g., flood, earthquake, etc.). Finally, mitigation may involve establishing mental health support for staff and families to prepare for and cope with the impact of a disaster.

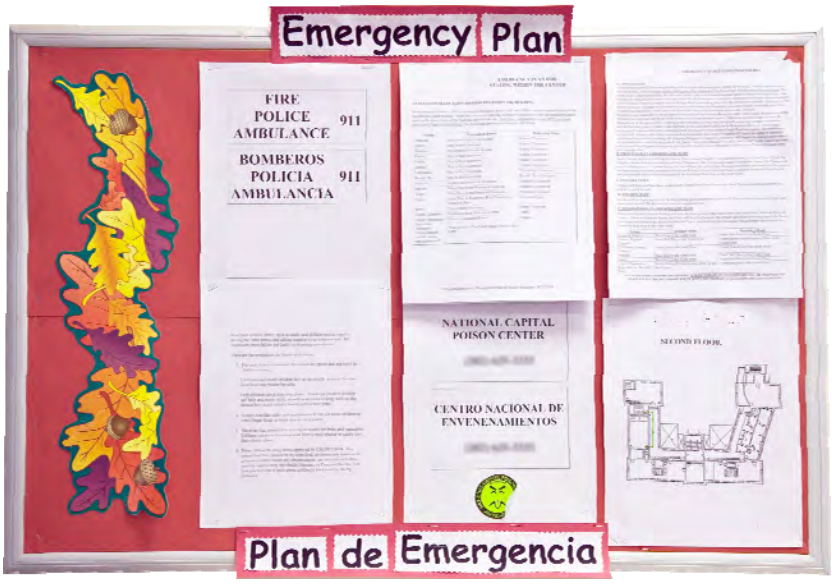
Preparedness

Emergency preparedness planning is the collaborative process your planning team (*Planning Team Members*, Appendix B) employs to develop the broad framework of what your program does before, during, and after an emergency. Using information collected during mitigation, specific details are defined to answer the "who, what, where, when, and how" of program operations during an emergency.

The plan outlines responsibilities. To ensure overall plan effectiveness, it is crucial to have representation or feedback from all members of your Head Start community, either by participating on the planning team or having regular opportunities for review. It also is important to develop detailed processes for program operations during and after the emergency as you plan specifically for Impact, Relief, and Recovery.

What Are the Components of a Strong Plan?

Head Start programs can approach their plan development very differently, but all plans need to focus on key components. These key components are essential to a comprehensive plan with the information that staff, families, and community partners need when an emergency occurs.



This emergency preparedness plan is posted where staff and parents can easily view it.

Most plans have five main components:

1. **Introduction:** Outline of the purpose, rationale, and definitions used in the plan. This ensures a common understanding for the Head Start community by developing a mutual vocabulary and perspective.
2. **List of team members and partners:** An easy-to-find contact sheet with roles and responsibilities clearly defined.
3. **Specific tasks in each emergency phase** (Planning, Impact, Relief, and Recovery): Tools to help plan for these tasks.
4. **Outline of anticipated needs:** Actions and resources to accomplish the tasks to meet those needs.
5. **Glossary and Appendices:** An easy-to-find list of common vocabulary, as well as appendices with specific documents such as:
   - ✓ Contact information sheets
   - ✓ Safety Kit Checklist
   - ✓ Hazard Analysis Checklist
   - ✓ Communication Plan Checklist
   - ✓ Emergency Drills and Procedures Checklist
   - ✓ Disaster supply list and rotation cycle (for more information, see http://www.getreadyforflu.org/clockstocks/index.htm)
   - ✓ Sample relocation and transportation agreement

Appendix B includes tools that can be used to develop your plan, especially components # 3 and # 4. These include an *Action Checklist Framework*, a *Disaster Plan Checklist*, and an *Emergency Plan Outline*.

Planning Team Members

Your planning team should include members of your Head Start community, as well as members of the broader community. Your planning team might include:

- Program Director
- Fiscal Specialist
- Administrative Leads from Health, Mental Health, Infants and Toddlers, Disabilities, Family and Community Partnerships, Technology, and Facilities
- Professional Development Lead
- Policy Council and Health Services Advisory Committee representatives
- First responders including fire, health, safety, law enforcement, public works, and emergency medical services

To begin the Planning Phase, you need to coordinate your planning team (*Planning Team Members*, Appendix B). It is important that planning team members represent various systems and services within your program, as well as families, your local health department, and school district. Multi-center and multi-state programs need to have representation on the planning team.

Members need to be willing to commit the time and effort required to develop, practice, and revise the plan. For the plan to be successful, there also needs to be support from the executive director, governing bodies, staff, families, and community members.

What Are the Systems To Consider in Your Program?

Effective emergency preparedness incorporates a systematic approach. Head Start's emergency preparedness planning must take into account Head Start management systems and procedures required by the *Head Start Program Performance Standards* [45 CFR 1304.51].

Emergencies disrupt services for Head Start children and families. Comprehensive emergency preparedness planning minimizes those interruptions by incorporating strategies that continue to provide services for those most in need. Consider looking at program service plans to ensure comprehensiveness. Although some systems may not be as affected as others, a comprehensive emergency preparedness plan still needs to consider all Head Start systems.

Communication

When an emergency occurs, two-way communication is critical. One of the greatest concerns of those affected is reuniting with family and friends. As mandated by the *Head Start Program Performance Standards*, Head Start programs must develop communication protocols that ensure timely and accurate dissemination of information to staff, parents, and the community [45 CFR 1304.51]. Head Start programs are also required to publish telephone numbers of emergency response systems and post evacuation routes [45 CFR 1304.22(a)(1-5)].

Effective communication systems allow the program to serve as a reliable point of contact and help Head Start to advise families on whom to call and where to find safety. Communication systems need to be accessible

to families of varying literacy levels and families who speak languages other than English.

An emergency control center is the hub of communication during an emergency situation.

To support implementation of a communication plan:

- Design, implement, and train staff and families on communication protocols that include the use of cell phones, landline phones, e-mails, two-way radios, and other means of communication.
- Establish places to meet for off-site staff (e.g., home visitors) if cell towers or phone lines are disabled.
- Consider ways to provide direct communication with local health department representatives, updates to local radio and television stations, and reports to ACF Regional Office staff, as well as to your Head Start Collaboration Office during and after a disaster. (For contact information on ACF Regional Office and State and National Collaboration Office staff, go to http://www.headstartresourcecenter.org/)
- Develop, plan, and implement methods of effective communication with families who speak languages other than English and with families of varying literacy levels.
- Share plan components with all family members upon entry into the program.
- For families that do not have access to telephones, radios, or television, consider alternative communication methods to share information directly.
- For an on-site emergency, such as an intruder, develop a code system to communicate next steps through intercom sounds, verbal cues, or hand signals that do not alarm the children. (Emergency Lockdown/Intruder Alert Procedure, Appendix C).

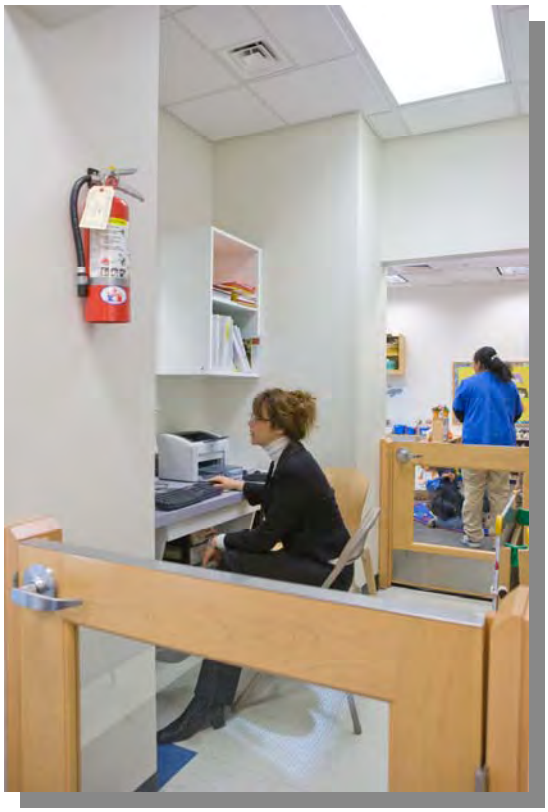
Fiscal

Emergencies can be costly. Part of emergency preparedness is anticipating financial resources, such as the costs for supplies and training, salaries for additional staff, and rebuilding expenses.

Fiscal considerations when developing emergency preparedness plans include:

- Cost to provide staff professional development and parent education on emergency preparedness.
- Cost of making materials available in languages other than English.
- Coordination of fiscal support through the ACF Regional Office for unanticipated needs.
- Program insurance policies to guarantee that Head Start centers are insured at a level that supports rebuilding costs.

- Cost of an adequate supply of non-perishable food, water, medication, and supplies in case the Head Start center needs to temporarily shelter children on-site. Additionally, medication issues involve insurance, proper storage, and administration. Guidance from your Health Services Advisory Committee (HSAC) on these issues is essential.
- Cost of building supplies, contractor, and electrical generator.



All staff should know where to find fire extinguishers and how to use them.

Human Resources

It is important to train staff and inform parents on Head Start's emergency policies and procedures. Periodically, you can practice moving children to the assigned on-site safe room and along the evacuation route to ensure that children, families, staff, and community partners understand their roles in effectively and safely responding to a variety of emergency situations.

To assist staff in planning and practice:

- Encourage the development and practice of personal emergency preparedness plans for each staff member and his or her family.
- Offer training on the Head Start program's plan, emergency techniques (e.g., CPR, First Aid), and ongoing practice so that responsibilities are clear, actions are automatic, and systems are in place if an emergency arises.
- Plan and collect resources for meeting the needs of families and staff during the Relief and Recovery Phases.
- Design a process for staffing the Head Start program during and after a disaster. Offer training to community members to ensure that volunteers are readily available and knowledgeable about Head Start if full-time staff are unavailable or need time to recover. Note that standard background checks and physical exams should not be suspended. Rescinding these policies might negatively impact your program.

- Ensure that professional mental health support services are readily available to staff.
- Foster staff's ability to communicate basic warning messages in other languages as needed. This might include use of universal symbols, translation services, and other communication strategies.
- Make materials and services available in languages other than English, as appropriate and according to the needs of the community.

Ongoing Monitoring

Ongoing monitoring identifies challenges to the emergency preparedness plan and strengthens plan management. Through regular practice, review, and revision of emergency preparedness plans, Head Start programs can develop the ability to anticipate next steps, find gaps, and improve implementation regardless of changes in staffing or enrollment.

To provide ongoing monitoring of emergency preparedness plans, you can:

- Develop regular, center-based practice schedules for various types of emergencies.
- Periodically check the availability of needed supplies.
- Offer frequent opportunities to train staff, parents, and community partners on the program's emergency preparedness plans.
- Include opportunities for community members, local health department representatives, staff, and families to reflect on the plans and offer suggestions.
- Integrate suggestions into revised plans and inform community members of updates.
- Evaluate accessibility of non-English language materials to respond to demographic changes in the community.

Program Planning

Program planning is essential in ensuring overall Head Start program effectiveness. *Head Start Program Performance Standard* 45 CFR 1304.51(a) requires programs to develop and implement a systematic, ongoing process of program planning. While planning identifies both community needs and resources, it also serves as a catalyst for Head Start programs to reach out to community leaders and to partner with community-wide planning efforts. Prior to an emergency, it is critical that mechanisms are in place to govern how emergency situations are handled and services are coordinated.

For effective emergency preparedness planning:

- Develop step-by-step procedures for the four phases of the Emergency Preparedness Cycle: Planning, Impact, Relief, and Recovery.
- Consider the various types of emergencies that may occur and the effects that each may have on Head Start programs and families.
- Use a community assessment tool to help identify organizations that are disaster-related and are primed to act quickly.

- Involve the entire Head Start community, including building engineers, families, community members, and local health department representatives.
- Incorporate suggestions from ACF Regional Office staff.
- Assign specific roles and responsibilities for individuals involved in planning. See *Organizational Roles and Responsibilities* (Appendix B).
- Ensure that resources and support systems are available to relocate to a temporary safe room within the Head Start center, to evacuate locally or long-distance, or to rebuild the Head Start program. Temporary safe rooms and evacuation sites need to be pre-determined, have cellular phone reception, a landline phone, or two-way radio availability, and a battery-operated AM/FM radio.
- Collect and maintain full contact information for community partners and key personnel. Update information regularly.
- Store vital information in a secure and readily accessible location. Information needs to include contacts for local, state, Tribal, and other Federal agencies that may be able to assist.
- Provide copies of emergency preparedness plans to staff, community partners, and Head Start families.
- Pledge resources and assistance to help staff members address their individual preparedness planning needs.

Grab-and-Go

In addition to preparing a disaster supply kit (*Materials Review Chart*, Appendix B), programs can also consider assembling a "grab-and-go" backpack with the following items:

- Back-up of confidential records
- Family contact information
- Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs)
- Cell phones or two-way radios
- Individual Health Care Plans (if applicable)

Record Keeping

In some emergency situations, Head Start program records are at risk of being lost or destroyed. A key feature of emergency preparedness is maintaining and protecting confidential child, family, and program information. To ensure continuity of services, it is important that you establish a reliable mechanism for transferring, saving, and backing up files so that evacuated families can access information at a new Head Start location or upon return to your program. Tracking and record keeping ensure that systems are in place to support changes in enrollment.

To secure records from destruction, Head Start programs may:

- Place back-up files on an external drive that can be carried or on a secure Web-based system.
- Partner with security and information technology providers to ensure that documents are safely and securely transferred.
- Ensure that the emergency preparedness plan maintains record confidentiality.
- Work with parents and staff to ensure that they have important documents stored in a way that enables them to "grab-and-go" if required to evacuate.

- Develop a plan to track and share attendance and enrollment information with the ACF Regional Office and Head Start Collaboration Office to sustain services to families.

Program Self-Assessment

As a component of Head Start's required self-assessment process, you need to examine plans annually for emergency preparedness and how well they are integrated into program systems and services. Plans can be revised to better meet the needs of Head Start children, families, and staff during and after an emergency. The specific information taken from your program self-assessment offers detailed information on areas of strength that can be applied in emergency situations. It also offers information on areas of challenge to be addressed in order to prepare for specific emergencies that your program is likely to face. The tools within this *Manual* can be integrated into your self-assessment process to streamline your work.

Successful self-assessment leads Head Start programs to:

- Revise the annual self-assessment tool to incorporate emergency preparedness planning.
- Assess how the community will be warned and the evacuation routes to be used in an emergency.

What Are the Services To Consider in Your Program?

Collaboration

As you engage in emergency planning and implementation, collaboration ensures that community resources are appropriately utilized to maintain or restore normalcy for children and families, as well as for your Head Start program. Programs need to collaborate internally with staff, as well as externally with community partners. It is imperative to develop partnerships prior to an emergency. A collaborative approach to program planning can use the required Head Start triennial community assessment process [45 CFR 1304.51(a)] to identify the community's needs and resources. Effective emergency planning occurs with the help of the local fire department, emergency medical system staff, local emergency management agency, and other community partners.

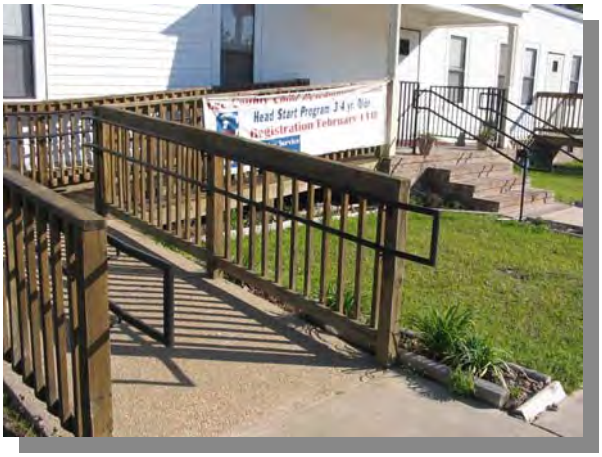
Other collaborative partners may include:

- Health care providers (e.g., clinics, physicians, dentists)
- Mental health providers
- Nutritional service providers
- Individuals and agencies that serve children with disabilities and their families

- Family preservation and support services
- Child Protective Services or other similar agencies
- Local elementary schools and other educational institutions
- Providers of child care services
- Faith-based organizations
- Community, cultural, and other organizations that serve the various linguistic populations represented in your program
- Other organizations or businesses that may provide support and resources to families as specified in *Head Start Program Performance Standard* 45 CFR 1304.41(a)(2).

Disability Services

During emergencies, implementing well-rehearsed plans that accommodate the special needs of individuals with disabilities is critical to protecting their safety. Mobility, medication, and mental health are likely concerns for everyone during an emergency; addressing these needs for individuals with disabilities can be more complex. For children with physical impairments, difficulties navigating their environment during an emergency can increase their vulnerability and create additional stress. Children with cognitive or social and emotional disabilities may need additional support in preparing for and recovering from a disaster. Some children with special health needs may require medications to function; appropriately handling medications requiring refrigeration may be especially challenging.



During the Planning Phase, programs need to identify evacuation routes that are handicapped accessible.

The Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities has developed a Web site (http://www.disabilitypreparedness.gov/) that provides emergency preparedness resources specific to individuals with disabilities. Your planning team can become familiar with the services and resources needed for staff and children with disabilities during an emergency by reviewing this Web site.

Additionally, you can support children with special needs when you:

- Identify, and modify as necessary, evacuation routes that can accommodate individuals with limited mobility (i.e., physical, visual, or hearing impairments).
- Put systems in place to store or transport medication, equipment, and mobility devices in case children are temporarily sheltered-in-place or are evacuated.

- Ensure that staff have guidance on how to discuss disaster preparation and evacuation procedures with children with disabilities.
- Ensure that families have copies of Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs) along with other records so that they can "grab-and-go" during evacuation. Having their records available helps families access interim services from another agency or Head Start program.
- When reviewing the tools and procedures described in this *Manual*, carefully consider whether adaptations or special supports are needed to protect the safety of individuals with disabilities in your program; involve your disabilities services coordinator, community partners, and parents of enrolled children with disabilities.

Education and Early Childhood Development

By continuing to provide educational services, Head Start can offer children a semblance of normalcy in a time when life seems unpredictable. Children need a safe, supportive place. Similarly, Head Start families need a secure environment that continues to provide quality educational and support services while parents put other aspects of their lives back together.

As you integrate emergency preparedness, disaster relief, and recovery activities into your curriculum, your staff need to:

- Maintain daily schedules and routines as much as possible to restore a sense of stability for each child.
- Practice emergency preparedness plans using simple directions frequently until children are comfortable with the routine.
- Use strategies such as verbal and visual prompts (e.g., signs or lights), materials (e.g., sleeping bag, flashlight), and concrete experiences to explain emergency preparedness plans.
- Integrate specific lessons or projects that are children-inspired.
- Provide developmentally appropriate instruction and materials to help children and families cope.
- Support families in helping children cope by reading, talking, and playing.

It is recommended that programs have a food supply closet where supplies of water and non-perishable food items can be kept.

Facilities

Head Start programs are required to have safety measures in place to reduce damage from disasters and other events. These

measures include insulation of heating and cooling systems, proper medication storage, fire prevention, adequate water and food supply, as well as use of a locally approved sewage system [45 CFR 1304.53(a)(10)].

Head Start programs can promote the safety of their centers by doing the following before an emergency:

- Assess current facilities to ensure that safety precautions are in place, such as fire extinguishers, an emergency generator, and emergency medication refrigeration systems.
- Develop plans for waste disposal if local services are disrupted.
- Create a contingency plan to compensate for plumbing or water problems.
- Purchase supplies to support ventilation and air quality.
- Purchase materials to block outside air from entering the building in the event of hazardous biological or chemical contamination.
- Refresh food and water supplies to sustain Head Start staff and children, in case staff and children need to be temporarily sheltered.
- Include building engineers and facilities managers in the development of the emergency preparedness plan.

Also during the Planning Phase, it is important to plan ahead for the next steps after an emergency occurs. You will need to:

- Report damage to your city or county office of emergency management. This helps your local officials conduct a damage assessment that they can use to apply for disaster funds from the state, Tribal, or Federal government.
- If you are concerned about whether your building is safe to re-enter, contact local officials. For example, check with your local health department if you are concerned about mold or contaminated water.
- Contact your insurance company and/or landlord to begin the process of repair.

Family Support

When disasters occur, families often are thrown into chaotic situations. The *Head Start Program Performance Standards* require programs to collaborate with families in providing food, water, housing, clothing, and transportation during time of crisis [45 CFR 1304.40(b) (1) (i)].

Head Start programs can assist families in the Planning Phase by developing communication systems, evacuation strategies, and emergency preparedness kits that they can "grab-and-go." As families experience the impact of the disaster, Head Start programs can help meet basic needs, reconnect loved ones, provide essential mental health services, and

support individuals in rebuilding their lives. Resources found in the "What Role Does Personal Preparedness Play in Program Planning?" section of this *Manual* (page 35) can be shared with families to support their own family emergency preparedness planning.

As part of family services, Head Start programs can:

- Meet with each family to formulate a personal preparedness plan. (See the American Red Cross sample plan at http://www.redcross.org).
- Provide training and resources on preparedness to individual families.
- Encourage families to establish safe places to meet other relatives in case cell phone towers and phone lines are disabled.
- Increase awareness of available community resources and other organizational support.
- Involve representation from Head Start families in emergency preparedness planning activities.
- Provide mental health services to families during each phase of an emergency.
- Organize donation drives to meet the needs of families facing a disaster.
- Plan for ways to communicate with families of diverse linguistic and cultural groups.

Additionally, your program needs to consider providing services to families who experience temporary homelessness. Their situation may result from a natural disaster that destroys their home, random acts of violence that force them to leave their home, or environmental hazards that contaminate their home. A family may also become homeless due to personal hardships and/or loss of income. To find information and strategies to support families who are homeless, refer to Resources to Support Families Who Experience Homelessness (Appendix C).

Health Services

The primary focus of health services during an emergency is to maintain the health and safety of children, families, and staff. Through resourceful planning, Head Start programs can continue to provide the medical and dental support needed.

To take into account how to maintain health and safety, your program needs to:

- Ensure that First Aid kits are well-supplied and maintained at all times [45 CFR 1304.22(f)(1)].

Emergency preparedness includes easily accessible First Aid kits.

- Keep an adequate supply of bottled water and non-perishable food on hand in case children are temporarily sheltered-in-place.
- Maintain a regular schedule for replacing water and non-perishable food to ensure that they are in the best condition for emergency situations.
- Ensure that staff are up-to-date on their immunizations, particularly tetanus and influenza.
- Maintain stores of supplies to support physical and oral health, such as soap, shampoo, toothpaste, toothbrushes, and water for bathing.
- Secure an alternate method for storing medications that require refrigeration.
- Keep a copy of required health records and medication with the child or staff member.
- Involve the Health Services Advisory Committee (HSAC) in planning and communication with the local health care community and providers. Input from the HSAC can also help to determine the adequate amount of water and non-perishable food needed while children are temporarily sheltered.
- Prepare Individual Health Care Plans (if applicable) for families to "grab-and-go" if they are forced to evacuate.

Mental Health

The social and emotional impact of an emergency can last long after its initial impact. The degree of trauma you experience is often related to how close you are to the event, as well as to your previous history of trauma. Children, families, and staff who have a history of traumatic events are particularly vulnerable to the distressing effects of a new crisis. *Head Start Program Performance Standards* related to mental health [45 CFR 1304.24] support Head Start's capacity to mediate the emotional effects of an emergency or crisis and to strengthen resilience.

Children who have experienced an emergency are often fearful that it will recur. They may fear being separated from their loved ones. After an emergency, young children may begin to show signs of trauma, including regressive behavior (e.g., clinging, bed-wetting) and increased irritability and crying. It is important that children receive support and recognition of their emotional distress. Young children can regain a sense of security if adults are honest with the answers they provide about the event.

Head Start staff and parents need to acknowledge their own distress and try to cope with their personal anxieties, so they can better address a child's concerns related to displacement, injury, loss, and uncertainty.

To address the mental health needs of children, families, and staff, Head Start programs need to:

- Support the program's mental health professional by sharing resources with staff and families on ways to talk about emergencies.
- Maintain and distribute printed resources to staff and families on the signs of distress or trauma and how to strengthen the emotional well-being of children following a disaster (e.g., talking to children about emergencies, using strategies to facilitate coping).
- Discuss the role of the mental health professional and/or the availability of other community mental health resources in the wake of an emergency.
- Distribute phone numbers and Web sites of local and national mental health agencies.

How Do Programs Develop Plans?

There are six steps to developing a plan:

1) Once your emergency preparedness planning team is in place, you need to determine which emergencies are most likely to affect your program. To do this, review the Information Regarding Specific Emergencies (Appendix A) and consult experts in your community (your local health department is your best resource). You can use the following tools to record and organize the information you gather:

- ✓ *Community Hazard Risk Assessment Worksheet* (Appendix B)
- ✓ *Probability of Occurrence Worksheet* (Appendix B)

2) After you have determined which emergencies pose a threat to your Head Start community, you need to assess your program's capacity to cope with them. The following tools help determine the strengths and weaknesses of your program:

- ✓ *Materials Review Chart* (Appendix B)
- ✓ *Nonstructural Safety Checklist* (Appendix B)
- ✓ *Training Checklist* (Appendix B)

3) Next your team needs to organize this information into a *Mitigation Action Plan* (Appendix B). Doing so allows you to address weaknesses and to identify areas you need to consider in the later phases of emergency preparation.

- ✓ *Mitigation Action Plan* (Appendix B)

4) Upon completion of the *Mitigation Action Plan*, begin brainstorming how to develop the emergency preparedness plan. Your planning team can use the following worksheets to organize their thoughts:

- ✓ Head Start Systems and Services Needs Analysis (Appendix B)
- ✓ *Program Areas to Explore* (Appendix B)
- ✓ *Needs Analysis Worksheet* (Appendix B)

Resources that might be of assistance include your:

- Existing emergency preparedness plans
- Service area plans

5) Once you have identified the concerns you need to address and the resources you have in place to support efforts, the next step is to organize them into an action checklist.

- ✓ *Action Checklist Framework* (Appendix B)

The format of your emergency preparedness plan needs to be organized in a way that staff, families, and community partners can understand. If you have a template for your other service area plans that would lend itself to this process, use that format. If you are looking for a different format, consider the following:

- ✓ *Disaster Plan Checklist* (Appendix B)
- ✓ *Emergency Plan Outline* (Appendix B)

6) Once your plan is completed, you can outline the roles of Head Start staff and community partners using the steps listed in the *Organizational Roles and Responsibilities* (Appendix B) and move on to consider what happens during the Impact Phase.

- ✓ *Organizational Roles and Responsibilities (Appendix B)*

You may decide to use some of the tools in Appendix B but not all of them as you develop or revise your program's emergency preparedness plan. You may also recreate or modify them to address needs or characteristics specific to your Head Start program.

Additional information and tools are available in the *Head Start Disaster Preparedness Workbook* (2004), developed by the University of California, Los Angeles, Center for Public Health and Disasters, with support from the Johnson & Johnson Family of Companies. To download the *Workbook,* you must register to receive a username and password at http://www.cphd.ucla.edu/headstart.aspx .

What Role Does Personal Preparedness Play in Program Planning?

Programs are made up of individuals with their own needs and concerns for themselves and their loved ones. When an emergency arises, it is natural for individuals to focus on their personal concerns, as well as the program's. It is important that you support your staff and families in developing and implementing their personal preparedness plans. Once staff can be assured that their individual concerns are addressed, they can focus on supporting the program. You can support your staff and families by offering resources and tools to help them through the personal planning process.

Personal Planning Resources

Individuals who have plans in place are better able to cope with emergencies. Several resources are crucial to successful personal preparation. These Federal and national resources are available to use:

- *Are You Ready?* (http://www.fema.gov/areyouready/index.shtm): a guide developed by FEMA to help individuals work with their families to ensure that plans are in place. Individuals work through the appropriate sections of the guide to create a comprehensive approach to handling each phase of an emergency.
- *Preparedness Today: What You Need to Do* (http://www.redcross.org/preparedness/cdc_english/CDC.asp): a Web site created by the Centers for Disease Control and Prevention (CDC), in conjunction with the American Red Cross, that outlines actions that families can take to prepare for terrorist attacks. The Web site provides specific information on topics such as shelter-in-place, quarantine, and mental health.
- *Ready.gov* (http://www.ready.gov): a FEMA emergency preparedness Web site designed to educate and empower Americans to prepare for and respond to emergencies including natural disasters and potential terrorist attacks. Specific information to help businesses prepare their employees, operations, and assets in the event of an emergency can be found at *Ready Business*, www.ready.gov/business . Parents and teachers can find information to educate children about emergencies and how they can help get their family prepared at *Ready Kids*, www.ready.gov/kids .
- *Be Red Cross Ready* (http://www.redcross.org/flash/brr/English-flash/default.asp): an online tutorial from the American Red Cross that helps individuals consider steps they can take to prepare with

Resources in Languages Other Than English

- FEMA's *Are You Ready?* and *Ready.gov* are available in Spanish at http://www.listo.gov
- FEMA's Web site is also available in a number of other languages at http://www.fema.gov/media/resources/languages.shtm
- CDC's Spanish-language Web site, Centros para el Control y la Prevención de Enfermedades, is available at http://www.cdc.gov/spanish
- American Red Cross' Spanish-language Web site, Cruz Roja Americana, is available at http://www.cruzrojaamericana.org/index.asp

their families. Three simple steps guide individuals through each phase in the process.

What Does Planning Look Like in Head Start Programs?

You have been reading about comprehensive emergency planning and have seen the resources that you can use, but you still may wonder, "What does this planning look like?" By reviewing the experiences of the ABC Head Start Program, you can see how this hypothetical program developed a plan using these tools. You can build on their experiences for your own planning.

ABC Head Start Program: Planning

At the ABC Head Start, staff and administration are working with the community to participate in mitigation activities when Juanita, a new Program Director, is hired. She came from a program that experienced a significant disaster and learned firsthand the important role that mitigation plays in reducing the effects of an emergency. When she shares her story with staff, the Health Services Advisory Committee (HSAC) and the program's governing body recognize that their own plans have to be revisited and updated. A planning team is quickly formed to lead the efforts.

At the first meeting, team members begin to research and complete analysis forms using a variety of resources from their community and the Internet. They use the Probability of Occurrence Worksheet (Appendix B) and the Community Hazard Risk Assessment Worksheet (Appendix B) to organize their information.

Programs can help reduce the effect of an influenza outbreak by practicing good hygiene and infection control measures used for the common flu.

Their next step is to review the program's materials and facilities to ensure that they have the resources necessary to cope with emergency situations. Using the Materials Review Chart (Appendix B), they collect information about materials they have on hand. They then use the Nonstructural Safety Checklist (Appendix B) to determine structural changes that need to be made at their program. Finally, they complete the Training Checklist (Appendix B) to consider whether staff are sufficiently trained to handle emergency situations.

At their next meeting, the team discusses the various emergency situations that they are most concerned with and discusses

their findings about current resources. They determine that the program faces a high probability of hurricanes, random acts of violence, hazardous materials incidences, and pandemic outbreaks.

They also determine that they are lacking some materials and resources at their facilities. Their concerns are:

- *Insufficient supplies for sheltering-in-place;*
- *Unsafe playground in heavy winds;*
- *Few safety materials to protect against toxic chemicals; and*
- *Lack of protective equipment, such as face masks or hand sanitizers, to prevent the spread of disease.*

The team must develop a plan to address these concerns. Together, they complete the Mitigation Action Plan (Appendix B) and begin to implement it immediately. Within several months, the program has taken steps to improve its disaster supply kits and playground structures.

The team next begins planning for emergencies. Using the mitigation data, they complete the Emergency Preparedness Planning Worksheet (Appendix B). In addition, they complete the Program Areas to Explore Worksheet (Appendix B) to identify specific concerns. Using these worksheets, they have concrete information to complete the Head Start Systems and Services Needs Analysis (Appendix B). This tool supports the team members as they review the systems and services applicable to the potential emergencies.

Once the brainstorming session is complete, the team begins organizing this information using the Emergency Plan Outline (Appendix B), incorporating some of the ideas from their previous emergency preparedness plan. The team members formulate a draft that they evaluate using the Disaster Plan Checklist (Appendix B) and identify several gaps in evacuation information and education/training. The team holds another brainstorming session to develop better solutions to the evacuation issues. They develop a broad plan for education/training, knowing that they will revisit it when developing the Practice-Review-Revise Cycle in emergency preparedness planning.

Chapter III: Impact Phase

Impact refers to the period during and immediately after an emergency. When collaborating with emergency preparedness professionals, you may hear them group the terms "impact" and "relief" into one phase they label "response."

Head Start programs need to know what to do during and immediately after an emergency. Planning for the Impact Phase involves developing systems to ensure the safety of children, families, and staff. By collaborating with staff, family, and partners, such as your local health department and by considering existing plans, you can gain the information you need to help staff make appropriate decisions during an emergency. The decision trees developed during the Impact Phase offer specific information for staff and families.

What is Impact?

During an emergency, Head Start staff must act quickly and in a clear, organized manner to provide safety, shelter, water, and food to children and families in the affected areas. Until families are reunited and community emergency preparedness plans are in full effect, programs are responsible for protecting children and staff from harm.

Head Start programs may be alerted to a community-wide emergency by the Emergency Alert System (http://www.fcc.gov/pshs/services/eas/) through local radio and television stations. In response to the alert, programs may be required to remain on-site or evacuate to another building, city, territory, or state. Ideally, responsible Head Start staff and community members are well-practiced and can execute the plan and decision trees efficiently. (For more information, see Weather Radios, Appendix C).

Programs with clear and detailed decision trees about what to do during an emergency can provide consistent support to families and children in their community. When staff understand what decisions need to be made and how to make them, their reactions are second-nature and automatic. Planning for the Impact Phase ensures that programs can deal with emergency situations quickly with reduced stress and can provide safety and shelter to children and families.

What Priorities Does Your Program Need To Consider?

In the Planning Phase, you analyzed the kinds of emergencies that might occur and considered how systems and services can support you in coping with these situations. The next step is to integrate that knowledge with information you collect from this *Manual* and through conversations with your community members and partners. By prioritizing the

concerns, your planning team can start making decisions about how to handle the various emergencies that may arise.

As with other phases in emergency planning, broader community involvement is essential to successful development and implementation of a plan.

What Are Decision Trees?

Decision trees help inform staff and families about the specific tasks they need to complete. This ensures that everyone knows and understands their responsibilities. To develop decision trees, the planning team must first determine what decisions and actions need to be made and how each service and system supports these actions. Then, the team develops a specific outline or chart to guide staff in executing the plan. Finally, staff are trained about the plan and everyone practices and revises it.

In the Impact Phase, you want to decide what needs to be done in the minutes, hours, or days following a disaster. Decisions trees guide you in taking actions that might include, but are not limited to:

- Evacuating or sheltering-in-place;
- Activating phone trees or communications contact list;
- Providing mental health support;
- Helping families by distributing resources (information about shelters, food banks, and other community service providers); and
- Staffing to support activities.

Once you have identified these priorities, list the specific tasks related to them. For example, if shelter-in-place is executed, what needs to happen?

- Administration notifies staff throughout the facility that they need to secure children in the safe zone that has been created.
- Staff take a backpack or bag with supplies on their way to the area.
- Staff move children to the area.
- Administration notifies families and community partners of the shelter-in-place decision (activates phone tree or other calling list).
- Staff offer support and activities for children sheltered-in-place if the situation lasts longer than a few minutes.
- Administration works with first responders to determine the duration of the emergency and next steps.
- Administration alerts the ACF Regional Office Program Specialist of the situation and requests assistance as necessary.
- Administration maintains constant communication with staff and families to explain the current situation.

Keep in mind:

- At the local level, your emergency management department and your health department are both involved in helping individuals and your community prepare and respond to a disaster. It is a good idea to contact these agencies to ask their advice in developing your plan.
- By involving partners in the decision-making process, you may find needed resources, such as a room to use as an evacuation site or disaster supplies. Schools and other child care centers are good places to start looking for resources that can be shared.
- Regional, Tribal, and state-level personnel may be able to link you to other resources for technical assistance in your planning.

The specific tasks listed above allow you to think through the:

- Different elements of the situation;
- Roles of individuals in the situation; and
- Different tasks that individuals have to accomplish.

The *Head Start Systems and Services Task Sheet* (Appendix B) can help your planning team decide what actions need to be taken. It helps you consider the tasks you may need to do during the Impact Phase.

The next step is to organize these tasks into a decision tree. Be sure to include off-site staff such as home visitors; pregnant mothers; and multiple sites including family child care homes. Also a decision tree needs to include individuals participating in off-site activities such as parent/family events, socializations, or field trips. For example, consider the community violence at the Infants and Toddlers Child Care Center shelter-in-place scenario discussed on page 13. Using an outline format, a section of the decision tree might look like this:

1. **Head Start program administrators need to decide to evacuate or shelter-in-place. Is it more dangerous to remove the children from the facility or to keep them there?**

    A. If evacuate:
        1. Notification is sent throughout the facility that staff need to evacuate children to a predetermined shelter.
        2. Staff take a backpack or bag with supplies on their way to the shelter.
        3. Staff efficiently evacuate children to location at a distance from the facility.
        4. Administrators notify families and community partners of the decision to evacuate and implements the early-release protocol at evacuation site.
        5. Staff offer quiet entertainment to children in evacuation shelter if situation lasts longer than a few minutes.
        6. Administrators work with first responders to determine duration and next steps.
        7. Administrators alert ACF Regional Office Program Specialist of situation and requests assistance as necessary.
        8. Administrators maintain constant communication with staff and families to explain the current situation.

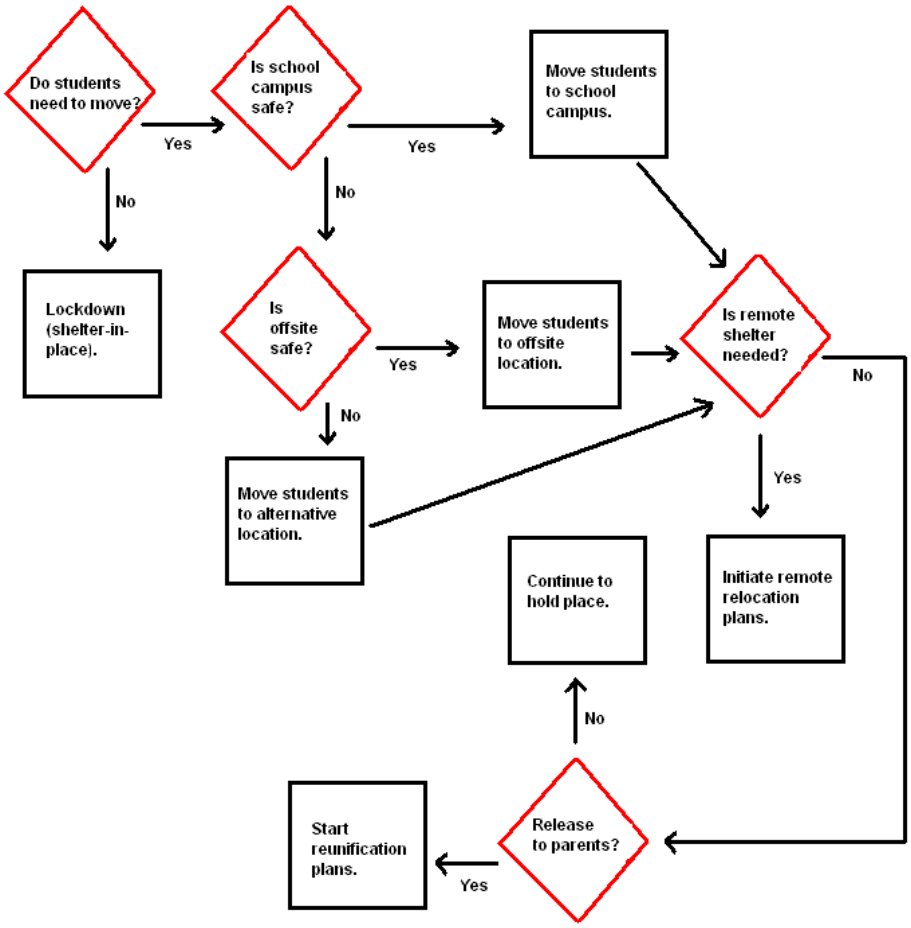
B. If shelter-in-place:

1. Notification is sent throughout the facility that staff need to secure children in the shelter that has been created.
2. Staff take a backpack or bag with supplies on their way to the shelter.
3. Staff efficiently move children to the shelter.
4. Administrators notify families and community partners of shelter-in-place decision.
5. Staff offer quiet entertainment to children in shelter if situation lasts longer than a few minutes.
6. Administrators work with first responders to determine duration and next steps.
7. Administrators alert ACF Regional Office Program Specialist of situation and requests assistance, as necessary.
8. Administrators maintain constant communication with staff and families to explain the current situation.

Emergency preparedness includes practicing how to exit the building.

Staff are responsible for ensuring the safety of all children.

As an alternative to the outline format, you can also use flowcharts. The U.S. Department of Education's *Practical Information on Crisis Planning* offers this example, adapted from the San Diego School District:



Whichever format your planning team chooses to depict decision trees, they are essential to successful planning.

How Is the Plan Implemented?

Implementing the plan is key to coping with the impact of an emergency. Using decision trees to make choices during impact allows you to initiate systems and services that support children, families, and staff.

How Do Head Start Program Administrators Declare an Emergency?

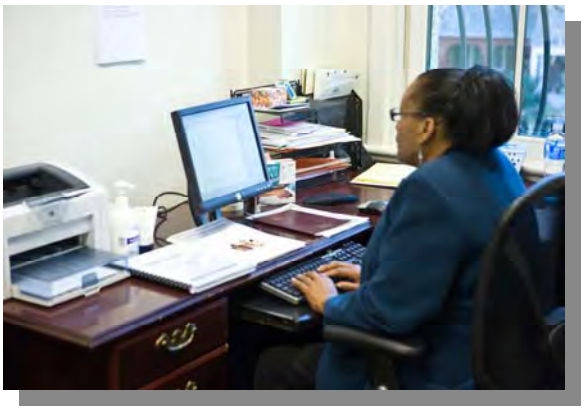
Usually it is easy to determine what kind of emergency is occurring. Local news and weather agencies broadcast warnings or watches to alert you to natural disaster threats. Additionally, news services report hazardous

materials incidents and terrorism. However, emergencies that are sudden and local are more difficult to anticipate. They could include:

- Health emergencies
- Community violence
- Family violence
- Center-based chemical emergencies

Because these incidents tend to be sudden and local, training staff and administrators about how to recognize these situations is necessary. emergencies (refer to the "Planning" sections throughout Appendix A).

Usually, declaring an emergency is the responsibility of the administration at your center or in your facility. But you must first decide this in the Roles and Responsibilities section of your *Emergency Plan Outline* (Appendix B) according to the *Organizational Roles and Responsibilities* (Appendix B). Be sure that members of your community know who this person or group of people is so that if community members have concerns about an impending emergency, they can alert the individual(s) responsible for making the official declaration.



Accessing a decision tree is essential to your program's emergency preparedness during the Impact Phase.

How Do Program Staff and Families Access Decision Trees?

When your program's emergency preparedness plan and decision trees are finalized, they need to be disseminated to staff, families, and community partners who are collaborating in the emergency preparedness process unless those materials are confidential. There is some debate about whether outside members of the community should be made aware of specific procedures involving terrorism and community violence. The concern is that information from these plans could alert an individual, who might be posing a threat, to the possible actions of the program. Therefore, the planning team needs to consider making decision trees and detailed plans with sensitive information available only to staff.

Emergency plans that are not confidential need to be located in easy-to-access files or posted on walls where staff work. Staff should be able to find and implement plans immediately.

Training efforts during the Practice-Review-Revise Cycle (Chapter VI) can assist members of your community in understanding what they need to do during the Impact Phase. If staff are trained and offered sufficient practice opportunities, implementing the plan becomes second-nature.

How Are Decision Trees Implemented?

Once the administrator alerts the staff that an emergency is occurring, staff access the decision trees and begin to implement the plan. These decisions may be led by facility- or classroom-based individuals. Step-by-step, staff execute planned actions in coordination with local officials. When training and practice are well-implemented, efficient and effective decisions can be made to prevent or reduce damage caused by the emergency.

During the Impact Phase, the most important aspect of implementation is that staff move through the decision trees calmly and in an orderly fashion. This reduces stress and may lead to a faster resolution to the problem. Communication systems, such as organized procedures for use of cell phones, landline phones, two-way radios, and e-mail, can ensure that staff, families, and community partners have the information they need to move through the decision tree and implement the plan.

How Is Implementation of Decision Trees Communicated?

In implementing decision trees, you need to know how information is communicated to the community, local health department representatives, ACF Regional Office, and Head Start Collaboration Office. Communication systems are at the core of implementation. If you build a system for informing people about what is happening and how you are handling it, you ensure that:

- Local health department representatives have the information they need to support first responders to act quickly;
- Families are more calm when they know their children are safe;
- Partners target areas where they can assist; and
- ACF Regional Office and Head Start Collaboration Office staff offer support where it is most needed.

Local health department representatives know what first responders need to know during an emergency. These individuals provide information about initial efforts to resolve an emergency. It is wise to share center layouts, evacuation routes, and pictures/videos of the center with first responders, such as police, fire, and emergency medical services. This ensures that they are aware of how to move throughout the building when an emergency strikes. Additionally, it is critical that this information is in easy-to-access files to share with first responders at the scene.

Parents are reassured when they are reunited with their children.

Parents need to be alerted to activities surrounding an emergency as soon as communication with first responders is in place. Finally, partners who are part of the decision trees need to be notified.

The ACF Regional Office and Head Start Collaboration Office need to be informed immediately if they have a role in implementing the decision tree. A text message or quick phone call to alert the ACF Regional Office and Head Start Collaboration Office can enable them to provide immediate support and prepare for their role during the Relief and Recovery Phases. This communication protocol is outlined in your program's emergency preparedness plan. Refer to the *Emergency Plan Outline* (Appendix B).

What Does the Impact Phase Look Like in Head Start Programs?

This section has provided you with a better understanding of the Impact Phase and how you can prepare for it. The resources in Appendix B guide you in developing decision trees that build upon your plan. The continuing story of ABC Head Start shows how tools might be used in an actual impact situation. For a real-world look, read how ABC Head Start implemented impact preparation. If you are interested in how this planning supported the program during an emergency, read "ABC Head Start Is Struck by a Hurricane" (page 47).

ABC Head Start: Impact Preparation

Using the plan formulated during the Planning Phase, ABC Head Start begins to define the details so that they know what to do when a disaster strikes their program. After conducting further research about recommendations for action during the kinds of disasters they might face, the planning team uses the Priority Brainstorm Worksheet (Appendix B) to outline specific areas of focus when emergency situations arise. They use information directly from their plan to make decisions about evacuation/shelter-in-place, mental health support, communication systems, and resource distribution.

To determine whether the tasks they outlined while brainstorming are comprehensive and utilize their resources, they complete the Head Start Systems and Services Task Sheet (Appendix B), placing tasks in specific service areas and reviewing the plan to fill in blanks. There are concerns about children with disabilities in their program, so they review their disabilities service plans to see if there are additional resources that they can use.

They also work with the local education agency (LEA) to brainstorm ways to help children with disabilities during an emergency.

Finally, the team organizes this information into a decision tree using the Decision Tree Outline (Appendix B). Working to prioritize and organize the flow of activities leads to several decision trees that guide activities for several sites, including several family child care centers. These are added to the plan. The team decides to hold off on training and distribution until planning is complete.

ABC Head Start Is Struck by a Hurricane

Several months after ABC Head Start completes its plan, the community is hit by a significant hurricane with strong winds and heavy rain. Staff receive a 24-hour warning about the hurricane and make the necessary preparations, such as securing outdoor equipment. After hearing that the worst will not occur during program hours, they use their decision tree to follow the school district's lead, and the program opens at its regular time. The rains begin early, but the winds do not seem extreme. Using the decision tree, the administrative staff decide to cancel outdoor activities.

By 2 p.m., the winds have increased and the rain is causing flooding. In the decision tree, the planning team has already decided that this is the point when the program needs to initiate the early release protocol. Administrators notify staff and begin to activate the phone tree. Arriving parents fill out early-release forms and take their children home or to shelters. The local authorities have not activated an evacuation order, so people are making decisions based on their own individual plans. Minimized staffing protocols are also put in place so that staff can implement their own emergency preparedness plans.

By 4 p.m., all children are reunited with their families. The decision trees indicate that as soon as all children have left the facilities, remaining staff must secure the building against further damage. Then they are able to leave and reunite with their own families. Fortunately, because decisions are made quickly and the community practiced this scenario, the program is able to close its doors before the worst of the storm hits.

Chapter IV: Relief Phase

Head Start children, families, and staff have specific needs in the days and weeks following an emergency. By coordinating with other agencies, Head Start can help identify:

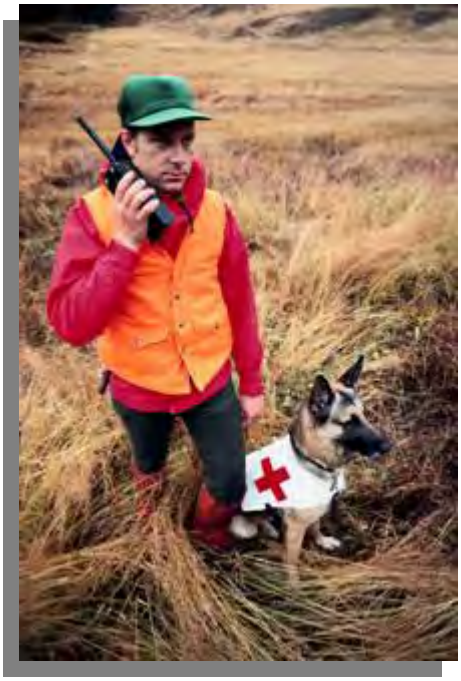
- Temporary shelter
- Clean clothes
- Extra provisions of food and water
- Children's toys and supplies
- First Aid kits for families

Programs that are able to quickly address concerns of those affected can help lessen the emotional impact and level of disruption for families. Devastating events, such as natural disasters and random acts of violence, can have lasting effects especially for young children. Mental health professionals need to be available to provide for the immediate, acute mental health needs of children, families, and staff.

Relief refers to the actions taken from the time the emergency occurs until the basic needs of staff, children, and families are met. When collaborating with emergency preparedness professionals, you may hear them group the terms "impact" and "relief" into one phase they label "response."

What Is Relief?

The Relief Phase includes actions taken from the time the emergency occurs until the basic needs of children, families, and staff are met. This may take days, weeks, or months depending on the intensity of the emergency. Your program's goal during this period is to support families and staff in finding a safe place to stay, as well as clothes, food, water, and mental health support that might be necessary.



It is important for Head Start programs to be familiar with the network of first responders in their communities.

In the immediate aftermath of an emergency, individuals can feel overwhelmed and stressed about the losses they have experienced or anticipate. The actions that your program takes to offer relief can reduce this stress and enable individuals to rebuild their lives with more ease. Anticipating these needs make the delivery of food, water, and clothing, as well as the identification of shelter, more efficient. Systems also need to be in place to deal with mental health needs, such as post-traumatic stress disorder (PTSD).

How Do Programs Analyze the Needs of Their Community?

Programs, families, and community partners must deal with a variety of urgent needs during an emergency. By identifying these potential needs in advance, you can begin to anticipate how your program can offer relief. These needs might include:

- Running a program that provides appropriate services to children;

- Offering support directly to families trying to prepare for or recover from emergencies;
- Addressing specific health-related concerns associated with emergency situations; and
- Attending to staff needs in coping with emergencies.

Your program can begin to assess the needs by gathering information from many local sources including: other Head Start and early childhood programs, families, staff, health departments, and community partners. The information may come from conversations, interviews, meetings, and other ways of communicating with a variety of individuals in your own agency and other organizations.

- **Head Start and child care programs:** Early childhood programs offering relief need resources to provide immediate support to children and families, as well as to provide ongoing day-to-day services. Topics that the early childhood community can discuss in order to identify their needs include:

  - Curriculum
  - Facilities
  - Fiscal
  - Transportation

- **Family support services:** Disasters change families' lives. However, there are resources to help meet their immediate needs and to help them rebuild over time. Family service agencies, housing and legal aid organizations, food banks, and mental health providers can share information with your planning team. Topics that Head Start and other community groups can discuss in order to identify family support needs include:

  - Employment
  - Food/nutrition
  - Financial assistance
  - Homelessness (Resources to Support Families who Experience Homelessness, Appendix C)
  - Housing/shelter
  - Insurance
  - Legal services
  - Mental health

- **Health:** Health is a major concern in emergency situations. Resources that can provide information and help identify needs include local hospitals and clinics (both permanent and temporary), mental health clinics, and offices related to health

benefits and disability services. Topics that Head Start and other community groups can discuss in order to identify health needs include:

- Individuals with disabilities
- Availability of health care
- Preservation and administration of medication
- Mental health

- **Staff**: To help others, staff need to have their own needs met and receive proper training. Professional development and staff support systems provide the backbone to ensure that Head Start staff can continue to serve others. These topics can be discussed with staff and other service providers in order to identify staff needs:

  - Staffing protocols for flexible scheduling
  - Personal preparedness
  - Training (pre-service, in-service, and other kinds)
  - Mental health

The *Needs Analysis Worksheet* (Appendix B) provides a useful format for information-gathering. You also may want to refer to other resources included in the Appendices, as well as information that you have compiled about specific emergencies.

How Do Systems and Services Relate to the Needs Analysis?

You have taken first steps to ensure a comprehensive analysis of relief-related needs for your community. You have gathered information from your local partners in early childhood, family support, and health services and from your staff.

However, you need to be sure that information in the needs analysis is tied into your program's systems and services. You have systems and services in place that can provide resources, and you have identified areas where partners can support your Head Start community. At this point in the Relief Phase, it is helpful for your planning team to review the *Head Start Systems and Services Needs Analysis* (Appendix B) completed during the Planning Phase.

How Do Programs Develop Action Checklists?

Now that you have talked with others in local agencies and organizations and analyzed your program's systems and services to anticipate the needs of your community during the Relief Phase, you may design action

checklists to address these needs. Action checklists provide a quick and easy format, so that the planning team can delegate specific actions and provide efficient and effective support to children, families, and staff.

Action Checklists

An action checklist serves as a comprehensive list of actions to help staff, families, and children get immediate relief from the emergency situation.

Like decision trees, action checklists are based on your emergency preparedness plan. They provide a detailed list of activities to meet specific needs in your program. To get to the level of detail you require, you need to consider information particular to specific emergencies.

It is likely that your action checklist will include information gathered from your local health department because their training ensures that they are familiar with what the community needs during and after an emergency. You will also want to talk with partners or other programs that have experienced emergencies similar to those you anticipate. Their insights can help you be better prepared.

Action checklists offer a framework to reduce confusion in the days following an emergency and can be adjusted by the planning team during the Relief Phase to improve your program's efficient response.

Consensus Building Strategies

- Complete ordering activities individually, then discuss as a group, giving each individual 1 minute to offer their rationale.
- Take turns reordering each others' work until consensus is developed.
- Offer compromises to support each individual's priorities.
- Use a facilitator to maintain focus and discussion.

How Do Programs Prioritize the Action Checklists?

The *Action Checklist Framework* (Appendix B) is a useful tool for Head Start programs. It includes this information for each emergency situation:

- Need
- Action
- Resources
- Person Responsible
- Timeline

As you develop separate checklists for each emergency, your checklist needs to be organized to prioritize activities, delegate responsibilities, and assign resources in advance.

How do you do this? Using the *Head Start Systems and Services Needs Analysis* (Appendix B), your planning team can prioritize needs and resources by ordering them from most to least urgent. Keep in mind that you need to focus on safety, food, water, shelter, clothing, and mental health support during the Relief Phase. Your planning team may want to use the Consensus Building Strategies as they prioritize. Refer to the marginal notes on this page.

Once you have decided on the priorities in terms of your program's systems and services, then you are ready to organize the action checklist. It is helpful to prioritize the relief-related needs on the *Action Checklist*

Framework (Appendix B) and thus, identify the activities, resources, persons, and timelines that will be initially implemented.

How Is the Plan Implemented During the Relief Phase?

Your planning team needs to implement the plan using the action checklists you have created for the Relief Phase. Offering these checklists to your staff and community partners ensures efficient and effective action. It also ensures that everyone is aware of his or her role in the relief efforts.

Distributing Action Checklists to Staff, Families, and Partners

Action checklists are distributed to staff, families, and community partners as part of the emergency preparedness plan before an emergency occurs. Similar to the decision trees, plans need to be located in easy-to-access files or posted on walls where staff work. Staff responsible for implementing some element of the plan need to have copies of the action checklists at their fingertips. To track completion of emergency tasks, the individual responsible for each task needs to check items off once those actions are completed and then forward the information to the planning team.

Training efforts made during the Practice-Review-Revise Cycle can assist members of your community in understanding what they need to do during the Relief Phase. If staff are trained and are offered sufficient practice opportunities, implementing the plan becomes second-nature.

Communicating Implementation to the Community

Often community partners are essential to implementation during the Relief Phase because programs may need support in delivering resources or offering services. Communication is essential to maintaining and tracking participation. Action checklists can serve as the main organizing framework and a way to communicate what needs to be done and what has been completed.

Updates and completed checklists track activities within the designated timeframe. If the planning team adjusts checklists, these corrections can be made quickly and communicated to individuals participating in the relief efforts. Planning teams can also maintain the completed checklists and document updates.

The communication plan of your program's emergency preparedness plan can be found in the *Emergency Plan Outline* (Appendix B).

Relief Support

- Local health departments have information about what occurred and about immediate next steps.
- Families are able to access support from multiple organizations.
- Partners target areas where they can assist.
- ACF Regional Office and Head Start Collaboration Office staff offer support where needed.

What Does the Relief Phase Look Like in Head Start Programs?

You now have the tools and information to conduct relief preparation. But how might Head Start programs utilize the resources available? In returning to our story of ABC Head Start, you can get a quick view of how a program might plan their relief efforts.

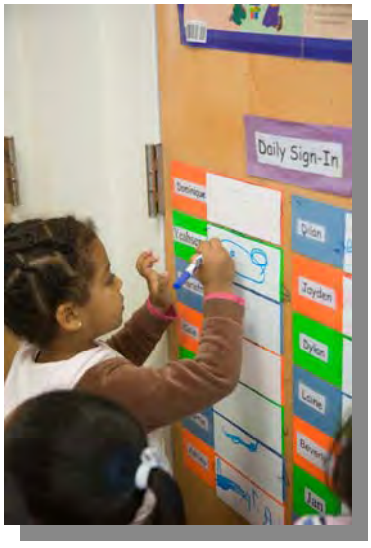
For a real-world look, read how ABC Head Start implemented relief preparation in their program. If you are interested in how this planning supported the program during an emergency, read "ABC Head Start Experiences Relief After a Hurricane" (page 55).

ABC Head Start: Relief Preparation

ABC Head Start uses its emergency preparedness plan to think about the details involved in the Relief Phase. The planning team reviews information about the emergencies they could face and begins to discuss issues with community partners. Using the Needs Analysis Worksheet (Appendix B), they consider the needs that might arise when an emergency strikes. After completing the form, they use the information to review the Head Start Systems and Services Needs Analysis (Appendix B) to ensure that they consider their resources and areas that might be affected.

Once they have analyzed their needs and resources, the planning team uses the Action Checklist Framework (Appendix B) to organize what the program needs to do to support families during the Relief Phase. They create checklists for each potential emergency situation. One of the items they include is the coordination of mental health support for children who witness violence or destruction. They decide to contact a mental health consultant who works with the program on a contract basis. She agrees to offer intensive mental health support through a network of mental health providers for children and adults during the week following an emergency.

Once complete, these checklists are reviewed by members of the community to ensure that everyone is comfortable with their designated roles and responsibilities. If changes are indicated by staff or others, the planning team develops appropriate revisions. After all elements are agreed upon, the action checklists are packaged with the emergency preparedness plan and decision trees. The team decides to hold off on training and distribution until all phases of the process are completed.



As soon as possible after an emergency, children need to resume their familiar classroom routines.

ABC Head Start Experiences Relief After a Hurricane

After the hurricane passes, the ABC Head Start planning team activates the action checklist for hurricanes. Designated program staff return to the facilities to survey the damage. The Family and Community Specialist activates the phone tree to find out how families are doing. He also checks the emergency answering service to learn whether any families have evacuated and where they can be reached. First responders consult with building administrators from various sites to alert them about structural and safety concerns. Mental health providers begin making home visits to families and staff who need support.

Once administrators determine the safety of buildings, they find that several buildings have no damage, but two need clean-up and some structural rebuilding. Following their checklist, administrators contact building contractors to begin work immediately. In addition, other sites are alerted about expanding services to prepare to take children from the damaged sites. Within 24 hours of the hurricane, the Family and Community Specialist reactivates the phone tree to let families know the location of the temporary facilities and gives them an estimate of how long they can expect to attend these centers. The Facilities Specialist contacts the program's transportation service to advise them of location changes.

The next day, ABC Head Start is able to resume services to families located in the temporary facilities. Using the checklist, staff implement a curriculum to support children in coping with the hurricane, as well as to provide opportunities to play and resume their everyday lives in the program.

Chapter V: Recovery Phase

Recovery refers to the weeks, months, and years after an emergency when Head Start programs can assist affected families in resuming their daily activities and can help children cope with the fear of a similar event recurring.

After relief is in place, the Recovery Phase begins. Head Start can assist affected families in resuming their daily activities and can help children cope with the fear of a similar event recurring. During this phase, it is important for caregivers to begin to restore normalcy to the lives of their children. As families move into temporary or permanent housing and parents return to work, Head Start children also return to their classrooms. Head Start grantees and delegate agencies can assist programs in restoring educational and health services for children transitioning back to their normal routine.

The Recovery Phase can take several weeks, months or, in extreme cases, years. The time needed depends upon the extent of damage to the Head Start program and the community. Successful, comprehensive emergency planning facilitates a smoother recovery process, allowing Head Start children, their families, and the surrounding community an opportunity to heal.

What Is Recovery?

According to the Department of Education, "the goal of recovery is to return to learning and restore the infrastructure of the school as quickly as possible. Focus on students and the physical plant, and to take as much time as needed for recovery. Staff can be trained to deal with the emotional impact of the crisis, as well as to initially assess the emotional needs of students, staff, and responders. One of the major goals of recovery is to provide a caring and supportive … environment" (U.S. Department of Education, *Practical Information on Crisis Planning*, http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf .)

Maintaining caring relationships between children and their caregivers is key to recovery.

It is important that your program address the needs that children, families, and staff have to get back into their everyday lives. Essentially, your planning team needs to keep in mind that their efforts during the Recovery Phase go toward getting people back on their feet and re-establishing regularity in their lives. Your children, families, and staff may need support to cope with the stress of the emergency and the stress of returning to work, school, or home.

After an emergency occurs, people can feel the effects for weeks or even years. As of 2009, residents of New Orleans are still recovering from the effects of the hurricanes of 2005, including rebuilding homes, coping with the loss of loved ones, and relocating across the country.

By preparing a strong Recovery Phase, your program reduces some of the effects of a disaster by:

- Providing mental health support
- Keeping regular contact with people who have relocated
- Rebuilding facilities
- Supporting rebuilding homes
- Supporting families in finding work
- Restoring program's services

After Hurricane Katrina, an Early Head Start program in Biloxi, Mississippi, located a new site, started rebuilding, and reopened, ready to serve children and families.

What Priorities Does Your Program Need To Consider?

Preparing protocols for recovery allows your program to anticipate issues. Using information about disasters from previous sections, you can build your recovery efforts on work you have already done, including your plan, decision trees, and action checklists. In this section, you consider what areas require long-term plans and review resources that may help you in planning.

How Do Programs Evaluate Needs in the Community After An Emergency?

A first step is to determine what people need during the Recovery Phase. Your planning team can do this by reviewing information from the *Needs Analysis Worksheet* (Appendix B) and considering whether the needs were, in fact, addressed during the Relief Phase.

Because the Relief Phase is focused on ensuring safety and basic necessities, you may find that there are areas of additional support you may need to offer. Revisit the *Head Start Systems and Services Needs Analysis* (Appendix B) to determine whether you can continue to build on these efforts, particularly in resuming your program's services, supporting families in returning to work and home, and providing for mental health needs. You will likely find that there is more work to do.

When you prepare to enter the Recovery Phase, it is important to revisit child, family, and staff needs. By talking to your lead administrators and key staff, you can refine your long-term recovery plans to meet everyone's needs.

What Do Programs Need To Rebuild Services and Resume Comprehensive Services?

Your planning team's first priority is to find ways to restore services as quickly as possible. This may involve:

- Rebuilding your facility;
- Relocating or replacing your staff;
- Revising your curriculum; and
- Restoring transportation services.

A resource that has useful information about rebuilding services in the Recovery Phase is the *Head Start Disaster Preparedness Workbook* (2004), developed by UCLA's Center for Public Health and Disasters. To download the *Workbook,* you must register to receive a username and password at http://www.cphd.ucla.edu/headstart.aspx .

Rebuilding Your Facility

In the *Head Start Disaster Preparedness Workbook*, programs are advised to assess the damage, clean up the debris, and repair or replace damaged equipment and supplies. The first order of business is to determine whether your building is safe for ordinary use. If there has been significant damage to your building or to nearby buildings, have a construction engineer inspect your building. Your city or county department of building and safety may do this or refer you to a qualified inspector.

When cleaning up debris, be certain to take measures to prevent injury:

- Assess the area for environmental hazards, such as mold or chemical toxins;
- Wear work gloves, work boots, eye protection, and face masks;
- Have appropriate tools; and
- Use proper lifting techniques.

Again, planning ahead for these activities makes your program's recovery process faster and easier.

Providing Head Start services can be particularly challenging if buildings, equipment, utilities, or transportation routes have been damaged in a disaster. If you change the location of your program, activate your communication systems to alert parents and transportation systems about the change. Identifying alternative locations before a disaster can help greatly in addressing this situation.

Options may include the use of:

- Portable classrooms;
- Alternative sites within your community (such as local churches, businesses, or schools); and
- Outdoor areas or temporary shelters.

While you cannot know exactly what resources might be available after a disaster, discussing and planning for the Recovery Phase gives you more options to consider at a time when there is so much to handle.

Relocating or Replacing Your Staff

If staff have evacuated to long-distance locations, your communication systems must take into consideration how to maintain contact with them. This may involve using e-mail, cell phones, or landline phones to communicate with a central answering service or a specific contact person. During the Recovery Phase, your plans need to include how to maintain contact so staff can return as soon as they are able. For more information, read the section entitled, "How Do Programs Maintain Communication with Evacuated Children, Families, and Staff To Assist Them in Their Return to the Community?" (page 62).

As programs resume services, one focus of recovery is to develop volunteer networks to ensure adequate staffing. Community partner networks and regular program volunteers can enable programs to temporarily staff centers, allowing staff to cope with their own losses. Note that standard background checks and physical exams should not be suspended. Rescinding these policies might negatively impact your program.

If staff decide not to return following an evacuation or a loss due to emergency, recovery preparation needs to consider recruitment sources for replacing those staff. Networking with Head Start and other child care programs, as well as higher education institutions, can lead to possible candidates for jobs.

Revising Your Curriculum

Following a disaster, the *Head Start Disaster Preparedness Workbook* advises programs to include information in their curriculum to help children cope with the events that have occurred. This may include new protective actions that you include in classroom activities to help children express their feelings about what has changed in their world. Experiences from previous disasters have shown that children can be imaginative and

insightful when using toys, dolls, or building blocks to talk about what has happened.

Restoring Transportation Services

If your program is forced to relocate its services, your plan needs to consider how the children and families get to those new facilities. Preplanning with your ACF Regional Office Program Specialist may allow you to collaborate with another organization that has transportation services in place. *It is essential that you consult the ACF Regional Office when considering this option to ensure that you meet national and state regulations regarding transportation.*

As soon as possible, programs need to restore transportation services.

The *Head Start Disaster Preparedness Workbook* points out that:

"Roads, bridges, and other transportation networks may be disrupted by the disaster. Local law enforcement and transportation agencies can assist you in determining alternative routes for access to your sites. You might want to think about organizing car pools and other alternative transportation modes to help both staff and families get to your site when normal methods are unavailable. For example, if parents normally depend on a bus route that uses a bridge to get to your site, they may have to take a different, less convenient and more time consuming route until detours are removed."

What Do Programs Need To Support Families as They Recover?

If your planning team has representatives from or collaborative relationships with local social service agencies, you already may have many of the resources you need to support families in rebuilding their lives. Together, you can determine how each of your service areas can complement one another to meet families' needs. For example, collaborations with employment agencies can assist adults in finding work. Also, collaborations with local contracting firms can organize rebuilding efforts for families in your program. By having these partners participate in the emergency preparedness process, you can create a comprehensive system for recovery.

Additionally, *Disaster Assistance Available from FEMA* (http://www.fema.gov/assistance/process/assistance.shtm) provides information about national resources available to individuals who experience emergency situations. These may complement what you and

your community partners can offer. You may also have found local charitable organizations during your Planning Phase that can provide assistance.

How Do Programs Maintain Communication with Evacuated Children, Families, and Staff To Assist Their Return to the Community?

If families and staff have evacuated to long-distance locations, your communication systems must consider how to maintain contact with them. This may involve using e-mail, cell phones, or landline phones to communicate with a central answering service or a specific contact person. During the Recovery Phase, your program needs to maintain contact to help people return home as soon as they are able.

Comprehensive communication systems include the following:

- One person (plus an alternate) is the point of contact for all communication.
- Phone trees are useful because they spread responsibility for communication of information, but ultimately the point of contact is responsible for ensuring that messages are sent and received.
- The media (local television, radio, and print) are a reliable means of communication for large populations. Agreements about how they communicate information need to be made during the Planning Phase.
- E-mail, cell phones, and landline phones need to be available for communication with staff and families in case one of these methods is not accessible.
- Answering services can be used to communicate emergency information, as well as to gather information from families and staff.
- The point of contact needs to maintain a record of communication regarding status of children, families, and staff during all phases of the emergency.
- A summary of the status of children, families, and staff needs to be shared regularly with the planning team to help in brainstorming and implementing ways to support their return home.

What Kinds of Mental Health and Social Services Do Programs Make Available?

Mental health supports need to be one of your program's top priorities during the Recovery Phase. Children and adults have experienced stress during the emergency and may have difficulty coping. By offering a safe place to cope with feelings such as fear, anger, and grief, a program can help those individuals resume their lives in a healthy way.

Consider the following (adapted from the U.S. Department of Education, *Practical Information on Crisis Planning,* (http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf):

- ***Provide assessment of emotional needs of children, families, and staff.*** Assess the emotional needs of children and staff, and determine those who need intervention by a mental health professional. Arrange for appropriate interventions by school or community-based service providers. In addition, available services need to be identified for families, who may want to seek treatment for their children or themselves. Appropriate group intervention may be beneficial to children and staff experiencing less severe reactions to the crisis. Group interventions need to be age-appropriate.
- ***Provide stress management during class time.*** Trauma experts emphasize the need to create a caring, warm, and trusting environment for children following a crisis. Allow children to talk about what they felt and experienced during the traumatic event. Younger children who may not be able to verbally express their feelings benefit from participating in creative activities, including drawing, painting, or telling stories. You may also identify appropriate children's books to read one-on-one or in small or larger groups, or to share with families. Children may worry that they did something to cause the event to happen.

Resuming enjoyable activities, such as reading books with trusted caregivers, helps children recover.

- ***Conduct daily debriefings for staff, responders, and others assisting in recovery.*** Mental health workers who have provided services after crises stress the importance of ensuring that those who are providing "psychological first aid" are supported with daily critical incident stress debriefings. Debriefings help staff cope with their own feelings of vulnerability.
- ***Take as much time as needed for recovery.*** An individual recovers from a crisis at his or her own pace. Recovery is not linear. After a crisis, healing is a process filled with ups and downs. Depending on the traumatic event and the individual, recovery may take months or even years.
- ***Remember anniversaries of the crisis.*** Many occasions remind staff, children, and families of the crisis. The anniversary of a crisis stimulates memories and feelings about the incident. In addition, other occasions may be reminders of the crisis, including holidays, returning to the program after vacations or other breaks, as well as events or occasions that seemingly do not have a connection with the incident. This underscores the notion that recovery may take longer than anticipated.

Staff members need to be sensitive to their own reactions, as well as the children's reactions, and provide support when necessary. Crisis planning guides suggest holding appropriate memorial services or other activities, such as planting a tree in memory of victims of the crisis. For more information, see Mental Health Resources (Appendix C).

The following suggestions for helping children cope in the aftermath of a disaster are from the National Center for Crisis Management and the American Academy of Experts in Traumatic Stress:

- ***Be aware of your own reactions.*** Children often take cues from significant adults in their environment, so it is important to model calm behavior.
- ***Make yourself available for providing extra attention to the child.*** This attention reaffirms a sense of closeness and security.
- ***Be mindful of the child's cognitive and emotional functioning levels.*** Depending on the child's age, he or she may react differently and have different needs. For example, adolescents may try to downplay their concerns, while younger children require simpler explanations.
- ***Use empathic communication by expressing appreciation of the child's experience.*** Attempt to understand the feelings beneath the words and convey that understanding.
- ***Do not speculate or give false information.*** Misrepresentation of facts may make the situation worse. It is OK to admit that you do not have all of the answers.
- ***Monitor exposure to media.*** Use alternate audio and video materials to distract children from live television viewing.
- ***Provide realistic reassurance about their safety.*** Assure them that steps are being taken to make their world safer, while remaining reasonably honest.
- ***Consider the reactions of children with histories of past traumatic experiences.*** Be observant for thoughts and feelings that indicate that a child has been reminded of a past experience.
- ***Make an effort to maintain a "normal" routine.*** While this may be difficult, it helps to maintain a sense of connectedness to the past and allay fears about the future.
- ***Monitor your own emotional status.*** Be aware that you may also be affected. Do not hesitate to ask for professional assistance.

(Adapted from The American Academy of Experts in Traumatic Stress. 2003. A *Practical Guide for Crisis Response in Our Schools*. Commack, NY: Author. Available at http://www.schoolcrisisresponse.com/)

How Do Programs Develop Long-Term Recovery Plans?

The Recovery Phase involves long-term planning. Programs consider the priorities and needs identified in the Relief Phase in order to develop long-term plans for recovery and to rebuild the lives of the members of their community.

Elements of Long-Term Recovery Plans

Like other action plans, it is important that your long-term recovery plan include detailed responses to the following questions:

- What is the need?
- What action will your program take to support this need?
- What resources will you need to implement this action?
- Who will be responsible for implementation?
- What will be the timeframe for implementation?
- When will you implement periodic assessment of implementation?
- When should this action be completed? (If necessary)

The *Long-Term Recovery Plan Framework* (Appendix B) provides a format. Use information from your program's emergency preparedness plan and the *Needs Analysis Worksheet* (Appendix B) to determine what needs and tasks to address. If you find gaps, brainstorm with community partners, Head Start Collaboration Office staff, and your ACF Regional Office Program Specialist.

Ensuring Comprehensiveness

Once you have begun to develop your action plan, you need to check that you have considered the systems and services in your planning. To do this, review your program service area plans in addition to the *Head Start Systems and Services Needs Analysis* (Appendix B) to review the needs and resources in all areas. This ensures that you have considered the resources and gaps in your program to rebuild and recover.

Recovery Support

- Local health departments have information about resources and processes to help implement long-term recovery plans.
- Families are able to access support from multiple organizations.
- Partners target areas where they can assist.
- ACF Regional Office and Head Start Collaboration Office staff offer support where it is most needed.

How Is the Plan Implemented During the Recovery Phase?

Your planning team needs to implement the emergency preparedness plan using the long-term recovery plans that you have created. Access to these plans ensures that action can be taken efficiently and effectively. It also ensures that everyone is aware of their role in the recovery efforts.

Disseminating Long-term Recovery Plans

Long-term recovery plans are distributed to staff, community partners, and families as part of the emergency preparedness plan before an

emergency occurs. Similar to the decision trees and action checklists, plans need to be located in easy-to-access files or posted on walls where staff work. Individuals who are responsible for implementing some element of the plan need to have copies of long-term plans at their fingertips. To track completion of tasks, the individuals responsible need to communicate this information to the planning team.

Before plans are implemented, members of the community need to validate the applicability of the actions in the plan. If gaps or changes are made, this information needs to be communicated to the planning team. They can then manage adjustments to the plan and communicate changes to the rest of the community.

In addition, training efforts you make during the Practice-Review-Revise Cycle can assist members of your community in understanding what they need to do during recovery. If staff are trained and offered sufficient practice opportunities, implementing the plan becomes second-nature.

Communicating Implementation to the Community

Often partners are essential to implementation during the Relief and Recovery Phases because programs may need support in delivering resources or offering services. Communication is essential to maintaining and tracking their participation.

Long-term recovery plans can serve as the main organizing framework, as well as a way to communicate what needs to be done and what has been completed. Updates on plan progress track your activities within the timeframe designated. If adjustments to plans are made by the planning team, these corrections can be made quickly and communicated to individuals participating in the recovery efforts. The planning team also can maintain updates on the plan.

The communication plan is outlined your program's emergency preparedness plan.

What Does Recovery Look Like in Head Start Programs?

This chapter has offered a variety of tools and information that can support you in preparing for the Recovery Phase. Yet, it may be hard to envision how your program might use these tools. By looking again at ABC Head Start, you can get a quick view of how a program might utilize these resources. It helps you see how the *Manual's* tools might be used to guide a Head Start program and how they could be used in an actual recovery situation.

For a real-world look, read how ABC Head Start implemented recovery preparation in their program. If you are interested in how this planning supported the program during an emergency, read "ABC Head Start Recovers from a Hurricane" (page 68).

ABC Head Start: Recovery Preparation

Building on the efforts begun in the Relief Phase, ABC Head Start refers back to its Emergency Preparedness Plan and the Needs Analysis Worksheet (Appendix B) to determine which areas it has not considered previously. The planning team identifies four areas that still need to be addressed:

- *Rebuilding damaged facilities*
- *Ongoing mental health support*
- *Staff tracking systems*
- *Supporting families in returning home and to work*

They refer back to the Head Start Systems and Services Needs Analysis (Appendix B) and their service area plans to ensure that they have covered necessary areas.

They agree to assemble a meeting with community partners who have not been participants on the planning team and begin to develop plans using the Long-Term Recovery Plan Framework (Appendix B). The partners share their resources with each other. After some negotiation, the social services organizations and participating local businesses develop a comprehensive system for serving anyone who might need support during the Relief Phase.

For example, the local shelter agrees to refer families to ABC Head Start for educational and family support. A local contractor agrees to work with charitable organizations, such as Catholic Charities and Oxfam America, to rebuild and repair homes and buildings in the community. Finally, a community social service agency that focuses on employment issues will work with ABC Head Start and the local shelter to support families in finding or returning to work.

These partnerships are outlined in detail in the plan with timelines and resources attached to each action. The planning team and their partners leave the table knowing that they have pooled their resources to best support their community.

The planning team shares the long-term recovery plans with staff to ensure that individuals feel comfortable with their assigned responsibilities. Feedback is positive, with very few revisions. The

After an emergency, programs work toward helping children return to familiar activities, including outdoor play.

planning team tells staff that during the Practice-Review-Revise Cycle, there will be more opportunities to refine the plan.

ABC Head Start Recovers from a Hurricane

When the safety of all community members is ensured, ABC Head Start's planning team initiates the program's long-term recovery plans. Using a quick assessment from service area administrators, the planning team decides whether the plans are comprehensive or need revision. They find that although some families lost power, no families experienced the loss of a home. Some businesses are damaged, leaving several parents out of work.

The Education Specialist mentions that children are acting out frightening scenarios with trees causing damage and drawing pictures of fire, wind, and lightning. Some staff have relocated at a distance. The planning team notes that long-term recovery plans cover supporting families with job loss, mental health support for children, and communicating with evacuated staff.

Following long-term recovery plans, staff and partners jump into action. The Human Resources administrator begins calling the staff who have evacuated to ask about their well-being and to determine when they will return. Three individuals return in a week, but four others are unsure of their return date. The Human Resources administrator alerts the mental health specialist to contact those individuals and offer crisis support. In addition, the administrator speaks with the Family and Community Specialist and the job employment agency partnering with ABC Head Start about the parents who are temporarily unemployed. They learn that three of the parents are capable of serving as Head Start staff either temporarily or permanently. The employment agency also finds work for the other parents in clean-up activities and contract work from storm damage.

ABC Head Start also implements actions related to mental health support. Immediately after the hurricane, the program offers refresher training to teachers on a mental health curriculum that they implement in times of recovery. The staff have already had the full training and been given annual updates, but the emergency preparedness plan specifies a refresher training that addresses the specific needs of that emergency situation. In addition, mental health professionals, who support the program, work with high-risk children and their families to help them cope with some of the anxiety and fear caused by the hurricane.

After a month, parents and staff are back at their jobs with appropriate mental health support. Children who showed signs of

stress are returning to their typical play routines. People in the community continue to discuss what happened and most people seem to be on the road to recovery.

Chapter VI: Practice-Review-Revise Cycle

The Practice-Review-Revise Cycle is the process by which you practice your plan, review it for needed changes, and revise it accordingly. Your planning team determines a schedule by which your program and community partners practice each phase for each type of anticipated emergency, then review, and if necessary, revise your plans. The planning team also schedules regular opportunities to update staff and to train new staff on the emergency preparedness plan. This Cycle is essential for foolproof implementation when an emergency occurs.

The **Practice-Review-Revise Cycle** is the process by which you practice your plan, review it for needed changes, and revise it accordingly. Your planning team determines a schedule by which your program and community partners go through each phase of the emergencies that your program might face.

What Is the Practice–Review–Revise Cycle?

To determine whether your plan really works, you need to practice it regularly with staff, families, and community partners. Only through practice can you uncover stumbling blocks in or problems with your plan. Then, you can revise the plan with new solutions to problems that might be detected. This ensures that your team has truly considered what might happen when an emergency occurs.

The Cycle involves three stages:

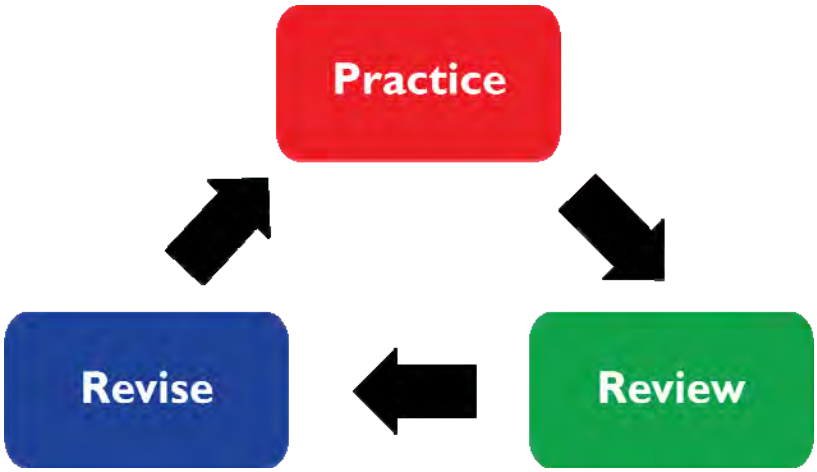


Figure 3: Practice-Review-Revise Cycle

The **practice** stage involves a comprehensive practice schedule where the program simulates the impact of an emergency situation. Head Start programs already implement fire drills, but need to add other emergency situations that might occur. Local governments and associations are beginning to implement community-wide drills. Collaborative relationships developed by the planning team particularly with the local health department can ensure that your program participates in the drills.

Staff, families, and partners go through each phase – from Impact through Recovery – for each emergency situation identified. For long-distance evacuation, programs need to find a compromise for simulation. For example, the program can ask staff or families to only be accessible through specific contact persons or through cell phones.

The **review** stage brings together some or all staff, family, and partners to consider what occurred during the practice simulation. They consider whether all elements of need were covered and whether there are gaps in the plan. Plans, checklists, and decision trees are discussed in detail to identify changes. Ideally, all members of your program provide feedback, but not everyone may be able to participate in a meeting. You may want to suggest that staff, families, and partners offer written reflections on actual plan documents or share their thoughts verbally with planning team members. For more information, read the section entitled, "How Do Programs Implement Feedback and Revision?" (page 74).

Members of the planning team participate in the Practice-Review-Revise Cycle.

Finally during the **revise** stage, the planning team makes revisions on elements of the plan based on comments shared during the review stage. Revising the documents needs to be as inclusive as possible, but consensus strategies may be necessary to make decisions. Some strategies include using a facilitator, protocols for discussion, majority rules, or those with the designated responsibility decide. Once revisions are made, they must be communicated to the community at large.

By implementing the Practice-Review-Revise Cycle in your program you:

- Offer regular training opportunities;
- Improve the emergency preparedness plan; and
- Ensure the readiness of your program to face an emergency situation.

Who Needs To Be Involved?

Everyone in your Head Start community plays a role in the Practice-Review-Revise Cycle to varying degrees. Ultimately, they have to know what the plan looks and feels like when an emergency occurs. But, you may decide to involve them in different ways. Your planning team takes the lead in all levels of implementation.

During the **practice** stage, participants from your program and community need to include:

- Staff
- Administrators
- Children
- Families
- Local health department officials
- First responders (including fire, police, and health)
- Community partners (including mental health professionals, local social service organizations, and local businesses)

You may choose to have several levels of participation in the **review** stage. The individuals who participate in the practice stage need to be able to provide feedback in some way. Because of logistics, you may want to select a means of communicating revisions that allows some individuals the opportunity to write their feedback and others the opportunity to meet with the planning team. If your planning team chooses to meet with a select group, make sure that you select representatives from each of the groups above. For children, you may want to have teachers or mental health professionals debrief with them and share what they have learned.

Feedback Strategies

- Make comments and revisions directly on the plans, checklists, and decision trees.
- Communicate ideas to a representative who can participate in a meeting with the planning team.
- Write comments and e-mail or deliver them to the planning team.
- Participate in a feedback session with the planning team.

Finally, in the **revise** stage, your planning team reconvenes and makes revisions. It is very important to consider and/or integrate the feedback you have received. When communicating these changes back to the community, you may want to explain where the revisions came from, if that would support the buy-in of members of the community.

What Does the Timeline of the Cycle Need To Be?

The Practice-Review-Revise Cycle needs to be implemented regularly. Your program has an incredibly busy schedule already, but this Cycle is essential. Your planning team needs to look at your annual calendar and schedule practice sessions at least once a year for each type of emergency. There are specific regulations in each state or territory for the number of times you are expected to practice specific drills, such as fire, and how to incorporate those into your planning.

Immediately after each practice session, your team needs to address the review and revise stages of the Cycle. After implementing the Cycle a few times, your planning team should find that it takes less time to get through it.

Additionally, your local community drills are an excellent opportunity for collaborative practice. For some emergencies, you may decide to coordinate your Practice-Review-Revise Cycle with the broader

community to ensure that your plan fits within the community-wide framework.

How Do Programs Implement Feedback and Revision?

There are several ways to get feedback from your community during the review stage of the Cycle. All of the choices listed in the marginal notes on page 73 provide and encourage opportunities for feedback from members of your community. If you choose to take written or oral revisions and comments, a member of your planning team must be in charge of synthesizing the feedback and communicating it to the team.

How Is Your Plan Communicated to the Head Start Community?

It is essential that all members of your community know and have copies of your plan. You may decide to communicate the plan to staff, families, and partners in different ways.

Communication Options

- Hold a launch meeting when your planning is complete. Distribute copies of your plan and discuss the relevance, the components, and your expectations. You can also provide an opportunity for feedback at this meeting.
- Compile a notebook or filing system that you distribute at training or upon employment. This should be organized so that individuals can access the page they need when they need it.
- Create posters or papers you can post wherever your program provides services. Individuals should be able to look at the wall to know what to do.
- Post the plan on your program's Intranet, if you have the technological infrastructure.

You may select several of these options or just one. Your planning needs to focus on familiarizing community members with the procedures and the importance of the process. Therefore, you need to select the method that is the most effective for your program.

As mentioned previously, there are some concerns about sharing plans about community violence or terrorism with the community at large. The concern is that some individuals could learn what your program is doing and could bypass protective measures. If this is a concern for your program, your planning team may decide to offer limited information about those emergencies to anyone other than staff and the local health department. Otherwise, all members of the community need to have the comprehensive plan.

What Are Some Suggestions for Emergency Preparedness Training?

After completing your program's emergency preparedness plan, you need to provide training. You may decide to offer different training to different members of the community or you may decide to train everyone together. If you divide groups into families, staff, and partners, be sure to let them to know the responsibilities that other individuals have.

The training must provide the information and practical experiences that your community members need to understand their role in the process. In addition, practice sessions and participation in the Practice-Review-

Revise Cycle can support them in knowing what to do in case of emergency. Refer to the Training Strategies in the marginal notes on this page.

When someone joins your community, they need to understand the emergency preparedness plans you have in place. As staff, families, and partners join your community, you can share written materials or plan additional training sessions.

Finally, remember that emergencies occur suddenly and disastrously, leaving us feeling overwhelmed and powerless. With careful planning and preparation, you can:

- Reduce the damage caused by emergencies
- Help alleviate fear
- Reduce disruption
- Save valuable time
- Protect lives
- Return programs and families to normalcy

The Planning-Review-Revise Cycle helps your program be ready for an emergency. Families, staff, and partners need to be involved at each stage of the Cycle. By practicing drills for different emergency situations, your program uncovers gaps or obstacles in the plan. Then the planning team, with input from others, reviews what happened during the practice and takes a look again at the planning documents. Finally, they make revisions to the plan and communicate the updated version to the Head Start community and local partners.

Training Strategies

- Review each component in your training using PowerPoint slides or transparencies.
- Simulate experiences and have trainees act out their roles during scenarios.
- Solicit presenters (local health department representatives or child care providers) who have experienced the emergencies you are discussing.
- Provide question-and-answer sessions to encourage deeper understanding of plan components.

Conclusion

Emergencies can take many forms, including natural disasters, health emergencies, random acts of violence, and technical hazards. Head Start programs should be ready to act in the event of any type of emergency situation. To ensure proper preparation, it is important that programs establish planning teams that can take the lead in developing emergency preparedness plans. The planning teams need to consider all four phases of the Emergency Preparedness Cycle: Planning, Impact, Relief, and Recovery. Planning teams should also consider Head Start's management systems and services outlined in the *Head Start Program Performance Standards*.

A comprehensive, systematic approach to emergency preparedness includes an assessment of disaster risk, a purposeful consideration of the needs of the Head Start community, and identification of resources that will allow the programs to provide quality health, education, and family support services during each phase of a disaster.

Effective emergency preparedness plans can alleviate fear, reduce disruption, and save valuable time and lives if regularly practiced, reviewed and revised, if necessary. When Head Start program staff and community members are prepared and are trained in their roles and responsibilities in Head Start emergency preparedness plans, they are empowered to better protect the health and well-being of the children and families served.

Appendix A: Information Regarding Specific Emergencies

Programs that anticipate and understand types of emergencies are able to ensure that appropriate resources are in place during a disaster. The following resources provide information to staff, families, and community partners about natural disasters, health emergencies, terrorism/random acts of violence, and technical hazards. These four categories encompass the wide range of disasters that occur within the United States and its territories. Select a disaster category below to review risks identified for your geographic location.

When reviewing the plans and procedures described in this *Manual*, carefully consider whether adaptations or special supports are needed to protect the safety of infants and toddlers, and individuals with disabilities. Involve your infant-toddler specialists, disabilities services coordinator, parents of infants, toddlers, and children with disabilities, and community partners. Structural changes to your facilities need to be made in consultation with your landlord or local management company.

There are four topic areas in this Appendix:

Natural Disasters
Each region of the country is prone to varying degrees of weather-based natural disasters. These range from violent hurricanes to brief thunderstorms. The resources presented here offer programs, parents, and staff ideas for how to identify whether they will be affected by different kinds of weather-related emergencies, including loss of power, strong winds, and extreme temperatures.

Health Emergencies
Programs coordinate health services for children through the local health care community and health care providers. Programs also provide health and safety measures, such as injury prevention and control for the spread of infectious disease, for children while in center- and home-based programs. Head Start staff support children and families in dealing with these and other health issues that arise on an individual and programmatic level. The resources here help to support programs in identifying the possibility of widespread disease outbreak affecting their program.

Technical Hazards
Hazardous materials can present a threat in communities, homes, and programs. Families, programs, and partners can use these resources to determine the various concerns in their environments and find ways of preventing the damage done by these materials and chemicals.

Terrorism and Random Acts of Violence
Unexpected incidents of violence affect early childhood programs in dramatic ways. These resources offer programs, parents, and families ways to identify the possibility of violence within the program, home, or community, as well as large-scale acts of terrorism or random violence.

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Natural Disasters

According to FEMA, "natural hazards are natural events that threaten lives, property, and other assets" (FEMA, *Are You Ready? Natural Hazards*, http://www.fema.gov/areyouready/natural_hazards.shtm). They are often predictable and tend to be linked to specific geographic locations, climates, or seasons. Additionally, they are the most frequent kind of emergency situation and can affect programs at least several times a year. It is easier to prepare for natural disasters due to their predictability and frequency.

Natural disasters include:

Earthquake (pg. 80)
Extreme Heat (pg. 87)
Fire (pg. 91)
Flood (pg. 96)
Hurricane (pg. 99)
Landslide and Mudslide (pg. 105)
Thunderstorms and Lightning (pg. 108)
Tornado (pg. 111)
Volcano (pg. 117)
Wildfire (pg. 121)
Winter Storm and Extreme Cold (pg. 126)

Earthquake

Planning

An earthquake is "a sudden slipping or movement of a portion of the earth's crust, accompanied and followed by a series of vibrations" (FEMA, *Are You Ready? Earthquake*, http://www.fema.gov/areyouready/earthquakes.shtm). While scientists are developing methods of predicting when earthquakes will happen, they are not able to do so currently. Occasionally, major earthquakes significantly affect communities by harming or destroying structures. These major earthquakes are more likely to occur along fault lines in the earth. Resources exist to help you determine the possibility of risk for your program. Examples include:

- Earthquake Risk by State and Territory (FEMA), http://www.fema.gov/hazard/earthquake/risk.shtm
- Seismic Hazard Maps (U.S. Geological Survey), http://earthquake.usgs.gov/research/hazmaps/products_data/index.php

The U.S. Geological Survey Web site provides more in-depth information for those interested at http://earthquake.usgs.gov/learning/ .

If you are at risk for an earthquake, contact your landlord or local management company. FEMA suggests several steps for the Planning Phase:

- **Check for Hazards**
  - Fasten shelves securely to walls.
  - Place large or heavy objects on lower shelves.
  - Store breakable items such as bottled foods, glass, and china in low, closed cabinets with latches.
  - Hang heavy items such as pictures and mirrors away from desks, beds, couches, and anywhere people sit or sleep.
  - Brace overhead light fixtures.
  - Repair defective electrical wiring and leaky gas connections. These are potential fire risks.
  - Secure a water heater by strapping it to the wall studs and bolting it to the floor.
  - Repair any deep cracks in ceilings or foundations. Get expert advice if there are signs of structural defects.
  - Store flammable products securely in closed cabinets with latches and on bottom shelves.

- **Identify Safe Places Indoors and Outdoors**
  - Under sturdy furniture such as a heavy desk or table.
  - Against an inside wall.

- Away from where glass could shatter around windows, mirrors, pictures, or where heavy bookcases or other heavy furniture could fall over.
- In the open, away from buildings, trees, telephone and electrical lines, overpasses, or elevated expressways.

- **Educate Yourself and Family Members**

  - Contact your local emergency management office or American Red Cross chapter for more information on earthquakes.
  - Teach children how and when to call 9-1-1, police, or fire department and which radio station to tune to for emergency information.
  - Teach family members how and when to turn off gas, electricity, and water.

- **Have Disaster Supplies on Hand**

  - Flashlight and extra batteries
  - Portable battery-operated radio and extra batteries
  - First Aid kit and manual
  - Emergency food and water
  - Nonelectric can opener
  - Essential medicines
  - Sturdy shoes

(Adapted from FEMA, *What to Do Before an Earthquake*, http://www.fema.gov/hazard/earthquake/eq_before.shtm)

Practice Drills

By planning and practicing what to do if an earthquake strikes, your program can learn to react correctly and automatically when the shaking begins. During an earthquake, most deaths and injuries are caused by collapsing building materials and heavy falling objects, such as bookcases, cabinets, and heating units. Learn the safe spots in each room of your building. Get the entire program to practice going to these locations. Participating in an earthquake drill will help children understand what to do in case you are not with them during an earthquake.

During your earthquake drill:

- Get under a sturdy table or desk and hold on to it.
- If you are not near a table or desk:
  - Cover your face and head with your arms;
  - Stand or crouch in a strongly supported doorway; or
  - Brace yourself in an inside corner of the house or building.
- Stay clear of windows or glass that could shatter or objects that could fall on you.
- Remember: If inside, stay inside. Many people are injured at entrances of buildings by falling debris.

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Evacuation Plans

After an earthquake, you may need to evacuate a damaged area. By planning and practicing for evacuation, you will be better prepared to respond appropriately and efficiently to signs of danger or to directions by civil authorities.

- Take a few minutes with the families in your program to discuss a program evacuation plan. Offer maps; walk through each room and discuss evacuation details.
- Plan a second way to exit from each room or area, if possible. If you need special equipment, such as a rope ladder, mark where it is located.
- Mark where your emergency food, water, First Aid kits, and fire extinguishers are located.
- Mark where the utility switches or valves are located so that they can be turned off, if possible.
- Indicate the location where you will reunite with families in your program.

Establish Priorities

Take time before an earthquake to write an emergency priority list, including:

- Important items to be hand-carried by you or other staff members
- Other items, in order of importance to you and your programs
- Items to be removed by car or truck if one is available
- Things to do if time permits, such as locking doors and windows, turning off the utilities

Write Down Important Information

Make a list of important information and put it in a secure location that you can easily take as you evacuate or use during the Impact Phase. Include on your list:

- Important telephone numbers, such as police, fire, paramedics, and medical centers
- Names, addresses, and telephone numbers of insurance agents, including policy types and numbers
- Telephone numbers of the electric, gas, and water companies
- Names and telephone numbers of community members
- Name and telephone number of your landlord or property manager
- Important medical information, such as allergies, regular medications
- Any vehicle identification numbers, year, model, and license numbers
- Any financial information including your program's bank or credit union telephone number, account types, and numbers
- Radio and TV broadcast stations to tune to for emergency broadcast information

Gather and Store Important Documents in a Fire-Proof Safe

- Child and family records
- Ownership certificates
- Insurance policies
- Inventories, including:
  - List of contents
  - Photographs of contents of every room
  - Photographs of items of high value

(CDC, *Being Prepared for an Earthquake*, http://www.bt.cdc.gov/disasters/earthquakes/prepared.asp)

Impact

Stay as safe as possible during an earthquake. Be aware that some earthquakes are actually foreshocks and a larger earthquake might follow. Minimize your movements to a few steps to a nearby safe place and stay indoors until the shaking has stopped and you are sure exiting is safe.

If indoors

- **DROP** to the ground; take **COVER** by getting under a sturdy table or other piece of furniture; and **HOLD ON** until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load-bearing doorway.
- Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- DO NOT use the elevators.

If outdoors

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Many of the 120 fatalities from the 1933 Long Beach earthquake occurred when people ran outside of buildings only to be killed by falling debris from collapsing walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

If in a moving vehicle

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

If trapped under debris

- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

(Adapted from FEMA, *What to Do During an Earthquake*, http://www.fema.gov/hazard/earthquake/eq_during.shtm)

For Individuals with Special Needs

- If you or a child are confined to a wheelchair or in a crib or stroller, try to get yourself and the child under a doorway or into an inside corner, lock the wheels, and cover your head and the child's head with your arms. Remove any items that are not securely attached to the wheelchair, crib, or stroller.
- If you are able, seek shelter under a sturdy table or desk. Stay away from outer walls, windows, fireplaces, and hanging objects.
- If you are outside, go to an open area away from trees, telephone poles, and buildings, and stay there.

(Adapted from CDC, *After an Earthquake, People with Special Needs,* http://www.bt.cdc.gov/disasters/earthquakes/disabilities.asp)

Relief

Be prepared for additional earth movements called "aftershocks." Although most of these are smaller than the main earthquake, some may be large enough to cause additional damage or bring down weakened structures.

Because other aftereffects can include fires, chemical spills, landslides, dam breaks, and tidal waves, be sure to monitor your TV or battery-operated radio for additional emergency information.

Injuries

Check for injuries. Do not attempt to move injured or unconscious people unless they are in immediate danger from live electrical wires, flooding, or other hazards. Internal injuries may not be evident, but may be serious or life-threatening. If someone has stopped breathing, call for medical or First Aid assistance immediately and begin CPR if you are trained to do so. Stop a bleeding injury by applying direct pressure to the wound. If you are trapped, try to attract attention to your location.

Checking Utilities

An earthquake may break gas, electrical, and water lines. If you smell gas:

- Open windows;
- Shut off the main gas valve;
- Do not turn any electrical appliances or lights on or off;
- Go outside;
- Report the leak to authorities; and
- Do not reenter the building until a utility official says it is safe to do so.

If electric wiring is shorting out, shut off the electric current at the main box. If water pipes are damaged, shut off the supply at the main valve.

Other Precautions

- Have chimneys inspected for cracks and damage. Do not use the fireplace if the chimney has any damage.
- Check to see if sewage lines are intact before using bathrooms or plumbing.
- Do not touch downed power lines or objects in contact with downed lines. Report electrical hazards to the authorities.
- Immediately clean up spilled medicines, drugs, flammable liquids, and other potentially hazardous materials.
- Stay off all telephones except to report an emergency. Replace telephone receivers that may have been knocked off by the earthquake.
- Stay away from damaged areas. Your presence could hamper relief efforts, and you could endanger yourself.
- Cooperate fully with public safety officials. Respond to requests for volunteer assistance from police, firefighters, emergency management officials, and relief organizations, but do not go into damaged areas unless assistance has been requested.

(Adapted from CDC, *After an Earthquake*, http://emergency.cdc.gov/disasters/earthquakes/after.asp)

Children's Needs

Fear is a normal reaction to danger. Children may be afraid of recurrence, injury, or death after an earthquake. They may fear being separated from their family or being left alone. Children may even interpret disasters as punishment for real or imagined misdeeds. Children will be less likely to experience prolonged fear or anxiety if they know what to expect before, during, and after an earthquake. Talking to children openly will also help them overcome fears.

Here are some suggestions:

- Explain that an earthquake is a natural event and not anyone's fault.
- Talk about your own experiences with natural disasters, or read aloud books about earthquakes.
- Encourage your child to express feelings of fear. Listen carefully and show understanding.
- Your child may need both verbal and physical reassurance that everything will be all right. Tell your child that the situation is not permanent.
- Include children in simple and supervised clean-up activities. It is comforting to children to watch the center begin to return to normal and to have a job to do.

NOTE*:* Symptoms of anxiety may not appear for weeks or even months after an earthquake, and can affect people of any age. If anxiety disrupts daily activities for any member of your family or staff, seek professional assistance through a school counselor, community religious organization, your physician, or a licensed professional listed under "mental health services" in the yellow pages of your telephone directory.

(Adapted from CDC, *After an Earthquake, People with Special Needs*, http://www.bt.cdc.gov/disasters/earthquakes/disabilities.asp)

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Extreme Heat

Planning

Extreme heat is record high temperatures and humidity. FEMA explains that "heat kills by pushing the human body beyond its limits" (FEMA, *Are You Ready? Extreme Heat*, http://www.fema.gov/areyouready/heat.shtm). Extreme heat can cause heat stroke and other heat-related illnesses. Young children and individuals with disabilities or health risks are more prone to these illnesses, so extra precautions need to be made.

A simple resource to determine the likelihood of extreme heat is your local news. Another excellent resource for determining predicted temperatures in your community is http://www.weather.com .

If you are at risk for extreme heat, FEMA suggests several steps for the Planning Phase:

- Install window air conditioners snugly; insulate if necessary.
- Check air-conditioning ducts for proper insulation.
- Install temporary window reflectors (for use between windows and drapes), such as aluminum foil-covered cardboard, to reflect heat back outside.
- Weather-strip doors and sills to keep cool air in.
- Cover windows that receive morning or afternoon sun with drapes, shades, awnings, or louvers. (Outdoor awnings or louvers can reduce the heat that enters a building by up to 80 percent.)
- Keep storm windows up all year.

(FEMA, *Are You Ready? Extreme Heat*, http://www.fema.gov/areyouready/heat.shtm)

Programs need to plan for:

- Cool spaces such as indoor play in air conditioned facilities;
- Sufficient water and ice to prevent dehydration and overheating;
- Supplements, such as sports drinks, that will help replenish electrolytes lost through sweating;
- Notification for families about appropriate clothing for hot days;
- Sunscreen to prevent sunburns; and
- Reduced activity to prevent heat exhaustion.

(Adapted from CDC, *Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety*, http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp)

Impact

The following are guidelines for what you should do if the weather is extremely hot:

- Stay indoors as much as possible and limit exposure to the sun.
- Stay on the lowest floor, out of the sunshine, if air conditioning is not available.
- Consider spending the warmest part of the day in public buildings such as libraries, schools, movie theaters, shopping malls, and other community facilities. Circulating air can cool the body by increasing the perspiration rate of evaporation.
- Eat well-balanced, light, and regular meals. Avoid using salt tablets unless directed to do so by a physician.
- Drink plenty of water. Individuals who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.
- Protect face and head by wearing a wide-brimmed hat.
- Check on family, friends, and neighbors who do not have air conditioning and who spend much of their time alone.
- Never leave children or pets alone in closed vehicles.
- Avoid strenuous work during the warmest part of the day. Use a buddy system when working in extreme heat, and take frequent breaks.

First Aid for Heat-Induced Illnesses

Extreme heat brings with it the possibility of heat-induced illnesses. The following table lists these illnesses, their symptoms, and the First Aid treatment.

Condition	Symptoms	First Aid
Sunburn	Skin redness and pain, possible swelling, blisters, fever, headaches	Take a shower using soap to remove oils that may block pores, preventing the body from cooling naturally. Apply dry, sterile dressings to any blisters, and get medical attention.
Heat Cramps	Painful spasms, usually in leg and abdominal muscles; heavy sweating	Get the victim to a cooler location. Lightly stretch and gently massage affected muscles to relieve spasms. Give sips of up to a half glass of cool water every 15 minutes. (Do not give liquids with caffeine or alcohol.) Discontinue water if victim is nauseated.

Condition	Symptoms	First Aid
Heat Exhaustion	Heavy sweating but skin may be cool, pale, or flushed. Weak pulse. Normal body temperature is possible, but temperature will likely rise. Fainting or dizziness, nausea, vomiting, exhaustion, and headaches are possible.	Get victim to lie down in a cool place. Loosen or remove clothing. Apply cool, wet clothes. Fan or move victim to air-conditioned place. Give sips of water if victim is conscious. Be sure water is consumed slowly. Give half glass of cool water every 15 minutes. Discontinue water if victim is nauseated. Seek immediate medical attention if vomiting occurs.
Heat Stroke (a severe medical emergency)	High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid, shallow breathing. Victim will probably not sweat unless victim was sweating from recent strenuous activity. Possible unconsciousness.	Call 9-1-1 or emergency medical services, or get the victim to a hospital immediately. Delay can be fatal. Move victim to a cooler environment. Removing clothing. Try a cool bath, sponging, or wet sheet to reduce body temperature. Watch for breathing problems. Use extreme caution. Use fans and air conditioners.

(Adapted from FEMA, *Are You Ready? Extreme Heat*, http://www.fema.gov/areyouready/heat.shtm)

Additional Information

An emergency water shortage can be caused by prolonged drought, poor water supply management, or contamination of a surface water supply source or aquifer.

Drought can affect vast territorial regions and large population numbers. Drought also creates environmental conditions that increase the risk of other hazards such as fire, flash flood, and possible landslides and mudslides.

Conserving water means more water available for the critical needs of everyone. FEMA offers suggestions for conserving water both indoors and outdoors. Make these practices a part of your daily life and help preserve this essential resource. See FEMA, *Are You Ready? Appendix A: Water Conservation Tips*, (http://www.fema.gov/areyouready/appendix_a.shtm).

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Relief

Following an extreme heat wave, you will want to:

- Seek emergency health services and monitor any person affected by heat-related illness.
- Assess and service needs of cooling and electrical utilities.
- Provide mental health support to any children, families, or staff who have experienced any losses due to the heat.

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Fire

Planning

Fires are the most frequent cause of loss of property and life. They occur suddenly and spread quickly. And many times, they are the result of another kind of disaster such as tornadoes, hurricanes, or lightning. Often, there is little time for preparation and reaction during the Impact Phase. Yet with proper mitigation procedures, the possibility of fire is reduced significantly.

The *Head Start Center Design Guide* describes several guidelines for mitigation, which are taken from the most recent edition of the *National Fire Protection Association (NFPA), Standard No. 101, Life Safety Code*, as modified. The applicable requirements are:

- Mount **panic hardware** on egress doors a maximum of 3 feet above the finished floor.
- Provide both **audible and visual fire alarm signals**. In addition to fire alarms that sound in the center itself, any fire event should be annunciated on the central building panel or a 24-hour manned security post. See the most current editions of NFPA 72 Chapter 5 and UL 1971 for requirements on audible and visible alarms.
- Every effort shall be made to **locate the entire center on the ground level** (level of exit/egress) either along an outside wall with window access to the exterior, or along a courtyard with window access. Centers adjacent to a courtyard should have approved fire egress out of the courtyard itself to an area of safety. If portions of the center are located on the floor above the level of exit/egress, only preschool children should be housed there. In no instance shall any portion of the center be located higher in the building than the floor above the level of egress. The center should not be located below a level of egress, unless the entire building is fitted for sprinklers and the arrangement is approved by the local fire authority. All arrangements should ensure safe egress in the event of fire. The center should have at least one door leading directly to the outside. Each center should have at least two means of egress with exits via protected corridors including the required fire separations. There should be two means of egress for each floor. State, Tribal, and local requirements will affect this design.
- It would be advisable to **separate Head Start centers from other occupancies**, depending on the fire gradient of the adjacent occupancy. In no case should the separation be less than a minimum of a 1-hour fire-resistant-rated wall with doors with a fire protection rating of not less than 20 minutes. A fire detection, alarm, and communications system should be installed in all centers that meet the requirements of the *NFPA Standards No. 70, NEC, NFPA 72, Standard for the Installation, Maintenance, and Use of Protective Signaling Systems, NFPA 72E, Standard on Automatic Fire Detector*. The design should comply with local, Tribal, and state fire safety requirements. In the event of conflict, the more stringent requirements should apply.
- **Adjacent hazardous areas**, e.g., a boiler room **without sprinklers**, shall be separated from the center by a minimum 2-hour fire-resistant-rated wall with self-closing doors with a fire protection rating of not less than 90 minutes.

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- **Adjacent hazardous areas**, e.g., a boiler room **with sprinklers** should be separated from the center by a minimum 1-hour fire-resistant-rated wall with self-closing doors with a fire protection rating of not less than 45 minutes.
- The center should be protected by an **approved supervised automatic system** using quick-response sprinkler heads throughout. In areas such as multipurpose rooms where there may be ball throwing activities, for instance, sprinklers should have guards.
- The **sleeping and napping areas** of the center should be protected by an approved smoke detection system. Smoke detectors should be installed in all areas of the center, especially in unoccupied areas, including closets and closed space. This provision enhances flexibility, since it allows the location of sleeping and napping areas that require smoke detection to be changed in the future.
- **Dead-end corridors** should not exceed 20 feet. Travel distance within any room in the center to a door leading to a means of egress should not exceed 50 feet, and travel distance from that point to an exit should not exceed 98 feet.
- It is advisable to **test all existing painted surfaces** in the interior of the center for lead-based paint and to follow Department of Housing and Urban Development (HUD) guidelines. In addition, exterior paint in an area that children may access should be tested. All lead-based paint detected should be abated using HUD procedures and retested to ensure compliance. Refer to *Lead-Based Paint: Interim Guidelines for Hazard Identification and Abatement in Public and Indian Housing*, 1990 (HUD).
- For **new and major renovations that involve plumbing**, it is advisable to test all sources of water used by the center for lead at the acceptance of the substantially completed project. Buildings over 25 years old should be tested annually, at a minimum using guidance in the Environmental Protection Agency (EPA) pamphlet *Lead in School's Drinking Water*, EPA 570/9-89-001, and January 1989. If the lead levels exceed 20 parts per billion, the affected water supply should not be used and mitigation actions should be taken.
- The center or the area anticipated to house the center should be surveyed for the **presence of asbestos-containing materials**. Any asbestos-containing materials that are damaged or subject to disturbance should be abated in accordance with regulatory requirements and guidelines. In a limited area of the country, typically with highly acidic drinking water, water may also contain asbestos. Although this is considered less hazardous than friable asbestos found in buildings, the drinking water supply should be tested for the presence of asbestos and means taken to eliminate it, if it poses a hazard. (See *Raising Children Toxic Free* by Needleman and Landrigan, referenced in the "Selected References" section of the guide.)
- It is advisable to **test the center for radon** in the air using alpha track detectors or electric ion chambers for a minimum of 90 days. If radon levels are at, or exceed, 4 Pico Curies per liter, mitigation actions should be taken. Allow a new center to "air out" before occupancy. The U.S. General Services Administration recommends that the schedule of work provide ventilation for off-gassing of new synthetic materials for 30 days.
- If the drinking water used by the center is obtained from a non-public water source, **test the center for radon in water**. EPA guidelines should be used for testing as

prescribed in *Radon in Water Sampling Manual* (EPA/EERF-Manual-78-1). If radon levels are at, or exceed, 300 Pico Curies per liter, the affected water supply should not be used and mitigation actions should be taken followed by retesting.

- When **screened operable windows** are used, guards should be installed to protect children from falling through the screens.
- There should **not be any sharp edges within children's areas**. All corners on trim, counters, partitions, and shelving should have rounded edges with a ½-inch minimum radius. In areas accessible to children, there should not be any openings between 3.5 and 9 inches to prevent head entrapment.
- **Interior glass** should not present a safety risk for children and should comply with code. Only glass that will not break in close proximity to children's activities, or will not harm children or puncture skin when glass is broken, should be used.
- **Locked storage for medications and dangerous products** should be provided. Additionally, childproof interior hardware devices should be mounted on the interior of cabinets that are within children's reach.

(ECLKC, the *Head Start Center Design Guide*, Chapter 10 Section 1, http://eclkc.ohs.acf.hhs.gov/hslc/resources)

Additionally, "each facility should have a fire emergency plan including an evacuation procedure, marked exits, fire/smoke detectors, fire extinguishers, safe storage and use of flammable materials, and fire safety training and fire drills. The fire plan should specify when and how to evacuate in case of fire and under which conditions staff should attempt to control a fire using extinguishers" (Bright Horizons Family Solutions, *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers*,
(www.brighthorizons.com\talktochildren\docs\emergency_plan.doc)

Check with fire officials to remain current on fire safety, such as regular inspections and use of fire extinguishers, detectors, and alternate heating sources.

Conduct regular fire safety training and fire drills. Refer to Procedures for Conducting a Fire Drill (Appendix C).

Impact

During a Fire

If your clothes or a child's clothes catch on fire, you should:

- Stop, drop, and roll until the fire is extinguished. Running only makes the fire burn faster.

To escape a fire, you should:

- Check closed doors for heat before you open them. If you are escaping through a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame before you open it. Never use the palm of your hand or fingers to test for heat – burning those areas could impair your ability to escape a fire (i.e., ladders and crawling).

Hot Door	Cool Door
Do not open. Escape through a window. If you cannot escape, hang a white or light-colored sheet outside the window, alerting firefighters to your presence.	Open slowly and ensure that fire and/or smoke is not blocking your escape route. If your escape route is blocked, shut the door immediately and use an alternate escape route, such as a window. If clear, leave immediately through the door and close it behind you. Be prepared to crawl. Smoke and heat rise. The air is clearer and cooler near the floor.

- Crawl low under any smoke to your exit – heavy smoke and poisonous gases collect first along the ceiling.
- Close doors behind you as you escape to delay the spread of the fire.
- Stay out once you are safely out. Do not reenter. Call 9-1-1.

(Adapted from FEMA, *Are You Ready? Fires*, http://www.fema.gov/areyouready/fire.shtm)

Relief

The following are guidelines for different circumstances in the period following a fire:

- If you are with burn victims or are a burn victim yourself, call 9-1-1; cool and cover burns to reduce chance of further injury or infection.
- If you detect heat or smoke when entering a damaged building, evacuate immediately.
- If you are a tenant, contact the landlord.

- If you have a safe or strong box, do not try to open it. It can hold intense heat for several hours. If the door is opened before the box has cooled, the contents could burst into flames.
- If you must leave your home or building because a building inspector says the building is unsafe, ask someone you trust to watch the property during your absence.

(Adapted from FEMA, *Are You Ready? Fires*, http://www.fema.gov/areyouready/fire.shtm)

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Flood

Planning

Floods occur frequently across the country due to significant rains and snow melt. According to FEMA, "Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states" (FEMA, *Are You Ready? Floods*, http://www.fema.gov/areyouready/flood.shtm).

To find more specific information about your area, enter your local information into FEMA's Mapping Information Platform (https://hazards.fema.gov/femaportal/wps/portal) to see a map of flooding in your vicinity. In addition, The National Oceanic and Atmospheric Administration (NOAA) maintains the NWS/SPC Watch, Warning, Advisory Display (http://www.spc.noaa.gov/products/wwa/), which provides up-to-date information about floods.

Floods vary. While some occur slowly leaving time for decision-making during the Impact Phase, others occur suddenly requiring quick reaction time and immediate decisions. To make structural changes, contact your landlord or local management company. Here are some mitigation suggestions to support risk reduction:

Before a Flood

To prepare for a flood, you should:

- Elevate the furnace, water heater, and electric panel if susceptible to flooding.
- Install "check valves" in sewer traps to prevent flood water from backing up into the drains of your facility.
- Construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building.
- Seal walls in basements with waterproofing compounds to avoid seepage.

(FEMA, *Are You Ready? Floods*, http://www.fema.gov/areyouready/flood.shtm)

Specific flood planning concerns include:

- Integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters.
- Plan and practice a flood evacuation route with your program. Select someone to be the "program contact" in case families are separated during a flood. Make sure everyone in the community knows the name, address, and phone number of this contact person.
- Communicate emergency phone numbers to all members of the community.

- Inform local authorities about any special needs, i.e., elderly or bedridden people, or anyone with a disability.
- Identify potential program hazards and know how to secure or protect them before the flood strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.
- Provide all programs with watch, warning, and evacuation information.

(Adapted from CDC, *Key Facts about Flood Readiness*, http://www.bt.cdc.gov/disasters/floods/readiness.asp)

Impact

If a flood is likely in your area, you should:

- Listen to the radio or TV for information.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without any typical warnings such as rain clouds or heavy rain.

If you must prepare to evacuate, you should do the following:

- Secure your building. If you have time, bring in outdoor furniture. Move essential items to an upper floor.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

If you have to leave your building, remember these evacuation tips:

- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your vehicle, abandon it and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

(Adapted from FEMA, *Are You Ready? Floods*, http://www.fema.gov/areyouready/flood.shtm)

Relief

The following are guidelines for the period following a flood:

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.
- Avoid moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines, and report them to the power company.
- Return home only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.

(Adapted from FEMA, *Are You Ready? Floods*, http://www.fema.gov/areyouready/flood.shtm)

Hurricane

Planning

"A hurricane is a type of tropical cyclone, the generic term for a low pressure system that generally forms in the tropics. A typical cyclone is accompanied by thunderstorms, and in the Northern Hemisphere, a counterclockwise circulation of winds near the earth's surface" (FEMA, *Are You Ready? Hurricanes*, http://www.fema.gov/areyouready/hurricanes.shtm).

Hurricanes are most frequent in the Gulf Coast, the Caribbean, Mexico, and the Atlantic Coast. Hurricane season typically runs June 1 – November 30. Occasionally, there are hurricanes or tropical storms that occur before or after this season, but because hurricanes are tied to specific climates, the likelihood of the occurrence is highest during this period.

The National Oceanic and Atmospheric Administration (NOAA) maintains the NWS/SPC Watch, Warning, Advisory Display (http://www.spc.noaa.gov/products/wwa/), which provides up-to-date information about hurricanes. If you are at risk for a hurricane, contact your landlord or local management company to make alterations to your building(s). FEMA suggests several steps for the Planning Phase:

- Make plans to secure your property. Permanent storm shutters offer the best protection for windows. A second option is to board up windows with 5/8-inch marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
- Install straps or additional clips to securely fasten your roof to the frame structure. This will reduce roof damage.
- Be sure trees and shrubs around your facility are well trimmed.
- Clear loose and clogged rain gutters and downspouts.
- Consider building a safe room.

(FEMA, *Are You Ready? Hurricanes*, http://www.fema.gov/areyouready/hurricanes.shtm)

When planning for a hurricane, here are some basic steps to take:

- Integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters.
- Identify potential program hazards and know how to secure or protect them before the hurricane strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.
- Buy fire extinguishers and make sure staff know where they are and how to use them.
- Locate and secure your important papers, such as insurance policies, child records, etc.
- Communicate emergency phone numbers to all members of the community.
- Inform local authorities about any special needs, i.e., elderly or bedridden people, or anyone with a disability.

(CDC, *Key Facts about Hurricane Readiness*, http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf)

Hurricanes are categorized according to wind speed. Warnings and watches given before impact will provide one of these levels to help you make decisions during the Impact Phase. The Saffir-Simpson Hurricane Scale is important to include in any plan relating to hurricanes. It provides information about the level of hurricanes that might impact your area.

Scale Number (Category)	Sustained Winds (MPH)	Damage	Storm Surge
1	74-95	Minimal: Unanchored mobile homes, vegetation, and signs.	4-5 feet
2	96-110	Moderate: All mobile homes, roofs, small crafts, flooding.	6-8 feet
3	111-130	Extensive: Small buildings, low-lying roads cut off.	9-12 feet
4	131-155	Extreme: Roofs destroyed, trees down, roads cut off, mobile homes destroyed. Beach homes flooded.	13-18 feet
5	More than 155	Catastrophic: Most buildings destroyed. Vegetation destroyed. Major roads cut off. Homes flooded.	Greater than 18 feet

Impact

Follow these tips for what to do during a hurricane.

If a hurricane is likely in your area, you should:

- Listen to the radio or TV for information.
- Secure your building, close storm shutters, and secure outdoor objects or bring them indoors.
- Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed to keep food safe in the event of power outage. See the "Relief" section below.
- Turn off propane tanks. Avoid using the phone, except for serious emergencies.
- Ensure a supply of water for sanitary purposes such as cleaning and flushing toilets. Fill the tubs and other large containers with water.

You should evacuate under the following conditions:

- If you are directed by local authorities to do so. Be sure to follow their instructions.

- If you are located in a temporary structure – such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground.
- If you are located in a high-rise building – hurricane winds are stronger at higher elevations.
- If you are located on the coast, on a floodplain, near a river, or on an inland waterway.
- If you feel you are in danger.

If you are unable to evacuate, go to your wind-safe room. If you do not have one, follow these guidelines:

- Stay indoors during the hurricane and away from windows and glass doors.
- Close all interior doors – secure and brace external doors.
- Keep windows, curtains, and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm – winds could pick up again.
- Take refuge in a small interior room, closet, or hallway on the lowest level.
- Lie on the floor under a table or another sturdy object.

(Adapted from FEMA, *Are You Ready? Hurricanes*, http://www.fema.gov/areyouready/hurricanes.shtm)

Relief

Prevent illness from food

Identify and throw away food that may not be safe to eat. Throw away:

- Food that may have come in contact with flood or storm water;
- Canned foods that are bulging, opened, or damaged;
- Food that has an unusual odor, color, or texture;
- Perishable foods (including meat, poultry, fish, eggs, and leftovers) that have been above 40°F for 2 hours or more.

Thawed food that contains ice crystals or is 40°F or below can be refrozen or cooked. If cans have come in contact with floodwater or storm water, remove the labels, wash the cans, and dip them in a solution of 1 cup of bleach in 5 gallons of water. Re-label the cans with a permanent marker.

Store food safely. While the power is out, keep the refrigerator and freezer doors closed as much as possible. Add block ice or dry ice to your refrigerator if the electricity is expected to be off longer than 4 hours. Wear heavy gloves when handling ice.

For more information, see CDC, *Keep Food and Water Safe after a Disaster* (http://emergency.cdc.gov/disasters/foodwater/) and CDC, *Prevent Illness after a Natural Disaster* (http://emergency.cdc.gov/disasters/disease/).

Prevent illness from water

Listen to and follow public announcements. Local authorities will tell you if tap water is safe to drink or to use for cooking or bathing. If the water is not safe to use, follow local instructions to use bottled water or to boil or disinfect water for cooking, cleaning, or bathing.

Correctly boil or disinfect water. Hold water at a rolling boil for 1 minute to kill bacteria. If you cannot boil water, add 1/8 teaspoon (approximately 0.75 mL) of newly purchased, unscented liquid household bleach per gallon of water. Stir the water well, and let it stand for 30 minutes before you use it. You can use water-purifying tablets instead of boiling water or using bleach. For infants, use *only* pre-prepared canned baby formula. Do not use powdered formulas prepared with treated water. Disinfect children's toys that have come in contact with water. Use a solution of 1 cup of bleach in 5 gallons of water to disinfect the toys. Let toys air dry after cleaning. Some toys, such as stuffed animals and baby toys, cannot be disinfected; they should be discarded.

For more information, see CDC, *Keep Food and Water Safe after a Disaster* (http://emergency.cdc.gov/disasters/foodwater/) and CDC, *Prevent Illness after a Natural Disaster* (http://emergency.cdc.gov/disasters/disease/).

Prevent and treat other illness and injuries

Prevent carbon monoxide poisoning. Carbon monoxide is an odorless, colorless gas that is produced by many types of equipment and is poisonous to breathe. Do not use a generator, pressure washer, or other gasoline- or charcoal-burning device inside your building, basement, or garage or near a window, door, or vent. If your carbon monoxide detector sounds, leave the building immediately and call 9-1-1. Seek prompt medical attention if you suspect carbon monoxide poisoning and are feeling dizzy, light-headed, or nauseated.

For more information, see CDC, *Carbon Monoxide Poisoning After a Disaster* (http://emergency.cdc.gov/disasters/carbonmonoxide.asp).

Avoid floodwater and mosquitoes. Follow all warnings about water on roadways. Do not drive vehicles or heavy equipment through water. If you have to work in or near floodwater, wear a life jacket. If you are caught in an area where floodwater is rising, wear a life jacket, or use some other type of flotation device. Prevent mosquito bites by wearing long pants, socks, and long-sleeved shirts and by using insect repellents that contain DEET or Picaridin.

More information about these and other recommended repellents can be found in the CDC fact sheet *Updated Information Regarding Insect Repellents* (http://www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm).

Avoid unstable buildings and structures. Stay away from damaged buildings or structures until they have been examined and certified as safe by a building inspector or other government

authority. Leave immediately if you hear shifting or unusual noises that signal that the structure is about to fall.

Beware of wild or stray animals. Avoid wild or stray animals. Call local authorities to handle animals. Get rid of dead animals according to local guidelines.

Beware of electrical and fire hazards. NEVER touch a fallen power line. Call the power company to report fallen power lines. Avoid contact with overhead power lines during cleanup and other activities. If electrical circuits and equipment have gotten wet or are in or near water, turn off the power at the main breaker or fuse on the service panel. Do not turn the power back on until electrical equipment has been inspected by a qualified electrician. Do not burn candles near flammable items or leave the candle unattended. If possible, use flashlights or other battery-operated lights instead of candles.

Beware of hazardous materials. Wear protective clothing and gear (for example, a respirator if needed) when handling hazardous materials. Wash skin that may have come in contact with hazardous chemicals. Contact local authorities if you are not sure about how to handle or get rid of hazardous materials.

Clean up and prevent mold growth. Clean up and dry out the building quickly (within 24 to 48 hours). Open doors and windows. Use fans to dry out the building. To *prevent* mold growth, clean wet items and surfaces with detergent and water. To *remove* mold growth, wear rubber gloves, open windows and doors, and clean with a bleach solution of 1 cup of bleach in 1 gallon of water. Throw away porous items (for example, carpet and upholstered furniture) that cannot be dried quickly. Fix any leaks in roofs, walls, or plumbing.

For more information, see CDC, *Mold After a Disaster* (http://emergency.cdc.gov/disasters/mold/).

Pace yourself and get support. Be alert to physical and emotional exhaustion or strain. Set priorities for clean-up tasks, and pace the work. Try not to work alone. Do not get exhausted. Ask your family members, friends, or professionals for support.

Prevent musculoskeletal injuries. Use teams of two or more people to move bulky objects. Avoid lifting any material that weighs more than 50 pounds (per person).

Stay cool. When it is hot, stay in air-conditioned buildings; take breaks in shaded areas or in cool rooms; drink water and nonalcoholic fluids often; wear lightweight, light-colored, loose-fitting clothing; and do outdoor activities during cooler hours.

Treat wounds. Clean out all open wounds and cuts with soap and clean water. Apply an antibiotic ointment. Contact a doctor to find out whether more treatment is needed (such as a tetanus shot). If a wound gets red, swells, or drains, seek immediate medical attention.

Wash your hands. Use soap and warm water to wash your hands. If water is not available, you can use alcohol-based products made for washing hands.

Wear protective gear for clean-up work. Wear hard hats, goggles, heavy work gloves, and watertight boots with steel toes and insoles (not just steel shank). Wear earplugs or protective headphones to reduce risk from equipment noise.

For more information, see these resources from the CDC:

Keep Food and Water Safe after a Natural Disaster
(http://emergency.cdc.gov/disasters/foodwater/)

Prevent Illness after a Natural Disaster
(http://emergency.cdc.gov/disasters/disease/)

National Center for Environmental Health
(http://www.cdc.gov/nceh/)

Key Facts About Hurricane and Flood Recovery: Protect Your Health and Safety After a Hurricane or Flood
(http://emergency.cdc.gov/disasters/hurricanes/pdf/recovery.pdf)

Landslide and Mudslide

Planning

Both landslides and mudslides involve the sudden movement of land brought about by storms, earthquakes, floods, snowmelt, volcanic eruptions, fires, and human manipulation of land. They can occur at any speed and therefore vary in the amount of time you will have to react.

Signs of a Landslide or Mudslide

- Changes occur in your landscape, such as patterns of storm-water drainage on slopes (especially the places where runoff water converges), land movement, small slides, flows, or progressively leaning trees.
- Doors or windows stick or jam for the first time.
- New cracks appear in plaster, tile, brick, or foundations.
- Outside walls, walks, or stairs begin pulling away from the building.
- Slowly developing, widening cracks appear on the ground or on paved areas, such as streets or driveways.
- Underground utility lines break.
- Bulging ground appears at the base of a slope.
- Water breaks through the ground surface in new locations.
- Fences, retaining walls, utility poles, or trees tilt or move.
- A faint rumbling sound that increases in volume is noticeable as the landslide nears.
- The ground slopes downward in one direction and may begin shifting in that direction under your feet.
- Unusual sounds, such as trees cracking or boulders knocking together, might indicate moving debris.
- Collapsed pavement, mud, fallen rocks, and other indications of possible debris flow can be seen when driving (embankments along roadsides are particularly susceptible to landslides).

(Excerpted from FEMA, *Are You Ready? Landslides and Debris Flow (Mudslide),* http://www.fema.gov/areyouready/landslide.shtm)

If you are at risk for a landslide, contact your landlord or local management company to make alterations to your building(s). FEMA suggests several steps for the Planning Phase:

- Avoid facilities near steep slopes, close to mountain edges, near drainage ways, or natural erosion valleys.
- Get a ground assessment of your property.
- Consult an appropriate professional expert for advice on corrective measures.

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- Minimize hazards by having flexible pipe fittings installed to avoid gas or water leaks, as flexible fittings are more resistant to breakage (only the gas company or professionals should install gas fittings).

(Adapted from FEMA, *Before a Landslide or Debris Flow*, http://www.fema.gov/hazard/landslide/ls_before.shtm)

If landslides or mudslides are a concern for your program, be sure you include the following in your planning. These tips from the CDC's *Key Facts about Hurricane Readiness* (http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf) are also applicable to landslides or mudslides:

- Integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters.
- Identify potential program hazards and know how to secure or protect them before the landslide/mudslide strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.
- Buy fire extinguishers and make sure staff know where they are and how to use them.
- Locate and secure your important papers, such as insurance policies, child records, etc.

Train staff to recognize the signs of a landslide or mudslide:

- Ensure that staff are available who know CPR and First Aid.
- Develop evacuation plans with meeting places for children, families, and staff.
- Create communication systems for sharing decisions as they are made.
- Ensure insurance and rebuilding plans are in place in case of any destruction.

Impact

If a landslide or mudslide occurs:

- Move away from the path of a landslide or mudslide as quickly as possible.
- Curl into a tight ball and protect your head if escape is not possible.

(Adapted from FEMA, *Are You Ready? Landslides and Debris Flow (Mudslides)*, http://www.fema.gov/areyouready/landslide.shtm)

Relief

After a landslide or mudslide:

- Stay away from the site. Flooding or additional slides may occur after a landslide or mudslide.
- Check for injured or trapped people near the affected area, if it is possible to do so without entering the path of the landslide or mudslide.
- Listen to the radio or TV for emergency information.
- Report broken utility lines to the appropriate authorities.

Consult a geotechnical expert (a registered professional engineer with soils engineering expertise) for advice on reducing additional landslide problems and risks. Local authorities should be able to tell you how to contact a geotechnical expert.

(Adapted from FEMA *After a Landslide or Debris Flow*, http://www.fema.gov/hazard/landslide/ls_after.shtm)

Thunderstorms and Lightning

Planning

Thunderstorms and lightning are frequent and dangerous for all individuals, though many people may not be aware of the high level of threat. According to FEMA, in the United States an average of 300 people are injured and 80 people are killed each year by lightning. In addition, lightning may lead to fire, tornadoes, and other related emergency situations. Because of the high level of harm they can inflict, there are several facts that are important to know:

Facts about Thunderstorms

- They may occur singly, in clusters, or in lines.
- Some of the most severe occur when a single thunderstorm affects one location for an extended time.
- Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour.
- Warm, humid conditions are highly favorable for thunderstorm development.
- About 10 percent of thunderstorms are classified as severe – one that produces hail at least three-quarters of an inch in diameter, has winds of 58 miles per hour or higher, or produces a tornado.

Facts about Lightning

- Lightning's unpredictability increases the risk to individuals and property.
- Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall.
- "Heat lightning" is actually lightning from a thunderstorm too far away for thunder to be heard. However, the storm may be moving in your direction!
- Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.
- Your chances of being struck by lightning are estimated to be 1 in 600,000, but could be reduced by following safety precautions.
- Lightning strike victims carry no electrical charge and should be attended to immediately.

(FEMA, *Thunderstorms and Lightning*, http://www.fema.gov/hazard/thunderstorm/index.shtm)

For up-to-date information about thunderstorms in your area, listen to local news or use online resources. An excellent resource is the National Oceanic and Atmospheric Administration's NWS/SPC Watch, Warning, Advisory Display (http://www.spc.noaa.gov/products/wwa/),

which provides up-to-date information about thunderstorms. A weather radio (Appendix C) will also supply up-to-date information.

If you are at risk for thunderstorms and lightning, FEMA suggests that during the Planning Phase, you remove any dead or rotting trees or branches and any other tall structures that might attract lightning. To plan effectively for thunderstorms and lightning, consider how you will include the following in your program plan:

- Postpone outdoor activities.
- Get inside a building or shelter.
- Secure outdoor objects that could blow away or cause damage.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades, or curtains.
- Use a corded telephone only for emergencies. Cordless and cellular telephones are safe to use.
- Unplug appliances and other electrical items, such as computers and turn off air conditioners. Power surges from lightning can cause serious damage.
- Use your battery-operated NOAA Weather Radio for updates from local officials.
- If your program offers transportation to children, find shelter on the side of the road or in a covered area (e.g., an underpass or bridge) and stay on the bus during a thunderstorm. Children are safer on the bus than outside of it.

Avoid the following:

- Natural lightning rods such as a tall, isolated tree in an open area;
- Hilltops, open fields, the beach, or a boat on the water;
- Isolated sheds or other small structures in open areas; and
- Anything metal – farm equipment, motorcycles, golf carts or clubs, and bicycles.

(Adapted from FEMA, *Are You Ready? Thunderstorms and Lightning*, http://www.fema.gov/areyouready/thunderstorms.shtm)

Impact

If you are:	Then:
In a forest	Seek shelter in a low area under a thick growth of small trees.
In an open area	Go to a low place such as a ravine or valley. Be alert for flash floods.
On open water	Get to land and find shelter immediately.
Anywhere you feel your hair stand on end (which indicates that lightning is about to strike)	Squat low to the ground on the balls of your feet. Place your hands over your ears and your head between your knees. Make yourself the smallest target possible and minimize your contact it the ground. DO NOT lie flat on the ground.

(Adapted from FEMA, *Are You Ready? Thunderstorms and Lightning*, http://www.fema.gov/areyouready/thunderstorms.shtm)

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Relief

Call 9-1-1 for medical assistance as soon as possible.

The following are things you should check when you attempt to give aid to a victim of lightning:

- *Breathing:* If breathing has stopped, begin mouth-to-mouth resuscitation.
- *Heartbeat:* If the heart has stopped, administer CPR.
- *Pulse:* If the victim has a pulse and is breathing, look for other possible injuries. Check for burns where the lightning entered and left the body. Also be alert for nervous system damage, broken bones, and loss of hearing and eyesight.

(Adapted from FEMA, *Are You Ready? Thunderstorms and Lightning*, (http://www.fema.gov/areyouready/thunderstorms.shtm)

Tornado

Planning

Resulting from thunderstorms, tornadoes travel quickly through areas destroying buildings and causing fatalities. "A tornado appears as a rotating, funnel-shaped cloud that extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour. Damage paths can be in excess of 1 mile wide and 50 miles long" (FEMA, *Tornado*, http://www.fema.gov/hazard/tornado/index.shtm).

Often the weather service will issue warnings and watches when tornadoes are likely. These are broadcast on local news, but also can be accessed through the National Oceanic and Atmospheric Administration's NWS/SPC Watch, Warning, Advisory Display (http://www.spc.noaa.gov/products/wwa/), which provides up-to-date information about tornadoes.

FEMA offers these facts about tornadoes to support you throughout your preparation activities:

- They may strike quickly, with little or no warning.
- They may appear nearly transparent until dust and debris are picked up or a cloud forms in the funnel.
- The average tornado moves southwest to northeast, but tornadoes have been known to move in any direction.
- The average forward speed of a tornado is 30 miles per hour, but may vary from stationary to 70 miles per hour.
- Tornadoes can accompany tropical storms and hurricanes as they move onto land.
- Waterspouts are tornadoes that form over water.
- Tornadoes are most frequently reported east of the Rocky Mountains during spring and summer months.
- Peak tornado season in the southern states is March through May; in the northern states, it is late spring through early summer.
- Tornadoes are most likely to occur between 3 and 9 p.m., but can occur at any time.

(FEMA, *Tornado*, http://www.fema.gov/hazard/tornado/index.shtm)

If you are at risk for a tornado, you might contact your landlord or local management company to support you in doing the following during the Planning Phase. These tips adapted from the CDC's *Key Facts about Hurricane Readiness* (http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf) are also applicable to tornadoes:

- Build or locate a well-constructed storm shelter (See FEMA's *Storm Shelters: Selecting Design Criteria*, http://www.fema.gov/library/file?type=publishedFile&file=ra2_storm_shelters.pdf&fileid=e2d70430-0ed4-11dc-a25e-000bdba87d5b).

- Buy a weather radio that will provide you the information you will need to make decisions in your plan.
- Integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters.
- Identify potential program hazards and know how to secure or protect them before the tornado strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.
- Buy fire extinguishers and make sure staff know where they are and how to use them.
- Locate and secure your important papers, such as insurance policies, child records, etc.
- Develop evacuation plans with meeting places for children, families, and staff.
- Create communication systems for sharing decisions as they are made.
- Ensure that staff are available who know CPR and First Aid.
- Ensure insurance and rebuilding plans are in place in case of any destruction.

Develop plans for safe shelter (Safe Spaces, Appendix C) for children who may be on the bus in an emergency situation. Your local school district will be able to offer advice regarding specific procedures.

Impact

If you are under a tornado WARNING, seek shelter immediately!

If you are:	Then:
In a structure (e.g. residence, small building, school, nursing home, hospital, factory, shopping center, high-rise building)	Go to a pre-designated shelter area, such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
In a vehicle, trailer, or mobile home	Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter. Mobile homes, even if tied down, offer little protection from tornadoes.

If you are:	Then:
Outside with no shelter	Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding. Do not get under an overpass or bridge. You are safer in a low, flat location. Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

Locate the Safety Place

On the layout diagrams of your programs, locate the safest place to seek shelter if you are unable to evacuate.

(Adapted from FEMA, *Are You Ready? Tornadoes,* http://www.fema.gov/areyouready/tornadoes.shtm)

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to 5 hours, assuming a normal breathing rate while resting.

However, local officials are unlikely to recommend that people shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take.

Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.

(Adapted from FEMA, *Are You Ready? Hazardous Materials Incidents,* http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm)

Relief

Injury may result from the direct impact of a tornado, or it may occur afterward when people walk among debris and enter damaged buildings. A study of injuries after a tornado in Marion, Illinois, showed that 50 percent of the tornado-related injuries were suffered during rescue attempts, clean-up, and other post-tornado activities. Nearly a third of the injuries resulted from stepping on nails. Other common causes of injury included falling objects and heavy, rolling objects. Because tornadoes often damage power lines, gas lines, or electrical systems, there is a risk of fire, electrocution, or an explosion. Protecting yourself and your family requires promptly treating any injuries suffered during the storm and using extreme care to avoid further hazards.

Injuries

Check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger of further injury. Get medical assistance immediately. If someone has stopped breathing, begin CPR if you are trained to do so. Stop a bleeding injury by applying direct pressure to the wound. Have any puncture wound evaluated by a physician. If you are trapped, try to attract attention to your location.

General Safety Precautions

Here are some safety precautions that could help you avoid injury after a tornado:

- Continue to monitor your battery-powered radio or television for emergency information.
- Be careful when entering any structure that has been damaged.
- Wear sturdy shoes or boots, long sleeves, and gloves when handling or walking on or near debris.
- Be aware of hazards from exposed nails and broken glass.
- Do not touch downed power lines or objects in contact with downed lines. Report electrical hazards to the police and the utility company.
- Use battery-powered lanterns, if possible, rather than candles to light homes without electrical power. If you use candles, make sure they are in safe holders away from curtains, paper, wood, or other flammable items. Never leave a candle burning when you are out of the room.
- Never use generators, pressure washers, or other gasoline, propane, natural gas, or charcoal-burning devices inside your building, basement, garage, or even outside near an open window, door, or vent. Carbon monoxide (CO) – an odorless, colorless gas that can cause sudden illness and death if you breathe it – from these sources can build up in your home, garage, or camper and poison the people and animals inside. Seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseated.

- Hang up displaced telephone receivers that may have been knocked off by the tornado, but stay off the telephone, except to report an emergency.
- Cooperate fully with public safety officials.
- Respond to requests for volunteer assistance by police, firefighters, emergency management, and relief organizations, but do not go into damaged areas unless assistance has been requested. Your presence could hamper relief efforts, and you could endanger yourself.

Inspecting the Damage

- After a tornado, be aware of possible structural, electrical, or gas-leak hazards in your home. Contact your local city or county building inspectors for information on structural safety codes and standards. They may also offer suggestions on finding a qualified contractor to do work for you.
- In general, if you suspect any damage to your building, shut off electrical power, natural gas, and propane tanks to avoid fire, electrocution, or explosions.
- If it is dark when you are inspecting your building, use a flashlight rather than a candle or torch to avoid the risk of fire or explosion in a damaged building.
- If you see frayed wiring or sparks, or if there is an odor of something burning, you should immediately shut off the electrical system at the main circuit breaker if you have not done so already.
- If you smell gas or suspect a leak, turn off the main gas valve, open all windows, and leave the building immediately. Notify the gas company, the police or fire departments, or Tribal or state fire marshal's office, and do not turn on the lights, light matches, smoke, or do anything that could cause a spark. Do not return to your building until you are told it is safe to do so.
- After tornadoes, excess moisture and water can contribute to growth of mold in homes and other buildings. Learn to protect yourself from mold. See the CDC's *Protect Yourself from Mold* (http://emergency.cdc.gov/disasters/mold/protect.asp).

Safety During Clean-Up

- Wear sturdy shoes or boots, long sleeves, and gloves.
- Learn proper safety procedures and operating instructions before operating any gas-powered or electric-powered saws or tools.
- Clean up spilled medicines, drugs, flammable liquids, and other potentially hazardous materials.

Children's Needs

After a tornado, children may be afraid that the storm will come back and they will be injured or left alone. Children may even interpret disasters as punishment for real or imagined misdeeds. Explain that a tornado is a natural event.

Children will be less likely to experience prolonged fear or anxiety if they know what to expect after a tornado. Here are some suggestions:

- Talk about your own experiences with severe storms, or read aloud a book about tornadoes.
- Encourage your child to express feelings of fear. Listen carefully and show understanding.
- Offer reassurance. Tell your child that the situation is not permanent, and provide physical reassurance through time spent together and displays of affection.
- Include children in simple and supervised clean-up activities. It is comforting to children to watch the center begin to return to normal and to have a job to do.

NOTE: Symptoms of anxiety may not appear for weeks or even months after a tornado; they can affect people of any age. If anxiety disrupts daily activities for any member of your family or staff, seek professional assistance through a school counselor, community religious organization, your physician, or a licensed professional. Mental health services should be readily available through Head Start services.

(Adapted from CDC, *After a Tornado*,
http://emergency.cdc.gov/disasters/tornadoes/after.asp)

Volcano

Planning

"A volcano is a mountain that opens downward to a reservoir of molten rock below the surface of the earth. Unlike most mountains, which are pushed up from below, volcanoes are built up by an accumulation of their own eruptive products. When pressure from gases within the molten rock becomes too great, an eruption occurs. Eruptions can be quiet or explosive. There may be lava flows, flattened landscapes, poisonous gases, and flying rock and ash" (FEMA, *Volcano*, http://www.fema.gov/hazard/volcano/index.shtm).

Volcanoes are highly dangerous because of the intense heat and lava they produce. Ash and gases also can be hazardous to infants, toddlers, and young children, causing lung damage even when located at a long distance from the volcano. Additionally, ash mixed with water can destroy rooftops due to their heavy weight.

You can visit the Dynamic Maps (http://www.nationalatlas.gov/dynamic/dyn_volcano.html), a Web site operated by the U.S. Department of the Interior, to learn about volcanoes in your area.

If you are at risk for a volcanic eruption, FEMA suggests that during the Planning Phase, you should include in your disaster supply kit, goggles and disposable breathing masks for each member of your program.

If your program is concerned about the effects of a volcanic eruption, consider the following when planning:

- Make sure staff and families know how to prepare to evacuate from a volcanic eruption.
- Develop evacuation plans with meeting places for children, families, and staff.
- Create communication systems for sharing decisions as they are made.
- Ensure that staff are available who know CPR and First Aid.
- Ensure insurance and rebuilding plans are in place in case of any destruction.

Prepare To Evacuate from a Volcanic Eruption

If you are told to evacuate
Follow authorities' instructions if they tell you to leave the area. Though it may seem safe to stay inside and wait out an eruption, doing so could be very dangerous. Volcanoes spew hot, dangerous gases, ash, lava, and rock that are powerfully destructive.

Preparing to evacuate

- Listen to the radio or TV for volcano updates.
- Listen for disaster sirens and warning signals.
- Review your emergency plan and gather your emergency supplies. Be sure to pack at least a 1-week supply of prescription medications.
- Prepare an emergency kit for your vehicle with food, flares, booster cables, maps, tools, a First Aid kit, a fire extinguisher, sleeping bags, a flashlight, batteries, etc.
- Fill your vehicle's gas tank.
- If no vehicle is available, make arrangements with friends or family for transportation, or follow authorities' instructions on where to obtain transportation.
- Place vehicles under cover, if possible.
- Put livestock in an enclosed area. Plan ahead to take pets with you, but be aware that many emergency shelters cannot accept animals.
- Fill your clean water containers.
- Fill sinks and bathtubs with water as an extra supply for washing.
- Adjust the thermostat on refrigerators and freezers to the coolest possible temperature. If the power goes out, food will stay cooler longer.

As you evacuate

- Take only essential items with you, including at least a 1-week supply of medications.
- If you have time, turn off the gas, electricity, and water.
- Disconnect appliances to reduce the likelihood of electrical shock when power is restored.
- Make sure your automobile's emergency kit is ready.
- Follow designated evacuation routes; others may be blocked. Expect heavy traffic/delays.

If you are told to take shelter where you are

- Listen to the radio or TV until you are told all is safe or you are told to evacuate. Local authorities may evacuate specific areas at greatest risk in your community.
- Close and lock all windows and outside doors.
- Turn off all heating and air conditioning systems and fans.
- Close the fireplace damper.
- Organize your emergency supplies and make sure staff know where the supplies are.
- Go to an interior room without windows that is above ground level.
- Bring your pets with you, and be sure to bring food and water supplies for them.

It is ideal to have a hard-wired (non-portable) telephone in the room you select. Call your emergency contact – a friend or family member who does not live near the volcano – and have the phone available if you need to report a life-threatening condition. Remember that telephone equipment may be overwhelmed or damaged during an emergency.

(Excerpted from CDC's *Key Facts About Preparing for a Volcanic Eruption*, http://www.bt.cdc.gov/disasters/volcanoes/before.asp)

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Impact

During a Volcanic Eruption

The following are guidelines for what to do if a volcano erupts in your area:

- Evacuate immediately from the volcano area to avoid flying debris, hot gases, lateral blast, and lava flow.
- Be aware of mudslides. The danger from a mudslide increases near stream channels and with prolonged heavy rains. Mudslides can move faster than you can walk or run. Look upstream before crossing a bridge, and do not cross the bridge if a mudslide is approaching.
- Avoid river valleys and low-lying areas.

Protection from Falling Ash

- Wear long-sleeved shirts and long pants. Use goggles and wear eyeglasses instead of contact lenses.
- Use a dust mask or hold a damp cloth over your face to help with breathing.
- Stay away from areas downwind from the volcano to avoid volcanic ash.
- Stay indoors until the ash has settled unless there is a danger of the roof collapsing.
- Close doors, windows, and all ventilation in the building (chimney vents, furnaces, air conditioners, fans, and other vents).
- Clear heavy ash from flat or low-pitched roofs and rain gutters.
- Avoid running car or truck engines. Driving can stir up volcanic ash that can clog engines, damage moving parts, and stall vehicles.
- Avoid driving in heavy ashfall unless absolutely required. If you have to drive, keep speed down to 35 miles per hour or slower.

(Adapted from FEMA, *Are You Ready? Volcano*, http://www.fema.gov/areyouready/volcanoes.shtm)

Relief

You can do many things to protect children, families, and staff after a volcanic eruption:

- Pay attention to warnings and obey instructions from local authorities. For example, stay indoors until local health officials tell you it is safe to go outside.
- Listen to local news updates for information about air quality, drinking water, and roads.
- Turn off all heating and air conditioning units and fans, and close windows, doors, and fireplace and woodstove dampers to help keep ash and gases from getting into your building.
- Exposure to ash can harm your health, particularly the respiratory (breathing) tract. To protect yourself while you are outdoors or while you are cleaning up ash that has gotten indoors, use an N-95 disposable respirator (also known as an "air purifying respirator"). N-95 respirators can be purchased at hardware stores. It is important to follow directions for proper use of this respirator. For more information, see *National Institute for Occupational Safety and Health (NIOSH)-Approved Disposable Particulate*

Respirators (Filtering Facepieces)
(http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part). If you don't have an N-95 respirator, you can protect yourself by using a nuisance dust mask as a last resort, but you should stay outdoors for only short periods while dust is falling. Nuisance dust masks can provide comfort and relief from exposure to relatively non-hazardous contaminants such as pollen, but they do not offer as much protection as an N-95 respirator.

- Stay away from ashfall areas, if possible. Avoid contact with ash as much as you can. Keep your skin covered to avoid irritation from contact with ash.
- Wear goggles to protect your eyes from ash.
- Replace disposable furnace filters or clean permanent furnace filters frequently.
- If your drinking water has ash in it, use another source of drinking water, such as purchased bottled water, until your water can be tested.
- Clear roofs of ash. Ash is very heavy and can cause buildings to collapse. Be very cautious when working on a roof. Ash can be slippery and make it easy to fall.

(Adapted from CDC, *Key Facts About Protecting Yourself After a Volcanic Eruption,* http://emergency.cdc.gov/disasters/volcanoes/after.asp)

Information about injuries and mass casualty events can be found in CDC's *Injuries and Mass Casualty Events: Information for the Public*
(http://emergency.cdc.gov/masscasualties/injuriespub.asp).

Volcanic eruptions may result in earthquakes, floods, landslides and mudslides, and wildfires. For information on protecting yourself against these hazards, you may wish to read these sections of Appendix A:

- Earthquake
- Flood
- Landslide and Mudslide
- Wildfire

Wildfire

Planning

Different from fires, wildfires affect a wider amount of space and threaten whole communities. If you are located on a remote hillside or in a valley, prairie, or forest where flammable vegetation is abundant, your facility could be vulnerable to wildfires. These fires are usually triggered by lightning or accidents. Wildfires spread quickly, igniting brush, trees, homes, and buildings.

(FEMA, *Are You Ready? Wildfires*, http://www.fema.gov/areyouready/wildfires.shtm)

If you are at risk for a wildfire, contact your landlord or local management company to make alterations to your building(s). FEMA suggests that during the Planning Phase you:

Find Out Your Risk of Fire

Learn about the history of wildfire in your area. Be aware of recent weather. A long period without rain increases the risk of wildfire. Consider having a professional from the community (found through collaborations established by your planning team) inspect your property and offer recommendations for reducing the wildfire risk. Determine your community's ability to respond to wildfire. Are roads leading to your property clearly marked? Are the roads wide enough to allow firefighting equipment to get through? Is your house or building number visible from the roadside?

Learn and teach safe fire practices.

- Always have a way to extinguish a fire quickly and completely.
- Install smoke detectors throughout your program and near napping areas.

Always be ready for an emergency evacuation.
Evacuation may be the only way to protect the children, families, and staff in a wildfire. Know where to go and what to bring with you. You should plan several escape routes in case roads are blocked by a wildfire.

(Adapted from FEMA, *Are You Ready? An In-depth Guide to Citizen Preparedness,* http://www.fema.gov/pdf/areyouready/natural_hazards_2.pdf)

Create Safety Zones Around Your Program

All vegetation is fuel for a wildfire, though some trees and shrubs are more flammable than others. To reduce the risk, you should modify or eliminate brush, trees, and other vegetation near your program's buildings. The greater the distance is between your facility and the vegetation, the greater the protection.

Create a 30-foot safety zone around the building.
Keep the volume of vegetation in this zone to a minimum. If you are located on a hill, extend the zone on the downhill side. Fire spreads rapidly uphill. The steeper the slope, the more open space you will need to protect your building. Patios can be a safety zone, and stone walls can act as heat shields and deflect flames. In this zone, you should also work with your landlord or management company to do the following:

- Remove vines from the walls of the building.
- Move shrubs and other landscaping away from the sides of the building.
- Prune branches and shrubs within 15 feet of chimneys and stove pipes.
- Remove tree limbs within 15 feet of the ground.
- Thin a 15-foot space between tree crowns.
- Replace highly flammable vegetation such as pine, eucalyptus, junipers, and fir trees with lower growing, less flammable species. Check with your local fire department or garden store for suggestions.
- Replace vegetation that has living or dead branches from the ground-level up (these act as ladder fuels for the approaching fire).
- Cut the lawn often, keeping the grass at a maximum of 2 inches. Limit grass and other vegetation near the driveway, a source of ignition from automobile exhaust systems.
- Clear the area of leaves, brush, evergreen cones, dead limbs, and fallen trees.

Create a second zone at least 100 feet around the building.
This zone should begin about 30 feet from the building and extend to at least 100 feet. In this zone, reduce or replace as much of the most flammable vegetation as possible. If you are located on a hill, you may need to extend the zone for several hundred feet to provide the desired level of safety.

Clear all combustibles within 30 feet of any structure.
- Install electrical lines underground, if possible.
- Ask the power company to clear branches from power lines.
- Avoid using bark and wood chip mulch.
- Stack firewood 100 feet away and uphill from any structure.
- Store combustible or flammable materials in approved safety containers and keep them away from the building.

(Adapted from FEMA, *Are You Ready? An In-depth Guide to Citizen Preparedness*, http://www.fema.gov/pdf/areyouready/natural_hazards_2.pdf)

Protect Your Building

Remove debris from under porches.
Any porch, balcony, or overhang with exposed space underneath is fuel for an approaching fire. Overhangs ignite easily by flying embers and by the heat and fire that get trapped underneath. If vegetation is allowed to grow underneath or if the space is used for storage, the hazard is increased significantly. Clear leaves, trash, and other combustible materials away from

underneath decks and porches. Extend ½-inch mesh screen from all overhangs down to the ground. Enclose wooden stilts with non-combustible material such as concrete, brick, rock, stucco, or metal. Use non-combustible patio furniture, playground equipment, and covers.

Enclose eaves and overhangs.
Like porches and balconies, eaves trap the heat rising along the exterior siding. Enclose all eaves to reduce the hazard.

Cover building vents with wire mesh.
Any vent, louver, or other opening can allow embers and flaming debris to enter a building and ignite it. Cover all openings with ¼-inch or smaller corrosion-resistant wire mesh. If you're designing louvers, place them in the vertical wall rather than the soffit of the overhang.

Use fire-resistant siding.
Use fire-resistant materials in the siding of your building, such as stucco, metal, brick, cement shingles, concrete, and rock. You can treat wood siding with UL-approved fire-retardant chemicals, but the treatment and protection are not permanent.

Choose safety glass for windows and sliding glass doors.
Windows allow radiated heat to pass through and ignite combustible materials inside. The larger the pane of glass, the more vulnerable it is to fire. Dual- or triple-pane thermal glass, and fire resistant shutters or drapes, help reduce the wildfire risk. You can also install non-combustible awnings to shield windows and use shatter-resistant glazing such as tempered or wireglass.

Prepare for water storage; develop an external water supply such as a small pond or well.

Other safety measures to consider at the time of construction or remodeling.

- Choose locations wisely; canyon and slope locations increase the risk of exposure to wildfires.
- Use fire-resistant materials when building, renovating, or retrofitting structures.
- Avoid designs that include wooden decks and patios.
- The roof is especially vulnerable in a wildfire. Embers and flaming debris can travel great distances, land on your roof, and start a new fire. Avoid flammable roofing materials such as wood, shake, and shingle. Materials that are more fire-resistant include single-ply membranes, fiberglass shingles, slate, metal, clay, and concrete tile.
- Clear gutters of leaves and debris.

(Adapted from FEMA, *Are You Ready? An In-depth Guide to Citizen Preparedness*, http://www.fema.gov/pdf/areyouready/natural_hazards_2.pdf)

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If wildfires threaten your program, you should consider the following during the Planning Phase. These tips adapted from the CDC's *Key Facts about Hurricane Readiness* (http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf) are also applicable to wildfires:

- Integrate your community's emergency preparedness plans, warning signals, evacuation routes, and locations of emergency shelters.
- Identify potential program hazards and know how to secure or protect them before the wildfire strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.
- Buy fire extinguishers and make sure staff know where they are and how to use them.
- Locate and secure your important papers, such as insurance policies, child records, etc.
- Plan protective efforts using water and fire protection substances to protect your facility.
- Ensure that staff are available who know CPR and First Aid.
- Develop evacuation plans with meeting places for children, families, and staff.
- Create communication systems for sharing decisions as they are made.
- Ensure insurance and rebuilding plans are in place in case of any destruction.

Impact

If you are trapped at your program, stay calm. As the fire front approaches, go inside the building. The fire should pass before your building burns down.

(Adapted from FEMA, *What to Do During a Wildfire,* http://www.fema.gov/hazard/wildfire/wf_during.shtm)

Relief

Contact your local disaster relief service, such as the American Red Cross or the Salvation Army, to help with your immediate needs, such as:

- Temporary housing
- Food
- Medicine
- Clothing
- Other essential items

Contact your insurance agent/company.

Cautions:

Do not enter the damaged site. Fires can rekindle from hidden, smoldering remains.

Normally, the fire department will see that utilities (water, electricity, and natural gas) are either safe to use or are disconnected before they leave the site. Do not attempt to turn on utilities yourself.

Be watchful for structural damage caused by the fire. Roofs and floors may be damaged and subject to collapse.

Food, beverages, and medicine exposed to heat, smoke, soot, and water should not be consumed.

Leaving Your Building

Contact your local police departments to let them know the site will be unoccupied.

In some cases it may be necessary to board up openings to discourage trespassers.

Beginning immediately, save receipts for any money you spend. These receipts are important in showing the insurance company what money you have spent related to your fire loss and also for verifying losses claimed on your income tax.

If it is safe to do so, try to locate the following items:

- Identification, such as driver's licenses and Social Security cards
- Insurance information
- Medication information
- Eyeglasses, hearing aids, or other prosthetic devices
- Valuables

There are many people/entities that should be notified of your relocation, including:

- Your insurance agent/company
- Your mortgage company (also inform them of the fire)
- Community partners
- Your landlord
- Your post office
- Any delivery services
- Your fire and police departments
- Your utility companies

Do not throw away any damaged goods until after an inventory is made. All damages are taken into consideration in developing your insurance claim. If you are considering contracting for inventory or repair services, discuss your plans with your insurance agent/company first.

(Adapted from the U.S. Fire Administration, *The First 24 Hours - Securing Yourself and The Site*, http://www.usfa.dhs.gov/citizens/all_citizens/atf/first24.shtm)

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Winter Storm and Extreme Cold

Planning

Winter storms and extreme cold occur annually in parts of the country and paralyze entire communities.

"Winter storms can result in flooding, storm surge, closed highways, blocked roads, downed power lines, and hypothermia" (FEMA, *Are You Ready? Winter Storms and Extreme Cold*, http://www.fema.gov/areyouready/winter.shtm).

Programs that might be affected by winter storms can use the Planning Phase to:

- Determine procedures for delayed openings, closings, and early releases.
- Define indoor play facilities for recess or outdoor play times.
- Communicate proper clothing expectations program-wide and maintain supplies to accommodate children who come to the program with insufficiently warm clothing.
- Prepare shelter-in-place procedures and materials in case children and staff must stay at the program for extended periods of time.

If your program has transportation services, store shovels, ice, and other emergency supplies in case your vehicles are stuck in a winter storm.

When planning for winter storms and extreme cold, you should consider the following to prevent weather-related illnesses. CDC suggests that programs plan for:

- Warm spaces such as indoor play in heated facilities;
- Sufficient warm fluids and well-balanced meals to maintain body temperature and help stay warm;
- Notification for families about appropriate clothing for cold days;
- Systems for deciding on closures, late openings, and early delays; and
- Relationships with local transportation to ensure the safe transportation of children and staff to their homes.

(Adapted from CDC, *Emergency Preparedness and Response: Winter Weather*, http://www.bt.cdc.gov/disasters/winter/)

Impact

Guidelines

- **Listen to your radio, television, or NOAA Weather Radio** for weather reports and emergency information.
- **Eat regularly and drink ample fluids**, but avoid caffeine and alcohol.

- **Conserve fuel**, if necessary, by keeping your building cooler than normal while considering the temperature needs of infants and children with special health needs. Temporarily close off heat to some unoccupied rooms.
- **If the pipes freeze,** remove any insulation or layers of newspapers and wrap pipes in rags. Completely open all faucets and pour hot water over the pipes, starting where they were most exposed to the cold (or where the cold was most likely to penetrate).

If you are outdoors

- Avoid overexertion. Overexertion can bring on a heart attack – a major cause of death in the winter. If you must be active outside, stretch before going outside.
- Cover your mouth. Protect your lungs from extremely cold air by covering your mouth when outdoors. Try not to speak unless absolutely necessary.
- Keep dry. Change wet clothing frequently to prevent a loss of body heat. Wet clothing loses all of its insulating value and transmits heat rapidly.
- Watch for signs of frostbite. These include loss of feeling and white or pale appearance in extremities such as fingers, toes, ear lobes, and the tip of the nose. If symptoms are detected, get medical help immediately.
- Watch for signs of hypothermia. These include uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness, and apparent exhaustion.
- If symptoms of hypothermia are detected:
    - Get the victim to a warm location;
    - Remove wet clothing;
    - Put the person in dry clothing and wrap their entire body in a blanket;
    - Warm the center of the body first;
    - Give warm, non-alcoholic or non-caffeinated beverages if the victim is conscious; and
    - Get medical help as soon as possible.

(Adapted from FEMA, *During a Winter Storm*, http://www.fema.gov/hazard/winter/wi_during.shtm)

Relief

Following a winter storm and/or extreme cold, you will want to:

- Seek emergency health services and monitor any person affected by weather-related illness.
- Assess and service needs of heating and electrical utilities.
- Provide mental health support to any families or staff who have experienced any losses due to the storm.

Health Emergencies

Several specific health considerations may serve as a threat to your program. During the Planning Phase, your research can assist you in determining whether your program is at risk and take necessary measures to reduce the effect these health issues might present. Relationships with local health department representatives can assist programs in planning for and coping with these emergencies. Most important to Head Start programs are:

- Novel H1N1 (Swine Flu) (pg. 129)
- Widespread Disease Outbreak (pg. 131)

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Novel H1N1 (Swine Flu)

Planning

Novel H1N1 (also referred to as Swine Flu) is an influenza virus that spreads from person-to-person. This virus was first detected in people in the United States in April 2009. Other countries, including Mexico and Canada, have reported people sick with this virus.

This virus was originally referred to as Swine Flu because many of the genes were very similar to influenza viruses that normally occur in pigs in North America. However, further study has shown that the virus contains two genes that normally circulate in pigs within Europe and Asia, and includes avian and human genes.

The symptoms of novel H1N1 flu virus in people are similar to the symptoms of seasonal flu. Symptoms include:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue

A significant number of people who have been infected with H1N1 flu virus also have reported diarrhea and vomiting. Like seasonal flu, severe illnesses and death have occurred as a result of illness associated with this virus.

(Adapted from CDC, *Questions & Answers: Novel H1N1 Flu (Swine Flu) and You,* http://www.cdc.gov/h1n1flu/qa.htm)

Programs can help reduce the effect of an influenza outbreak by practicing good hygiene and infection control measures used for the common flu. If your program is at risk for an influenza outbreak, you should consider the following precautions during the Planning Phase:

- Develop and teach hand hygiene procedures for children, families, and staff. Wash your hands with soap and warm water or use alcohol-based hand sanitizers throughout the day, especially before eating or touching communal objects.
- Wash and disinfect toys and common areas.
- Distance yourself from individuals who are ill, at least 3 feet if possible.
- Get your flu shot.

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- Develop clear systems to ensure that sick children and adults access needed medical support.
- Establish protocols to support staff in staying home if ill, as well as families in keeping sick children at home.
- Create a comfortable and isolated room for a sick individual to wait for an appropriate health official.
- Ensure that staff have access to goggles, masks, and gloves to reduce contact with a sick individual.
- Cover your nose and mouth with your upper arm or tissue when you sneeze or cough.
- Contact the local health department for detailed suggestions on controlling infection.
- Establish collaborations with the medical community to ensure prompt response.
- Alert family and staff where individuals will stay within the center- or home-based program and which measures, if any, will be taken to alleviate symptoms.

Impact

If an individual in your program becomes infected with H1N1 or other pandemic flu strain:

- Access medical support immediately.
- Reduce risk of further infection by isolating the individual who is ill.
- Provide nutrients and comfort to the individual who is ill.

Relief

If an individual in your program becomes infected with the H1N1 or other pandemic flu strain:

- Monitor health needs of affected individual.
- Monitor health of any individuals who may have come in contact with the ill individual.
- Clean any areas where the ill individual spent time.
- Offer mental health support to family and friends of the ill individual.

At the time this *Manual's* of publication, there is not enough information to predict how severe the novel H1N1 flu outbreak will be in terms of illness or how it will compare with seasonal influenza.

For more up-to-date information on the influenza outbreaks and emergency preparedness planning, go to the *CDC H1N1 Flu* Web site at http://www.cdc.gov/h1n1flu/ or the U.S. Department of Health and Human Services Flu Web site at http://www.flu.gov/ . You can also use the American Lung Association's "Find a Flu Clinic" search to find a clinic near you that can administer the seasonal flu vaccine at http://www.flucliniclocator.org/ .

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Widespread Disease Outbreak

Planning

A widespread disease outbreak, such as pandemic flu, occurs when many staff and children become infected with the same disease. For example, many program staff share stories about lice or chicken pox outbreaks causing class sizes to be reduced for several days at a time. This also occurs in communities with widespread flu outbreaks – children and staff may be absent for up to 7 days.

It is hard to predict whether your program will be impacted by a widespread disease outbreak, but there are several measures you can take to determine your risk. By talking to community health providers and your local health department, you can assess the amount of people in your community that may have gotten the flu shot, as well as the numbers and kinds of illnesses that health officials have been seeing. In addition, ongoing conversations with parents can help you determine the likelihood of infection by lice, chicken pox, or other infectious diseases.

Programs can help reduce the effect of widespread illness outbreak by practicing good hygiene and infection control measures used for the common flu. If you are at risk for a widespread disease outbreak, you should consider the following precautions during the Planning Phase:

If your program may experience widespread disease outbreak:

- Contact the local health department for detailed suggestions.
- Establish collaborations with the medical community to ensure prompt response.
- Alert family and staff of the safe space where individuals will stay and of the health protocols for care if in a center or home.
- Develop and teach hand hygiene procedures to children, families, and staff.
- Wash your hands with soap and warm water or use alcohol-based hand sanitizers throughout the day, especially before eating or touching communal objects.
- Wash and disinfect toys and common areas.
- Distance yourself from individuals who are ill, at least 3 feet if possible.
- Develop clear systems to ensure that sick children and adults access needed medical support.
- Establish protocols to support staff in staying home if ill, as well as families in keeping sick children at home.
- Create a comfortable and isolated room for a sick individual to wait for an appropriate health official.
- Ensure that staff have access to goggles, masks, and gloves to reduce contact with a sick individual.
- Cover your nose and mouth with your upper arm or tissue when you sneeze or cough.

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Impact

If individuals in your program become infected with the same illness:

- Access medical support immediately.
- Reduce risk of further infection by isolating the individuals who are ill.
- Provide nutrients and comfort to the individuals who are ill.

Relief

If a widespread disease outbreak affects your program:

- Monitor health needs of affected individuals.
- Monitor health of any individuals who may have come in contact with ill individuals.
- Clean any areas where the ill individuals spent time.
- Provide vaccinations if possible to unaffected individuals.
- Offer mental health support to family and friends of ill individuals.

For more up-to-date information on widespread disease outbreaks and emergency preparedness planning, go to the CDC's *Emergency Preparedness and Response, Recent Outbreaks and Incidents* (http://emergency.cdc.gov/recentincidents.asp).

Technical Hazards

Chemical spills and accidents associated with chemicals used by your program present the possibility of technical hazards for your program. Children and adults may be harmed by inhaling, touching, or tasting dangerous chemicals in the environment. Specifically, there are two particular types of technical hazards that may present concern for your program.

- Center-Based Chemical Emergency (pg. 134)
- Hazardous Materials Incident (pg. 137)

Center-Based Chemical Emergency

Planning

Your program maintains a collection of supplies that may present dangerous effects if used or ingested improperly. They include:

Cleaning Products	Indoor Pesticides	Lawn and Garden Products
• Wood and metal cleaners and polishes • Toilet cleaners • Tub, tile, shower cleaners • Bleach (laundry)	• Ant sprays and baits • Cockroach sprays and baits • Flea repellents and shampoo • Bug sprays • Houseplant insecticides • Mouse and rat poisons and baits	• Herbicides • Insecticides • Fungicides/wood preservatives
Miscellaneous	**Other Flammable Products**	
• Batteries • Mercury thermostats or thermometers • Fluorescent light bulbs	• Propane tanks and other compressed gas cylinders • Kerosene • Home heating oil • Diesel fuel • Gas/oil mix	

(FEMA, *Are You Ready? Household Chemical Emergencies*, http://www.fema.gov/areyouready/household_chemical_emergencies.shtm)

If you are at risk for center-based chemical emergencies, FEMA suggests that during the Planning Phase, you consider the following:

Guidelines for buying and storing hazardous chemicals safely:

- Buy only as much of a chemical as you think you will use.
- Keep products containing hazardous materials in their original containers and never remove the labels unless the container is corroding. Corroding containers should be repackaged and clearly labeled.
- Never store hazardous products in food containers.
- Never mix center-based hazardous chemicals or waste with other products. Incompatibles, such as chlorine bleach and ammonia, may react, ignite, or explode.

Learn to recognize the symptoms of toxic poisoning:

- Difficulty breathing
- Irritation of the eyes, skin, throat, or respiratory tract
- Changes in skin color
- Headache or blurred vision
- Dizziness
- Clumsiness or lack of coordination
- Cramps or diarrhea

Be prepared to seek medical assistance:

- Post the number of the emergency medical services and the poison control center by all telephones. In an emergency situation, you may not have time to look up critical phone numbers. The National Poison Control Number is (800) 222-1222.
- Have an eye wash kit and other First Aid supplies for chemical emergencies readily available.
- Have family contact numbers available to inform parents of the situation and the steps taken to remedy.

(FEMA, *Are You Ready? Household Chemical Emergencies*, http://www.fema.gov/areyouready/household_chemical_emergencies.shtm)

If your program is threatened by a center-based chemical emergency:

- Provide contact information for poison control in all rooms of your facility. (http://www.aapcc.org/dnn/Resources/FindLocalPoisonCenters/tabid/130/Default.aspx)
- Collaborate with local health department representatives to ensure plans include their suggestions.
- Develop phone protocols for informing families of accidents.

In addition, the Occupational Safety & Health Administration maintains specific regulations regarding the storage of chemicals within your program, (Part 1910 Subpart H, http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910).

Impact

If your program is experiencing a center-based chemical emergency:

- If there is a danger of fire or explosion:
  - Get out of the building immediately. Collect your conveniently located portable records and disaster supply kits, then evacuate to a safe distance. Call the fire department from outside after the children, staff, and any other adults are safely away from danger.
  - Stay upwind and away from the building to avoid breathing toxic fumes.

- If someone has been exposed to a center-based chemical:
  - Find any containers of the substance that are readily available in order to provide requested information. Call emergency medical services.
  - Follow the emergency operator or dispatcher's First Aid instructions carefully. The First Aid advice found on containers may be out-of-date or inappropriate. Do not give anything by mouth unless advised to do so by a medical professional.
  - Discard clothing that may have been contaminated. Some chemicals may not wash out completely.

(Adapted from FEMA, *Are You Ready? Household Chemical Emergencies*, http://www.fema.gov/areyouready/household_chemical_emergencies.shtm).

Relief

After your program has been affected by a center-based chemical emergency, consider the following:

- Maintain contact with local health department representatives to learn appropriate actions.
- Monitor health needs of any injured individuals.
- Provide new clothes or recommended foods to injured individuals.

If a fire results, follow protocols for fire relief. See the Relief section under "Fire" on page 94.

Hazardous Materials Incident

Planning

Chemical accidents and spills can occur in a chemical plant, gas station, hospital, farm that uses chemicals, or route used by trucks transporting chemicals.

"Hazards can occur during production, storage, transportation, use, or disposal. You and your community are at risk if a chemical is used unsafely or released in harmful amounts into the environment where you live, work, or play" (FEMA, *Are You Ready? Hazardous Materials Incidents*, http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm).

If you are at risk for hazardous materials incidents, FEMA suggests that during the Planning Phase, you add the following supplies to your disaster kit:

- Plastic sheeting
- Duct tape
- Scissors

In addition, you should contact your "Local Emergency Planning Committees (LEPCs), whose responsibilities include collecting information about hazardous materials in the community and making this information available to the public upon request. The LEPCs also are tasked with developing an emergency plan to prepare for and respond to chemical emergencies in the community, ways the public will be notified, and actions that the public must take in the event of a release are part of the plan. Contact the LEPCs to find out more about chemical hazards and what needs to be done to minimize the risk to individuals and the community from these materials. The local emergency management office can provide contact information on the LEPCs" (FEMA, *Are You Ready? Hazardous Materials Incidents*, http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm).

Through conversations with local companies producing hazardous materials, your planning team can determine the level of danger and actions you can take to diminish damage that might occur. Your local health department can also support you in determining dangers due to proximity, amount of distance you will need to evacuate, and measures your program can take to minimize the effects of an incident.

If your program is threatened by a hazardous materials incident:

- Contact local health department representatives for suggestions regarding planning.
- Coordinate evacuation sites if the incident directly effects your building.
- Review disaster supply kits to ensure materials are complete (including plastic sheeting, duct tape, and scissors).

Impact

If your program is experiencing a hazardous materials incident:

- Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully.
- Stay away from the area to minimize the risk of contamination.
- Remember that some toxic chemicals are odorless.

If you are:	Then:
Asked to evacuate	• Do so immediately.
Caught outside	• Stay upstream, uphill, and upwind! In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area. Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits.
Requested to stay indoors	• Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible. • Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off. • Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside. • Seal the room by covering each window, door, and vent using plastic sheeting and duct tape. • Use material to fill cracks and holes in the room, such as those around pipes.

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to 5 hours, assuming a normal breathing rate while resting.

However, local officials are unlikely to recommend that people shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time, as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take.

Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.

Relief

After a Hazardous Materials Incident

The following are guidelines for the period following a hazardous materials incident:

- Return to the building only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation.
- Act quickly if you have come into contact with or have been exposed to hazardous chemicals. Do the following:
    - Follow decontamination instructions from local authorities. You may be advised to take a thorough shower or wash individuals off in sinks or using hoses, or you may be advised to stay away from water and follow another procedure.
    - Seek medical treatment for unusual symptoms as soon as possible.
    - Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal.
    - Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance.

- Find out from local authorities how to clean up your land and property.
- Report any lingering vapors or other hazards to your local emergency services office.

(Adapted from FEMA, *Are You Ready? Hazardous Materials Incidents,* http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm)

Terrorism and Random Acts of Violence

With a rise in school shootings, community violence, and terrorist acts in our country, more individuals have turned their attention to preparing for these kinds of emergencies. FEMA defines terrorism as "the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom" (FEMA, *Are You Ready General Information about Terrorism,* http://www.fema.gov/areyouready/terrorism_general_info.shtm).

The American Psychological Association defines random acts of violence as "immediate or chronic situations that result in injury to the psychological, social, or physical well-being of individuals or groups" (APA Commission on Violence and Youth, *Violence & Youth,* http://www.apa.org/pi/violence&youth.pdf).

Nearly impossible to predict, these types of emergencies cause programs to struggle in different ways to cope with the fear and grief that can result. They include three specific kinds of emergencies that might occur within your community or program:

- Community Violence (pg. 141)
- Family Violence (pg. 143)
- Terrorism (pg. 145)

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Community Violence

Planning

Your Head Start program may be in a location experiencing recurring community violence, including homicides, armed robberies, sexual assaults, or gang-related violence. Community violence can present an emergency situation that you should prepare to handle. The best resources to determine the likelihood that you will have to deal with community violence are local crime statistics and interviews with local health department representatives who are responsible for supporting emergency preparedness efforts and are aware of first responder needs and information. Local health departments have a very clear picture of the frequency, type, and result of these kinds of these emergencies. They may also be able to let you know how close these events are to your program and how they might affect you.

After assessing your risk for community violence during the Planning Phase, the National Center for Post Traumatic Stress Disorder suggests that you prepare by providing conflict resolution training for staff and family members within your community. Whether violence is experienced within or beyond the immediate circle of your program's staff, families, and neighbors, you should be prepared to coordinate appropriate mental health resources for children, families, and staff in your program. In addition, create safe and comfortable areas within your program to shelter-in-place if an immediate threat of violence occurs. See Safe Spaces (Appendix C).

If you are planning for a possible incident of community violence, consider developing violence prevention programs in collaboration with other community partners.

In addition:

- Provide safe spaces for children to take shelter from violence.
- Discuss violence in safe community organized meetings.
- Work with local law enforcement to take their recommended precautions to community violence.

Impact

If you are experiencing community violence, take the following precautions:

- Contact local law enforcement immediately.
- Take shelter from shooting or other violence in a safe space or shelter. See Emergency Lockdown/Intruder Alert Procedure (Appendix C).
- Offer comfort through play or conversation to children and families.
- Consider the mental health needs of young children. See Helping Children Cope with Disaster (Appendix C).

Relief

If you experienced community violence, take the following precautions:

- Ensure that anyone who was injured is receiving the necessary health care.
- Maintain contact with local law enforcement to understand the nature and purpose of the violence.
- Offer mental health support to children, families, and staff.

"Some progress has been made in developing violence prevention programs. The current focus for these programs is gang prevention and conflict resolution skill building for high-risk youths. However, violence prevention programs appear to be more effective if children are engaged early (beginning before age 6) and the program includes intervention in children's home and school social environments. Programs should also continue to make specific efforts to reduce obvious high-risk behaviors among adolescents, such as gang involvement, heavy drinking, and carrying handguns" (National Center for Post Traumatic Stress Disorder, Community Violence, http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_comm_violence.html).

Family Violence

Planning

Programs may also experience the effects of family violence. Family violence involves domestic violence and abuse affecting adults and children within the family structure. You may see specific physical, emotional, and social symptoms that affect child or adult interaction.

The *Training Guides for the Head Start Learning Community* include excellent resources that can be used during the Planning Phase to determine whether families in your program are experiencing family violence. The *Training Guides* can be found online at the Early Childhood Learning and Knowledge Center (ECLKC).

- *Assessing Family Crisis*: This resource provides information to help you determine the likelihood of this emergency situation, as well as some basic tools you can use to reduce effects. (http://eclkc.ohs.acf.hhs.gov/hslc/Family%20and%20Community%20Partnerships/Crisis%20Support/Family%20Support/famcom_fts_009542_091705.html)
- *Dealing with Potentially Dangerous Situations*: With violence and other dangers escalating in the streets, in the workplace and in the home, the issue of family and staff safety is one of mounting concern today. This fact/tip sheet examines the issue of staff and family safety on a number of levels: risk assessment, the protection of family members, staff self-protective strategies, and program safety measures. This fact/tip sheet prepares staff to assess fight and flight defenses and provides strategies for dealing with threatening behaviors. (http://eclkc.ohs.acf.hhs.gov/hslc/Family%20and%20Community%20Partnerships/Crisis%20Support/Family%20Support/famcom_fts_009546_091705.html)

In addition, programs can:

- Provide safe environments for children.
- Work with local law enforcement and child protective services to plan for their recommended precautions to family violence.

Impact

If families in your program are experiencing family violence, take the following precautions:

- Contact local law enforcement or Child Protective Services (CPS) immediately.
- Collect information for CPS.
- Offer comfort through play or conversation to children and families.
- Consider the mental health needs of young children. See Helping Children Cope with Disaster (Appendix C).

Editor's Note: The URL addresses listed in this *Manual* are current as of its publication. Because Web sites are often updated, pages may be moved or no longer available at a later date. If a Web site that you are trying to access is no longer available, please contact the organization directly for assistance.

Relief

If families in your program experienced family violence, take the following precautions:

- Maintain contact with local law enforcement or CPS.
- Continue to collect information for CPS.
- Support mental health needs of children, families, and staff.

Terrorism

Planning

Terrorism is any attack to cause fear in the community and comes in several forms. FEMA categorizes terrorist attacks as explosions, biological threats, and chemical threats.

- *Explosions* include bombings and may be preceded by a bomb threat allowing you time to react.
- *Biological threats* include any attempt to spread disease, such as food and water contamination, person-to-person or animal contact, and powders/aerosols/pill contamination. If found early, there are actions that your program can take to reduce or prevent risk. Yet, generally warnings do not occur until infection begins in an individual or a small group of individuals.
- *Chemical threats* include poisonous liquids, solids, and gases that have toxic effects on individuals. They also may not be discovered until an individual or a small group of individuals have been affected, but once discovered can be cleaned to reduce or prevent further effects.

It is difficult to determine the possibility of terrorist attack in your community, but the Federal government has created a national warning system to assist you in making decisions. The Homeland Security Advisory System (http://www.fema.gov/areyouready/homeland_security_advisory_system.shtm) provides a quick picture of the level of threat likely in your community. Local news and cable channels are able to update you on the current security level. To find the national level, go to the Department of Homeland Security's Web site (http://www.dhs.gov.index.shtm).

If you are at risk for terrorism, FEMA suggests that during the Planning Phase, you:

- Develop a comprehensive evacuation or lockdown plan. See Emergency Lockdown/Intruder Alert Procedure (Appendix C) for an example of a lockdown plan.
- Be prepared to do without services you normally depend on – electricity, telephone, natural gas, and Internet.
- Work with building owners to ensure the following items are located on each floor of the building:
    - Portable, battery-operated radio and extra batteries
    - Several flashlights and extra batteries
    - First Aid kit and manual
    - Hard hats, masks, and gloves
    - Fluorescent tape to rope off dangerous areas

If your program is threatened by terrorism such as an explosion, biological threat, or chemical threat, consider the following:

Explosions

Conventional bombs have been used to damage and destroy financial, political, social, and religious institutions. Attacks have occurred in public places and on city streets around the world, with thousands of people injured and killed.

Parcels that should make you suspicious:

- Are unexpected or from someone unfamiliar to you;
- Have no return address, or have one that cannot be verified as legitimate;
- Are marked with restrictive endorsements such as "Personal," "Confidential," or "Do not X-ray;"
- Have protruding wires or aluminum foil, strange odors, or stains;
- Show a city or state in the postmark that doesn't match the return address;
- Are of unusual weight given their size, or are lopsided or oddly shaped;
- Are marked with threatening language;
- Have inappropriate or unusual labeling;
- Have excessive postage or packaging material, such as masking tape and string;
- Have misspellings of common words;
- Are addressed to someone no longer with your organization or are otherwise outdated;
- Have incorrect titles or titles without a name;
- Are not addressed to a specific person; and
- Have hand-written or poorly typed addresses.

If you receive a telephoned bomb threat, you should do the following:

- Get as much information from the caller as possible.
- Keep the caller on the line and record everything that is said.
- Notify the police and the building management.

(FEMA, *Are You Ready? Explosions*, http://www.fema.gov/areyouready/explosions.shtm)

Biological Threats

If you receive a telephoned bomb (biological) threat, you should do the following:

- Check with children's parents or their records to ensure that all required or suggested immunizations are up-to-date. Children and older adults are particularly vulnerable to biological agents.
- Consider installing a High Efficiency Particulate Air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter your building. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.

(FEMA, *Are You Ready? Biological Threats*, http://www.fema.gov/areyouready/biological_threats.shtm)

Filtration in Buildings

Building owners and managers should determine the type and level of filtration in their structures and the level of protection it provides against biological agents. The National Institute of Occupational Safety and Health (NIOSH) provides technical guidance on this topic in its publication, *Guidance for Filtration and Air-Cleaning Systems to Protect Building Environments from Airborne Chemical, Biological, or Radiological Attacks.* To obtain a copy, call 1-800-CDC-INFO (1-800-232-4636) or visit (http://www.cdc.gov/niosh/docs/2003-136/).

Chemical Threats

To prepared for a possible chemical threat, check your disaster supply kit to make sure that it includes:

- A roll of duct tape and scissors.
- Plastic for doors, windows, and vents for the room in which you will shelter-in-place. To save critical time during an emergency, pre-measure and cut the plastic sheeting for each opening.
- Choose an internal room to shelter, preferably one without windows and on the highest level.

(FEMA, *Are You Ready? Chemical Threats,* http://www.fema.gov/areyouready/chemical_threats.shtm)

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to 5 hours, assuming a normal breathing rate while resting. However, local officials are unlikely to recommend that people shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take. Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.

(Adapted from FEMA, *Are You Ready? Hazardous Materials Incidents*, http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm)

Impact

Consider the following if your program is experiencing a terrorist attack such as an explosion, biological threat, or chemical threat.

During an Explosion

If there is an explosion, you should:

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for obviously weakened floors and stairways. As you exit from the building, be especially watchful of falling debris.
- Leave the building as quickly as possible. Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.

Once you are out:

- Do not stand in front of windows, glass doors, or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.

If you are trapped in debris:

- If possible, use a flashlight to signal your location to rescuers.
- Avoid unnecessary movement so you don't kick up dust.
- Cover your nose and mouth with anything you have on hand. (Dense-weave cotton material can act as a good filter. Try to breathe through the material.)
- Tap on a pipe or wall so rescuers can hear where you are.
- If possible, use a whistle to signal rescuers.
- Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

(FEMA, *Are You Ready? Explosions*,
http://www.fema.gov/areyouready/explosions.shtm)

During a Biological Attack

In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. It will take time to determine what the illness is, how it should be treated, and who is in danger. Watch television, listen to radio, or check the Internet for official news and information, including signs and symptoms of the illness, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if you become ill.

The first evidence of an attack may be when you notice symptoms caused by exposure to an agent. Be suspicious of any symptoms you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.

If you become aware of an unusual and suspicious substance nearby:

- Move away quickly.
- Wash with soap and water.
- Contact authorities.
- Listen to the media for official instructions.
- Seek medical attention if you become sick.

If you are exposed to a biological agent:

- Remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.
- Wash yourself with soap and water and put on clean clothes.
- Seek medical assistance. You may be advised to stay away from others or even be quarantined.

Using HEPA Filters

HEPA filters are useful in biological attacks. If you have a central heating and cooling system with a HEPA filter in your building, leave it on if it is running or turn the fan on if it is not running. Moving the air in the building through the filter will help remove the agents from the air. If you have a portable HEPA filter, take it with you to the internal room where you are seeking shelter and turn it on. If you are in an apartment or office building that has a modern, central heating and cooling system, the system's filtration should provide a relatively safe level of protection from outside biological contaminants. HEPA filters will not filter chemical agents.

(FEMA, *Are You Ready? Biological Threats*, http://www.fema.gov/areyouready/biological_threats.shtm)

During a Chemical Attack

The following are guidelines for what you should do in a chemical attack.

If you are instructed to remain in your home or office building, you should:

- Close doors and windows and turn off all ventilation, including furnaces, air conditioners, vents, and fans.
- Seek shelter in an internal room and take your disaster supply kit.
- Seal the room with duct tape and plastic sheeting.
- Listen to your radio for instructions from authorities.

If you are caught in or near a contaminated area, you should:

- Move away immediately in a direction upwind of the source.
- Find shelter as quickly as possible

(FEMA, *Are You Ready? Chemical Threats*, http://www.fema.gov/areyouready/chemical_threats.shtm)

Relief

Consider the following if you have experienced a terrorist attack.

After an Explosion

Several actions you can take are:

- Maintain contact with first responders regarding any injuries that result from the incident.

- Maintain contact with first responders and building engineers to determine the status of facilities.
- Work with community partners to provide all individuals affected with the resources they need.

After a Biological Attack

In some situations, such as the case of the anthrax letters sent in 2001, people may be alerted to potential exposure. If this is the case, pay close attention to all official warnings and instructions on how to proceed. The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease. It is important for you to pay attention to official instructions via radio, television, and emergency alert systems.

(FEMA, *Are You Ready? Biological Threats*, http://www.fema.gov/areyouready/biological_threats.shtm)

After a Chemical Attack

Decontamination is needed within minutes of exposure to minimize health consequences. Do not leave the safety of a shelter to go outdoors to help others until authorities announce that it is safe to do so. A person affected by a chemical agent requires immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

Decontamination guidelines are as follows:

- Use extreme caution when helping others who have been exposed to chemical agents.
- Remove all clothing and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth. Put contaminated clothing and items into a plastic bag and seal it.
- Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them, and then rinse and dry.
- Flush eyes with water.
- Gently wash face and hair with soap and water before thoroughly rinsing with water.
- Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clear water.
- Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated.
- Proceed to a medical facility for screening and professional treatment.

(FEMA, *Are You Ready? Chemical Threats*, http://www.fema.gov/areyouready/chemical_threats.shtm)

For all of the above, provide mental health services immediately to those affected.

Appendix B: Tools for Emergency Preparedness Planning

In this Appendix, you will find emergency preparedness planning tools developed by various organizations. Each tool offers a way to look at emergency situations comprehensively and to reduce risk. You may wish to use all or some of these tools in preparing for the Planning, Impact, Relief, and Recovery Phases. You may also adapt these tools to fit your program. While the tools are presented in alphabetical order in this Appendix, the chart cross references each tool with a related phase of the Emergency Preparedness Cycle.

Emergency Preparedness Cycle Phase	Tools for Emergency Preparedness Planning (in order of appearance)
Chapter II: Planning Phase	Planning Team Members – pg. 181
	Collaboration Partners – pg. 153
	Emergency Preparedness Program Self-Assessment – pg. 162
	Action Checklist Framework – pg. 152
	Disaster Plan Checklist – pg. 158
	Community Hazard Risk Assessment Worksheet – pg. 154
	Probability of Occurrence Worksheet – pg. 183
	Materials Review Chart – pg. 170
	Nonstructural Safety Checklist – pg. 177
	Training Checklist – pg. 185
	Mitigation Action Plan – pg. 174
	Head Start Systems and Services Needs Analysis – pg. 164
	Program Areas to Explore – pg. 184
	Needs Analysis Worksheet – pg. 175
	Emergency Plan Outline – pg. 160
	Organizational Roles and Responsibilities – pg. 180
	Emergency Preparedness Planning Worksheet – pg. 161
Chapter III: Impact Phase	Head Start Systems and Services Task Sheet – pg. 166
	Emergency Plan Outline – pg. 160
	Priority Brainstorm Worksheet – pg. 182
	Decision Tree Outline – pg. 156
Chapter IV: Relief Phase	Needs Analysis Worksheet – pg. 175
	Head Start Systems and Services Needs Analysis – pg. 164
	Action Checklist Framework – pg. 152
Chapter V: Recovery Phase	Needs Analysis Worksheet – pg. 175
	Head Start Systems and Services Needs Analysis – pg. 164
	Long-Term Recovery Plan Framework – pg. 169
	Emergency Plan Outline – pg. 160

Action Checklist Framework

This worksheet designates specific areas of need with actions and resources to meet those needs. During the Relief Phase, staff and partners should use this checklist to guide their activities. Complete worksheet for each emergency situation that might affect your program.

Name(s): _____ Date: _____

Program/Location: _____

Emergency Situation:				
Need	**Action**	**Resources**	**Person Responsible**	**Timeline**

Collaboration Partners

There are several collaborative partners who can and should be part of your planning and/or conversations around planning. Your program is just one social service organization within your community's larger social service network. As seen in the tragedies of 9/11 and the Gulf Coast Hurricanes of 2005, collaboration with social service networks was necessary to meet the many needs of those individuals affected. Therefore it is important that you collaborate with your community's social service network when putting plans in place. Here are some of organizations that can serve as strong collaborators in a possible emergency:

- Local Health Departments
- Public schools and local child care facilities
- Mental health specialists
- First responders (e.g., police, fire, emergency medical services, local hospital staff)
- Local shelters and food banks
- Community business partners
- Local nonprofit organizations (Network for Good, http://www.networkforgood.org/ , is an online resource for locating local nonprofit organizations)
- National nonprofit organizations, such as Habitat for Humanity, American Red Cross, and Save the Children

As you develop Memoranda of Understanding (MOUs) with local school districts, consider including emergency preparedness activities to formalize your program's relationship with them.

Community Hazard Risk Assessment Worksheet

Adapted from the UCLA's Center for Public Health and Disasters, *Head Start Disaster Preparedness Workbook,* http://www.cphd.ucla.edu/headstart.aspx .

Name(s): _____ Date: _____

Program/Location: _____

INSTRUCTIONS

A. On the list below, check off the types of events that have caused disasters in your community in the past and those that you think may occur in your community in the future.

- ☐ Biological Threat
- ☐ Center-based Chemical Emergency
- ☐ Chemical Threat
- ☐ Community Violence
- ☐ Earthquake
- ☐ Explosion
- ☐ Extreme Heat
- ☐ Family Violence
- ☐ Fire
- ☐ Flood
- ☐ Hazardous Materials Incident
- ☐ Hurricane
- ☐ Landslide
- ☐ Mudslide
- ☐ Novel H1N1 (Swine Flu)
- ☐ Terrorism
- ☐ Thunderstorm/Lightning
- ☐ Tornado
- ☐ Tsunami
- ☐ Volcano
- ☐ Widespread Disease Outbreak
- ☐ Wildfire
- ☐ Winter Storm and Extreme Cold
- ☐ Other

B. For each hazard checked on your list, answer the following questions using the form below:

Potential Hazard	Probability		Impacts		Priority
	A. How often has this event occurred in your area?	B. How likely is it that this event will occur in the future?	A. What impacts would this type of event have on your program and/or your community? Would it cause:	B. Overall impact on your program?	
	☐ Never ☐ Occasionally ☐ Yearly ☐ Several times a year	☐ Not possible ☐ Not very likely ☐ Likely ☐ Very likely	☐ Injury ☐ Illness ☐ Death ☐ Damage to equipment or building contents ☐ Damage to buildings ☐ Disruption of vital community services ☐ Disruption of Head Start services	☐ None ☐ Minor ☐ Moderate ☐ Severe	**LOW** **MED** **HIGH**
	☐ Never ☐ Occasionally ☐ Yearly ☐ Several times a year	☐ Not possible ☐ Not very likely ☐ Likely ☐ Very likely	☐ Injury ☐ Illness ☐ Death ☐ Damage to equipment or building contents ☐ Damage to buildings ☐ Disruption of vital community services ☐ Disruption of Head Start services	☐ None ☐ Minor ☐ Moderate ☐ Severe	**LOW** **MED** **HIGH**
	☐ Never ☐ Occasionally ☐ Yearly ☐ Several times a year	☐ Not possible ☐ Not very likely ☐ Likely ☐ Very likely	☐ Injury ☐ Illness ☐ Death ☐ Damage to equipment or building contents ☐ Damage to buildings ☐ Disruption of vital community services ☐ Disruption of Head Start services	☐ None ☐ Minor ☐ Moderate ☐ Severe	**LOW** **MED** **HIGH**

Note: You should have enough copies of this form so you can assess each type of hazard checked on your list.

Decision Tree Outline

Name(s): _____ Date: _____

Program/Location: _____

Complete the outline below to organize tasks by priority and decision. Make multiple copies or adapt as necessary. Graphic representations can be made by hand or using Paint, Microsoft Word, or Microsoft Visio.

Emergency Situation:_____

Priority 1:_____

- Question 1:
  - If yes, then
  - If no, then
- Question 2:
  - If yes, then
  - If no, then
- Question 3:
  - If yes, then
  - If no, then

Priority 2:_____

- Question 1:
  - If yes, then
  - If no, then

- Question 2:
  - If yes, then
  - If no, then
- Question 3:
  - If yes, then
  - If no, then

Priority 3:_____

- Question 1:
  - If yes, then
  - If no, then
- Question 2:
  - If yes, then
  - If no, then
- Question 3:
  - If yes, then
  - If no, then

Disaster Plan Checklist

Adapted from the UCLA's Center for Public Health and Disasters, *Head Start Disaster Preparedness Workbook,* http://www.cphd.ucla.edu/headstart.aspx .

Name(s): _____ Date: _____

Program/Location: _____

Part One: Pre-Event

Section 1A: Introduction
- ☐ Purpose of the plan
- ☐ List of organizational participants
- ☐ Documentation of plan approval
- ☐ Policies for plan implementation
- ☐ Policies for plan maintenance and evaluation
- ☐ Supporting signatures/list of stakeholders

Section 1B: Emergency Contacts
- ☐ Essential emergency phone numbers (both local and outside the area)
- ☐ Contact information for students and families OR description of where this information can be found
- ☐ Contact information for staff and volunteers

Section 1C: Information on Interagency Relationships
- ☐ Contact information for local aid organizations, such as the American Red Cross
- ☐ Copies of all Memoranda of Understanding (MOUs)

Section 1D: Education and Training
- ☐ Policy and procedures for education and training of staff, volunteers, parents, and children
- ☐ Documentation of trainings and exercises conducted
- ☐ Documentation (log) of evacuation and shelter-in-place drills

Part Two: Incident Response

Section 2A: Organization and Assignment of Responsibilities
- ☐ Organizational chart of disaster response teams
- ☐ Description of the responsibilities of and skills and supplies needed for each of your program's disaster response teams
- ☐ Team assignments/team forms

Section 2B: Emergency Supplies
- ☐ Contents list of emergency supplies and emergency kits kept at each site
- ☐ Locations of supplies and kits
- ☐ Program's policy for replenishing and rotating supplies

Section 2C: Maps
- ☐ Evacuation routes
- ☐ Fire exit
- ☐ General facility

Section 2D: Evacuation
- ☐ Evacuation policies and procedures

Section 2E: Shelter-in-Place
- ☐ Shelter-in-place policies and procedures

Section 2F: Hazard-specific Information
- ☐ Completed community risk assessment
- ☐ Information sheets about relevant hazards
- ☐ Hazard-specific procedures

Section 2G: First-Aid Information
- ☐ Basic First Aid information sheets
- ☐ List of staff trained in basic First Aid, CPR, and any other type of emergency medical care
- ☐ Inventory of First Aid supplies and locations at each Head Start site

Part Three: Incident Recovery

Section 3A: Reuniting Children with Parents and Caregivers
- ☐ Policies and procedures for reuniting children with parents and caregivers
- ☐ Copy of information about to whom each child can be released
- ☐ Attendance forms
- ☐ Student Release forms
- ☐ Location and maps (if necessary) of primary and back-up pick-up points

Section 3B: Organizational Recovery
- ☐ Policies and procedures for organizational recovery
- ☐ Relevant insurance forms
- ☐ Record-keeping forms
- ☐ Important phone numbers (e.g., insurance company, ACF Regional Office, and the Office of Head Start)

Emergency Plan Outline

Introduction

1. Purpose or Rationale
2. Definition of emergency (disaster)

Team members and collaborators

1. List of members/collaborators and contact information
2. Roles in the process (also may be defined under tasks)

Tasks *(there may be several)*

Prior

1. Collect contact information and develop communication protocols
2. Conduct hazard analysis and mitigation planning
3. Develop decision-making protocols (e.g., decisions trees, action checklists, and long-term recovery plans)
4. Develop shelter-in-place, evacuation, and relocation plans
5. Collect emergency supplies and develop resource prioritization strategy
6. Implement the Practice-Review-Revise Cycle

Immediately prior and/or during

1. Develop steps to activate all emergency protocols
2. Develop communication strategies

Following

1. Maintain all emergency protocols until agreed completion
2. Create strategies for rebuilding each system and service area

Appendices

- Contact information
- Emergency preparedness kit checklist
- Mitigation analysis
- Communication plan
- Emergency drills and procedures
- Sample relocation and transportation agreement

Emergency Preparedness Planning Worksheet

Name(s): _____ Date: _____

Program/Location: _____

Complete the chart below using data collected in the Planning Phase. List each emergency situation that your program may experience with the possible effects that might impact your program. List resources you will need to mitigate the emergency and areas you will focus on in the planning process.

Possible Emergency	Possible Effects	Resources Needed	Planning Areas

Emergency Preparedness Program Self-Assessment

Name(s): _____ Date: _____

Program/Location: _____

Before you begin the emergency preparedness process, it is important to do a program self-assessment. The questions below can help you determine the steps you need to take to develop a comprehensive and effective emergency preparedness plan.

1. Have you conducted a comprehensive risk analysis to determine the emergencies your program may face?
   - If yes, continue to question 2.
   - If no, refer to Chapter II: Planning Phase, "Mitigation" on page 20.

2. Have you made alterations to your program to cope with the emergencies you have identified?
   - If yes, continue to question 3.
   - If no, refer to Chapter II: Planning Phase, "What is Planning?" on page 19.

3. Do you have an emergency preparedness plan for each emergency that might occur?
   - If yes, continue to question 4.
   - If no, refer to Appendix A: Information Regarding Specific Emergencies on page 78.

4. Have you integrated personal planning for staff and families?
   - If yes, continue to question 5.
   - If no, refer to Chapter II: Planning Phase, "What Role Does Personal Preparedness Play in Program Planning?" on page 35.

5. Have you considered all of the program systems and services in your plan?
   - If yes, continue to question 6.
   - If no, refer to Chapter II: Planning Phase, "What Are the Systems To Consider in Your Program?" on page 22 and "What Are The Services To Consider in Your Program?" on page 27.

6. Have you developed specific procedures to implement immediately before and during an emergency?
   - If yes, continue to question 7.
   - If no, refer to Chapter III: Impact Phase, "What Are Decision Trees?" on page 40.

7. Do your procedures for the time immediately before and during an emergency take into consideration your program's systems and services, as well as the specific emergency?
   - If yes, continue to question 8.
   - If no, refer to Chapter III: Impact Phase, "What Priorities Does Your Program Need to Consider?" on page 39.

8. Do you have a list of activities you anticipate implementing immediately following the emergency to ensure the safety and basic necessities of the families and staff in your program?
   - If yes, continue to question 9.
   - If no, refer to Chapter IV: Relief Phase, "How Do Programs Develop Action Checklists?" on page 51.

9. Have you considered your program systems and services, as well as the effects of the specific emergency when compiling this list of activities?
   - If yes, continue to question 10.
   - If no, refer to Chapter IV: Relief Phase, "How Do Systems and Services Relate to the Needs Analysis?" on page 51.

10. Do you have detailed plans to resume services, as well as to support families and staff in rebuilding their lives?
    - If yes, continue to question 11.
    - If no, refer to Chapter V: Recovery Phase on page 57.

11. Do you have a plan for practicing and revising your emergency preparedness plan?
    - If yes, continue to question 12.
    - If no, refer to "Chapter VI: Practice-Review-Revise Cycle" on page 71.

12. Do you have strategies for communicating the plan to Head Start staff, families, and program partners?
    - If yes, continue to question 13.
    - If no, refer to Chapter VI: Practice-Review-Revise Cycle, "How Is Your Plan Communicated to the Head Start Community?" on page 74.

13. Do you have training strategies for emergency preparedness in place?
    - If you answered yes to all of these questions CONGRATULATIONS! You have a comprehensive plan in place.
    - If no, refer to Chapter VI: Practice-Review-Revise Cycle, "What Are Some Suggestions for Emergency Preparedness Training?" on page 74.

Head Start Systems and Services Needs Analysis

Name(s): _____ Date: _____

Program/Location: _____

Complete a worksheet for each emergency situation that might affect your program. From your Emergency Preparedness Plan and *Needs Analysis Worksheet*, fill in the needs and resources in the appropriate row. Review your program service area plans and consider resources or areas where you may need additional resources.

As your team completes the worksheet, you begin to see how comprehensive planning ensures that your plan addresses all appropriate systems and services. Using this worksheet will help you consider how to use your existing resources and identify the gaps that will need to be filled with community support.

Systems	**Emergency Situation:**		
	Needs:	Existing Resources:	Resources Needed:
Communication			
Fiscal Management			
Human Resources			
Ongoing Monitoring			
Program Planning			
Record Keeping and Reporting			
Self-Assessment			

Services	Emergency Situation:		
	Needs:	Existing Resources:	Resources Needed:
Curriculum and Assessment			
Disabilities			
Education and Early Childhood Development			
Facilities, Materials, Equipment, and Transportation			
Family and Community Partnerships (i.e. Family Partnerships Building, Parent Involvement, Community Partnerships)			
Health (i.e. Prevention and Early Intervention)			
Individualization			
Mental Health			
Parent Involvement (e.g., Family Support)			

Head Start Systems and Services Task Sheet

Name(s): _____ Date: _____

Program/Location: _____

At the top of each column, list an emergency situation that might affect your program. Fill in tasks from your Emergency Preparedness Plan for each emergency in the appropriate row. Review your program service area plans and consider resources or areas where you may need additional tasks.

As your team completes the worksheet, you begin to see how comprehensive planning ensures that your plan addresses all appropriate systems and services. Using this worksheet will help you consider how to use your existing resources and identify the gaps that will need to be filled with community support.

Make multiple copies of this document to accommodate the different potential emergencies you have identified.

Systems	**Emergency Situation**		
Communication	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Fiscal Management	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Human Resources	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Ongoing Monitoring	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:

Program Planning	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Record Keeping and Reporting	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Self-Assessment	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Services	**Emergency Situation**		
Curriculum and Assessment	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Disabilities	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Education and Early Childhood Development	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Facilities, Materials, Equipment, and Transportation	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Family and Community Partnerships (i.e. Family Partnerships Building, Parent Involvement, Community Partnerships)	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:

Health (i.e. Prevention and Early Intervention)	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Individualization	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Mental Health	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:
Parent Involvement (e.g. Family Support)	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:	1. Task: 2. Task: 3. Task: 4. Task:

Long-Term Recovery Plan Framework

Name(s): _____ Date: _____

Program/Location: _____

At the top of each column, list an emergency situation that might affect your program. Fill in specific needs from your conversations with members of your Head Start community for each action item. Review information from the *Needs Analysis Worksheet* on the various needs particular to the emergency situations you may face. Make multiple copies of this document to accommodate the different potential emergencies you have identified.

Action Items	Emergency Situation		
Need			
Action			
Resources			
Individual(s) Responsible			
Timeframe			
Periodic Assessment			
Completion Date			

Materials Review Chart

Name(s): _____ Date: _____

Program/Location: _____

FEMA suggests the following materials for a basic disaster kit. Your program can use the list as a guide in developing an emergency kit. You should develop a schedule to replenish/replace perishable items such as food, water, and medicine. For more in-depth information about quantity and rationale, visit FEMA, *Basic Disaster Supplies*, (http://www.fema.gov/plan/prepare/basickit.shtm).

Necessity	Do we have this?/Replace or Replenish Date
Water * (Appendix C)	
Food * (Appendix C)	
First Aid Supply Kit (1 per classroom)	
• Sterile adhesive bandages in assorted sizes	
• 2-inch sterile gauze pads (4-6)	
• 4-inch sterile gauze pads (4-6)	
• Hypoallergenic adhesive tape	
• Triangular bandages (3)	
• 2-inch sterile roller bandages (3 rolls)	
• 3-inch sterile roller bandages (3 rolls)	
• Scissors	
• Tweezers, Needle	
• Moistened towelettes	
• Antiseptic	
• Thermometer	
• Tongue blades (2)	
• Tube of petroleum jelly or other lubricant	
• Assorted sizes of safety pins	
• Sunscreen	
• Cleansing agent/soap	
• Latex gloves (2 pairs per person)	

Necessity	Do we have this?/Replace or Replenish Date
Non-Prescription Drugs (with proper approval from parent or guardian) **	
• Aspirin or non-aspirin pain reliever	
• Antacid (for stomach upset)	
• Syrup of Ipecac (to induce vomiting if advised by the Poison Control Center)	
• Activated charcoal (if advised by the Poison Control Center)	
• Anti-diarrhea medication	
Clothing (1 pair per person)	
• Jacket or coat	
• Long pants	
• Long-sleeve shirt	
• Sturdy shoes or work boots	
• Hat, gloves, and scarf	
• Rain gear	
• Thermal underwear	
• Blankets or sleeping bags	
• Sunglasses	
Sanitation	
• Toilet paper	
• Soap, liquid detergent	
• Feminine supplies	
• Personal hygiene items	
• Plastic garbage bags, ties (for personal sanitation uses)	
• Plastic bucket with tight lid	
• Disinfectant	
• Household chlorine bleach	
Tools	
• Mess kits or paper cups, plates, and plastic utensils	
• Emergency preparedness information	
• Portable, battery-operated radio or television and extra batteries	
• Flashlight and extra batteries	

Necessity	Do we have this?/Replace or Replenish Date
• Cash or traveler's checks, change	
• Nonelectric can opener, utility knife	
• Fire extinguisher: small canister, ABC type	
• Tube tent (lightweight emergency shelter)	
• Pliers	
• Tape	
• Compass	
• Matches in a waterproof container	
• Aluminum foil	
• Plastic storage containers	
• Signal flare	
• Paper, pencil	
• Needles, thread	
• Medicine dropper	
• Shut-off wrench to turn off center-based gas and water	
• Whistle	
• Plastic sheeting	
• Map of the area (for locating shelters)	
Other items	
• Formula	
• Diapers	
• Bottles	
• Pacifiers	
• Powdered milk	
• Medications	
• Heart and high blood pressure medication	
• Insulin	
• Prescription drugs**	
• Denture needs	
• Contact lenses and supplies	

Necessity	Do we have this?/Replace or Replenish Date
• Extra eyeglasses	
• Hearing aid batteries	
• Portable record storage and copies of essential files	
• Entertainment - games and toys***	

* Other sources suggest maintaining a supply of up to 3 weeks.
** Medications are to be approved by parents or guardians and need to be stored and checked for expiration dates.
*** Games and toys are important for calming young children during an emergency.

Mitigation Action Plan

Name(s): _____ Date: _____

Program/Location: _____

In the Planning Phase, you can use the table below to list actions you will take based on your risk analysis. Fill in the required resources, individuals responsible, and dates of completion. The planning team lead should check regularly to ensure that progress is being made.

Action	Resources Needed	Individuals Responsible	Dates of Completion

List the things you need to keep in mind when writing other phases of the plan:

1. _____

2._____

3._____

4._____

5._____

Needs Analysis Worksheet

Name(s): _____ Date: _____

Program/Location: _____

List at the top of each column an emergency situation that might affect your program. Fill in specific needs from your conversations with members of your Head Start community for each emergency in the appropriate row. Review information from the previous section on the various needs particular to the emergency situations you may face.

Make multiple copies of this document to accommodate the different potential emergencies you have identified.

Head Start and Child Care Programs	**Emergency Situation**		
Curriculum			
Facilities			
Fiscal			
Transportation			
Employment Services			
Food/Nutrition Services			
Financial Assistance			
Housing/Shelter			
Insurance			

Head Start and Child Care Programs	Emergency Situation		
Legal Services			
Disability			
Health Benefits, Health Care, and Services			
Mental Health			
Staffing Protocols for Flexible Scheduling			
Training			

Nonstructural Safety Checklist

Name(s): _____ Date: _____

Program/Location: _____

Whether through fire, flood, earthquake, tornado, or hurricane, natural disasters occur everywhere. And everywhere they occur, they do unnecessary damage as a result of hazards that could have been eliminated. This checklist identifies the common nonstructural hazards for child care centers. Use the list to prepare a work order for your center.

	Yes	No
EQUIPMENT & FURNISHINGS		
Are appliances, cabinets, and shelves attached to the wall or braced by being anchored together?		
Are heavy or sharp items stored on shelves with ledge barriers?		
Are blocks and heavy objects stored on the lowest shelves?		
Are television sets, fish bowls, and similar items restrained so they will not slide off?		
Are pictures and other wall hangings attached to the wall with wire and screw-eye picture hangers?		
Are chemicals, such as bleach, paint thinner, and cleaners, securely stored so they cannot spill?		
Are cribs located away from the tops of stairs and other places where they could roll or where heavy objects could fall on them?		
Are tall cribs anchored against tipping over?		
Are heavy furnishings or pieces of equipment latched or tethered to the wall when not in use?		
Are fire extinguishers secured so they cannot fall from wall brackets?		
Are tall refrigerators attached to the wall or otherwise secured from tipping?		
OVERHEAD ELEMENTS		
Are suspended ceilings secured to structural framing?		
Are suspended light fixtures attached to structural framing with safety cables?		
Do fluorescent lights have transparent sleeves to keep broken glass pieces from scattering?		

Are battery-powered emergency lights secured to walls with shelves or brackets?		
Are blackboards or projection screens securely mounted to the wall or hung safely from the ceiling?		
MECHANICAL EQUIPMENT		
Is the water heater secured to wall studs (not just gypsum board) at the top and bottom?		
Does the water heater have flexible connectors, rather than rigid connectors?		
Do large sheet-metal heating-ventilating-air conditioning ducts have diagonal bracing above or enough vertical support straps to keep any section from falling if the ductwork separates into sections?		
PARTITIONS		
Are lightweight panels, rather than shelving units or other tall furnishings, used to divide rooms?		
Are heavy or tall room dividers braced by interconnecting them in L-shapes or zigzags?		
Are partitions, which extend only to the suspended ceiling, supported by the structure above, especially if they are used to anchor heavy objects in the room?		
WINDOWS		
Are large windowpanes safety-glazed?		
Are transoms safety-glazed?		
Do partitions have plastic or safety glass panels, rather than ordinary glass?		
In hurricane-prone areas, have impact-resistant windows and doors been installed; or are storm shutters, made out of plywood or metal, on hand to cover large windows and doors?		
EXTERIORS		
Are any trees leaning or in poor health?		
In regions that are at risk from wildfires, is the landscape suitably protected?		
• Is the street number of the center clearly and legibly visible from the roadway so that emergency vehicles can locate the center easily?		
• Are there fuel breaks like driveways, lawns, and gravel walkways?		
• Is there a "defensible space" of at least 100 feet around the building?		
• Are trees pruned 6 to 10 feet from the ground to eliminate fuel ladders?		
• Is there vegetation that might serve as a link between grass and treetops?		
• Are trees spaced at least 10 feet apart?		

• Are native, fire-resistant vegetation and trees planted around the facility?		
• Does the center have a well-maintained irrigation system?		
• Is leaf clutter removed and the lawn mowed regularly?		
• Is firewood stored away from the structure?		
• Are pine needles and leaves cleaned regularly from the roof and gutters?		
• Are the undersides of above-ground decks enclosed with noncombustible material to prevent the buildup of leaves and debris?		

(Adapted form the Institute for Business and Home Safety, *Nonstructural Mitigation for Child Care Centers: Protecting Our Kids from Disaster, Nonstructural Safety Checklist,* http://www.ibhs.org/docs/childcare.pdf)

Note: The Nonstructural Safety Checklist was adapted from the *Checklist of Nonstructural Earthquake Hazards in Child Daycare Facilities*, produced by the Reitherman Company in 1990 for the Southern California Earthquake Preparedness Project of the California Office of Emergency Services.

Organizational Roles and Responsibilities

(Adapted from Bright Horizons Family Solutions, *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers*, www.brighthorizons.com\talktochildren\docs\emergency_plan.doc)

List all staff names, addresses, and phone numbers (regular and emergency), as well as position in the program.

For each person, list who the person reports to, in order of responsibility. Be able to show at a glance who is in charge if the primary contact is unable to respond.

List roles and responsibilities in an emergency. Consider overlaps in case someone is unable to fulfill his or her role.

Answer these questions:

- Who will provide First Aid?
- Who will carry medications?
- Who will carry the First Aid kit?
- Who will bring the emergency information on each child?
- Who will call for help?
- Who will carry the cellular phone?
- Who will carry the disaster supply kits?
- Which groups of children will go with which staff?
- Who will ensure that everyone is out of the building?

Share the list of responsibilities with the staff. Discuss everyone's roles so that all staff are prepared during an emergency. Everyone should know their primary and back-up responsibilities.

Maintain an attendance list at all times; do not put children, staff, visitors, or emergency personnel at risk by not knowing three things:

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

Keep emergency information with the attendance list. Make sure you have permission for emergency medical treatment and are aware of any special requirements or medications for children and staff.

Planning Team Members

Your planning team should be composed of people within your Head Start community, as well as members of the broader community. This membership will ensure that your planning team considers all components of the emergency process. You should include:

- Program Director
- Fiscal Specialist
- Administrative Leads from Health, Mental Health, Disabilities, Infants and Toddlers, Family and Community Partnerships, Technology, and Facilities
- Professional Development Lead
- Policy Council and Health Services Advisory Committee Representatives
- First responders, including fire, health, safety, law enforcement, public works, and emergency medical services

In addition, the lead on this team might assume the following responsibilities:

- Provide the planning team with clearly defined goals and objectives
- Distribute and consolidate work
- Maintain group focus
- Resolve conflict
- Monitor progress
- Provide encouragement
- Consolidate information and results for each phase of the planning cycle

(Adapted from the U.S. Army Child and Youth Services, Installation Mobilization and Contingency (MAC) Plan.)

You may also want to examine how the U.S. Army Child and Youth Services delegates responsibilities. See Mobilization and Contingency (MAC) Team Roles (Appendix C).

Priority Brainstorm Worksheet

Name(s): _____ Date: _____

Program/Location: _____

Use your plan and information from interviews with the local health department, emergency preparedness Web sites, and this *Manual* to complete this worksheet. Once you have identified Impact Priorities, brainstorm tasks for each priority. Make copies for each possible emergency.

Emergency:_____

Impact Priority 1:
1. Task:
2. Task:
3. Task:
4. Task:
5. Task:

Impact Priority 2:
1. Task:
2. Task:
3. Task:
4. Task:
5. Task:

Impact Priority 3:
1. Task:
2. Task:
3. Task:
4. Task:
5. Task:

Impact Priority 4:
1. Task:
2. Task:
3. Task:
4. Task:
5. Task:

Impact Priority 5:
1. Task:
2. Task:
3. Task:
4. Task:
5. Task:

Probability of Occurrence Worksheet

Name(s): _____ Date: _____

Program/Location: _____

One of the first steps in the Planning Phase is determining the likelihood of specific emergency situations occurring in your community. Complete this worksheet using these resources:

- Your own experiences (Use the Community Hazard Risk Assessment)
- Conversations with local health department representatives
- U.S. Geological Survey, Science in Your Backyard, http://www.usgs.gov/state/
- U.S. Geological Survey, National Hazards Gateway, http://www.usgs.gov/hazards/
- FEMA, HAZUS-MH, http://www.fema.gov/plan/prevent/hazus/index.shtm

PROBABILITY OF OCCURRENCE	
HAZARD	**SCORE 0-4** 0 = Improbable; 1 = Remote; 2 = Occasional; 3 = Probable; 4 = Frequent
Biological Threat	
Center-based Chemical Emergency	
Chemical Threat	
Community Violence	
Earthquake	
Explosion	
Extreme Heat	
Family Violence	
Fire	
Flood	
Hazardous Materials Incident	
Hurricane	
Landslide	
Mudslide	
Novel H1N1 (Swine Flu)	
Terrorism	
Thunderstorm and Lightning	
Tornado	
Tsunami	
Volcano	
Widespread Disease Outbreak	
Wildfire	
Winter Storm	

(Adapted from the UCLA Center for Public Health and Disasters' *Hazard Risk Assessment Instrument Workbook*, https://www.cphd.ucla.edu/hrai.aspx)

Program Areas To Explore

Name(s): _____ Date: _____

Program/Location: _____

Areas Explored:	Yes/No	Person Responsible	Applicable System or Service
Example: Increasing hours of operation			
Example: Ordering additional food to accommodate extended hours			
Example: Availability of blankets, pillows, and cots in case of overnight stays			
Example: Providing "wrap-around" care for parents who need weekend/evening care			
Example: Training additional staff to support extended hours			
Example: Setting in place contingency plans with collaborative community partners			

(Adapted from the Installation Mobilization and Contingency (MAC) Plan by U.S. Army Child and Youth Services)

Training Checklist

Name(s): _____ Date: _____

Program/Location: _____

Under each general area, specific safety guidelines are listed. Columns following the guidelines are to be checked by the planning team to indicate the need for attention in any specific area.

- A check in the "Yes/No" column indicates that the planning team has reviewed this safety area and determined whether there is a problem.
- A check in the "Potential Problem" column indicates that corrective actions may need to be taken. In this case, a description of the nature of the problem and the plan for improvement should be included in the "Recommended Action/Plan for Improvement" section. To document that corrective actions have been taken, the date of improvement should also be recorded in the last column of the checklist. This date confirms that potential problems have been rectified.

Training-related Tasks	Yes/No	Potential Problem	Recommended Action/Plan for Improvement	Date of Improvement
Identify staff members trained in handling body fluids, such as blood or urine:				
• Spill Kits				
• Absorption Control				
• Proper disposal of fluids				
• Hand washing				
• Housekeeping				
• Personal Protective Equipment (PPE)				
Identify staff members trained to accommodate people with disabilities.				
Maintain emergency contact numbers and cooperate with outside agencies consulting on school safety training matters.				
Maintain comprehensive documentation of any accidents/injuries and corrective actions.				
Identify and post members of the planning team in the program's emergency response materials to be used in the event of an emergency situation.				
Other				

(Adapted from the Orange Unified School District/CWA Earthquake/Emergency Operation Plan, http://www.orangeusd.k12.ca.us/cwa/Part%204%20Site%20Preparedness.pdf)

Appendix C: Fact Sheets

The following fact sheets offer information specific to issues that are relevant to the emergency preparedness process. These fact sheets can be copied and shared with members of your Head Start community as you develop and implement your plan.

- Behavioral Reactions to Crisis pg. 187
- Coping Strategies for Adults pg. 188
- Disaster Assistance pg. 189
- Emergency Lockdown/Intruder Alert Procedure pg. 190
- Food pg. 192
- Helping Children Cope with Disaster pg. 193
- Mental Health Resources pg. 197
- Mobilization and Contingency (MAC) Team Roles pg. 199
- Procedures for Conducting a Fire Drill pg. 205
- Resources To Support Families who Experience Homelessness pg. 206
- Responding to Staff Needs pg. 207
- Safe Spaces pg. 208
- Supplies and Equipment for Evacuation pg. 209
- Things To Keep in Mind When Sheltering-in-Place pg. 210
- Water pg. 211
- Weather Radios pg. 213

Behavioral Reactions to Crisis

(Adapted from the *U.S. Army Child and Youth Services Installation Mobilization and Contingency (MAC) Plan Workbook*)

Ten warning signs can apply equally to all professionals in an emergency situation:

- Denial about what is going on and its effects.
- Irritability leading to moodiness and triggering negative responses and reactions.
- Anxiety about facing another day and what the future holds.
- Sleeplessness caused by a never-ending list of concerns.
- Lack of concentration which interferes with ability to perform familiar tasks.
- Anger that no apparent solution exists for changing the circumstances.
- Social withdrawal from friends or work associates.
- Exhaustion which makes it nearly impossible to complete anything.
- Depression that starts breaking the spirit and affecting ability to cope.
- Health problems that begin to take their toll, both mentally and physically.

Training for staff and providers to discuss behavioral changes during extraordinary situations will help staff be more sympathetic to each other if a situation occurs.

Coping Strategies for Adults

The National Center for Post Traumatic Stress Disorder (www.ncptsd.va.gov) offers a number of strategies that adults can use to cope after a disaster.

- Spend time with people who support one another.
- Talk about how you are feeling and listen to others.
- Get back to everyday routines. Habits can be comforting.
- Take time to grieve and cry if you need to.
- Ask for support and help from family, friends, church, or other community resource. Join or develop a support group.
- Tackle one task at a time instead of trying to do everything at once. Set aside tasks that are not absolutely necessary.
- Eat healthy.
- Take time to walk, stretch, exercise, and relax.
- Make sure you get enough rest and sleep; you may need more than usual.
- Do something that makes you feel good.
    - Take a warm bath or a walk.
    - Sit in the sun.
    - Play with a pet.
- Volunteer in the recovery efforts. You might:
    - Give blood.
    - Help raise money.
    - Collect necessary emergency checklist items for victims.
- Turn off the TV.

Disaster Assistance

(Excerpted from FEMA, *Disaster Assistance Available from FEMA*, http://www.fema.gov/assistance/process/assistance.shtm)

Housing Needs

- **Temporary Housing** (a place to live for a limited period of time): Money is available to rent a different place to live or a government-provided housing unit when rental properties are not available.
- **Repair**: Money is available to homeowners to repair damage, not covered by insurance, caused by the disaster to their primary residence. The goal is to make the damaged home safe, sanitary, and functional.
- **Replacement**: Money is available to homeowners to replace their home destroyed in the disaster that is not covered by insurance. The goal is to help the homeowner with the cost of replacing their destroyed home.
- **Permanent Housing Construction**: Direct assistance or money for the construction of a home. This type of help occurs only in insular areas or remote locations specified by FEMA, where no other type of housing assistance is possible.

Other than Housing Needs

Money is available for necessary expenses and serious needs caused by the disaster. This includes:

- Disaster-related medical and dental costs
- Disaster-related funeral and burial costs
- Clothing; household items (room furnishings, appliances); tools (specialized or protective clothing and equipment) required for your job; necessary educational materials (computers, school books, supplies)
- Fuel for primary heat source (heating oil, gas)
- Clean-up items (wet/dry vacuum, dehumidifier)
- Disaster-damaged vehicle repair or replacement
- Disaster-related moving and storage expenses (moving and storing property to avoid additional damage while disaster-related repairs are made to the home)
- Other necessary expenses or serious needs as determined by FEMA
- Other expenses that are authorized by law

Emergency Lockdown/Intruder Alert Procedure

(Adapted from *YMCA Child Care Crisis/Disaster Response Plan*
http://www.yakimaymca.org/earlyChildhood/YMCA%20Child%20Care%20disaster%20plan.pdf)

From time to time, schools and child care facilities have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any person who enters your facility who, through act or deed, poses a perceived threat to the safety and welfare of children and employees. If at any time you are dealing with a person you feel uncomfortable around or are fearful for your safety or the safety of others, then you may be faced with an intruder situation.

Key recommendations to implement regarding a lockdown, including those conducted because of an intruder, are:

- It is important that all members of the building's staff understand, support, and participate in the Intruder Alert procedures.
- It is important to practice the Intruder Alert procedures in the facility several times per year, just as you practice fire drills.
- Lockdown information will be given to parents upon enrollment. Parents will be notified of all lockdown drills and events. The facility will provide written materials for parents to help children understand and cope.
- Parents will be given a pre-designated alternate pick-up site if children and staff are evacuated. Parents should not try to enter the facility during a lockdown and may be kept away from the center until authorities determine it is safe.

Administrator (Director or designee) Responsibilities – Intruder Alert

- If a person(s) comes into the facility, assess the situation. If you are uneasy or suspicious of the person(s), immediately have someone call 9-1-1.
- If a weapon is present, DO NOT CONFRONT. Give the pre-determined hand signal to another staff member for them to call 9-1-1 immediately.
- If no weapon is suspected, confront the intruder in the following manner:
  - Approach the individual in a non-confrontational manner with the assistance of another staff member.
  - Introduce yourself and the person with you to the individual in a non-confrontational way.
  - Ask the individual who they are and how you can be of assistance.
  - Inform the individual of the policy that all visitors need to sign in and guide him/her to the area where that is done.
  - If the individual refuses, do not confront him/her. Give the other staff member the pre-designated hand signal to call 9-1-1.

If it is determined that the safety and health of children and staff are in jeopardy:

- **Intruder Alert Procedure:** If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all staff) shall be made to the first staff member seen. That staff member will pass on the hand signal to others throughout the building and will call 9-1-1.
- If the suspected intruder is not yet in the building, an announcement will be made (or a bell sounded) to alert the staff of potential danger. The announcement will be "**THIS IS A CODE RED EMERGENCY, REPEAT, THIS IS A CODE RED EMERGENCY."** – or – write your own.
- If children are outside when a "Code Red" is called, or shots are heard/fired, teachers will quickly direct and move children back into the facility and into the nearest classroom for lockdown.

Upon hearing the chosen lockdown announcement, the following steps must be implemented:

- Staff should quickly check the hall and restrooms closest to their classrooms to get children into the rooms.
- Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights.
- Keep children away from windows and doors; position children in a safe place against walls or on the floor; turn a classroom table on its side to use as a buffer.
- Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to the emotional needs of the children. (Tip: Gather in a story circle behind the table and gather infants into one or two cribs (preferably on wheels) along with items to help keep them quiet.)
- Teachers will keep all children in the classroom until an "all clear" signal has been given.
- Director or designee will immediately call 9-1-1 and stay on the phone until help arrives.
- Await further instructions from emergency response personnel. You will be informed when it is safe to move about and release children from your rooms. Children should not be released to parents until an "all clear" has been called.
- Upon arrival, the local police in conjunction with the Director will assume controlling responsibility and may evacuate the building per police standard operating procedures.
- When "all clear" is heard, the Director will apprise the staff of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Director.
- Director will apprise parents of all "lockdowns" whether practice or real.
- Director will report incident to licensor.
- Director will complete a written incident report at the earliest opportunity.

Food

(Adapted from FEMA, *Food*, http://www.fema.gov/plan/prepare/food.shtm)

Store at least a 3-day supply of non-perishable food. Select foods that require no refrigeration, preparation, or cooking and little or no water. If you must heat food, pack a can of sterno. Select food items that are compact and lightweight. Avoid foods that will make you thirsty. Choose salt-free crackers, whole grain cereals, and canned foods with high liquid content.

Include a selection of the following foods in your Disaster Supply Kit:

- Ready-to-eat canned meats, fruits, and vegetables
- Canned juices, milk, soup (if powdered, store extra water)
- Staples – sugar, salt, pepper
- High-energy foods – peanut butter, jelly, crackers, granola bars, trail mix
- Vitamins
- Foods for infants, elderly persons, or persons with special dietary needs
- Comfort foods – cookies, hard candy, sweetened cereals, lollipops, instant coffee, tea bags

Note: Be sure to include a manual can opener.

Helping Children Cope with Disaster

(Adapted from FEMA, *Helping Children Cope with Disaster*, http://www.fema.gov/rebuild/recover/cope_child.shtm)

Disasters can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma; has merely seen the event on television; or has heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur.

Children may respond to disaster by demonstrating fear, sadness, or changes in behavior. Younger children may return to earlier behavior patterns, such as bedwetting, sleep problems, and separation anxiety. Older children may also display anger, aggression, school problems, or withdrawal. Some children who have only indirect contact with the disaster but witness it on television may also develop distress.

Who Is at Risk?

For many children, reactions to disasters are brief and represent normal reactions to "abnormal events." A smaller number of children can be at risk for more enduring psychological distress as a function of three major risk factors:

- *Direct exposure to the disaster,* such as being evacuated, observing injuries or death of others, or experiencing injury along with fearing that one's life is in danger.
- *Loss/grief,* related to the death or serious injury of family or friends.
- *Ongoing stress from the secondary effects of disaster,* such as temporarily living elsewhere, loss of friends and social networks, loss of personal property, parental unemployment, and costs incurred during recovery to return the family to pre-disaster life and living conditions.

What Creates Vulnerabilities in Children?

In most cases, depending on the risk factors above, distress responses are temporary. In the absence of severe threat to life, injury, loss of loved ones, or secondary problems such as loss of home, moves, etc., symptoms usually diminish over time. For those who were directly exposed to the disaster, reminders of the disaster such as high winds, smoke, cloudy skies, sirens, or other reminders of the disaster may cause upsetting feelings to return. Having a prior history of some type of traumatic event or severe stress may contribute to these feelings.

Children's coping with disaster is often tied to the way parents cope. They can detect adults' fear and sadness. Parents and adults can make disasters less traumatic for children by taking steps to manage their own feelings and plans for coping. Parents are almost always the best source of support for children in disasters. One way to establish a sense of control and to build confidence in children before a disaster is to engage and involve them in preparing a family disaster plan. After a disaster, children can contribute to a family recovery plan.

A Child's Reaction to Disaster by Age

Below are common reactions in children after a disaster or traumatic event.

Birth through 2 years. When children are pre-verbal and experience a trauma, they do not have the words to describe the event or their feelings. However, they can retain memories of particular sights, sounds, or smells. Infants may react to trauma by being irritable, crying more than usual, or wanting to be held and cuddled. The biggest influence on children of this age is how their parents cope. As children get older, their play may involve acting out elements of the traumatic event that occurred several years in the past and was thought to be forgotten.

Preschool - 3 through 6 years. Preschool children often feel helpless and powerless in the face of an overwhelming event. Because of their age and small size, they lack the ability to protect themselves or others. As a result, they feel intense fear and insecurity about being separated from caregivers. Preschoolers cannot grasp the concept of permanent loss. They can see consequences as being reversible or permanent. In the weeks following a traumatic event, preschoolers may reenact the incident or the disaster over and over again during play.

School age - 7 through 10 years. The school-age child has the ability to understand the permanence of loss. Some children become intensely preoccupied with the details of a traumatic event and want to talk about it continually. This preoccupation can interfere with the child's concentration at school and can cause academic performance to decline. At school, children may hear inaccurate information from peers. They may display a wide range of reactions – sadness, generalized fear, or specific fear of the disaster happening again, guilt over action or inaction during the disaster, anger that the event was not prevented, or fantasies of playing rescuer.

Pre-adolescence to adolescence - 11 through 18 years. As children grow older, they develop a more sophisticated understanding of the disaster event. Their responses are more similar to adults. Teenagers may become involved in dangerous, risk-taking behaviors, such as reckless driving, or alcohol or drug use. Others can become fearful of leaving home and avoid previous levels of activities. Much of adolescence is focused on moving out into the world. After a trauma, the view of the world can seem more dangerous and unsafe. A teenager may feel overwhelmed by intense emotions and yet feel unable to discuss them with others.

Meet the Child's Emotional Needs

Children's reactions are influenced by the behavior, thoughts, and feelings of adults. Adults should encourage children and adolescents to share their thoughts and feelings about the incident. Clarify misunderstandings about risk and danger by listening to children's concerns and answering questions. Maintain a sense of calm by validating children's concerns and perceptions and by discussing concrete plans for safety.

Listen to what the child is saying. If a young child is asking questions about the event, answer them simply without the elaboration needed for an older child or adult. Some children are comforted by knowing more or less information than others; decide what level of information

your particular child needs. If a child has difficulty expressing feelings, allow the child to draw a picture or tell a story about what happened.

Try to understand what is causing anxieties and fear. Be aware that following a disaster, children are most afraid that:

- The event will happen again;
- Someone close to them will be killed or injured; and
- They will be left alone or separated from the family.

TIPS TO SHARE WITH PARENTS

Reassure Children After a Disaster

Suggestions for parents to help reassure children include the following:

- Personal contact is reassuring. Hug and touch your children.
- Calmly provide factual information about the recent disaster and current plans for insuring their safety along with recovery plans.
- Encourage your children to talk about their feelings.
- Spend extra time with your children such as at bedtime.
- Re-establish your daily routine for work, school, play, meals, and rest.
- Involve your children by giving them specific chores to help them feel they are helping to restore family and community life.
- Praise and recognize responsible behavior.
- Understand that your children will have a range of reactions to disasters.
- Encourage your children to help update your family disaster plan.
- Talk to your children about community helpers and community heroes who help people during and after disasters.

It may be appropriate to talk to a professional if you have tried to create a reassuring environment by following the steps above, but:

- Your child continues to exhibit stress;
- The reactions worsen over time; or
- The reactions cause interference with daily behavior at school, at home, or with other relationships.

You can get professional help from the child's primary care physician, a mental health provider specializing in children's needs, or a member of the clergy.

Monitor and Limit Your Family's Exposure to the Media

News coverage related to a disaster may elicit fear and confusion and arouse anxiety in children. This is particularly true for large-scale disasters or a terrorist event where significant property damage and loss of life has occurred. Particularly for younger children, repeated images of an event may cause them to believe the event is recurring over and over.

If parents allow children to watch television or use the Internet where images or news about the disaster are shown, parents should be with them to encourage communication and provide explanations. This may also include parents' monitoring and appropriately limiting their own exposure to anxiety-provoking information.

Use Support Networks

Parents help their children when they take steps to understand and manage their own feelings and ways of coping. They can do this by building and using social support systems of family, friends, community organizations and agencies, faith-based institutions, or other resources that work for that family. Parents can build their own unique social support systems so that in an emergency situation, they can be supported and helped to manage their reactions. As a result, parents will be more available to their children and better able to support them. Parents are almost always the best source of support for children in difficult times. But to support their children, parents need to attend to their own needs and have a plan for their own support.

Preparing for disaster helps everyone in the family accept the fact that disasters do happen, and provides an opportunity to identify and collect the resources needed to meet basic needs after disaster. *Preparation helps! When people feel prepared, they cope better and so do children.*

Mental Health Resources

(Adapted from FEMA, *Recovering from Disaster*, http://www.fema.gov/areyouready/recovering_from_disaster.shtm)

Coping with Disaster

The emotional toll that disaster brings can sometimes be even more devastating than the financial strains of damage and loss of home, business, or personal property.

Understand Disaster Events

- Everyone who sees or experiences a disaster is affected by it in some way.
- It is normal to feel anxious about your own safety and that of your family and close friends.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities helps you heal.
- Accepting help from community programs and resources is healthy.
- Everyone has different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain.

Children and older adults are of special concern in the aftermath of disasters. Even individuals who experience a disaster "second-hand" through exposure to extensive media coverage can be affected.

Contact local faith-based organizations, voluntary agencies, or professional counselors for counseling. Additionally, FEMA and state, Tribal, and local governments of the affected area may provide crisis counseling assistance.

Recognize Signs of Disaster-Related Stress

When adults have the following signs, they might need crisis counseling or stress management assistance:

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty maintaining balance in their lives
- Low threshold of frustration
- Increased use of drugs/alcohol
- Limited attention span
- Poor work performance
- Headaches/stomach problems
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Reluctance to leave home

- Depression, sadness
- Feelings of hopelessness
- Mood-swings and bouts of crying
- Overwhelming guilt and self-doubt
- Fear of crowds, strangers, or being alone

Easing Disaster-Related Stress

The following are ways to ease disaster-related stress:

- Talk with someone about your feelings – anger, sorrow, and other emotions – even though it may be difficult.
- Seek help from professional counselors who deal with post-disaster stress.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation.
- Maintain a normal family and daily routine, limiting demanding responsibilities on yourself and your family.
- Spend time with family and friends.
- Participate in memorials.
- Use existing support groups of family, friends, and religious institutions.
- Ensure you are ready for future events by restocking your disaster supply kits and updating your family emergency preparedness plan. Doing these positive actions can be comforting.

Mobilization and Contingency (MAC) Team Roles

Role	Responsibilities
Team Leader	• Leads development and implementation of Children and Youth Services (CYS) MAC Plan • Works with CYS Coordinator to form MAC Plan Team and determine members' roles and responsibilities • Informs team members of their roles and responsibilities • Coordinates total requirements and actions for care and supervision among CYS program delivery options • Communicates with proponents when necessary • Organizes anticipated child and youth transportation needs • Consolidates and/or distributes resources • Assesses need to expand child care/youth supervision options • Keeps CYS Coordinator/chain of command informed of MAC Plan process and status
Child Development Center (CDC) Director	• Reevaluates facility usage and anticipates needs • Locates additional temporary Child Development Center (CDC) sites • Gains approval from technical proponents on alternative CDC sites • Plans for resources (people, supplies, equipment) and quantities needed to perform activities • Develops budget based on anticipated child care needs • Ensures evacuation procedures are up to date and parents informed • Determines management issues to address, such as operating hours, staffing, training, and transportation • Makes plans for accommodating children with special needs in alternate facilities • Identifies and coordinates any anticipated CDC exceptions to policies • Coordinates training efforts with Training and Curriculum Specialists (TACS) and anticipates increased frequency of Orientation training • Reports progress and forecasting to MAC Team Leader

Role	Responsibilities
Family Child Care (FCC) Director	• Plans for anticipated child care needs and options to include; extended hours, long-term care, respite care, and hourly care • Develops contingencies for recruiting and training additional Family Child Care (FCC) and FCC HOP (Homes Off-post) providers • Considers Child Development Home and Back-Up Care options and locations • Adapts resources (people, supplies, equipment) and quantities needed to perform activities • Aligns FCC subsidy budget and policies in response to changing demands • Coordinates training efforts with TACS and anticipates increased frequency of Orientation and Extended Hour/Long-Term Endorsement training • Adjusts FCC staff scheduling to accommodate monitoring and support activities during weekends and evenings • Assesses options for providers, especially extended hour/long-term care providers, to get a "break" from caregiving responsibilities • Determines additional sources for back-up care/substitute providers • Ensures providers are involved in all CYS information, coordination, and support activities related to the Extraordinary Contingency Condition situation • Identifies and coordinates any anticipated FCC exceptions to policies • Reports progress and forecasting to MAC Team Leader

Role	Responsibilities
School Age Services (SAS) Director	• School-Age Services (SAS) Director reevaluates facility usage and anticipates needs • Locates additional temporary SAS sites • Gains approval from technical proponents on alternative SAS sites • Plans for resources (people, supplies, equipment) and quantities needed to perform activities • Develops budget based on anticipated school-age care needs • Ensures evacuation procedures are up-to-date and parents informed • Determines management issues to address, such as operating hours, staffing, training, and transportation • Makes plans for accommodating children with special needs in alternate facilities • Works closely with local schools to ensure day-to-day operations and transitions run smoothly • Ensures Computer Labs are fully functioning and are accessible to children • Identifies and coordinates any anticipated SAS exceptions to policies • Coordinates training efforts with Training and Programming Specialists (TAPS) and anticipates increased frequency of Orientation training • Solicits help from older children to mentor younger ones and provides training in group facilitation, problem-solving, and conflict resolution techniques • Reports progress and forecasting to MAC Team Leader

Role	Responsibilities
Youth Center (YC) Director	• Reevaluates facility usage and anticipates needs • Locates additional temporary Youth Center (YC) sites • Gains approval from technical proponents on alternative YC sites • Plans for resources (people, supplies, equipment) and quantities needed to perform activities • Develops budget based on anticipated youth supervision needs • Ensures evacuation procedures are up to date and parents informed • Determines management issues to address, such as operating hours, staffing, training, and transportation • Works closely with local schools to ensure day-to-day operations and transitions run smoothly • Ensures Computer Labs are fully functioning and are accessible to children • Identifies and coordinates any anticipated YC exceptions to policies • Makes plans for accommodating youth with special needs in alternate facilities • Solicits help from teens to work with child care staff and provides training in group facilitation, problem-solving, and conflict resolution techniques • Coordinates training efforts with TAPS and anticipates increased frequency of Orientation training • Reports progress and forecasting to MAC Team Leader
Sports & Fitness (S&F) Director	• Plans new and modifies existing programs • Identifies staff and volunteers who will be involved in planning projected changes • Advises MAC Team about impact of extraordinary contingency conditions (ECC) on sports and fitness (S&F) program and required actions to sustain or terminate programs such as operating hours, staff, sports officials, and local community partnerships • Ensures evacuation procedures (for gyms, sports fields, etc.) are up to date and parents informed • Determines management issues to address, such as availability of coaches, training, and transportation • Plans for resources (people, supplies, equipment) and quantities needed to perform activities • Develops budget based on anticipated needs • Identifies and coordinates anticipated S&F exceptions to policies • Reports progress and forecasting to MAC Team Leader

Role	Responsibilities
Youth Education Support Services (YESS) Director	• Youth Education Support Services (YESS) Director advises MAC Team about impact of ECC on instructional programs and required actions to sustain or terminate programs • Monitors and adjusts appropriately Youth Sponsorship activities to ensure continuation • Identifies and coordinates any anticipated YESS exceptions to policies • Works with School Liaison Officer (SLO), CYS computer labs, and homework centers personnel on ways to support school activities and emotional needs of children/youth • If installation is small, may dual function as SLO • Reports progress and forecasting to MAC Team Leader
School Liaison Officer (SLO)	• Serves as liaison between local schools and CYS • Acts as Commander's subject matter expert on school-related issues • Ensures schedules, alternative sites, transportation issues accommodate the needs of CYS patrons and local schools • Maintains open lines of communication between CYS and school Point of Contact (POC) and CYS and Command on related concerns such as early closings, deployments, absenteeism, and the need for counselors • Identifies and coordinates any anticipated SLO exceptions to policies • Reports progress and forecasting to Team Leader
Training and Curriculum Specialist (TACS) Training and Programming Specialist (TAPS)	• Develops, streamlines, and delivers training programs to quickly train additional staff, providers, and volunteers • Coordinates training efforts with CDC, FCC, SA, YS, SLO, YESS, and Outreach Services (OS) Directors • Supports Program Directors in determining and obtaining supplies and equipment needs for alternate sites • Provides technical assistance in arranging developmentally appropriate child and youth activity areas at alternate sites • Identifies and coordinates any anticipated exceptions to training policies • Reports progress and forecasting to MAC Team Leader

Role	Responsibilities

Outreach Services (OS) Director	• Serves as MAC Team Leader
	• Determines need to streamline registration process
	• Responsible for expanding care options through
	  ◦ Short-Term Alternative Child Care (STACC)
	  ◦ Volunteer Child Care in Unit Settings (VCCUS)
	  ◦ Parent Co-ops
	  ◦ In and off-post child care/youth supervision spaces
	  ◦ CYS trained babysitters
	  ◦ Community Partnerships, e.g., Boys' and Girls' Clubs of America, 4-H, and Morale, Welfare, and Recreation Programs
	• Gains approval from technical proponents on alternative sites
	• Identifies and coordinates Outreach Services (OS) exceptions to policies
	• Coordinates training efforts with TACS/TAPS/SLO
	• Provides parent education to support ECC conditions
	• Collaborates with internal and external agencies to resolve special needs issues and requests for special services
	• Conducts deployment briefings
	• Markets/publicizes care options
	• Plans for child care/youth supervision needs of Reserve, Guard, and geographically isolated personnel assigned to installation
	• Reports progress and forecasting to MAC Team Leader

Child and Youth Services (CYS) Director	• Identifies CYS contingency funding needed • Develops a MAC budget • Ensures a link between the CYS MAC Plan and the ICYOP • Shepherds MAC Plan through command approval process • Represents CYS on installation Family Assistance Team • Articulates CYS role in mobilization/contingency support • Resolves roadblocks that could affect CYS system performance • May serve as MAC Team Leader on small or very large installations • Reports MAC Plan progress, status, and forecasting to Commander

Procedures for Conducting a Fire Drill

(Excerpted from Bright Horizons Family Solutions, *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers*, www.brighthorizons.com\talktochildren\docs\emergency_plan.doc)

1. **Inform the staff in advance.** The Director informs the staff that there will be a fire drill later in the day/week.

2. **Staff members talk to the children about the drill.** Teachers talk to the children in their classroom about the bell/alarm, rules, and procedures for vacating the building.

3. **Evacuate the building.** When the alarm goes off:
   - **Evacuating Infants and Toddlers:** The designated member of the management team goes to the infant/toddler area.
     - Children who are not walking are placed in an evacuation crib (four to a crib), and the crib is wheeled outside to the designated area.
     - Toddlers (walkers) proceed immediately with staff to the outside-designated area.
     - Teachers count their children and take attendance sheets with them. No one can stop for coats or any other personal items.
   - **Evacuating All Other Children:** Teachers count their children and leave the building in groups, taking attendance sheets with them. No one can stop for coats or any other personal items. Everyone should go to his or her designated place on the playground or other space. Once outside, teachers recount their children.
   - **The Director** or designee checks bathrooms, closets, and "hiding places" for "lost children" and for possible sources of smoke or fire during a real alarm.

4. **Retrieve files of parent/guardian names and phone numbers.** The Director retrieves the files of all parent/guardian names and telephone numbers and takes them outside.

5. **Time the drill.** The Director times how long it takes to vacate the building.

6. **Verify accurate recount of all persons.** The Director or designee checks with each group to verify an accurate recount of all persons.

7. **Return to the building.** The Director or designee gives approval to reenter the building. The Director or designee helps with infants and toddlers.

8. **Document the Completed Fire Drill.** The Director completes written documentation that contains the specifics of the drills: date, time to vacate building, and weather conditions of the fire drill.

Resources To Support Families who Experience Homelessness

The following resources will help you learn more about homelessness. You will also find strategies to support these families cope with their situation and rebuild their lives.

- *Responding to Families in Crisis* is a fact sheet from *Supporting Families in Crisis,* a *Training Guide for the Head Start Learning Community*. This fact sheet offers strategies for staff to develop relationships with families who are homeless in order to understand their needs. (http://eclkc.ohs.acf.hhs.gov/hslc/Family%20and%20Community%20Partnerships/Crisis%20Support/Family%20Support/famcom_fts_009543_091705.html)

- *First Step* is a tool that staff can use to connect families who are homeless to Federal resources and benefits that will help them rebuild their lives. (http://www.cms.hhs.gov/apps/firststep/index.html)

Responding to Staff Needs

(Adapted from *Installation Mobilization and Contingency (MAC) Plan Workbook* by the U.S. Army Child and Youth Services)

Staff members and providers may find their own families in upheaval during an emergency. This means that those who offer safety and stability for the program's children may also need a support system to help themselves cope. If this is the case:

- Make sure that each individual can handle the work schedule assigned.
- Establish a permissive leave policy to allow employees who are stressed to take time away from their job.
- Provide support and understanding to employees and providers who are single parents (or parents who are geographically separated and who may now have sole responsibility for children). Arrange time off for them to be with sick children or to keep doctor appointments.
- Be sensitive to changing family situations; expect short tempers and emotional displays. Understanding and a sympathetic ear may be all that is needed.
- Offer simple activities such as potluck dinners, movies, and bowling.
- Help establish an internal support group for staff and families.
- Encourage them to attend support group meetings.
- Hire a break person to ensure all staff receive scheduled breaks.
- Offer extended breaks for staff working longer hours.
- Subsidize a substitute provider to offer a respite for providers working extended hours.

Safe Spaces

Many centers or schools have safe rooms or procedures that they use when a threat of violence is in the building. But what are safe room or safe procedures?

A safe room is a space that is:

- Protected, such as a large closet where babies and young children can hide;
- Sound-protected so that if children talk or cry they cannot be heard easily outside of the room;
- Comfortable so that children's stress is reduced; and
- Entertaining so that children can play quietly while waiting out the danger.

Safe procedures are systems that teachers use to:

- Ensure threats cannot access the room or classroom by putting barriers in front of the doors;
- Prevent anyone from seeing inside the room by blocking windows;
- Ensure that children cannot be heard; and
- Comfort children who might feel fear or experience stress.

By using a safe room or safe procedures, you reduce the threat of community violence putting your program at risk.

Supplies and Equipment for Evacuation

(Excerpted from the *Installation Mobilization and Contingency (MAC) Plan Workbook* by the U.S. Army Child and Youth Services)

Child and Youth Services MAC Supplies and Equipment	
Administrative	**Child Development Centers**
• Pens, pencils, markers • Paper • Receipt book • Lock box for collecting money • Paper clips, stapler, tape • Registration cards • Folding table and chairs • Portable or cellular phones • Trash bags • Books	• Puzzles • Manipulatives • Crayons, markers • Assorted paper • Scissors (adult and child) • Glue, tape • Clay, play dough • Large plastic tablecloths for messy activities • Assorted dress-up clothes • Dramatic play props/water play props • Games, blocks, balls • Tape recorder, tapes, radio, batteries • Mats, blankets • Portable cribs • Paper cups, tissues, paper towels, plastic ware, toilet paper, wipes • Dish pans/containers for sand and water play • Dolls and small people figurines • Trash bags

Things To Keep in Mind When Sheltering-in-Place

(Adapted from the UCLA's Center for Public Health and Disasters, *Head Start Disaster Preparedness Workbook,* http://www.cphd.ucla.edu/headstart.aspx)

Pre-Event Planning

- Select interior room(s) with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit comfortably. Classrooms may be used if there are no windows or if the windows are sealed and cannot be opened. Large storage closets, utility rooms, meeting rooms, and even a gymnasium without exterior windows also work well. *Note: Make sure you have at least one telephone with the center's listed telephone number available in the room. If the center has voicemail, be ready to change the recording to indicate that the center is closed and that children and staff are remaining in the building until authorities advise that it is safe to leave.*
- Provide for a way to make announcements over the center-wide public address system.
- Identify Head Start staff or others familiar with your building's mechanical systems who can help shut down ventilation systems.

Sheltering During an Event (Adapted from the American Red Cross)

- Close the center or building. Use reverse evacuation procedures to bring children and staff to the predetermined locations identified in pre-event planning.
- Close and lock all windows, exterior doors, and any other openings to the outside.
- Close window shades, blinds, or curtains if you are told there is danger of explosion.
- Have staff familiar with your building's ventilation systems turn off all fans and heating and air conditioning systems.
- Gather essential disaster supplies.
- Call emergency contacts.
- Bring everyone into the room. Shut and lock the door.
- Seal all cracks around the door(s) and any vents into the room with duct tape and plastic sheeting (heavier than food wrap).
- Write down the names of everyone in the room and call your center's designated emergency contact to report who is in the room with you.
- Listen for an announcement from local officials via portable battery-assisted radios and stay where you are until you are told that it is safe to leave.

Based on the action steps described above, your Head Start program's emergency preparedness plan should include the following:

- Shelter-in-Place Policies and Procedures
- Documentation of Shelter-in-Place Drills

Water

(Excerpted from FEMA, *Water*, http://www.fema.gov/plan/prepare/water.shtm)

How Much Water Do I Need?

You should have at least a 3-day supply of water, and you should store at least 1 gallon of water per person per day. A normally active person needs at least one-half gallon of water daily just for drinking.

Additionally, in determining adequate quantities, take the following into account:

- Individual needs vary, depending on age, physical condition, activity, diet, and climate.
- Children, nursing mothers, and ill people need more water.
- Very hot temperatures can double the amount of water needed.
- A medical emergency might require additional water.

How Should I Store Water?

For the safest and most reliable emergency supply of water, it is recommended that you purchase commercially bottled water. Keep bottled water in its original container and do not open it until you need to use it.

Observe the expiration or "use by" date.

If You are Preparing Your Own Containers of Water

It is recommended that you purchase food-grade water storage containers from surplus or camping supplies stores to use for water storage. Before filling with water, thoroughly clean the containers with dishwashing soap and water, and rinse completely so there is no residual soap.

If you choose to use your own storage containers, choose two-liter plastic soft drink bottles – not plastic jugs or cardboard containers that have had milk or fruit juice in them. Milk protein and fruit sugars cannot be adequately removed from these containers and can provide an environment for bacterial growth when water is stored in them. Cardboard containers also leak easily and are not designed for long-term storage of liquids. Also, do not use glass containers, because they can break and are heavy.

If storing water in plastic soda bottles, follow these steps:

Thoroughly clean the bottles with dishwashing soap and water, and rinse completely so there is no residual soap. Sanitize the bottles by adding a solution of 1 teaspoon of non-scented liquid household chlorine bleach to a quart of water. Swish the sanitizing solution in the bottle so that it touches all surfaces. After sanitizing the bottle, thoroughly rinse out the sanitizing solution with clean water.

Filling Water Containers

Fill the bottle to the top with regular tap water. If the tap water has been commercially treated from a water utility with chlorine, you do not need to add anything else to the water to keep it clean. If the water you are using comes from a well or water source that is not treated with chlorine, add two drops of non-scented liquid household chlorine bleach to the water. Tightly close the container using the original cap. Be careful not to contaminate the cap by touching the inside of it with your finger. Place a date on the outside of the container so that you know when you filled it. Store in a cool, dark place. Replace the water every 6 months if not using commercially bottled water.

Weather Radios

(Excerpted from FEMA, *Tornado Risks and Hazards in the Southeastern United States* (2007), http://www.fema.gov/library/file?type=publishedFile&file=ra1_tornado_risks_se_us.pdf&fileid=bc78a0f0-0ed4-11dc-a25e-000bdba87d5b)

All individuals living or working in tornado-prone areas should have a weather radio within their home or place of work. A weather radio is particularly important for those living in an area that does not have storm warning sirens.

The National Oceanic and Atmospheric Administration (NOAA) Weather Radio (NWR) is a nationwide network of radio stations broadcasting continuous weather information directly from a nearby National Weather Service (NWS) office. NWR broadcasts warnings, watches, forecasts, and other hazard information 24 hours a day, as well as post-event information for all types of hazards, both natural and technical.

NOAA weather radios are available at electronics stores across the country and range in cost from $25 to $100 or more, depending on the quality of the receiver and number of features. The NWS does not endorse any particular make or model of receiver.

Features to look for in a NOAA Weather Radio:

- The most desirable feature is an alarm tone. This allows you to have the radio turned on but silent, listening for a special tone that is broadcast before watch and warning messages that give immediate information about a life-threatening situation.
- Specific Area Message Encoding (SAME) technology, a NOAA weather radio feature available since the mid-1990s, is capable of providing detailed, area-specific information. Unlike other NOAA weather radios, the SAME feature will filter out alerts that do not affect your immediate area.
- The NOAA radio should operate on batteries during times when electrical service may be interrupted. Look for radios with an AC adapter and battery compartment.
- The radio should be tunable to all seven NWR frequencies. For the latest list of frequencies and transmitter locations, check the NOAA Weather Radio Web site, http://www.weather.gov/nwr .
- The hearing and visually impaired can receive watches and warnings by connecting weather radio alarms to other kinds of attention-getting devices, such as strobe lights, pagers, bed-shakers, personal computers, and text printers.

Automated Spanish translation systems are being examined for use on transmitters serving a significant Hispanic population to broadcast Spanish translations of all emergency weather and natural hazard messages immediately after the official Emergency Alert System (EAS) warning is issued. For more information in Spanish, please visit the NOAA Web site, http://www.weather.gov/nwr/indexsp.htm .

Other methods to receive forecasts, watches, and warnings directly from the NWS:

- Tune in to your local radio and television stations for the latest weather forecasts, watches, and warnings.
- NWS products and services are also available on the Internet at http://www.weather.gov/nwr . Delivery of data across the Internet, however, cannot be guaranteed because of potential interruption of service.

Another low-cost method for receiving the NWS's essential information is available on a wireless data system called the Emergency Managers Weather Information Network (EMWIN). This system presents the information directly on your home or office computer. Users may set various alarms to be alerted to particular information, whether for their local area or adjacent areas. For more information, please visit the EMWIN Web site http://www.weather.gov/emwin/index.htm .

In 2008, Head Start programs received free Public Alert Radios through a partnership between the Department of Commerce's National Oceanic and Atmospheric Administration, the Departments of Homeland Security, Education, and Health and Human Services. For more information, see the Distribution of Public Alert Radios to Head Start Programs Information Memorandum (Appendix D), also found on the Early Childhood Learning and Knowledge Center at http://eclkc.ohs.acf.hhs.gov/ .

Appendix D: Head Start Resources

- Improving Head Start for School Readiness Act of 2007
  Section 649(m): Program Emergency Preparedness, pg. 216

- Distribution of Public Alert Radios to Head Start Programs
  Information Memorandum ACF-IM-HS-08-15, pg. 217

Improving Head Start for School Readiness Act of 2007

Section 649(m): Program Emergency Preparedness

(1) PURPOSE.—The purpose of this subsection is to evaluate the emergency preparedness of the Head Start programs, including Early Head Start programs, and make recommendations for how Head Start shall enhance its readiness to respond to an emergency.

(2) STUDY.—The Secretary shall evaluate the Federal, State, and local preparedness of Head Start programs, including Early Head Start programs, to respond appropriately in the event of a large-scale emergency, such as the hurricanes Katrina, Rita, and Wilma, the terrorist attacks of September 11, 2001, or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

(3) REPORT TO CONGRESS.—Not later than 18 months after the date of the enactment of the Improving Head Start for School Readiness Act of 2007, the Secretary shall prepare and submit to Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report containing the results of the evaluation required under paragraph (2), including—

(A) recommendations for improvements to Federal, State, and local preparedness and response capabilities to large-scale emergencies, including those that were developed in response to hurricanes Katrina, Rita, and Wilma, as they relate to Head Start programs, including Early Head Start programs, and the Secretary's plan to implement such recommendations;

(B) an evaluation of the procedures for informing families of children in Head Start programs about the program protocols for response to a large-scale emergency, including procedures for communicating with such families in the event of a large-scale emergency;

(C) an evaluation of such procedures for staff training on State and local evacuation and emergency protocols; and

(D) an evaluation of procedures for Head Start agencies and the Secretary to coordinate with appropriate Federal, State, and local emergency management agencies in the event of a large scale emergency and recommendations to improve such procedures.

Distribution of Public Alert Radios to Head Start Programs

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-08-15	2. Issuance Date: 09/09/08
	3. Originating Office: Office of Head Start	
	4. Key Word: Public Alert Radios	

INFORMATION MEMORANDUM

TO: Head Start and Early Head Start Grantees and Delegate Agencies

SUBJECT: Distribution of Public Alert Radios to Head Start Programs

INFORMATION:

Through a partnership between the Department of Commerce's National Oceanic and Atmospheric Administration, the Department of Homeland Security and the Departments of Education and Health and Human Services, Head Start programs across the country will receive free Public Alert Radios over the next several weeks. These radios will be sent to each center and will provide alerts and safety steps about a variety of emergencies due to weather, telephone outages disrupting 9-1-1 emergency services, hazardous materials threats, or missing children.

Attached to this Information Memorandum is more detailed information about the program, including a list of Frequently Asked Questions and a list of resources.

I encourage you to reach out to your community partners to work together to develop and coordinate emergency preparedness efforts.

For more information about emergency preparedness, please visit the Early Childhood Knowledge and Learning Center at http://eclkc.ohs.acf.hhs.gov/hslc .

Thank you for your work on this important topic.

/Patricia E. Brown/

Patricia E. Brown
Acting Director
Office of Head Start

NOAA School Radio Program

Frequently Asked Questions

What is a NOAA Public Alert Radio?
Also known as the NOAA Weather Radio All-Hazards, NOAA's Public Alert Radio is a life-saving early warning tool that notifies radio users of all hazards in their area 24 hours a day/seven days a week, even when other means of communication are disabled. The radio will signal an audible alert with a visible indicator light as a "watch" or "warning" and a brief digital text message to advise on a wide range of emergency situations and post-event information for all types of hazards including natural (e.g. earthquakes or avalanches); environmental (e.g. chemical releases or oil spills); and public safety (e.g. AMBER alerts or 911 telephone outages).

Distribution of NOAA Public Alert Radios

Which schools are receiving NOAA Public Alert Radios in 2008?
This year, NOAA is distributing public alert radios to about 183,000 schools in the U.S. and its territories including:

- Preschools and Head Start programs (public and nonpublic)
- K-12 nonpublic schools
- K-12 public school district offices and K-12 nonpublic school central offices
- Postsecondary schools (public and nonpublic 2 and 4 year schools)

Do schools need to request the Public Alert Radios?
No. Radios will be sent directly from NOAA via FedEx to each preschool, K-12 public school district office, K-12 nonpublic school central office, K -12 nonpublic schools, and each postsecondary school.

When will my school receive its radio?
Most schools will receive their radios in either August or September. Radio distribution is already underway, and NOAA personnel will continue to work until each school receives a radio.

How do I request a radio if my school does not receive one by the end of September 2008?
For more information, go to the Web site (http://public-alert-radio.nws.noaa.gov/proginfo.htm), find your jurisdiction and determine if your school is listed or not. Schools with post office box addresses will need a street address in order to receive the radios. There is a form on the Web site in this section that also will allow schools to indicate that they have not received the radio. For any additional assistance, please contact: The NWR School Radio Administrator at NWR.School.Radio@noaa.gov or 301-713-9480, extension 118.

Does my school have to pay for its radio?
No. NOAA Public Alert Radios will be provided at no cost through the Department of Homeland Security's Federal Emergency Management Agency for use in every preschool, K-12 nonpublic school, K-12 public school district office, K-12 nonpublic school central office, and postsecondary school in the United States.

How will the radios be distributed?
Radios will be distributed to schools accompanied by a letter and brochure explaining the program's purpose and the intended use of the radio. Schools accepting the radios will be instructed to register online at http://public-alert-radio.nws.noaa.gov/register/ to confirm that they have received and accepted the radios, and to agree that the radios will be used to receive "all hazards" public alerts and warnings. Public schools, as governmental entities, will be given the radios, while nonpublic schools, as nongovernmental entities, will have use of the radios under a licensing agreement and ownership will remain vested in the U.S. government.

Are NOAA Public Alert Radios being sent to schools in states that already mandate that schools have radios?
Yes. To ensure that they have the most up-to-date equipment, the distribution also includes schools in the six states that currently mandate schools to have radios, which are Washington, Tennessee, North Carolina, Maryland, Florida and Mississippi.

If a school already has a radio, what should the school do with the pre-existing radio?
Schools should always check with the organization that provided the pre-existing radio to decide the best way to handle it. Possible ways to address pre-existing radios are to leave it in the school or to redistribute it to another critical location in the area, such as an assisted living facility or other location. Entities that previously provided schools with a radio and want more information on re-distributing a radio previously purchased with DHS Homeland Security Grant Program money can call the Department's Office of Grant Operations at 1-866- 9ASK-OGO (866-927-5646) or e-mail ASK-OGO@DHS.GOV .

Registration of Radios

Why do I have to register my radio?
Registration is required to ensure that each school acknowledges receipt or placement of the radio and provides a contact to receive any further information regarding the radio or the program.

License Agreement for Nonpublic Schools

Who is required to have a license agreement?
Nonpublic schools that accept placement of NOAA radios are required to complete and submit a license agreement on the Web site. After the license agreement is completed and submitted, the school should print a copy from the Web site and retain the copy for their records.

What does the license agreement do?
The license agreement allows nonpublic schools to accept placement of the NOAA radios, while ownership remains vested in the U.S. government. Any nonpublic school that accepts a radio placement must submit a license agreement on the Web site. Placement of the radio in a nonpublic school under the license agreement does not make the nonpublic school a recipient of federal financial assistance.
When must the license agreement be submitted?
A nonpublic school official must visit the Web site registration and licensing link as soon as the radio is received to accept or decline the radio and to submit a license agreement when it accepts placement of the radio.
How can my school opt-out of the program if it does not wish to participate?
Participation is voluntary. A school that does not wish to participate may opt-out by following the instructions on the NOAA registration page at http://public-alert-radio.nws.noaa.gov/register/ . Arrangements will be made for the radio to be retrieved at no cost to the school.

How NOAA Public Alert Radios Work

How does the radio signal an emergency?
The radio will signal an audible alert with a visible indicator light as a "watch" or "warning" and a brief text message. In addition, Public Alert Radios can be connected to attention-getting devices, such as strobe lights, sirens, and peripheral alerting mechanisms to ensure that people with particular challenges can also benefit from the safeguards.

Who issues the emergency warnings?
Weather-related warnings and other information broadcast over NOAA Public Alert Radio are issued by the local forecast office of NOAA's National Weather Service that is responsible for your area. Civil emergency alerts are issued by local, state or federal emergency officials and are disseminated by NOAA's National Weather Service on their behalf via NOAA Public Alert Radio.

What events does the radio recognize?

These Public Alert Radios have the ability to recognize the following messages:

911 Telephone Outage Emergency
Avalanche Warning
Avalanche Watch
Blizzard Warning
Child Abduction Emergency
Civil Danger Warning
Civil Emergency Message
Coastal Flood Warning
Coastal Flood Watch
Dust Storm Warning
Earthquake Warning
Hurricane Watch
High Wind Warning
High Wind Watch
Evacuation Immediate
Law Enforcement Warning
Local Area Emergency
Nuclear Power Plant Warning
Radiological Hazard Warning
Shelter-In-Place Warning
Special Marine Warning
Special Weather Statement

Emergency Action Notification
Emergency Action Termination
Fire Warning
Flash Flood Watch
Flash Flood Statement
Flash Flood Warning
Flood Statement
Flood Warning
Flood Watch
Freeze Warning
Hazardous Materials Warning
Hurricane Statement
Hurricane Warning
Severe Thunderstorm Warning
Severe Thunderstorm Watch
Severe Weather Statement
Tornado Warning
Tornado Watch
Tropical Storm Warning
Tropical Storm Watch
Tsunami Warning
Tsunami Watch
Volcano Warning
Winter Storm Warning
Winter Storm Watch

Is there anything different about the NOAA Public Alert Radios currently being distributed?
The NOAA Public Alert Radios distributed in 2005, 2006, and 2008 incorporate the latest technology and standards for advance notification of all types of hazards—not just weather alerts. Furthermore, the latest radios are programmable to specific regions and allow users to hear alerts pertinent for their locality.

Resources for Assistance

How do I set up and program the radio?
The Web site provides several guides to assist with setting up the radio. The manufacturer's instructions are available at http://public-alert-radio.nws.noaa.gov/instructions.htm . The Citizen Corps Volunteer Material Web link at http://public-alert-radio.nws.noaa.gov/cc_volunteer_material.htm includes a checklist in the "Citizen Corps Volunteer Guide" and "Easy Start Guides for Schools" for each brand of radio.

How can I get in-person assistance with the radio?
Assistance with the radios may be provided by your local emergency manager, your local Citizen Corps Council and programs, NOAA warning coordination meteorologists and local ham radio clubs. There are over 2,300 local Citizen Corps Councils around the country that can help coordinate technical assistance to your school. Local contact information for these councils is available at www.citizencorps.gov . To find a local chapter of your local American of Radio Relay League (ARRL), whose club members have experience in programming and registering the NOAA radios, visit http://www.arrl.org/FandES/field/club/clubsearch.phtml .

Who will pay for maintenance, such as new batteries?
The NOAA Public Alert Radio is provided to schools free of charge to help protect our nation's education institutions by providing early warnings of local hazards. Once the radio is delivered, users are responsible for ongoing maintenance, such as changing the batteries.

What if the NOAA Public Alert Radio is not receiving a signal or if there are other technical difficulties?
If you are unable to establish reception for NOAA Public Alert Radios in your area or have other technical issues, a NOAA warning coordination meteorologist (WCM) for your area will assist you. You may locate your local WCM at http://www.weather.gov/os/wcm-soo.pdf .

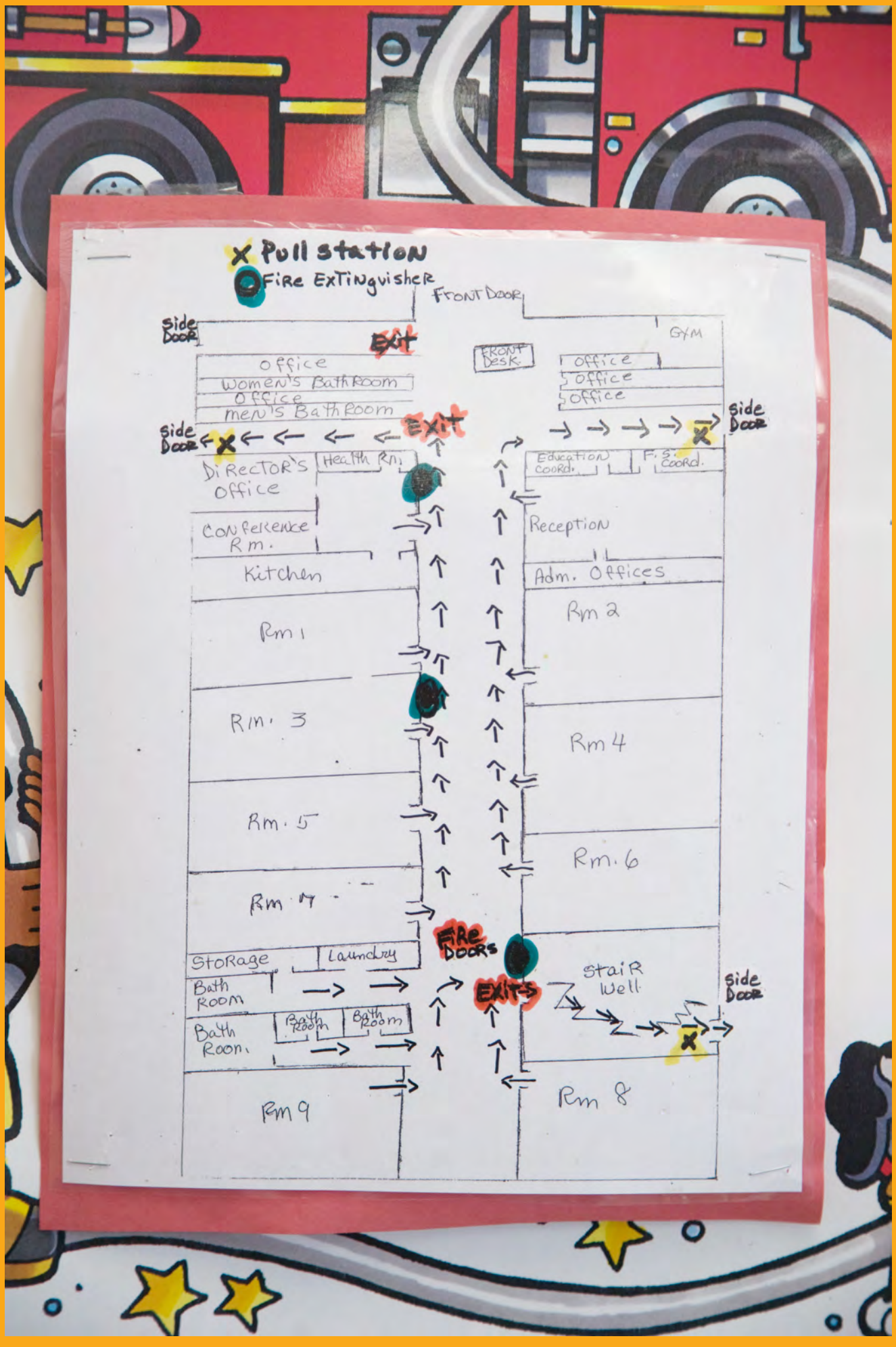
What if the radio my school receives is broken or defective?
For more information, please contact the NWR School Radio Administrator at NWR.School.Radio@noaa.gov or 301-713-9480, extension 118.

Are Citizen Corps Councils required to help schools program and test the NOAA Public Alert Radios?
Participation on the part of Citizen Corps Councils is entirely voluntary. To the extent that Councils assist schools, these efforts should be coordinated through the local emergency management agency.

If a Citizen Corps Council or program chooses to volunteer to assist in this project, where should it begin?
If a Citizen Corps Council or program chooses to volunteer assistance to local schools, then the Council should first communicate with the schools to determine if assistance is needed. Then, the Council should contact local emergency managers and, together, plan a coordinated approach for contacting school leadership to verify that the radios have been received and to offer assistance with registration and set-up. Individual Citizen Corps volunteers should work under the direction of their Citizen Corps leadership. In August 2008, all Citizen Corps Councils received a letter notifying them that the radios were being distributed. The letter also informed the Councils of their potential role. A copy of the letter is available online at the following address: http://public-alert-radio.nws.noaa.gov/cc_volunteer_material.htm . This page also includes a link to information for Citizen Corps volunteers including a volunteer guide, quick start guide and manufacturers' user's manuals.

How soon should Citizen Corps leaders contact their local schools to assist with the NOAA Public Alert Radio Program?
If assistance is needed, Citizen Corps leaders should take time to plan with schools officials and emergency managers and coordinate their approach to offering assistance. This program is an opportunity to work with schools on their preparedness and alert plans and to promote communication between emergency management agencies and schools on emergency management plans. It is also an opportunity to connect Citizen Corps Councils to local education leaders so that schools are integrated into local emergency management planning efforts.

Whom should I contact if I still have questions about the NOAA Public Alert Radio?
For more information, please contact your warning coordination meteorologist through the National Weather Service's closest Weather Forecast Office. These contacts are available at http://www.weather.gov/os/wcm-soo.pdf . You may also visit NOAA's program Web site at http://public-alert-radio.nws.noaa.gov/proginfo.htm .


X Pull station
Fire Extinguisher
Front Door
Side Door
Exit
Gym
Front Desk
Office
Women's Bath Room
Office
men's Bath Room
Office
Office
Office
Side Door
Exit
Side Door
Director's Office
Health Rm.
Education Coord.
F. S. Coord.
Conference Rm.
Reception
Kitchen
Adm. Offices
Rm 1
Rm 2
Rm. 3
Rm 4
Rm. 5
Rm. 6
Rm 7
Fire Doors
Storage
Laundry
Exits
Stair Well
Side Door
Bath Room
Bath Room
Bath Room
Bath Room
Rm 9
Rm 8