Head Start Emergency Preparedness Manual: 2015 Edition

Preparedness

Recovery

Response

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

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Head Start Emergency Preparedness Manual: 2015 Edition

Preparedness—Response—Recovery

Preface

From time to time, communities around the country face catastrophic natural and man-made disasters. Wildfires in California, hurricanes along the Gulf and Atlantic coasts, floods in the Midwest, and school shootings across the country are examples in recent years that garnered national attention.

Consider the following:

In 2014—there were 51 major disaster and emergency declarations

In 2013—there were 67 major disaster and emergency declarations

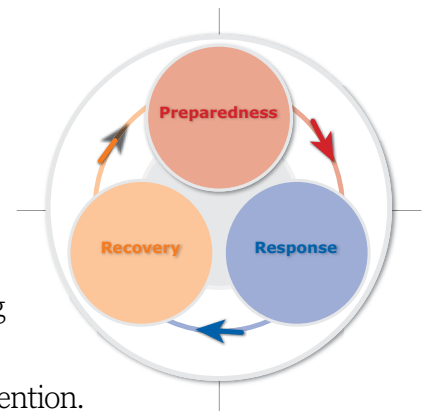In 2012—there were 63 major disaster and emergency declarations

In 2011—there were 128 major disaster and emergency declarations.[1]

Head Start plays an important role in supporting children and families in their local communities before, during and after an emergency. The Office of Head Start has developed the *Head Start Emergency Preparedness Manual,* 2015 Edition to provide Head Start programs with the latest tools and resources to guide their emergency preparedness planning process.

The 2015 Edition is organized around 3 phases of emergency planning:

- Preparedness
- Response
- Recovery

This manual includes numerous links to resources available from the Federal Emergency Management Agency (FEMA), the Administration for Children and Families (ACF) and Ready.gov to help programs develop, practice and revise their emergency preparedness plans. New sections include the mental health aspects of emergency preparedness, and considerations for children and staff with access, functional and other needs.

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[1]FEMA. Accessed at https://www.fema.gov/disasters/grid/year

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This 2015 edition of the Head Start Emergency Preparedness Manual is part of a 3-piece set of Head Start materials on emergency preparedness. The following two resources were developed to complement the manual:

- *Responding to Crises and Tragic Events: Information and Handouts*
  This resource provides information and easy-to-use tip sheets and letters to help support children, staff and families affected by a crisis or tragic event.

- *Responding to Crises and Tragic Events: Planning, Reviewing, and Practicing Your Program's Emergency Preparedness Plans*
  This resource provides information for Head Start programs on testing, practicing and updating emergency preparedness plans. Detailed checklists on a wide range of crises and natural disasters are provided as a starting point for emergency preparedness.

The two resources above are available on the Office of Head Start Emergency Preparedness website at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep

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NOTE: Throughout the manual, when the words "Head Start" are used, it is understood to include Early Head Start, as well as American Indian Alaska Native (AIAN) and Migrant and Seasonal programs.

The website links listed in this manual were current at the time of its publication. If a website link is broken, contact that organization directly for assistance or the Office of Head Start National Center on Health at nchinfo@aap.org

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Chapter 1: Introduction

Overview

Emergencies occur suddenly and disastrously and can leave you feeling overwhelmed and powerless. Being prepared can lessen some of these feelings. It can help protect you, families, and property. Emergency preparedness planning helps you to be ready to help others who may be affected. By preparing for emergency situations, you ensure that staff and families know how to make decisions and take appropriate actions before, during and after 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 satisfy requirements of the Head Start Program Performance Standards (HSPPS) and serve as working documents to guide your everyday activities. Emergency preparedness plans are not new. They build upon existing program plans to make sure that systems and procedures are in place to keep everyone healthy and safe.

Your program has fire drills, emergency weather procedures, and other necessary plans that cover a variety of emergencies. This manual is designed to help you determine if your program has considered all of the possible emergencies that may happen, and if appropriate plans, practice, response, and recovery steps are in place.

Before you continue reading, take a moment and consider the following questions:[2]

Be Informed
What does my program need to learn about protective measures to take before, during and after an emergency?

Make A Plan
What are my program's plans to prepare, plan and stay informed about emergencies?

Build a Kit
What disaster supplies does my program need to have in the event of an emergency?

Get Involved
Who can I work with in my community and how can I support community emergency preparedness planning?

Comprehensive emergency preparedness plans consider the answers to these questions. By being informed, making plans, building kits, and being involved with community emergency preparedness partners, you help ensure that your Head Start program is able to handle whatever may happen.

This manual covers each phase of an emergency (preparedness, response, recovery) to assist you in the development of an emergency preparedness plan that is comprehensive, collaborative, and effective. The more prepared you are, the more likely you are to reduce losses and rebuild faster after a loss.

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[2]The headings and suggested action steps, Be Informed, Make A Plan, Build a Kit, and Get Involved are from the Ready. gov website accessed at www.ready.gov

FIVE REASONS TO PREPARE

1. Emergencies, large and small, occur in every community, even yours.

2. You're 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 plans complement these efforts by focusing on how your program fits into the community plan.

4. Your input is essential to develop a plan that works. Administrators, staff members, 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.

This manual has been organized to support you as you create, practice, revise and implement your program's emergency preparedness plans. The phases, preparedness, response and recovery, are discussed in detail. Links to resources, who to contact, and information on topics such as mental health and emotional needs during an emergency are provided to give you a comprehensive picture of emergency preparedness for Head Start programs.

There are many people within Head Start and your community that can assist you with your emergency preparedness plans.

Trying to anticipate all the emergencies that could affect your program may seem daunting. This manual aims to give you the information and tools needed to assist you. Remember, you do not have to do everything at once or alone. There are many people within Head Start and your community to assist you. Getting started is the most important step you can take.

What Is Emergency Preparedness?

At times, Head Start staff, children, and families are faced with the unexpected. Almost everyday, there is a news story about an emergency that affects individuals, families, communities or regions. Appearing suddenly or with minimal warning, an emergency can leave programs and families without basic necessities such as food and shelter. An emergency can take many forms. Head Start staff members need to know how to respond appropriately and quickly to situations most likely to happen in their geographical region.

Emergency preparedness is the ability to react appropriately by knowing what measures should be taken before, during and after an emergency. This manual organizes information on emergency preparedness using the following three phases:

- Preparedness
- Response
- Recovery

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Preparedness

The preparedness phase takes place before an emergency or disaster. It includes being informed, making plans and building emergency/disaster supplies kits.

Response

The response phase begins during the moments when you are alerted to an impending emergency and when the emergency actually occurs.

Recovery

The recovery phase includes the hours, days, weeks or years (in extreme cases) after an emergency occurs when efforts are focused on food, water, shelter, and the safety of those affected. It includes determining long-term plans for assisting community members in returning to their everyday lives by coping with losses from an emergency or disaster.

Once a program responds to and recovers from a disaster or emergency, even if it is a drill, the phases may be revisited for process improvement. The process improvement can also occur on an annual, or twice annually, basis to make sure that the program's plans are up-to-date and relevant. See section on mitigation
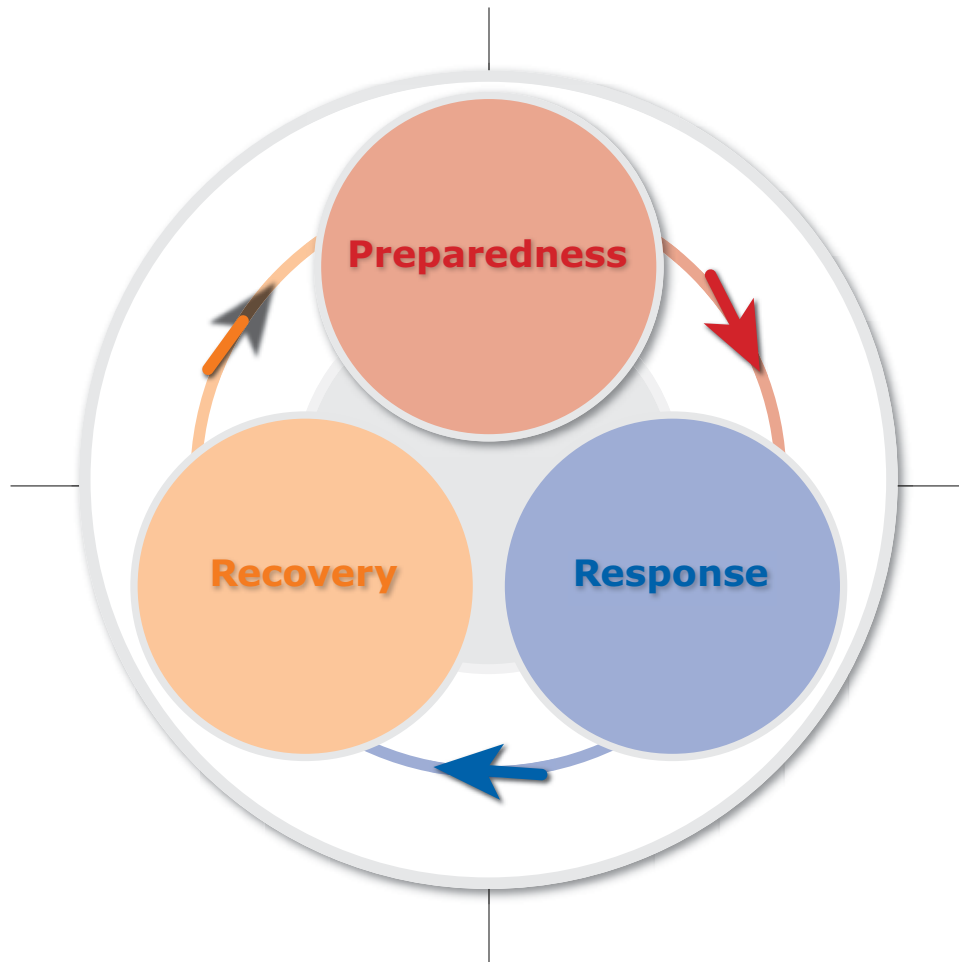
Key Terms

The use of consistent terminology and language is critical because it provides common ground for everyone to understand each other. Speaking with "one voice" helps to facilitate communication between Head Start staff, community partners, and emergency management officials.

It should be noted, however, that everyone involved in the development of your emergency preparedness plan should feel comfortable asking for clarification of any term not understood. Sometimes different agencies, programs or people may use a term in a slightly different way. Always ask if you do not understand a term or the use of a word.

The Federal Emergency Management Agency (FEMA) provides a comprehensive listing of emergency related terms at https://www.fema.gov/national-flood-insurance-program/definitions. The following is a list of key terms used in this manual. These terms are often used in emergency preparedness efforts.

Emergency:* An emergency is a serious, unexpected, and often dangerous situation requiring immediate action. www.fema.gov

Disaster:* A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources. http://www.who.int/hac/about/definitions/en/

*Note: In this document **emergency** and **disaster** are interchangeable

"All hazards" approach: The development of a plan that considers the many different threats and hazards. See http://www.ready.gov/planning for more information.

Emergency/Disaster plan: A written plan that describes the practices and procedures used to prepare for and respond to emergency

or disaster situations. http://cfoc.nrckids.org/StandardView/9.2.4.3

Emergency kit/Disaster supplies kit: Essential items that individuals or programs would need for the first 72 hours after a disaster. http://www.ready.gov/build-a-kit

Evacuation: When disaster conditions require that you seek immediate protection at another location. www.ready.gov

Mitigation: The effort to reduce loss of life and property by lessening the impact of disasters. http://www.fema.gov/what-mitigation

Preparedness: Comprehensive planning for each phase of an emergency. A sound emergency preparedness plan helps your program respond appropriately and quickly to circumstances that occur.

Resilience: The capacity to rise above difficult circumstances, the trait that allows us to exist in this less-than-perfect world while moving forward with optimism and confidence. http://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx

Risk assessment: It is a process to identify potential hazards and analyze what could happen if a hazard occurs. Programs can identify potential hazards including natural events, technological incidents, man-made disasters, and terrorist hazards. Identifying the most likely events up front helps customize the planning process to ensure that the program or team is ready for most situations likely to happen in their areas. http://www.ready.gov/risk-assessment

Shelter-in place: The process of staying where you are and taking shelter, rather than trying to evacuate. http://www.naccrra.org/publications/naccrra-publications/publications/8960503_Disaster Report-SAVE_MECH.pdf

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Chapter 2: Preparedness

Why Is Emergency Preparedness Important?

Emergency situations arise suddenly. They 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 can give you peace of mind. Planning helps you to be in a position to protect the health and safety of children, families and staff members. Being prepared may allow you to resume program services promptly and support the community at large.

Being prepared has real benefits:

- Reduces fears and anxiety
- Helps your program respond quickly
- Lessens losses that accompany disasters
- Helps avoid dangers, sometimes completely

A sound emergency preparedness plan helps your program respond appropriately and quickly to circumstances that occur. This helps reduce risks to everyone within your Head Start community.

Preparedness includes the following actions:

- Developing your emergency preparedness planning team
- Connecting with community emergency management officials to identify local hazards and review incident data
- Determining what crisis plans exist for your program, local school district, and community

- Identifying all stakeholders involved in crisis planning
- Developing procedures for communicating with staff members, families, and community partners
- Developing accommodations for children, staff members and volunteers with access, functional and other needs in your program
- Establishing procedures to account for students and staff members during a crisis
- Gathering information about the program facility, such as maps and the location of utility shutoffs
- Identifying the necessary equipment that needs to be assembled to assist programs in a crisis or emergency[3]

Head Start programs do not work alone when they prepare and respond to emergencies or disasters. Head Start programs work with community partners, and local and regional emergency management officials. Head Start programs are part of their community's emergency preparedness plan.

What Are The National Standards Related to Emergency Preparedness?

The Head Start Performance Standards (HSPPS) include requirements related to emergency preparedness [45 CFR 1304.22(a)] public health emergency procedures and [45 CFR 1304.53 (a) (10)] facilities, materials and equipment. These requirements include:

- 45 CFR 1304.22(a)(1-5): (a) Health emergency procedures. Grantee and delegate agencies operating center-based programs

[3]http://www2.ed.gov/admins/lead/safety/crisisplanning.html

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must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;

(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

(4) Methods of notifying parents in the event of an emergency involving their child; and

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

- 45 CFR 1304.22 (f) (l): maintaining well-supplied and accessible first kits
- 45 CFR 1304.53 (a) (10): ensuring that safety measures are in place to reduce damage from disasters

The National Resource Center for Health and Safety in Child Care and Early Education in partnership with the American Academy of Pediatrics and the American Public Health Association has developed Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition (Caring for Our Children, 3rd Edition) standards related to emergency preparedness. These standards can be found online at www.cfoc.nrckids.org. A searchable database is also provided.

Select standards include:

- Standard 9.2.4.3: Disaster Planning, Training, and Communication
- Standard 4.9.0.8: Supply of Food and Water for Disasters
- Standard 10.5.0.1: State and Local Health Department Role
- Standard 9.2.4.2: Review of Written Plan for Urgent Care
- Standard 1.4.1.1: Pre-service Training

Programs should be familiar with these and other requirements and regulations that protect children, families and staff members in emergency situations. The Office of Head Start has developed Compliance with Care: A Crosswalk Between the Head Start Program Performance Standards and Caring for Our Children, 3rd Edition. This online document shows how Caring for Our Children, 3rd Edition standards and the HSPPS connect on health and safety requirements, including emergency preparedness. The section on Emergency Preparedness requirements within Compliance with Care is available under the child health and safety tab at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/goals/crosswalk.html.

For more information on standards and regulations related to your program, contact the following:

- Local health department
- Administration for Children and Families (ACF) Regional Management Specialist
- Head Start Collaborative Office
- State health department
- Indian Health Services

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EMERGENCY PREPAREDNESS PLANNING TEAM MEMBERS

Your planning team should be comprised of people within your Head Start community as well as members of your broader community. This helps ensure that all components and perspectives of the emergency preparedness process are considered.

Members may include:

- Head Start program director
- Head Start fiscal specialists
- Head Start mental health consultants
- Head Start disabilities managers
- Head Start Policy Council members
- Health Services Advisory Committee representatives
- First responders, including those who work on fire, health, safety, law enforcement, public works, and emergency medical services
- Transportation partners
- Head Start staff representatives
- Head Start family representatives
- ACF Regional Management Specialists
- Local health department representatives
- Community service agency personnel
- School district officials or school principals (especially if your Head start program is located within a school)
- Community physicians who are disaster experts

- Community emergency management agencies and first responders

Be Informed

Before programs can develop emergency plans, they must know what plans they should have in place. Programs need to be informed about hazards, risks for emergencies, and emergency preparedness plans. An emergency preparedness program questionnaire is available in the appendices as a starting point for assessing your program's current plans.

As noted earlier, you do not work alone as you plan and prepare. To determine what emergencies might occur in your program and the effects that may result, Head Start programs work with an emergency preparedness planning team to help identify the hazards

Find your Regional Emergency Management Specialist Go to http:www.acf.hhs.gov/ programs/ohsepr/early-childhood or email ohsepr@acf.hhs.gov

or emergencies that have happened or could happen in their local area and develop plans for each situation.

Local emergency management offices and your ACF Regional Emergency Management Specialist for your region can help your program identify the hazards in your area, share local plans and recommendations for planning, preparing, responding, and recovering. They can provide or help you find the answers to the following questions:

- What hazards are most likely?
- What can be done to mitigate risks?
- How will your program get alerts and warnings?

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[4] www.ready.gov Accessed at http://www.ready.gov/community-and-other-plans

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- What is the advice and plans for shelter-in place and evacuation in different situations?
- Are there emergency contact numbers for specific emergencies?
- Are there opportunities for preparedness education and training?
- Does your community have a plan and what should you know about this plan?[4]

As a starting point, your planning team may wish to use the hazard/emergency-specific checklists provided in the supplement to this manual, Responding to Crises and Tragic Events: Planning, Reviewing and Practicing Your Emergency Preparedness Plans (see http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep). For each step, your planning team will need to determine who will be responsible for each action.

Collaboration with Head Start Systems and Services

Considering how Head Start systems and Head Start services may be affected by an emergency helps to ensure that your emergency preparedness efforts are coordinated and comprehensive. Programs should consider existing Head Start Systems and Head Start Services when developing plans. See Emergency Preparedness: Head Start Systems and Services in the appendices for more details on what to consider when thinking about emergency preparedness and Head Start Systems and Services.

Mitigation

Once risks have been identified, your program can work with the planning team and other community and regional partners to determine strategies for reducing damage. This is often called mitigation. Mitigation can also refer to strategies used after or during an emergency to reduce loss or damage.

Examples of Mitigation Activities

- A program in an area prone to high winds makes sure that playground equipment is secured to handle high winds and that playground toys such as tricycles are stored inside.

- A program sends out regular reminders to families and staff members to update their emergency contact information to make sure that each child's parents or guardians are easy to find and communicate with in an emergency. As part of the program's overall communication plan, certain details are shared with families in advance so that they know what to expect when something happens.

- A program in an area prone to earthquakes works with its facilities manager to have the building examined, equipment secured, and ways to reduce or eliminate structural vulnerabilities.

- A program works with its mental health consultant when it practices fire drills to develop strategies to lessen fears and anxiety associated with drills.

It may include:

- General safety mitigation: removing hazardous materials such as cleaning products, pesticides, painting supplies and lawn and garden products
- Structural mitigation: repairing any component of the building with a primary function of supporting the dead load (e.g. building, roof)

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- Non-structural mitigation: securing aspects of the building or grounds that are not connected to the main structure (e.g., bookshelves, file cabinets, furniture), making sure windows work properly
- Non-physical mitigation: making sure communication systems work, maintaining relationships with community partners, updating contact information for families and staff members, keeping emergency-related Memorandums of Understanding with community partners up-to-date, keeping current records and plans in place to accommodate the access, functional and other needs of staff members and children, and strategies to address mental health and/or emotional needs/responses

See page 63 for more information on the Practice-Review-Revise Cycle and how it can be used for mitigation.

See 91 of the appendices for a sample non-structural safety checklist. Remember that being informed and identifying new hazards or risks is a continuous process. Circumstances change over time. Neighborhoods grow larger, family needs change, weather patterns change and an area might become more prone to flooding or high temperatures. Building and maintaining relationships with people and agencies in your community helps you and your community stay informed on changing needs and safety issues so that emergency preparedness plans stay current.

Make A Plan

After your program has determined its risks it should make a plan. Planning is the collaborative process your planning team uses to develop your program's emergency preparedness plan. This plan clarifies the steps that staff members will take before, during and after an emergency.

Keep in mind

- Is your plan written in a way that is easy to understand?
- Is the content organized in a way that is easy to find?
- Do you have a manual available in a larger font size?
- Do you need an audio version or copies in other languages?
- Where is your written plan kept and how can it be accessed?
- How should content be adapted to share with families?
- Is your plan readily accessible to families?
- Is your plan updated regularly?
- Does your plan include definitions to ensure common understanding?
- Does your plan address the needs of children and staff with access, functional and other health concerns?
- Does the program "drill" or practice the plan at least once a year, and update it as needed?

Head Start programs can approach their plan development very differently. All written plans should describe the practices and procedures they use to prepare for, respond to, and recover from emergencies and disasters and who is responsible for each task.

A basic emergency preparedness plan contains the following:

- An introduction (the purpose, rationale, and definitions)
- List of team members and partners with contact information

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- Roles and responsibilities
- Specific tasks for each emergency phase (preparedness, response, and recovery)
- Anticipated needs
- Checklists and tools for drills, procedures, communication plans, disaster supplies kits, first aid kits, etc.

Caring for Our Children, 3rd Edition provides a detailed list of what is often included in a written emergency preparedness plan at http://cfoc.nrckids.org/StandardView/9.2.4.3. The checklists in Responding to Crises and Tragic Events: Planning, Reviewing, and Practicing Your Program's Emergency Preparedness Plans, a companion piece to this manual, can also serve as a useful guide for what should be included in your plans. Your program may wish to include the checklists relevant to your program in your written emergency plan.

Build A Kit

Another component of emergency or disaster planning is to make sure that your program has emergency supplies and food in case your program needs to shelter-in place or evacuate in a disaster. You also need to make sure that these items are up-to-date and not expired.

Work with your Health Services Advisory Committee (HSAC), Policy Council, community partners, and your ACF Regional Emergency Management Specialist to determine what should be in your disaster supplies kit, (i.e. first aid and other supplies that might be needed in an emergency or disaster). Note that your disaster supplies kit is in addition to and separate from classroom first aid kits.

Your disaster supplies kit is in addition to and separate from classroom first aid kits.

Consider the following questions:

- Do you and your staff members know your program's schedule for updating your disaster supplies kit, making sure items are not expired, and who is responsible for doing this?
- Do your staff members know where these supplies are located?
- Are the locations of supplies clearly marked?
- Do your staff members know how to use the contents of your disaster supplies kits?

A number of websites provide sample kit supply lists that may be useful starting points for building kits:

- American Academy of Pediatrics HealthyChildren.org Family Disaster supplies List http://www.healthychildren.org/english/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx
- Centers for Disease Control and Prevention Gather Emergency Supplies http://emergency.cdc.gov/preparedness/kit/disasters/
- Ready.gov's Build A Kit http://www.ready.gov/build-a-kit

Your program's disaster supplies kit will help your program manage if an emergency situation occurs. First Aid and disaster supplies kits are key to preparedness because in an emergency, local officials and relief workers will be on the scene after a disaster, but they might not be able to reach everyone immediately. Also, basic services such as electricity, gas, water sewage treatment and telephones may be cut off for days, a week, or even longer.[5]

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[5] Ready.gov at http://www.ready.gov/build-a-kit

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Training is an opportunity to build relationships with community partners and first responders

Practice

A good emergency preparedness plan helps your program respond appropriately and quickly to circumstances that occur. It helps to reduce risks to everyone in your Head Start community. To determine whether your plan really works, it needs to be practiced with staff members, families and community partners.

Practicing your plans helps you:

- See what works
- See what does not work
- Build relationships with community partners and families
- Ease fears and concerns about emergency situations
- Make sure that accommodation has been made for children, staff members and families with other needs (i.e. those with limited English proficiency, blindness or visual disabilities, cognitive or emotional disabilities, deafness or hearing loss, permanent or temporary mobility/physical disabilities and health conditions such as asthma and severe allergies)
- Build awareness of the importance of emergency preparedness
- Identify topics or areas that staff members may need more emergency preparedness training
- Determine how to best revise your plans
- Discover things about your plan you might not have known if you had not practiced
- Solve problems
- Find out if you have the correct contact information for people and emergency agencies in your community

- Determine if your program's communication plans work
- See how changes in children's ages or developmental abilities may affect your plans and how to prepare the children in your care for what might happen in a disaster
- Improve your emergency preparedness plans
- Support the health and well being of children, families, and your staff members

Regular emergency and evacuation drills/exercises are an important safety practice in Head Start programs. Fire drills and other practice exercises help everyone become familiar with emergency procedures and activities. These activities help reduce anxiety and promote confidence in everyone's ability to protect themselves and others during emergencies.

Regularly scheduled practices help to ensure that everyone knows what to do and what to expect. It is important to remember that new staff members and newly enrolled children need to have the opportunity to take part in practice drills.

For more information on practice see the Practice-Review-Revise Cycle in the appendices.

Training

As part of being prepared, all Head Start staff should receive training on emergency planning, response and recovery procedures. Your program's planning team, HSAC, Policy Council, ACF Regional Management Specialist, and local community partners and consultants can serve as resources to help find qualified and experienced disaster preparedness and response educators and trainers. Your program's mental health consultants, family service consultants, disabilities specialists and health managers are also valuable training resources.

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Contact your community partners, ACF Regional Emergency Management Specialist, and local health department for training opportunities in your area.

Caring for our Children, 3rd Edition provides the following list of training topics to cover:

- Why it is important for programs to prepare for disasters and to have an Emergency/Disaster Plan

- Different types of emergency and disaster situations and when and how they may occur

- The special and unique needs of children, appropriate response to children's physical and emotional needs during and after the disaster, including information on community pediatricians who are disaster experts

- Providing first aid, medications, and accessing emergency health care in situations where there are not enough available resources

- Contingency planning including the ability to be flexible, to improvise, and to adapt to ever-changing situations

- Developing personal and family preparedness plans

- Supporting and communicating with families

- Floor plan safety and layout

- Location of emergency documents, supplies, medications, and equipment needed by children and staff members with special health care needs

- Typical community, county, and state emergency procedures (including information on state disaster and pandemic influenza plans, emergency operation centers, and incident command structure)

- Community resources for post-event support such as mental health consultants, safety consultants

- Which individuals or agency representatives have the authority to close programs and when and why this might occur

- Insurance and liability issues

- New advances in technology, communication efforts, and disaster preparedness strategies customized to meet children's needs[6]

Communication

It is essential that your community partners, families, and staff members know about your plan and have written copies of the plan. Your program will also need to consider how your plans may need to be communicated in different ways to staff members, families and partners. Keep in mind that some information is best not shared completely in order for protective measures to be effective, especially in the cases of community violence or terrorism. Work with your planning team, HSAC and Policy Council to determine the level of sharing that is appropriate. Review the document in the appendices, Emergency Preparedness: Head Start Systems and Services for additional ideas on how programs can work and communicate within the Head Start health management systems.

It is important to consider how your families are used to receiving information about your program, as these might be the most likely ways to reach them. Your program might want to consider the following communication options:

- Hold a launch meeting for your staff members or families when your planning is complete. Distribute copies of your plan and allow time for a question and answer session

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[6]Caring for Our Children, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. Accessed at http://cfoc.nrckids.org/

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- Compile a binder or online document that you distribute at trainings or upon employment and when new families enroll in your program
- Create posters or papers that can be posted or handed out when your program provides services
- Develop emergency signs and information designed in fonts and formats that individuals can use when they need them
- Post the plan, or parts that are appropriate, on your intranet or program website
- Highlight information in newsletters and other communications to remind staff members and families about emergency preparedness issues

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Know Your Communication Equipment Needs

Consider whether you need the following:

- Emergency back-up power for intercom system
- Battery-powered megaphone/bullhorn to communicate with students and staff members
- Battery- or hand-powered radio to receive information from emergency officials
- Battery-powered walkie-talkies to communicate within groups and search and rescue teams
- Signaling devices such as whistles[7]

Keep in Mind
Has your program considered how cultural or family beliefs about how and why disasters occur may affect how you communicate with the families you serve?

- Contact your local health department, community partners or your ACF Regional Emergency Management Specialist to find out about emergency preparedness events and ways you might promote emergency preparedness
- Visit the Office of Head Start Emergency Preparedness website and the ACF Early Childhood Disaster-Related Resources website for tip sheets and resources that you can use in trainings, educational sessions, and program events to help promote your emergency preparedness plans

The procedures you have in place for reuniting children with families is one of the most important pieces of information that needs to be communicated. This includes making sure families know the following:

- How they will obtain information about their children
- Where the pick-up point will be located (have both an on-site and off-site pick-up location)
- Policies and procedures for who is allowed to pick up children in the event of an emergency (and what type of identification they might need to show)
- The importance of having current student release forms and contact information on file[8]

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[7]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004 [8]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004

[8]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004

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Chapter 2: Preparedness

Effective emergency preparedness plans can alleviate fear, reduce disruptions, and save lives. Plans need to be practiced, reviewed and revised regularly. When Head Start program staff and community members are prepared and trained in their roles and responsibilities for emergency preparedness, they are ready to protect the health and well being of children, families and the communities they serve.

Get Involved

There are many ways that individuals can get involved in emergency preparedness planning before an emergency or other event occurs. Community leaders agree that the key for ensuring a safer homeland consists of volunteers, a trained and informed public and increased support from emergency response agencies during disasters.[9]

The first step in getting involved is to ensure individuals are personally prepared for disasters. Tips on how to prepare individuals and their households can be found at Ready.Gov.

Consider whom you might work with in your community to help support emergency preparedness planning:

- Find out if your community has a Children & Youth Task Force in Disasters. A Children and Youth Task Force brings together community child- and youth-serving agencies, organizations, and professionals in a single forum for shared strategic coordination to meet the needs of children and youth.[10] See the Children and Youth Task Force in Disasters Guidelines for Development at http://www.acf.hhs.gov/sites/default/files/ohsepr/childrens_task_force_development_web.pdf which includes

a section on getting started or contact the ACF Office of Human Services Emergency Preparedness and Response at ohsepr@acf.hhs.gov

- Find out if there are community-level Disaster Behavioral Health Coalitions in your community. Disaster Behavioral Health Coalitions are networks of community partners who collaborate to identify and address the behavioral health and coping needs of community members after disasters. See the guidance at http://www.phe.gov/Preparedness/planning/abc/Documents/dbh_coalition_guidance.pdf

- Reach out to your local Community Emergency Response Team (CERT), local faith-based and community organizations that are active in planning emergency preparedness projects in your communities

- Contact your local American Red Cross and register as a volunteer. A list of volunteer vacancies by area can be found at the American Red Cross Opportunities website http://www.redcross.org/support/volunteer/opportunities#step1

What Does Preparedness Look Like in Head Start Programs

This chapter covered the emergency preparedness phase. You may still be wondering what this looks like in your program. The experience of the ABC Head Start program on the next page gives you an example of how preparedness might look like in a Head Start program.

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[9] Ready.gov. Get Involved. Accessed at http://www.ready.gov/get-involved

[10] Administration for Children & Families Office of Human Services Emergency Preparedness and Response. Children and Youth Task Force in Disasters Guidelines for Development. Accessed at http://www.acf.hhs.gov/sites/default/files/ohsepr/childrens_task_force_development_web.pdf

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ABC Head Start—Preparedness

At ABC Head Start, staff members and administration are working with community partners to determine emergency risks and participate in mitigation activities. Juanita, a new program director, was recently hired. She came from a program that experienced a significant disaster and learned that preparedness plays an important role in reducing the effects of an emergency. When she shares her story with staff members, the HSAC, and the program's governing body, it is decided that ABC's own plans should be reviewed and revised. The emergency planning team convenes (Refer back to the Emergency Planning Members Box on page 12 for a list of the types of members on the team).

At the first meeting, team members meet with their community partners and emergency management specialists to discuss their concerns and find out more about possible risks and mitigation strategies they should have in place.

Next, team members review the program's materials and facilities to make sure they have the resources necessary to cope with emergency situations, collect information about materials they have at hand, and determine structural changes that need to be made. They also consider the training needs of staff members and the communication systems in place to let staff members, families and community partners know about ABC's emergency plans.

At their next meeting, the team discusses the various emergency situations that they are most concerned with and their findings about current resources, training needs and communication. Consulting with their ACF Regional Emergency Management Specialists and other community partners, it is determined that the program faces a high probability of hurricanes, intruders, hazardous material incidences and influenza outbreaks.

They also identified that some materials and resources for their facilities are lacking. They are concerned about the following:

- Insufficient supplies for sheltering-in place
- Unsafe playground equipment in heavy winds
- Incomplete or incorrect emergency contact numbers
- Lack of identified procedures and materials in place to prevent the spread of disease

With the expertise of their local emergency management agency and the ACF Regional Emergency Management Specialist, the team developed a mitigation plan to address these concerns and begins to implement the plan immediately. Within several months, the program has taken steps to improve its disaster supplies kits and playground structures, and has met with the local health department to identify the procedures that need to be in place to respond when there are infectious disease outbreaks. They also developed a new plan to update emergency contact numbers more frequently.

As the team became increasingly involved in emergency planning for the future, the Head Start grantee joined a Children and Youth Task Force forming at the community level.

The team also reviewed the Head Start systems and services applicable to the potential emergencies and each emergency preparedness plan. They identified several gaps in evacuation information, education and training. The team holds another meeting to develop better solutions to the evacuation issues and developed a new plan for education and training, knowing that they will revisit it when they conduct their Practice-Review-Revise cycle. (See 63 in the appendices for more information on the Practice-Review-Revise cycle.)

The next two chapters on response and recovery go into more detail about what happens during these phases of an emergency and how to use emergency plans.

Chapter 3: Response

The best time to plan for an emergency response is before it happens. In the preparedness phase, your program identified the kinds of emergencies that might occur and developed plans to support your program in responding to an emergency.

Programs with clear and detailed plans for what to do during an emergency are more likely to offer consistent support to children, families, and staff members. When staff members know what they need to do and what they are responsible for doing, reactions become second nature and automatic. This happens through ongoing practice and training. Preparedness ensures that programs can respond to emergency situations quickly and with reduced stress, and can provide safety and shelter to children and families.

What Is Response?

Response includes the following actions:

- Identifying that a crisis is occurring and the appropriate response
- Activating the emergency response plan
- Closing the building or canceling the program due to inclement weather prior to the start of the program day
- Determining if evacuation, shelter-in place or other procedures need to be implemented
- Maintaining communication with all relevant staff members, and first responders
- Establishing what information needs to be communicated to staff members, students, families and the community
- Monitoring emergency first aid needs[11]

Evacuation and Shelter-In Place

The first decision that programs must make in response to an emergency is whether staff members and children will stay where they are, shelter-in place, by moving to a designated safe room within your program, or leave (evacuate).[12] This decision will determine how your program responds and implements the rest of its emergency plans.

Shelter-in place may mean staying where you are until the emergency passes, or moving to a safe location or safe room in your program while the crisis is occurring.

During the preparedness stage, you developed your program's plans for shelter-in place and evacuation as well as for specific emergencies and disasters. The response stage is the time that these plans are implemented. See the appendices of this manual for additional information on shelter-in place and evacuation.

How Is A Plan Implemented?

Response involves knowing:

- How an emergency is declared
- Who is the incident commander or who initiates your program's response
- The procedures and who is responsible for each one
- What supplies are needed
- How decision trees/flow charts and/or communication systems are activated

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[11]http://www2.ed.gov/admins/lead/safety/crisisplanning.html

[12]The Family & Youth Services Bureau's National Clearinghouse on Families & Youth. http://ncfy.acf.hhs.gov/publications/ready-anything-disaster-planning-manual-runaway-and-homeless-youth-programs/response

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All of this information should be detailed in your emergency preparedness plans.

See the appendices for sample shelter-in place and evacuation checklists, things to keep in mind when sheltering-in place, and other resources.

Evacuation v. Shelter-In Place

When should someone evacuate versus shelter-in place?

Local officials are the best source of information when determining whether to evacuate (leave the building or area) or shelter-in place (stay within the program). In the event of an emergency, listen to the radio, and follow the directions of the emergency officials.

In general, sheltering-in place is appropriate when conditions require that you seek immediate protection in your program, home or other location when disaster strikes. You should take steps to prepare in advance, in case local officials direct you to evacuate. This includes knowing your emergency preparedness plans and having a disaster supplies kit that is portable and can be taken with you.

SOURCE: http://www.ready.gov/faq-details/Evacuating-v-Shelter-in-place-1370032121004

What is a safe room?

Many programs or schools have safe rooms or procedures that they use when there is a threat of violence.

A safe room is a space that is:

- Protected, such as a large closet where babies, young children and adults 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
- Entertaining so that children can play quietly while waiting out the danger
- Safe procedures are systems that teachers and staff members use to:
  - Ensure threats cannot access the room or classroom by putting barriers in front of the doors
  - Prevent anyone from seeing inside the classroom or safe room by blocking windows
  - Ensure that children cannot be heard
  - Comfort children who might feel fear or experience stress

By using a safe room or safe procedures, programs reduce the threat of violence and the impact of the event on children and staff members.

What Does Response Look Like in a Head Start Program?

Continuing the story of ABC Head Start, this section looks at the response phase in a Head Start program.

ABC Head Start—Response

Several months after ABC Head Start completes its plan, the community is hit by a significant hurricane with strong winds and heavy rain. Staff members receive a 24-hour warning about the hurricane and make the necessary preparations, such as securing outdoor equipment and activating its plans as outlined in the ABC Head Start Emergency Preparedness Plan.

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 rain begins early, but the winds do not seem extreme. The program director cancels all outdoor activities.

By 2 p.m., the winds have increased and the rain is causing flooding. Following the procedures as outlined in ABC's emergency preparedness plans, the program director initiates the early release protocol and informs the Regional Program Specialist. Staff members are told to activate the process for notifying parents and caregivers. 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.

By 4 p.m., all children are reunited with their families. The emergency protocol states that as soon as all children have left the program, staff members must secure the building against further damage. Once this is complete, they leave. Fortunately, because staff members were trained on procedures and the program practiced this scenario, all of the steps were completed quickly and the program was able to close its doors before the worst of the storm hit.

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Chapter 4: Recovery

Head Start children, families, staff members and the community at large have specific needs in the days, weeks, and months (sometimes years) after an emergency has occurred. The recovery phase refers to the actions taken from the time the emergency occurs until the needs of staff members, children and families are met. It includes assisting affected families in resuming their daily activities and helping all affected cope with the aftermath of the emergency.

After a disaster, individuals can feel overwhelmed and stressed about the losses they have experienced or anticipate. The actions that your program takes to provide relief can reduce this stress and enable individuals and programs to rebuild their lives with more ease. If you understand the issues surrounding recovery before a disaster occurs, getting your program back into position to provide vital Head Start services for children and families and their families will be faster and easier.[13]

What Is Recovery?

Recovery includes the following actions:

- Restoring your program's services and striving to return to learning as quickly as possible
- Monitoring how staff members, children and families are doing
- Identifying what interventions are available for children, families and staff members
- Conducting debriefings with all involved including first responders and community partners

- Implementing curricular activities that address the crisis
- Capturing "lessons learned" and incorporating them into revisions and trainings[14]

Emergency preparedness plans that include the following will help your program recover:

- Restoring Head Start services as soon as possible, including identifying alternative locations for program
- Restoring transportation systems
- Rebuilding plans
- Revising curriculum
- Relocating or replacing staff members
- Providing mental health support

Recovery Support

- Local health departments have information about resources to implement short- and long-term recovery plans
- Community partners can target their specialized areas
- ACF Regional Offices and Head Start Collaboration Offices offer support
- The Federal Emergency Management Agency (FEMA) at www.fema.gov provides guidance on disaster recovery assistance

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[13]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook.

[14]http://www2.ed.gov/admins/lead/safety/crisisplanning.html

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- Providing protocols for keeping regular contact with people who have relocated
- Supporting families in finding temporary or permanent homes
- Providing long term recovery support

Assistance and Recovery Resources

Recovery is usually a gradual process. Knowing if assistance is available and how to access it can make the recovery process faster and less stressful.[15] The Federal Emergency Management Agency at www.fema.gov

A disaster recover center is a readily accessible facility or mobile office that provides information about FEMA or other disaster assistance programs.
http://www.fema.gov/disaster-recovery-centers

provides up-to-date links and information on disaster survivor assistance, and recovery information including information on Community Emergency Response Teams (CERT) and disaster recovery centers.

Disaster recovery center services may include:

- Guidance regarding disaster recovery
- Clarification of any written correspondence received
- Housing assistance and rental resource information
- Answers to questions, resolution to programs and referrals to agencies that may provide further assistance
- Status of applications being processed by FEMA[16]

Keep in Mind:
An important part of recovery is capturing the "lessons learned" so that you can incorporate them into your emergency plans and share your valuable insights with others.

The website disasterassistance.gov provides online disaster assistance, and disaster information including resources in and around your community such as the following:

- Alternative fueling station locators
- Community development resources
- Government services locator including cities, counties and towns
- Information on disaster recovery for those with access, functional or other needs

The Office of Human Services Emergency Preparedness and Response (OHSEPR) provides leadership in human services preparedness to help individuals, families and communities recover rapidly and equitably from a disaster or public health emergency. Their website, http://www.acf.hhs.gov/programs/ohsepr/about/what-we-do, provides a link to regional emergency preparedness and response contacts.

Work with your local and ACF Regional Emergency Management Specialist and consult with your HSAC, community pediatricians who are disaster experts and program emergency planning team to develop a plan to become familiar with possible recovery procedures and assistance available in your area from city, county and federal agencies before a disaster occurs.[17]

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[15] http://www.fema.gov

[16] http://www.fema.gov/disaster-recovery-centers

[17] UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook.

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What Does Response Look Like in a Head Start Program?

ABC Head Start—Recovery

After the hurricane passes, the ABC Head Start planning team activates its hurricane recovery plans. Designated program staff members return to the facilities to survey the damage. The family and community specialist activates the phone tree to find out how families are doing. This person also checks the emergency answering service to see if 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 consultants work with staff to begin making home visits to those who need support.

Once administrators determine the safety of buildings, they find several buildings have no damage, but two need clean up and some structural rebuilding. Following their checklists, administrators contact building contractors to begin work immediately. In addition, other sites are alerted about expanding services to prepare to take children from the programs whose sites were damaged. The program director contacts the Regional Office to discuss if additional support is needed from the Office of Head Start or support from the Emergency Readiness and Response Force (ERRF). It was decided federal OHS staff do not need to deploy to the region and that the program is effectively responding to the natural disaster.

Within 24 hours of the hurricane, the family and community specialist reactivates the phone tree and lets families know the location of the temporary facilities and gives them an estimate of how long they can expect to be at these new locations. 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 in the temporary facilities. Using the checklist, staff members implement a curriculum to support children in coping with the hurricane, as well as providing opportunities for play and everyday activities in their program.

When safety 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 have 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 lightening. Some staff members have relocated and are further away from work. 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 members.

Following long-term recovery plans, staff members and community partners jump into action. The human resources administrator begins calling the staff members who have been 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 mental health specialist is contacted to offer these individuals crisis support. In addition, the family and community specialist works with the program's community partners to provide assistance to 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. Community partners are also able to find 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 the mental health curriculum that they implement in times of recovery. The staff members 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.

Over the next months, parents and staff go back to their jobs with appropriate mental health support. Children who showed signs of stress are gradually 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.

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Chapter 5: Public Health Emergencies

Preparing, Responding, and Recovery

Introduction

When children first enter a Head Start program or other child care setting, they are more vulnerable to infectious diseases. It might be their first exposure to germs that cause common infections, or they may be too young to have developed immunity. Those at greatest risk are infants, children with special healthcare needs, and pregnant women. Young children, especially infants and toddlers, are likely to use their hands to wipe their noses or rub their eyes and then handle toys or touch other children. There is no way to completely prevent the spread of infectious diseases in Head Start or other early education and child care programs, although routine immunizations at the appropriate age are the best means of protecting children.

Good hygiene, proper sanitation, and consistently following universal health precautions reduce health risks and health emergencies to children and adults by limiting the spread of infectious germs.[18] These procedures are especially important during an outbreak of infection.

Head Start Program Performance Standards (HSPPS) as well as standards from Caring for Our Children, 3rd Edition, provide standards to help child care providers prepare for, respond to, and prevent illness.

These standards include the following HSPPS:

- 45 CFR 1304.22 b) Conditions of short-term exclusion and admittance
- 45 CFR 1304.22(e) Hygiene
- 45 CFR 1304.20(d) Ongoing care procedures for periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff

Caring for Our Children, 3rd Edition including:

- Standard 3.1.1 Daily Health Check
- Standard 3.2.2.2 Hand Washing Procedure
- Standard 3.2.3.2 Cough and Sneeze Etiquette
- Standard 3.3 Cleaning, Sanitizing, and Disinfecting

There are other standards specific to influenza prevention and related planning (see Influenza Control and Prevention section in the appendices).

As mentioned earlier, The Office of Head Start's Compliance with Care resource at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/goals/crosswalk.html is a valuable reference and informational tool for both HSPPS and Caring for Our Children, 3rd Edition standards related to public health emergencies.

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[18]Office of Head Start. Enterovirus Beware and Prepare.

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Prepare

Head Start staff members play an important role in the prevention of public health emergencies. Below are action steps that adults and other staff members can take to protect children and themselves.

1. Promote Annual Influenza Immunization for Staff Members/ Caregivers and Document Compliance

Each program should put in place a system to keep track of which employees and children have been immunized. Programs should also have a written protocol to handle situations where the appropriate documentation is not provided or individuals choose not to be immunized.

Children in Head Start and Early Head Start programs must be immunized according to their State Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for immunizations, not according to each child's doctor's recommendations. In many instances, State Medicaid EPSDT immunization requirements are the same as the recommendations for childhood immunizations outlined by the Centers for Disease Control and Prevention (CDC). For Head Start programs located in a state where state Medicaid EPSDT requirements differ

Get Immunized—Every Year! Staff members caring for children should receive vaccination for seasonal influenza every year. As professionals, we fail to lead by example if we urge others to be vaccinated for seasonal influenza but do not require it of ourselves.

from the CDC recommendations, the program's Health Services Advisory Committee may, in accordance with 1304.20(a)(1)(ii), require children to receive additional immunizations as recommended by the CDC.

Each state determines the guidelines for exemptions from immunizations due to medical, religious or other reasons. If a child in Head Start has a medical exemption that meets all the requirements of the state immunization exemption guidelines, they do not need to be immunized according to the state immunization schedule.

2. Coordinate Prevention Training

Each Head Start program should provide refresher training for all staff members that includes emphasis on the importance and value of influenza vaccine, respiratory hygiene/cough etiquette, cleaning/sanitizing/disinfecting surfaces, and hand hygiene, especially at the beginning of each influenza season. Staff members should be encouraged to practice these behaviors and educate children about cough/sneeze etiquette and proper hand washing. Family education should include information on the importance of seasonal flu vaccine as well as cough/sneeze etiquette, cleaning/sanitizing/disinfecting surfaces, and proper hand washing. Necessary equipment and supplies (e.g., disposable tissues, soap, water, and hand sanitizers) should be made available.

For additional details on influenza prevention training, see the following:

- Preparing Child Care Programs for Pandemic Influenza, www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx,

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- AAP Curriculum for Managing Infectious Diseases in Early Education and Child Care Programs, www.healthychildcare.org/PDF/InfDiseases/AR_PanFlup.pdf.

3. Prepare a Written Plan

Ensure that your program has a written plan for seasonal and pandemic influenza and other public health emergencies to limit and contain influenza and other health hazards. See Caring for Our Children, 3rd Edtion Standard 9.2.4.4: Written Plan for Seasonal and Pandemic Influenza http://cfoc.nrckids.org/StandardView/9.2.4.4 for a sample written plan.

Programs should consider intensifying and increasing the frequency of infection measures during flu season, especially hand sanitizing and hand washing.

4. Take Steps to Prevent the Spread of Germs

Take steps to learn about how infectious diseases spread in child care programs, how to prepare for inevitable illness, and how to incorporate practices related to hand hygiene and cleaning, sanitizing, and disinfecting toys and surfaces into day-to-day activities. Share this information with staff members. This will help create a culture where everyone plays a role in preventing the spread of germs.

Access Caring for Our Children, 3rd Edtion Appendix K: Guide for Cleaning, Sanitizing, and Disinfecting at cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixK.pdf for a complete listing of how to properly care for different surfaces.

5. Communicate with Families

Communicating with families about influenza and other infectious disease prevention and control strategies is critical. The following websites offer educational materials for parents and others:

- National Foundation for Infectious Diseases (www.PreventChildhoodInfluenza.org)
- Families Fighting Flu (www.FamiliesFightingFlu.org).
- The Centers for Disease Control and Prevention (CDC) flu print-ready materials (www.cdc.gov/flu/freeresources/).

6. Incorporate Health Education Topics into the Educational Curriculum

Work with Head Start teachers and staff members on ways to teach children about healthy behaviors such as hand washing and cough/sneeze etiquette.

7. Prepare for Flu Season in Advance

August and September are good times to start taking steps to prepare for influenza season.

Response and Recovery

Infection Control

Infection control practices are important and can limit the spread of infectious diseases and viruses like influenza. Infection control procedures include respiratory hygiene (such as cough/sneeze etiquette, hand hygiene) and surface cleaning, sanitizing, and disinfecting.

Infection control is always important, but even more so during influenza season. Children can learn how to cough or sneeze into an elbow or shoulder and to properly dispose of tissues and wash hands.

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Steps to Help Your Program Prepare

1. Examine and revise the program's written plan for seasonal flu (cfoc.nrckids.org/StandardView/9.2.4.4) and other health emergencies.

2. Schedule health emergency prevention education (cfoc.nrckids.org/StandardView/7.3.3.3) for staff members. Review policies on hand washing (cfoc.nrckids.org/StandardView/3.2.2.2); cleaning, sanitizing, and disinfecting surfaces and toys cfoc.nrckids.org/StandardView/3.3; and excluding children cfoc.nrckids.org/StandardView/3.6.1.1 and caregivers cfoc.nrckids.org/StandardView/3.6.1.2 who are sick.

3. Display educational materials that encourage proper hand hygiene and cough/sneeze etiquette.

4. Help families and communities understand the important roles they can play in reducing the spread of flu and other infectious diseases.

   a. Review the fact sheet. www.aap.org/en-us/Documents/childrendisasters_health_and_safety_fact_sheet.pdf

   b. Distribute a customized letter https://www.aap.org/en-us/Documents/disasters_parent_flu_letter.pdf to parents about influenza prevention and control practices in your program.

5. Update family contact information and child records http://cfoc.nrckids.org/StandardView/9.4.2.2, so parents can be reached quickly if they need to pick up their sick child.

6. Encourage all staff members, children, and parents to get the flu vaccine http://cfoc.nrckids.org/StandardView/7.3.3.1 as soon as it is available in their community. Everyone needs a flu vaccine each year, even when the virus strains in the vaccine do not change from the previous year, because immunity may wear off over time.

7. Be strategic regarding children at highest risk such as those with conditions that increase the risk of complications from influenza [e.g., asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression or neurologic and neurodevelopmental disorders].

8. Encourage parents to talk early with their child's pediatrician or medical subspecialist about seasonal influenza vaccine as soon as it is available and when to consider treatment with an antiviral medicine if they develop influenza-like illness.

9. Take the free 1-hour AAP/CDC online course "Influenza Prevention & Control: Strategies for Early Education & Child Care Providers http://www.healthychildcare.org/flu.html".

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Programs should consider intensifying and increasing the frequency of infection control measures during flu season, especially hand sanitizing or washing. All the components of infection control (frequent hand hygiene, teaching proper cough/sneeze techniques, and cleaning/sanitizing/disinfecting toys and surfaces) are important. When they are all practiced together, there may be a more beneficial effect.

Exclusion

Exclusion polices and procedures play an important role in limiting the transmission of infectious diseases, especially during the influenza season. Staff members should refer to their program's policies on exclusion to determine if a child should be temporarily secluded from classroom or program activities. This can be tricky with influenza. It looks like other respiratory illnesses, so it is hard to tell for sure who has influenza and who does not. Mildly ill children with no fever can have

Remember
During public health emergencies, Head start grantees should follow guidance from local public health authorities and CDC.

If there is a major outbreak, ACF will usually provide hazard-specific messaging about the outbreak for Head Start.

influenza while children with high fever and cough can have common cold viruses. Influenza is more serious than other common cold viruses; that is why health professionals are worried about it and immunize against it. But there is a lot of overlap of symptoms between children with the common cold and those with influenza.

Don't worry about diagnosing who has influenza and who does not. See the table below for reasons to exclude a child with a respiratory illness.

American Academy of Pediatrics Exclusion Criteria

Exclude if the child:

- Is unable to participate in normal activities
- Requires too much care for staff to be able to care for the ill child and attend to the needs of others
- Has a fever and respiratory symptoms (cough, sore throat, or runny nose)
- Meets other exclusion criteria as described in the AAP manuals: Caring for Our Children, 3rd Edition and Managing Infectious Diseases in Child Care and Schools, 3rd Edition.

Do not exclude the child solely for prevention of spread:

- You can't tell who has influenza vs. common cold viruses.
- Children with influenza virus shed up to 7 days (child is still infectious).
- Lots of children are infected and are infectious with influenza but don't show symptoms.

Source: Shope T, Bernstein H, Fisher M, Murray D. Influenza Prevention and Control: Strategies for Early Education and Child Care Providers. American Academy of Pediatrics PediaLink Course. Published August 27, 2014. www.pedialink.org. Accessed March 17, 2015.

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During flu season it is important to exclude children from child care if they have fever and respiratory symptoms until the fever resolves without the use of fever-reducing medicines. This is because the influenza virus is present in nasal and cough secretions in much higher amounts in children with fever.

Data shows that the flu virus can be "shed" or present in secretions for over a week in some young children, but the amount of virus shed goes down a lot after the fever resolves. It is not known how effective exclusion is in preventing the spread of influenza. However, it is known that the spread of influenza cannot completely be prevented. That is why immunization and infection control are so important. In general, the exclusion criteria for children who might have influenza are the same as any other infection. Exclusion based on the behavior of the child (ability to participate and amount of care required) is encouraged.

When to stay home

Any child with respiratory symptoms (cough, runny nose, or sore throat and fever) should be excluded. In general, a child can return when:

- The fever has resolved without fever-reducing medicine
- The child is able to participate in activities
- Staff can care for the child without compromising their ability to care for the other children in the group

Discussing the importance of annual seasonal flu immunization with families

There are several strategies programs can use to educate families about influenza and infectious disease prevention and control:

- Let families know about the likelihood of infection in a given year

- Clarify any program requirements that parents need to know about seasonal flu prevention and control
- Inform families about the steps that the staff already take to reduce the risk of transmission of germs
- Share and display materials from the CDC (www.cdc.gov/flu/freeresources/print-family.htm), National Foundation for Infectious Diseases (www.PreventChildhoodInfluenza.org) and Families Fighting Flu (www.FamiliesFightingFlu.org)
- Use multiple methods of communication to reinforce the importance your messages (Share information verbally, post and send written handouts home, and highlight web-based resources, including materials translated into various languages. You could even try social media or texting)

Keep in mind that if you are not a certified health professional you can provide good information. Encourage families to discuss specific questions related to their child's health and the effectiveness of the flu vaccine with their child's pediatrician or family physician.

Head Start programs have an important role and opportunity to improve immunization rates. The policies and practices used in a Head Start program can help limit the spread of infectious diseases and viruses like influenza.

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Chapter 6: Emergency Preparedness for Families

What resources do programs need to support families in emergency preparedness and recovery?

Preparedness

It is important that your program has procedures in place for keeping parents informed about your program's emergency preparedness plans.

Parents and caregivers should be provided with the following information about your program's emergency plans.

- How parents and caregivers will be notified about program closings
- How to contact the school in an emergency
- Procedures for reuniting after an emergency
- Existing safety measures
- How and when your program practices disaster drills
- How access, functional, and other needs are accommodated
- Procedures for disaster specific events (note, that for some events such as intruders, your planning team should determine what information is appropriate to safely disclose)
- Assurance that staff is trained to handle emergencies and protect their child
- Your work with emergency management officials to ensure that the community knows about the program's emergency plans and needs
- Support services available to children and families

> *Tip Sheets & Letters*
> *See the NCH's Responding to Crises and Tragic Events at http://eclkc.ohs. acf.hhs.gov/hslc/tta-system/health/ ep/tip-sheets.html tip sheets and sample letters for communicating with parents after an emergency.*

One of the most important responsibilities after an emergency is reuniting parents and children. The best way to plan for this is to make sure your program's plans include the following:

- Procedures for making sure phone numbers for children's families (home and work) are current and where this information is located
- Policies and procedures for notifying families that an event has occurred
- Policies and procedures for reuniting children with parents and caregivers
- Location and maps (if necessary) of primary and backup pick-up points
- Copies of information about to whom each child can be released and where this information is kept
- Procedures for using attendance forms[20]

See the appendices for sample reunification procedures and emergency contact forms.

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[20]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook

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Comprehensive communication systems include the following:

- A designated person (plus an alternate) as the point of contact for communication procedures

Checklist for Keeping Families Informed of Emergency Planning

- Hold a meeting for families to explain the emergency preparedness plans at the start of the year
- Plan for other meetings throughout the year and determine procedures for making sure all new families know about emergency procedures
- Print guidelines and reminder notices in newsletters and other communication venues
- Remind parents of the school's shelter-in place and evacuation plans
- Include emergency preparedness information in your program handbook
- Establish regular reminders for updated emergency contact information
- After a disaster, families may be relocated to long-distance or temporary housing. Your emergency plans should consider how to maintain contact with families (This may involve using email, phone calls or in-person visits)
- Encourage and provide training on emergency preparedness for families[21]

- The use of phone trees activated by a designated person for spreading responsibility for communication of information
- Procedures for using the media (local television, radio, print and internet)
- Procedures for maintaining a record of the communications regarding the status of children, families and staff during all phases of an emergency
- Procedures for status updates on children, families and staff and implementing ways to best communicate with all involved
- Procedures for communicating Head Start program information and service information including any changes in program hours, transportation, and location
- Procedures for families to communicate with the program (answering service, email, voice mail)

Helping Families Develop Their Own Emergency Preparedness Plans[22]

Emergencies can be frightening when they occur. Just thinking about the possibility of an emergency can even cause anxiety. When you share information on why it is important to be prepared for emergencies and disasters, you help ease anxiety and help families respond and recover should an emergency or disaster occur. Just as with programs, there are four key steps or actions that families should follow to develop their own emergency preparedness plans.

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[21]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook

[22]This section is adapted from the American Academy of Pediatrics' document, "Four Steps to Prepare Your Family for Disasters". http://www2.aap.org/family/frk/FOurstepsFRK.pdf

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These four steps are the following:

- **Be Informed**
  What do families need to learn about protective measures to take before, during and after an emergency?

- **Make A Plan**
  What do families need to do to prepare, plan and stay informed for emergencies?

- **Build a Kit**
  What disaster supplies do families need to have in the event of an emergency?

- **Get Involved**
  Who can families work with in their community?

Working with families to develop their own emergency plans is an important step to make sure that families are ready, informed and know what to do should an emergency happen.

The Office of Head Start's Responding to Crises and Tragic Event, supplement to this manual includes sample letters that can be used to provide families with additional information on emergency preparedness and response. This resource is available on the Office of Head Start Emergency Preparedness website at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep.

Be Informed

The first step to developing a family emergency preparedness plan is to be informed.

You can help families by doing the following:

- Sharing information with your families on the types of disasters that are likely to happen and how to prepare for each one

- Making sure your families know what the community warning signals in your area sound like, what they mean, and what to do if they are heard

Reach out to your community partners and members of your Health Services Advisory Committee to see what resources they have to help families plan for emergencies.

Emergency Preparedness Online Resources for Families

There are a number of online resources specifically designed for families and children. These include:

Administration for Children and Families Early Childhood Disaster-Related Resources for Children and Families http://www.acf.hhs.gov/programs/ohsepr/children-and-families

American Red Cross Prepare Your Home and Family http://www.redcross.org/prepare/location/home-family

Centers for Disease Control and Prevention Emergency Preparedness and You http://www.bt.cdc.gov/preparedness/plan/

Ready.gov www.ready.gov/kids and www.ready.gov/kids/parents

- Checking with your local and state emergency management office, health department, and American Red Cross for more information specific to your community that families should know

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Make a Plan

The second step is to make a plan.

Family Disaster Plan

Head Start programs can help families make a family disaster plan. As a starting point think about how your program can engage families in the following:

- Talking about the dangers of disasters and emergencies with family members
- Making a list of emergency phone numbers and information and keep this in a place (perhaps in a family disaster plan document) you can access during an emergency
- Deciding how important medical records will be stored and/or filling out an Emergency Information Form (EIF) for each child (this is especially important for children with special health care needs or children who take any kind of medicine for any reason)
- Planning what to do if asked to evacuate your house or town
- Making a plan for how to take care of pets
- Identifying several routes that can be used to leave the area
- Making a list of what needs to be done, when informed that a disaster may occur (i.e. charge cell phones, find the family disaster supplies kit, fill up the car, generator, gas tanks etc.)
- Creating a plan in case family members are not together or are separated during a disaster
  - Deciding on a place to meet outside of the neighborhood in case going home is not an option

- Choosing someone out of town to be a family contact. Sometimes the only way to communicate is with someone outside of the disaster area who can tell others what has happened. Each family member and any caregivers should know this address and the phone number for the outside meeting place and out-of-town contact
- Making a plan for how to check-in with each other. Options may include: texting, using social media or checking in to a web application like Safe and Well (for young child who do not have cell phone or use the internet, talk about how they can find a trusted adult to help them like a police officer or fire fighter)
- Talking about what will happen if children are in a Head Start program, child care or other location apart from their families
- Talking to preschool aged children so they know what to expect during a disaster at home or away from home

Evacuation Plans

Knowing what to do if evacuation is needed is another important part of planning. As a starting point, being ready for an evacuation and having a plan includes the following:

- Understanding the importance of leaving right away, if told to do so
- Having a source for emergency information such as a battery-powered radio, or social media
- Knowing when and how to shut off water, gas, and electricity
- Keeping a wrench and flashlight near gas and water shut off valves

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Make sure families know your program's emergency and disaster plans.

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If a big storm is coming...

- *Fill your car with gas*
- *Fill plastic bags with water and place them in the freezer*
- *Get extra cash*
- *Fill prescriptions*

Source: Ready.gov
http://www.fema.gov/media-library-data/1e04d512b273e2133cb865833cc0e32d/FEMA_checklist_parent_508_071513.pdf

- Leaving a message or sign in your window such as Help to let other know your family needs help, or OK to let others know your family is ok. (See the Administration for Children & Families' resource, Taking Care of Our Families: Preparing for Emergencies & Disasters for sample signs at https://www.acf.hhs.gov/sites/default/files/assets/Family%20Preparedness%20Booklet%20OHSEPR(1).pdf)
- Calling your family contact
- Taking your family disaster supplies kit
- Taking your pets
- Locking you home
- Using transportation routes suggested by officials

Once plans have been made they need to be practiced and maintained.

Families can practice and maintain their plans by doing the following:

- Every month test smoke alarms
- Every 6 months or as needed/appropriate, go over the family disaster plan, do escape drills, talk to children about disaster and emergency plans, and replace stored food and water
- Make sure emergency phone numbers and contact information are current

What to Tell and Teach Children

Families can talk to children about disasters without alarming them.

As a starting point, here are some things families can tell preschool children:

- A disaster or emergency is something that can hurt people or cause damage (for example, sometimes it rains too much, things catch on fire, or it gets too windy)
- Adults make plans to keep people and pets safe in emergencies and disasters
- Many people (teachers, doctors, nurses, fire fighters, police officers) help during disasters or emergencies

Here are some things families can teach children ages 3 and older:

- Adults and family members will help them during a disaster or emergency
- Where they will go in their house and what they might do if there is a disaster or emergency
- What emergency sirens sound like and what they mean
- Why we practice fire and other safety drills
- How to call for help
- When to call an emergency number

- Every year replace the batteries in smoke alarms (unless alarms use long-life batteries, if so, note how long they typically last)

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Build A Kit

The third step is to help families build a kit. Being prepared for an emergency is not just about staying safe.[23] It is also making sure that there are supplies to help families stay comfortable, clean, fed and healthy.

Helping families build a kit includes, but is not limited to the following:

- Talking about the importance of having a kit before an emergency because once a disaster hits, there will not be time to shop or search for supplies
- Making sure families know that they may need to survive on their own after an emergency as it may take some time for relief to come
- Having enough of your own food, water and other supplies to last at least 72 hours
- Making sure that families leave space open in their kits for current medications
- Letting families know the importance of labeling medications clearly and putting them in their kit when a disaster is near or strikes
- Stressing the importance of always having one refill left of prescriptions for chronic medications and refilling them before they are close to running out

Get Involved

The fourth step is to get involved.

As a starting point here are some ways that you can help families get involved and engaged in emergency and disaster preparedness:

- Encourage families to meet their neighbors and get to know families at school
- Talk about ways that families can work together during and after a disaster

- Find out which neighbors and families might need extra help
- Provide opportunities for parents and community partners to get to know each other and develop relationships through program and community events
- Talk about or find out who has special skills (eg, medical, technical, multi-lingual)
- Promote ways to volunteer to support disaster efforts in your community
  - Share information on getting trained to volunteer with community response teams
  - Find ways to connect families with local faith-based and community organizations and other community planning efforts
- Find out if families are interested in starting a preparedness project or activity and support their efforts by helping them start up the project or activity (It can be something simple like collecting used clothing and supplies for emergencies)

Building on the strengths, needs and interests of children and families and getting families involved in programs that support emergency preparedness will help ensure that all Head Start families are prepared for emergencies.

Response and Recovery

Disasters and emergencies can change lives. However, there are resources you can provide to help meet the immediate needs of families and to help families rebuild over time. Your program's family service manager and mental health consultant, as well community family service agencies, housing and legal aid organizations, medical home and community health providers, and food banks are valuable resources for information on identifying family support needs that should be considered in your emergency planning.

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[23] Ready.gov. Be Prepared, Build a Kit. Accessed at http://www.ready.gov/kids/build-a-kit

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Family Disaster Supplies Kit Contents

There are many family disaster supplies kit lists available (See the resources at the end of this section). Suggested items to include in a family disaster supplies kit include:

- Map of the area and important phone numbers
- Special items for infants and elderly family members (diapers, formula, baby food, wipes)
- One gallon of water per person per day (enough for 3 days)
- Three day supple of ready-to-eat canned or packaged food
- Manual can opener
- Paper cups, plates, and plastic eating utensils
- Blankets or sleeping bags
- Toiletries (toothbrush, toothpaste, soap, hand sanitizer)
- Cell phone charger
- A change of clothing, rain gear, and sturdy shoes for each family member
- Signal flares

The following supplies should be put in an easy-to-carry waterproof container:

- Crank- or battery-powered radio, flashlight and extra batteries
- First aid kit and manual
- A credit card and cash
- Personal identification and current family identification photos
- An extra set of car keys
- An extra pair of eyeglasses or contact lenses for each family member who needs them
- Matches in a waterproof container
- Medication (which should be labeled and kept separate from other supplies)

Important documents:

Make two copies and keep the originals of the following in a safe-deposit box or waterproof container. Consider storing these on a flash drive or online. Keep one copy with you and give the second one to your out-of-town emergency contact:

- Wills, insurance policies, contracts, deeds
- Passports, social security cards, immunization records, medical information or completed Emergency Information Forms
- Bank account and credit card numbers
- List of valuable household goods
- Family records and photos (e.g. birth and marriage certificates)
- List of computer passwords
- Documentation to assist in identifying your children if you are separated (adoption records, birth certificates)
- Make sure you have current photos of children and family members to take with you in printed or electronic format

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Chapter 6: Emergency Preparedness for Families

Family support needs after a disaster may include:

- Employment
- Food/nutrition
- Financial assistance
- Homelessness and other housing/shelter issues
- Insurance
- Legal services
- Mental health
- Medical and disability/special needs
- Education
- Childcare

If your planning team has representatives from or collaborative relationships with local social service agencies you may already 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 work together to meet the needs of families. For example, collaborations with employment agencies can assist adults in finding work, collaborations with community social service agencies can ensure that families have access to interim services (e.g., housing, food, and mental health services). By having partners participate in the emergency preparedness planning, your program can create a comprehensive system for recovery.

See Chapter 7 for more information on supporting the mental health and emotional needs of families.

Disaster Assistance for Families

Information can be found on the following website:

- FEMA (www.fema.gov)
- Red Cross (redcross.org)
- ACF Office of Human Services Emergency Preparedness & Response (http://www.acf.hhs.gov/programs/ohsepr)
- www.disasterassistance.gov
- AAP Children & Disasters (http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx)

Resources to Support Families

Family Emergency Supply Kit Resources

American Academy of Pediatrics Family Readiness Kit

www.aap.org/family/frk/frkit.htm

American Red Cross Get A Survival Kit

http://www.redcross.org/prepare/location/home-family/get-kit

Federal Emergency Management Agency Ready.gov Family Emergency Kit

http://www.fema.gov/media-library/assets/documents/34326#

Healthychildren.org Family Disaster Supplies Kit

http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx

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Sesame Workshop Let's Get Ready! Planning Together for Emergencies

http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready#

Emergency Information Forms

American Academy of Pediatrics Emergency Information Form

http://www2.aap.org/advocacy/blankform.pdf

American College of Emergency Physicians Emergency Information Form

http://www.acep.org/Clinical---Practice-Management/Emergency-Information-Form-for-Children-With-Special-Health-Care-Needs/

Centers for Disease Control and Prevention Personal Medical Information Form

http://emergency.cdc.gov/disasters/kiwy.asp

Sesame Workshop Let's Make and Share Our Plan

http://www.sesamestreet.org/cms_services/services?action=download&uid=9c70c181-40b9-45ea-aec8-28f57f9e5f49

Other Emergency Preparedness Resources for Families

Administration for Children & Families

http://www.acf.hhs.gov/programs/ohsepr/children-and-families

American Academy of Pediatrics Children and Disasters website

http://www.aap.org/disasters/index.cfm

American Red Cross Prepare Your Home and Family

http://www.redcross.org/prepare/location/home-family

Centers for Disease Control and Prevention Caring for Children in a Disaster

http://emergency.cdc.gov/disasters/kiwy.asp

Healthychildren.org

http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx

Office of Head Start National Center on Health

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep

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Chapter 7: Mental Health and Emotional Needs

When emergencies or disasters like hurricanes or floods occur people often seek resources or support to help them respond and cope. Even those who are not directly affected by a disaster may need support to ease anxiety or other feelings.

Mental health support is one of Head Start's top priorities when an emergency or crisis occurs. Children and adults who have experienced stress and/or loss may have difficulty coping. By offering a safe place and resources, Head Start programs support families who have feelings such as fear, anger, and grief and help them resume their lives in a healthy way.

If your program has been directly affected, refer to your emergency plans to follow the procedures your program has in place. Head Start grantees should also reach out to the behavioral health disaster recovery mission in their community, including the SAMHSA Crisis Counseling Program (see http://www.samhsa.gov/dtac/ccp or call the SAMHSA Disaster Technical Assistance Center at (800) 308-3515). In addition, contact your Children & Youth Task Force and/or Disaster Behavioral Health Coalition if one is in your community (email ohsepr@acf.hhs.gov for more information).

Programs should work with their mental health consultant to identify support services to assist families. If your program has not worked with a mental health consultant this may be good opportunity to do so. Programs may also want to find a physician or pediatrician who is a disaster expert who can help address children's needs during or after a crisis.

Keep in Mind
An emergency or disaster may trigger loss or mourning from an unrelated event in the past such as the death of family member.

The emotional toll that a disaster brings can sometimes be even more devastating than the financial strains of damage. Even individuals who experience a disaster "second hand" through exposure to extensive media coverage can be affected.[24] Families should be encouraged to monitor media exposure and protect children from media interviews following a disaster.

Coping with Disaster

Keep in mind the following:

- 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
- Everyone has different needs and different ways of coping
- Focusing on your strengths and abilities can help
- Acknowledging your feelings can help you recover

[24]http://www.fema.gov/coping-disaster#4

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After a disaster or crisis, children need to feel safe first. Children may also benefit from adults who can help them learn how to cope effectively and understand what is happening.[25] Children's reactions to new situations vary greatly, depending on their developmental level, temperament, experience and skills.[26] Children ages 3 and older may also want more information about what has or is happening.

The Disaster Distress Helpline offers 24/7 support:
(800) 985-5990
Find out more information about the helpline at
http://disasterdistress.samhsa.gov

Children, no matter what their age, do not always have the words to tell you how they are feeling. They may not know how to talk about what has happened. Their behavior can be a better sign. Sudden changes in behavior can mean they have been exposed to trauma or a crisis.

What you might see:[27]

- Problems sleeping including not wanting to sleep alone, having a hard time at naptime or bedtime, not wanting to sleep or repeatedly waking up, nightmares
- Separation anxiety—not wanting to be away from you, not wanting to go to school, crying or complaining when their parent leaves

- Not eating
- Not being able to do things they used to do
- Being scared by new things
- More cranky behaviors
- Being more stubborn than usual
- Wanting things only done his/her way
- Social regression
- Increased complaints (headaches, stomachaches)
- Intense preoccupation with the details of the event
- Wanting to always talk about what happened
- Fear that the event might happen again
- Not paying attention, being restless
- Moody, depressed, or irritable
- Playing in violent ways
- Hitting you or others
- More tantrums
- Clinginess with teachers, caregivers, or others
- Regression, or going back to an earlier stage of development
  - Bedwetting or other toileting issues
  - Baby talk
  - Wanting to be carried or rocked
- Recreating the event, without prompting by staff or mental health consultant
  - Playing out or drawing the event
  - Repeatedly talking about it
- Overreacting to minor bumps or falls

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[25] http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx

[26] AAP: The Youngest Victims: Disaster Preparedness to Meet Children's Needs

[27] Material adapted from:
- National Child Traumatic Stress Network Schools Committee. (October 2008). *Child Trauma Toolkit for Educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress
- National Child Traumatic Stress Network. Parent Tips for Helping Infants and Toddlers after Disasters. Available at http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf.
- HealthyChildren.org. What to tell your children about disasters. http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx

Federal Emergency Response Agency. Helping Children Cope with Disaster http://www.fema.gov/news-release/2005/10/14/helping-children-cope-disaster

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- Changes in behavior (not wanting to eat, angry outbursts, decreased attention, withdrawal, wetting the bed, having bad dreams)
- Over- or under-reacting to physical contact, sudden movements, or loud sounds such as sirens and slamming doors
- Anxiety and worry
- New fears and/or fears about safety
- Asking questions and making statements about the event

What you might see (in addition to those listed above) in older siblings:

- Strong angry or sad feelings
- Acting out in school
- Poor grades
- Fighting with friends
- Wanting to be alone
- Behaving as if he or she has no feelings
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups and getting into trouble

What you might see in adults:

Adults may also benefit from the help and support to ease disaster-related stress and anxiety. Parents and adults may need assistance in building and using social support systems of family, friends, Head Start services and other community supports.

When adults experience the following common reactions to traumatic experience they might benefit from counseling or stress management assistance:[28]

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty keeping balance in their lives
- Low threshold of frustration
- Increased use of drugs/alcohol

- Limited attention span
- Poor work performance
- Headaches or stomach problems
- Tunnel vision or muffled hearing
- Confusion
- Trouble concentrating
- Not wanting to leave home or not wanting to go home
- Depression or sadness
- Feelings of hopelessness
- Mood-swings and bouts of crying
- Overwhelming guilt or self-doubt
- Fear of crowds, strangers, or being alone

The following are ways to help ease disaster- or crisis-related stress:

- Talk about your feelings
- Get help from professional counselors who deal with post-disaster stress
- Do not hold yourself responsible for the disaster or tragic event
- Promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation and self-reflection
- Keep a normal daily routine
- Limit demanding responsibilities
- Spend time with family and friends
- Take part in memorials (It is also ok not to attend memorials)
- Use community supports and networks of family, friends, and religious institutions

Federal, state, tribal, and local governments of the affected area may also provide crisis counseling assistance.

Tip sheets and sample letters are provided in the NCH's Responding to Crisis and Tragic Events Supplemental Resource at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep along with additional information to share with staff and the families.

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[28]This information was adapted from FEMA, Recovering from Disaster (http://www.fema.gov/pdf/areyouready/recovering_from_disaster.pdf).

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Chapter 8: Accommodating Access, Functional and Other Needs

During emergencies, implementing well-rehearsed plans that accommodate the access, functional and other needs of children, families and staff is critical to protecting safety. Mobility, medication, and mental health needs are likely concerns for everyone during an emergency. Addressing these needs for individuals with access, functional or other needs can be more complex.

For children, staff and families with physical or mobility needs, difficulties navigating the environment during an emergency can increase their vulnerability. It can create additional stress for the person with access, functional or other needs as well as stress for those in caregiver roles.

Children and adults with cognitive or social and emotional needs may need additional support in preparing for and recovering from a disaster. Children and staff members may also have special health care needs that may require medications to function. Medications may need refrigeration when the power is out or a medical device may need power to operate. Additionally, some children and staff may not be able to practice drills, such as stop, drop and roll, because of physical disabilities that may be chronic or acute in nature. Working with you

planning team and others to determine the best ways to met the needs of the children, families and staff in your program is an important part of emergency preparedness.

Supporting Children and Adults with Access, Functional and Other Needs

Your program can support children and adults with access, functional and other needs in a number of ways including:

- Identifying and modifying evacuation routes to accommodate individuals with limited mobility (i.e. physical, visual, or hearing impairments)
- Developing systems to store or transport medication, equipment, and mobility devices in case children and adults are temporarily sheltered-in place or are evacuated
- Identifying at least two people who can assist in operating medical devices and equipment
- Determining if there are alternative sources for electric devices in case the power is out
- Working with mental health consultants and disability specialists to accommodate the needs in your program

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- Collaborating with community partners and social services agencies to identify and develop contingency plans for special needs and services.

- Contacting local emergency management agencies to find out about assistance programs (Many communities ask people with access, functional, health care or other needs to register with their local fire, police or local emergency management office so that needed help can be provided in an emergency)

- Ensuring that alarms and evacuation paths have auditory, visual and tactile cues and that emergency signs and information are in print, Braille, and fonts to accommodate visual impairment

Disaster Preparedness Resources for People with Access, Functional or Other Needs

There are a number of resources available to assist programs in planning for the functional, access and other needs of the children, families and staff in their Head Start programs.

These resources include the following:

FEMA Office of Disability Integration & Coordination

https://www.fema.gov/office-disability-integration-coordination

Provides information and resources about emergency preparedness, response and recovery that is inclusive of people with disabilities and others with access and functional needs.

www.disasterassistance.gov:
Provides downloadable emergency preparedness guides for people with disabilities including, deaf, hard of hearing, blindness, sight impaired or those who have functional and other needs. The website also includes links to create accommodation cards. Materials on this website may be adaptable for your program's emergency preparedness plans.

National Organization on Disability:
http://nod.org/disability_resources/emergency_preparedness_for_persons_with_disabilities/):
Provides disabilities resources and materials including disaster readiness tips for people with sensory, mobility, developmental or cognitive disabilities.

Red Cross
www.redcross.org/prepare/location/home-family/disabilities:
Provides information and resources for people with disabilities including download brochures.

See the appendices for a checklist for children and adults with access, functional and other needs.

Chapter 9: What have Head Start Programs Learned from Disasters?

Over the years emergencies and disasters have taught us what Head Start programs can do during times of disaster to help families and communities prepare and recover. Head Start programs have helped families cope during the aftermath of, Hurricane Sandy in 2012, the Gulf Coast hurricanes in 2005, terrorist attacks of 2001, and numerous other natural or man-made disasters. As an active participant in the emergency preparedness process, Head Start programs have been able to offer relief to thousands of families during tough times.

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

Hurricane Sandy 2012

Hurricanes happen every year in United States. However, in 2012 the Northeastern United States experienced the largest Atlantic hurricane on record, Hurricane Sandy (also known as "Superstorm Sandy"). Damage in the U.S. caused by Hurricane Sandy was estimated to be more than $65 billion dollars. Hurricane Sandy impacted 24 states including the entire eastern seaboard from Florida to Maine and west from Michigan to Wisconsin with a death toll of 117 people. The most severe damage occurred in New York and New Jersey where

millions of households and businesses lost power and hundreds of thousands of homes and business were damaged or destroyed. Residents in the most impacted areas lost jobs and homes, access to child care facilities, schools and support networks.

More than 100 Head Start and Early Head Start centers experienced physical damage ranging from minor losses to complete destruction. Services to children and families were disrupted in many programs. Some programs with severely damaged or destroyed HS or EHS centers offered home-based services or temporarily moved services to a leased alternate location.

In the immediate after-math of Hurricane Sandy, Head Start and Early Head Start programs worked to contact families and connect them with basic necessities and resources. The Office of Head Start, including Region II administrators, in conjunction with partners from the Head Start Training and Technical Assistance National Centers assembled a mental health response team/task force to work with state and federal teams to provide immediate and on-going mental health support for children, families and program staff members. The task force developed a triage assessment instrument, "Impacts of Super Storm Sandy: Head Start Program Assessment Guide" to assist the mental health response

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team in identifying and documenting programs' mental health support needs. The goals of the assessment tool were to:

- Provide helpful information for mental health providers about OHS programs
- Triage the mental heal needs of program participants
- Create an action plan for support

The mental health task force also established, developed, and approved a resource list for distribution. Head Start staff members from the T/TA National Centers were available by phone and to make site visits to EHS/HS programs to provide additional mental health support. On the site visits, TA staff provided EHS/HS programs with information about signs and symptoms of trauma as well as hands on resources for supporting children and families.

Lessons Learned:

1. Accessing clear information about the availability of resources and basic necessities (housing, food, clothing etc.) without access to phones and electricity is challenging.

2. Many undocumented individuals or immigrant families were particularly vulnerable to the impact of Hurricane Sandy. Many immigrant families were reluctant to come forward to access help and/or in some instances these families did not qualify for the available help. Targeted or strategic communications to vulnerable populations who may not come forward for help may be needed.

3. Much of the immediate focus of attention and assistance in the recovery efforts was on meeting the immediate physical or basic needs. However, the stress of loss (i.e. losing loved ones, losing a home, a job, and one's belongings); living with relatives

Quote from a teacher in a New Jersey Head Start program: *"We have a child in our class whose home was destroyed. They have been living with different relatives and friends for months. The mom shared that her daughter has been having a really difficult time going to bed each night. We are looking for strategies and ideas to help them with the bedtime routine."*

Quote from a staff member of a New Jersey Head Start program: *"I worry about what will happen to the families in the summer when there are no beaches, no ferris wheel, and no jobs in the restaurants and hotels. Families may struggle even more than they are now."*

Quote from a teacher in a New Jersey Head Start program: *"We have children who are asking about where their friends are. We don't know what to say about why their friends are gone and whether or not they will see them again."*

Quote from a mental health consultant supporting a HS program impacted by Sandy: *"I am trying to support the staff, children and families. However, I am so challenged because I lost my own home and I am really struggling with my own feelings of grief and loss."*

(overcrowding) or in a shelter or other temporary home; making transitions to new networks of service and support; coping with uncertainty; and building new relationships with service or care providers; all seemed take a significant toll on the mental health of children, families and staff.

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4. In many cases, more mental health support was needed than what was available and accessible. Staff expressed questions and concerns about how to support the mental health of children and families in an ongoing way as new traumatic reminders and concerns came up. Support for staff mental health was also identified as a need. Many staff members also had homes that were damaged or destroyed and experienced other personal significant disruptions.

The Gulf Coast Hurricanes of 2005

The Gulf Coast is often hit by big and small hurricanes. 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, and access to child care facilities and schools, and support networks.

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

1. Opened their doors to offer basic necessities (food, clothing, assistance finding shelter)

2. Connected families

3. 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 the needs of the new families being served by their program.

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 members developed and practiced plans for relief and recovery that could be used in the future. Staff members were given support in finding housing, coping with loss, and re-establishing connections to family members and friends.

These efforts served dual purposes: 1) Staff members were able to take care of themselves so that they could later focus on the needs of others; 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.

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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 data 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 greatly affected because the documentation regarding the services guaranteed to them was lost.

Lessons Learned:

1. Planning requires preparation for the best- and the worst-case scenarios.

2. Personal planning for staff members is an important component of ensuring that their children and families get the consideration and care they need.

3. Practicing emergency preparedness plans helps to ensure that the plans will be effective.

4. Crucial program data needs to be maintained in a portable manner to retain confidentiality and accessibility afterward. This might include backing up data at another secure location or storing information in a web-based application.

5. Even Head Start programs not directly impacted by a disaster may need to open their doors to others who were affected by the disaster.

6. 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.

7. Communication systems need to include contact information for local and long-distance evacuations in order to support people no matter where they go.

8. When Head Start programs are able to rebuild quickly, they can ensure comprehensive services to those who need them most.

September 11 Terrorist Attack

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 in advance. There, the children were cared for as they waited to be picked up by a parent or guardian.

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Head Start Emergency Preparedness Manual

Chapter 9: What have Head Start Programs Learned from Disasters?

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 worried about friends and family. Most communication systems were down. Cell phone connections were unavailable; and telephone landlines were overwhelmed. Programs had to deal with staffing, communication issues, and how to assess and address the needs of children, families, and staff members.

As soon as programs were able to resume services, Head Start staff members went into overdrive to offer mental health support to families. Very young children had seen images that horrified most adults, and families were grieving 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 members 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 members, programs found ways to cope and rebuild their lives.

Lessons Learned:

1. Collaborations between Head Start and other child care programs can assist in providing a safe place to evacuate. Collaborations can also help with identifying staff members who can work in other locations or programs to care for extra children if a programs has to close.

2. Clear communication systems that inform families and staff about evacuation procedures are essential to reconnect families.

3. Immediate mental health support for families and staff is essential to relief and recovery efforts.

4. Personal emergency preparedness planning for staff members and families is a key component to developing a comprehensive program plan.

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Chapter 10: Conclusion and Next Steps

Emergencies can take many forms, including natural disasters, health emergencies, and chemical 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. All types of hazards and situations should be considered so that the plan works regardless of the specific situation.

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 the identification of resources that will allow your program to provide quality health, education, and family support services during each phase of an emergency.

As you plan, revise and update your emergency preparedness plans continue to think about the following:

Be Informed

What does my program need to learn about protective measures to take before, during and after an emergency?

Make A Plan

What are my program's plans to prepare, plan and stay informed for different types of emergencies?

Build a Kit

What disaster supplies does my program need to have in the event of an emergency?

Get Involved

Who can I work with in my community and how can I support community emergency preparedness planning?

Read ACF Children and Youth Task Force in Disasters: Guidelines for Development. If you are looking for more ways to become involved in emergency preparedness the Ready.gov website at www.ready.gov/get-involved provides information on a number of ways you can be involved including the following:

- Volunteer to support disaster efforts in you community
- Support the community planning process by finding out more ways to be involved in your nearest planning organization
- Become a preparedness leader and teach other to be prepared. (See http://www.ready.gov/preparedness-leader for more information)

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 trained in their roles and responsibilities, they are better able to protect the health and well-being of the children and families served.

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Chapter 11: Resources

The resources below are listed as a starting point for finding out more information about emergency preparedness.

Administration for Children and Families Early Childhood Disaster Resources
http://www.acf.hhs.gov/programs/ohsepr/early-childhood

American Academy of Pediatrics Children & Disasters website
www.aap.org/disasters

- Information for child care providers
  http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Child-Care-Providers.aspx

- Promoting Adjustment and Helping Children Cope
  http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx

American Academy of Pediatrics healthychildren.org
This website includes a section on talking to children about tragedies and other news events along with information on safety, prevention and health issues.
Talking to Children about Tragedies and Other News Events
Responding to Children's Emotional Needs During Times of Crisis

American Red Cross
American Red Cross—Long Island Hurricane Preparedness Guide: Everything You Need to Know to Prepare & Protect Your Family
http://shorehamcivic.homestead.com/files/Presentations_9-17-08/en_guide2.pdf

Bright Horizons
Jim Greenman—What Happened to My World? Helping Children Cope with Natural Disaster and Catastrophe
http://www.brighthorizons.com/talking-to-children

Caring for Our Children, 3rd Edtion
Provides additional information regarding Disaster Planning, Training and Communication
http://www.cfoc.nrckids.org/

Center for Disability Issues & the Health Professions
http://hfcdhp.org/emergency-preparedness/

Centers for Disease Control and Prevention Emergency Preparedness and Response
http://www.bt.cdc.gov/planning/index.asp

Community Emergency Response Teams (CERT)
http://www.citizencorps.gov/cert

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Emergency Management Institute
http://training.fema.gov/EMIWeb/

Head Start Emergency Preparedness website
Provides additional information, resources, and tip sheets
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep

National Association of School Psychologists
Helping Children Cope with Crisis: Care for Caregivers
http://www.nasponline.org/resources/crisis_safety/CaregiverTips.pdf

The National Child Traumatic Stress Network
www.nctsn.org

Office of Child Care
Child Care Resources for Disasters and Emergencies
http://www.acf.hhs.gov/programs/occ/resource/child-care-resources-for-disasters-and-emergencies

Office of Head Start National Center on Health Emergency Preparedness
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep

Readiness and Emergency Management for Schools Technical Assistance Center
Helping Youth and Children Recover from Traumatic Events
http://rems.ed.gov/HelpingYouthandChildrenRecoverFromTraumaticEvents.aspx

Ready.gov
www.ready.gov

Sesame Street
Here for Each Other: A resource for Parents and Caregivers
http://www.sesamestreet.org/cms_services/services?action=download&fileName=For%20Parents:%20Here%20for%20Each%20Other&uid=88b10d16-be94-4962-bd02-f3fcefbab5c4

Substance Abuse and Mental Health Services Administration
Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work and Financial Life
http://store.samhsa.gov/shin/content//NMH02-0139/NMH02-0139.pdf

U.S. Department of Health and Human Services Public Health Emergency website
Provides information and resources, including tips for talking to children and adults about tragic events. A link to the disaster distress helpline is also provided.
http://www.phe.gov/emergency/events/newtown/Pages/default.aspx

U.S. Department of Education, Resources for Parents following Traumatic Events
Includes parent tip sheets for helping infants, toddles and preschool age children after disasters.
http://www.ed.gov/blog/2012/12/resources-for-parents-following-traumatic-events/

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Appendices

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Emergency Preparedness Program Questionnaire

The following questions are provided to help you determine the steps you may need to take to develop a written comprehensive and effective emergency preparedness plan.

1. Has your program conducted a comprehensive risk analysis to determine the emergencies your program may face? If so, when was the last time this was completed?

2. Has your program made alterations to its emergency plans to cope with emergencies that have been identified?

3. Does your program have an emergency preparedness plan for each emergency that might occur?

4. Has your program integrated personal emergency preparedness planning for staff members and families into your program's preparedness plans?

5. Has your program considered all of Head Start's program systems and services in your plan? (See page 57 for information on systems, services and emergency planning.)

6. Has your program developed specific procedures for preparedness, response, and recovery, including how to be and stay informed, make a plan, make a kit, and stay involved?

7. Does your program have a list of activities and procedures to implement immediately following an emergency to ensure the safety and basic necessities of families and staff in your program are met?

8. Does your program have detailed plans for how to resume services as well as support families and staff in rebuilding their lives? As a starting point, you may want to start by thinking about the following questions:
    - Has your program identified at least one other program that can help out by caring for children in an emergency?
    - Does your program have a plan for how to resume services and offer recovery, support and other assistance?

9. Does your program have plans for practicing and revising your emergency preparedness plans?

10. Does your program have plans to address the access, functional, and other needs of children, staff members and families?

11. Does your program have plans that address procedures for specific age groups such as infants, toddlers, and preschool children who may have different abilities and mobility constraints?

12. Does your program have plans that include how to address the mental health and emotional needs of children, families and staff members before, during and after an emergency?

13. Does your program have training plans in place to train children, families and staff members about emergency preparedness plans and procedures?

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Emergency Preparedness:
Head Start Management Systems and Services

Effective emergency preparedness plans take into consideration Head Start systems and services. Emergencies may disrupt services for Head Start children and families and affect the function and roles of Head Start systems.

As you plan, review and revise your emergency plans and think about Head Start systems and services and how each plays an important role in making sure children, staff members and families are safe and protected during an emergency.

Head Start Management Systems

Program Self-Assessment

Head Start programs are required to have a self-assessment process. Programs need to examine their emergency plans annually and determine how plans are integrated into the program systems and services.

Emergency planning considerations:

- Review and revise the self-assessment tool to incorporate emergency preparedness planning
- Assess how the community will be warned and how evacuation routes and other procedures will be used in an emergency

Communication

When emergencies occur, two-way communication is critical. Effective communication systems allow the program to serve as a reliable point of contact for Head Start families, staff members and the community.

Emergency planning considerations:

- Provide accessible communication in varying literacy levels and languages other than English

- Design, implement and train staff members on emergency communication protocols
- Establish places to meet for off-site staff members (e.g. home visitors)
- Consider ways to communicate directly with local health department representatives, radio, National Oceanic and Atmospheric Administration radio, television stations, ACF regional office, Head Start Collaboration Office and other community partners
- Share emergency communication plans with all family members upon entry into the program
- Share emergency communication plans with all staff members
- For families that do not have access to telephones, radios, or television, consider alternative communication methods to share information
- For on-site emergencies, such as an intruder, develop a code system to communicate procedures
- See AAP Children & Disasters Promoting Strategic Communications and Systematic Messaging website for more information

Financial Management

Emergencies can be costly. Part of emergency preparedness planning is anticipating what level of financial resources will be needed in different situations.

Emergency planning considerations:

- Cost to provide professional development to staff members and parent education on emergency preparedness
- Cost of making materials available in languages other than English

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Emergency Preparedness: Head Start Management Systems and Services

- Costs of providing accommodations for children and staff members with access, functional and other needs
- Coordination of fiscal support through the ACF Regional Office for unanticipated needs
- Program insurance polices to guarantee that Head Start centers are insured at a level that supports rebuilding costs
- Costs for disaster supplies
- Costs of building supplies, contractors, and items such as electrical generators and sump pumps
- Costs to purchase supplies that are normally available, but might be in short supply during certain disasters
- Arrangements that might need to be made to ensure that staff members are paid if business operations are interrupted

Human Resources

It is important to train staff members and inform parents about your program's emergency policies and procedures.

Emergency planning considerations:

- Encourage the development and practice of personal emergency preparedness plans for staff members and their family members
- Offer training on your 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 members during the response and recovery phases
- Design a process for staffing the program during and after a disaster

- Ensure that professional mental health support services are readily available to staff members
- 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 both what is working and what the challenges are in implementing your program's emergency preparedness plan. Ongoing monitoring helps programs anticipate next steps, identify gaps, and improve implementation.

Emergency planning considerations:

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

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Emergency Preparedness: Head Start Management Systems and Services

Program Planning

Program planning is essential for Head Start program effectiveness. Programs are required to develop and implement a systematic, ongoing process of program planning.

Emergency planning considerations:

- Make sure that step-by-step procedures are in place for the three phases of disasters: preparedness, response and recovery
- Consider the various types of emergencies that may occur and the effects each might have on programs
- Identify community and regional organizations that are available to help
- Assign specific roles and responsibilities for individuals involved in planning
- Ensure that resources and support systems are available for shelter-in place and evacuations
- Collect and maintain full contact information for all emergency preparedness personnel and partners
- Store vital information in a secure and readily accessible location
- Provide copies of emergency preparedness plans to staff members, community partners, and families
- Offer resources and assistance to staff members to help them address their individual preparedness planning needs

Record Keeping and Reporting

In some emergency situations, program records are at risk for being lost or destroyed. Emergency preparedness planning should include discussion of procedures for maintaining and protecting confidential child, family and program information.

Emergency planning considerations:

- Consider placing back-up files on an external drive or other remote or cloud-based system that is secure and easily accessible
- Partner with security and information technology providers to ensure that documents are safely and securely transferred
- Ensure that program records are stored to protect personal information
- Work with parents and staff members to have important documents stored in a way that enables them to "grab and go" if they are 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 Governance

Program health services plans, budgets, policies and procedures must be approved by your program's governing body and Policy Council.

Emergency planning considerations:

- Engage your governing bodies in the development of your program planning, specifically focusing on emergency preparedness

Facilities, Materials and Equipment

Facilities, materials, and equipment systems ensure that Head Start programs provide safe environments and opportunities for learning.

Emergency planning considerations:

- Determine if additional materials or equipment are needed for emergency preparedness purposes, to ensure children and staff members are healthy and safe
- Assess if modifications are needed to facilities in preparation for emergencies or after an event or crisis has occurred

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Emergency Preparedness: Head Start Management Systems and Services

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA):

Head Start programs use the results of their community assessments to develop ERSEA policies.

Emergency planning considerations:

- ERSEA policies help to track children being served from another Head Start program as a result of a disaster. Determine how your ERSEA policies meet the health needs of children and families who may have experienced a crisis or tragic event

- Review attendance policies to find out if they include gathering data about children and families who may not be attending your program as a result of an emergency or crisis and how records are kept regarding their current contact information

- Know how attendance is determined and used to ensure that each child and staff member is accounted for during an emergency or crisis

Head Start Services

Collaboration ensures that community resources are appropriately utilized to maintain or restore normalcy for children, families, staff members and your Head Start program. Programs need to collaborate internally with staff members, as well as externally with community partners. It is important to develop partnerships prior to an emergency or crisis, including finding out about possible linkages with a Children & Youth Task Force and Disaster Behavioral Health Coalition. (See the ACF Children and Youth Task Force in Disasters: Guidelines for Development)

Collaborative partners include:
- Local fire department officials
- Emergency medical system staff

- Local emergency management agency personnel
- Health care providers (e.g. clinics, physicians and dentists)
- Nutritional service providers
- Individuals and agency representatives that serve children with disabilities and their families
- Family preservation and support services staff
- Child Protective Services and other similar agency personnel
- Local school representatives
- Child care service providers
- Faith-based organizational staff members
- Members of community, cultural and other organizations that serve the various linguistic and cultural populations represented in your program
- Other members of organizations or businesses that may provide support and resources

Disability Services

During emergencies, implementing well-rehearsed plans that accommodate the access, functional and other needs of individuals with disabilities is critical.

Emergency planning consideration:

- 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 and transport medication, equipment and mobility devices in case children are temporarily sheltered-in place or evacuated

- Work with community partners to identify procedures for letting first responders and others know about the access, functional and other needs in your program

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Emergency Preparedness: Head Start Management Systems and Services

- Determine how you will track and monitor the needs of children, staff members and families, including temporary disabilities such as broken limbs
- Ensure that staff members have guidance on how to discuss disaster preparation and evacuation procedures for children and staff members with access, functional or other needs

See Chapter 8 of this Manual for more information on accommodating access, functional and other needs.

Education and Early Childhood Development Services

When an emergency or crisis occurs, being able to continue educational services provides children with a sense of normalcy when life can seem unpredictable. Children need a safe and supportive place. Families also need a secure place that continues to provide educational and support services while they put other aspects of their lives back together.

Emergency planning considerations:

- Develop possible options for maintaining daily schedules and routines as much as possible
- Practice emergency plans frequently, using simple directions until children are comfortable with the routine
- Use strategies such as verbal and visual prompts (e.g. signs or lights), materials (e.g. flashlights, safety vests) and concrete experiences to explain emergency preparedness plans
- Provide developmentally-appropriate instruction and materials to help children and families cope
- Develop strategies for communicating with families about the educational plans you have in place during emergencies

Facilities

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

Emergency planning considerations:

- Assess facilities to ensure that safety precautions are in place, such as fire extinguishers, an emergency generator, etc. Re-assess prior to seasons of potential natural disasters.
- Develop plans for waste disposal if local services are disrupted
- Create 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
- Make sure emergency food and water supplies are fresh and replenished as needed
- Develop procedures for reporting damage to your city or county office of emergency management. (This helps your local officials conduct a damage assessment to support applications for disaster funds.)
- Develop procedures for contacting your insurance company and/or landlord to begin the process of repairs, if needed
- Develop procedures for reporting concerns about your building's safety

Emergency Preparedness: Head Start Management Systems and Services

Family Support

When emergencies happen, families often experience chaotic situations. Head Start programs provide services to families to help them in their time of need.

Emergency planning considerations:

- Put-in-place procedures to help families develop their own preparedness plans
- Provide training and resources on preparedness for families
- Encourage families to do the following:
  - Identify a family meeting place in case their home is not safe
  - Establish a communication plan in case cell phone towers and phone lines are disabled
  - Identify an in-town and out-of-town contact person to help with communications if families cannot use their phones or get word to others
- Increase awareness of community resources and other support services during times of emergency
- Include family representatives on your emergency planning team
- Develop procedures for implementing donation drives to meet the needs of families who have experienced a disaster
- Have plans in place for how your program will communicate with families with limited English proficiency and take into account the needs of diverse linguistic and cultural groups

Health Services

The primary focus of continuing to provide health services during an emergency is to maintain the health and safety of children, families and staff members.

Emergency planning considerations:

- Ensure that first aid kits and disaster supplies kits are maintained at all times
- Determine your program's water and non-perishable food supply needs
- Maintain a regular schedule for replacing water and non-perishable food
- Ensure that staff members are up-to-date on their immunizations, particularly tetanus and influenza
- Maintain 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
- Develop procedures for ensuring that appropriate staff members have copies of required health records and medications
- Involve the HSAC in planning and communication with local health care facilities and providers
- Prepare individual Heath 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.

Emergency preparedness planning considerations:

- Work with your mental health consultant to develop procedures for sharing mental health resources and working with staff members and families after a disaster
- Determine the responsibilities of your mental health consultant and/or other available community mental health resources/agencies in the wake of an emergency

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The Practice-Review-Revise Cycle

The Practice-Review-Revise cycle is the process used to practice your emergency plans, review for needed changes, and revise accordingly. Your planning team determines a schedule for your program to practice the procedures for each phase and review and update your plans. This cycle is essential for effective implementation of your plans should an emergency occur.

What is the Practice-Review-Revise Cycle?

To determine how well your plan really works, you need to practice it regularly with staff members, families, and community partners and identify any needed improvements. Practice helps to uncover stumbling blocks or problems with your plan. Then, you can revise your plan with new solutions to problems detected.

The cycle involves three stages:

- Practice
- Review
- Revise

Practice

The practice stage is when your program implements its practice schedule(s). Head Start programs implement fire and other drills, but they also need to practice for other emergency situations. Some local governments implement community-wide practices that might include your Head Start program. Collaborative relationships developed by your planning team, especially with local health and emergency agencies/departments, can help ensure that your program is part of these drills.

During practices, staff members, children, families and partners go through each phase of an emergency from response to recovery. For long-distance evacuation, programs should develop a way to simulate the long-distance evacuation. For example, programs may ask staff members or families to only be accessible through their alternative emergency numbers.

During the practice stage, participants should include:

- Staff members
- 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)

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The Practice-Review-Revise Cycle

Review

During the review stage, some or all of those involved in the practices should review and provide feedback on what worked and what did not work. Participants should identify all the areas in the plan where there are gaps or needs for improvements. Often, not everyone can participate in a review meeting. Offering opportunities for other ways to provide feedback, either by follow-up interviews or surveys, may also be a useful way to gather information.

Revise

During the revise stage, your program's planning team makes revisions to the plans based on the feedback from the practice(s). Plan revision needs to be an inclusive process. It may be helpful to use a facilitator and develop guidelines both for discussions and for procedures that will determine how changes will be decided. Once the revisions are made, they must be communicated to all involved, including staff members, families, and community partners. When communicating about the changes, your program may want to explain why the revisions were made and how the review and revise process works.

By using the Practice-Review-Revise cycle approach, your program will have procedures for the following:

- Offering regular training opportunities
- Improving your program's emergency preparedness plans
- Ensuring the readiness of your program to face an emergency situation effectively

What does the timeline or the cycle need to be?

Your Practice-Review-Revise cycle should be part of your program's annual calendar. Your planning team should work with your HSAC, Policy Council and other program staff members to make sure that practice sessions and times for reviewing and revising content meet the specific regulations for your program. States and territories may have different regulations for the number of times a program is expected to practice specific drills.

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 your community to ensure that your plans fit within the community-wide framework.

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Influenza Prevention and Control

The flu (influenza) is a contagious disease caused by a group of respiratory viruses called influenza viruses. The flu virus is highly contagious and causes serious illness that may result in hospitalization or death. It mostly affects the breathing system but may also affect the whole body. In this section, when "flu" is used, it is referring to influenza virus infection. In the community, some people might use the word "flu" to refer to viral gastroenteritis (vomiting and diarrhea) or any disease that causes "influenza-like illness."

Flu outbreaks occur each year during the winter, sometimes as early as October, but generally not until December or January. Sometimes the flu season continues as late as March, April, or even May. More than one-third of children younger than six years old may be infected with the influenza virus each year. However, some infected children do not show signs or symptoms of illness. This makes it challenging to identify who is infected and then control the spread of these germs.

Each year, the flu season is different. It is not possible to know whether the flu season will start early or later in the fall or winter. Local influenza outbreaks generally last about 6 to 8 weeks.

You can usually tell when an outbreak is occurring in your community by following various forms of media coverage or by checking with your local health department. The Centers for Disease Control and Prevention (CDC) offers a map that shows influenza activity at www.cdc.gov/flu/weekly/usmap.htm. This map is updated every week.

Children younger than 6 years of age spread germs easily due to their increased hand-to-mouth activity, lack of covering coughs and sneezes, and curious and social nature. Influenza immunization is the best strategy to reduce infection and spread, yet immunization is not always 100% effective. Some children will continue to get sick and spread infection.

It is important for Head Start staff members to recognize that:

- Children can spread influenza into families and the community
- Immunization is by far the best influenza prevention tactic
- All children 6 months and older should be vaccinated every year for seasonal influenza
- Anyone who provides child care for a young child should be vaccinated for seasonal influenza every year (this is especially important when the child is younger than 6 months of age, too young to receive the flu vaccine)
- Infection control is also important, but not as effective as immunization
- Exclusion (sending children home) should be used when needed, but not as the only method to reduce the spread of infections

  Your goals are to do your best to:
  - Get as many staff members and children as possible immunized before and during the flu season.
  - Reduce the spread of respiratory disease as much as possible
  - Appropriately recognize illness, and exclude ill children when necessary

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Influenza Prevention and Control

Flu Symptoms

Flu symptoms include:

- Sudden onset of fever*
- Abdominal pain
- Chills
- Cough
- Croup, bronchiolitis, or pneumonia
- Decreased energy or feeling a lot more tired than usual
- Headache
- Muscle aches and pains
- Nasal congestion
- Nausea
- Sore throat

*Fever is defined as a temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or 100°F (37.8°C) or higher taken axillary (armpit) or measured by an equivalent method.

When Do Adults and Children Spread Infection?

Adults and children can spread infection when they are:

- Sick with fever, runny nose, sore throat, and cough
- Infected but not showing signs of illness
- Developing an illness (incubation period)
- Recovering from influenza

Influenza looks like other respiratory diseases, but can be more serious. We don't know which children with respiratory illnesses have influenza or not. During a local influenza outbreak, the chances of a child having influenza increase, but most respiratory illnesses are still caused by viruses other than influenza.

Although flu can be severe, some children get infected and have few or no symptoms. Also, children with common colds can have fever. But generally, common cold viruses do not lead to serious illness requiring hospitalization.

Seasonal influenza and other viral infections can cause similar symptoms. It is usually not possible to determine whether a patient has seasonal influenza or another infection based on symptoms alone. A physician should determine if someone should be tested for illnesses based on symptoms, clinical presentation and recent travel or exposure history.

Because you cannot tell whether someone has the flu, this makes it challenging to control the spread of germs.

Influenza viruses are shared or "transmitted" fairly easily. Flu viruses are in the droplets that form when a child coughs. Coughing into an elbow or shoulder will direct these droplets onto their arm instead of into the air. This is called respiratory hygiene/cough etiquette. Children and adults should cough into their elbows or onto their shoulder to decrease the spread of the flu. If a tissue is available, the person can cough into the tissue but it must be properly disposed of right away, and the hand(s) that touched the tissue should be washed.

If a child uses his hand to cover his mouth while coughing, his hands will be covered with the virus that he can then pass along to another child or to a staff member. Furthermore, the hand that covers the mouth will be covered with nasal discharge, which is full of the virus.

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Influenza Prevention and Control

> *The single best way to protect against seasonal flu and its potential severe complications is for children and caregivers to get a seasonal influenza vaccine each year.*

This can spread the virus directly to anyone this child touches or indirectly if the child plays with a toy that another child then touches. So it is best for parents and caregivers to teach children to cough into their elbows and not onto their hands. If children do cough into their hands or wipe their nose with their hand or arm, they should be encouraged to wash their hands right away.

Despite all efforts, some children are likely to develop influenza. While no one can guarantee that a child or caregiver will not become infected, Head Start staff members can do as much as possible to prevent influenza and limit the spread of germs.

Influenza Vaccine

Seasonal influenza vaccines are the best available protection against influenza. The American Academy of Pediatrics (AAP) recommends that everyone (6 months of age and older) get the flu vaccine every year. Protection from the flu vaccine only lasts for one flu season. The virus strains in the vaccine change from one year to the next, so the protection needs updating every year. The best time to get the flu vaccine is the late summer/ early fall—as soon as the vaccine is available. However, a child can still be protected if she gets a flu vaccine as late as March, April, or through June. She will still need another shot in the fall for the next flu season. It is not a problem if a person gets the flu vaccine late in one season (e.g., April or May) and early in the next season (e.g., August or September).

The best way to protect young children from getting infected is for all family members and all the people that surround the child (other children, parents, and teachers/caregivers) to get immunized. This is called "cocooning," and it is especially important when children are younger than 6 months of age.

> *Get Immunized—Every Year! Lead by example by making sure all staff members caring for children receive vaccination for seasonal influenza every year.*

Role of Caregivers/Teachers

Head Start staff members play an important role in the prevention and control of influenza.

Vaccine refusal poses a risk to everyone, especially infants younger than 6 months old and others with medical conditions that limit their ability to receive full vaccine protection. It is important to know that when the number of under-immunized and unimmunized people increases (i.e., when fewer people get vaccinated), disease will spread more easily in groups. Outbreaks of vaccine-preventable diseases have occurred and children have suffered from some severe complications that could have been prevented. Some children and adults who have not received vaccines may have valid medical or religious reasons for this refusal, but by refusing to get vaccinated, they put themselves at risk, and they increase the risk to others in group care with them.

Head Start Health managers can consult with their Health Services Advisory Council on how best to address this situation with families.

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Influenza Prevention and Control

Staff Immunization

All staff members who work in Head Start need an annual flu vaccine in the fall. Flu vaccine not only reduces the spread of influenza to children, staff members, and families who use the child care program, it also reduces the subsequent spread to the entire community.

Reasons Why Adults Say They Don't Get Influenza Immunizations

To increase the number of staff members who are immunized, it's important to understand the reasons why adults say they don't get influenza immunizations. Note: These reasons can also apply to families in your programs.

Adults who elect not to get vaccinated generally say:

- They believe that healthy people don't need it
- Their doctor does not recommend that they get this vaccine or leaves the decision up to them, especially if they say, "I don't want to get this vaccine; is that okay?"
- They have a fear of vaccine side effects
- They have gotten the flu vaccine before but ended up getting sick anyway
- They worry that the vaccine "gave them" the flu
- They do not see their doctor on a regular basis
- They are afraid of needles
- It may be too costly or inconvenient to get the vaccine

To increase the number of staff members and families who get the flu vaccine, programs can do the following:

- Inform staff members and families about influenza vaccine recommendations
- Aim to reduce barriers such as fear of side effects, cost, and inconvenience
- Have a physician or "local trusted source" come to your program to offer education and training
- Improve access to immunizations by offering free vaccines for your program
- Eliminate costs and/or provide incentives (e.g., give staff paid time off to get vaccinated and a gift card to cover the cost of the vaccine)
- Help establish the habit (and the expectation) of yearly flu vaccine

To provide on-site immunizations, contact your local health department or an agency like Passport Heath, Inc. to set up a clinic on-site. If on-site access cannot be arranged, then make it convenient for staff members to get vaccinated by sharing information about local sites and offering paid/scheduled time off. Almost all studies show influenza immunization is cost-effective for a business. Some businesses pay for the vaccine (so that it is free for employees).

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Influenza Prevention and Control

Standards for Influenza Prevention

The following are the main standards related to influenza from Caring for Our Children, 3rd Edtion. Head Start staff members should also consult the Office of Head Start's Compliance with Care tool at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/goals/crosswalk.html

All of the Caring for Our Children standards can be viewed online at the National Resource Center for Health and Safety in Child Care and Early Education website. Use the "Browse CFOC3 Content" button to search using key words or standard numbers or categories.

7.3.3.1: Influenza Immunizations for Children and Caregivers/Teachers cfoc.nrckids.org/StandardView/7.3.3.1

7.3.3.2: Influenza Control cfoc.nrckids.org/StandardView/7.3.3.2

7.3.3.3: Influenza Prevention Education cfoc.nrckids.org/StandardView/7.3.3.3

9.2.4.4: Written Plan for Seasonal and Pandemic Influenza cfoc.nrckids.org/StandardView/9.2.4.4

Every program should have written policies and procedures for staff members to follow and for supervisors to use to check that these protocols are followed.

3.1.1.1 Conduct of Daily Health Check cfoc.nrckids.org/StandardView/3.1.1.1

3.2.2.2 Hand-washing Procedure cfoc.nrckids.org/StandardView/3.2.2.2

3.2.3.2 Cough and Sneeze Etiquette cfoc.nrckids.org/StandardView/3.2.3.2

3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting cfoc.nrckids.org/StandardView/3.3.0.1

Also see Appendix K, Guide for Cleaning, Sanitizing, and Disinfecting cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixK.pdf

3.6.1.1 Inclusion/Exclusion/Dismissal of Children cfoc.nrckids.org/StandardView/3.6.1.1

3.6.1.2 Staff Exclusion for Illness cfoc.nrckids.org/StandardView/3.6.1.2

3.6.1.4 Infectious Disease Outbreak Control cfoc.nrckids.org/StandardView/3.6.1.4

3.6.2.1 Exclusion and Alternative Care for Children Who Are Ill cfoc.nrckids.org/StandardView/3.6.2.1

7.3.3.1 Influenza Immunizations for Children and Caregivers/Teachers cfoc.nrckids.org/StandardView/7.3.3.1

9.2.4.3 Disaster Planning, Training, and Communications cfoc.nrckids.org/StandardView/9.2.4.3

9.4.1.2 Maintenance of Records cfoc.nrckids.org/StandardView/9.4.1.2

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Influenza Prevention and Control

Resources

Current AAP policy "Recommendations for Prevention and Control of Influenza in Children, 2014–2015". pediatrics.aappublications.org/content/early/2014/09/17/peds.2014-2413.full.pdf+html

AAP Red Book Online Influenza Resource page. redbook.solutions.aap.org/ss/influenza-resources.aspx

AAP Children and Disasters website. www.aap.org/disasters

AAP Immunization website. www2.aap.org/immunization/illnesses/flu/influenza.html

AAP Quick Facts: What You Need to Know About Influenza. AAP website. www2.aap.org/immunization/illnesses/flu/quickfacts_influenza.pdf

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011. Also available at cfoc.nrckids.org

Aronson SS, Shope TR. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2013. http://www.aap.org/en-us/Pages/single/Managing-Infectious-Diseases.aspx

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide Hand Hygiene. http://www.aap.org/en-us/Documents/proresources_hand_hygiene.pdf

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide Infectious Disease Outbreaks, Epidemics, and Bioterrorism/Environmental Health Emergencies http://www.aap.org/en-us/Documents/proresources_id_outbreaks.pdf

AAP Healthy Children website. www.healthychildren.org/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx and http://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Prevention-In-Child-Care-or-School.aspx

Centers for Disease Control and Prevention: Seasonal Flu. CDC website. www.cdc.gov/flu

Free print materials are available at www.cdc.gov/flu/freeresources/

National Foundation for Infectious Diseases. www.preventchildhoodinfluenza.org/

Families Fighting Flu. www.familiesfightingflu.org/

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Safe Spaces and Procedures for Threats of Violence

Many programs or schools have safe rooms or procedures that they use when there is a threat of violence.

A safe room is a space that is:

- Protected, such as a large closet where babies, young children and adults 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
- Entertaining so that children can play quietly while waiting out the danger

Safe procedures are systems that teachers and staff members use to:

- Ensure threats cannot access the room or classroom by putting barriers in front of the doors
- Prevent anyone from seeing inside the classroom or safe room by blocking windows
- Ensure that children cannot be heard
- Comfort children who might feel fear or experience stress

By using a safe room or safe procedures, programs reduce the threat of violence and the impact of the event on children and staff members.

Checklist for Staff Members and Children with Access, Functional and Other Needs

Use this list to identify roles, responsibilities, and processes to ensure the needs of all children and staff members are addressed in your emergency plan.

Specify how each of the following procedures will be implemented.

Track any access, functional or other requirements and how they will be addressed:

☐ Create a list of children and staff members with access, functional or other needs

☐ Identify if the needs are temporary and develop procedures for changes in temporary needs (a child or staff member with a broken limb, etc.)

☐ Identify accommodations for:

   ☐ Normal operations

   ☐ Shelter-in place

   ☐ Evacuation

   ☐ Drills and practice

   ☐ No water or electricity

☐ Include information on medications, equipment, and allergies

☐ Assign at least two staff members to assist the children and adults with access, functional or other needs

☐ Identify and track any training required to care for the children

Identify processes for medications and other equipment during an emergency:

☐ Included in emergency/disaster supplies kit

☐ How to transport

☐ How to store

How you will ensure medical personnel are aware of needs:

☐ Forms you will provide

☐ Who will get copies of forms? Emergency transport? Doctors? Other caregivers?

Special procedures for when child/staff member is transported for medical care (identify who will accompany the child/staff member, any accommodations required during transport, etc.)

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Child Information Sheet Page 1 of 3

Child's Information

Date: _____

First Name: _____ Last Name: _____

Address: _____

Allergies/Special Instructions/Comforting Techniques/Favorite Foods, Toys/Things to Do:

_____

_____

_____

Parent/Guardian Information (1):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Work Phone: _____

Work Email: _____

Work Name and Address: _____

Supervisor Name: _____ Supervisor Phone: _____

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Child Information Sheet Page 2 of 3

Parent/Guardian Information (2):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Work Phone: _____

Work Email: _____

Work Name and Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Emergency Contact Information (1):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Information (2):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

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Child Information Sheet Page 3 of 3

Emergency Contact Information (3):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

People with Permission to Pick Up Child (always request identification):

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Doctor Information:

Pediatrician Name: _____

Pediatrician Address: _____

Pediatrician Phone: _____

Additional Medial Information: _____

Other

Other instructions, concerns, restrictions:

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Emergency Kit Checklist for Evacuation

Item

☐ Emergency contact information for children and staff members

☐ Attendance sheet

☐ First aid kit

☐ Medications

☐ Dry or canned infant formula

☐ Water

☐ Granola/energy bars (remember to take into consideration children's food allergies when packing the go kits)

☐ Books, games, toys

☐ Safety blankets

☐ Cell phone

☐ Money (cash or traveler's checks)

☐ Compass

☐ Matches in waterproof container

Evacuation Checklist

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency as to whether or not each step should be included in your plan.

Planning Steps	Comments
1. Plan activities that can be integrated into the daily routine that will help children understand evacuation.	
2. Develop relationships with local mental health service providers that will facilitate their response to your request for mental health support for children and staff following an evacuation.	
3. Assign a staff person to the role of incident commander. An incident commander is a person designated to be responsible for the overall incident management procedures of the program and the person who determines whether to implement incident management protocols (e.g., evacuation, shelter-in place).[31]	
4. Place evacuation route maps in each room in a clearly visible spot.	
5. Identify primary and secondary evacuation sites and provide families with information on their location	
6. Assign individual(s) the responsibility of contacting families following an evacuation and informing them of relocation site.	
7. Plan procedures for evacuating infants and children with access and functional needs.	

[31]U.S. Department of Homeland Security, FEMA. Sample School Emergency Operations Plan. March 2011.

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Evacuation Checklist

Planning Steps	Comments
8. Prepare "Grab-and Go" kits for each room.	
9. Prepare medication checklist that define: the child, the prescription, the equipment and the method of transporting.	
10. Plan a method of transporting and storing medications that require refrigeration.	
11. Maintain transportation vehicles: gasoline, oil, tires, charged battery, insurance/insurance card.	
12. Assign staff members roles and tasks for an evacuation.	
13. Train staff members on attendance procedures during an evacuation.	
14. Involve the Health Services Advisory Committee (HSAC) in planning and communication with the local health care community and providers.	
Identify additional planning steps for evacuation.	

Practice Steps	Comments
1. Inform staff members/children that it is time for a practice drill. Have children and staff members quickly walk to transportation vehicle(s).	
Additional practice steps	

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Evacuation Checklist

Recovery Steps	Comments
1. Secure mental health services for children and staff members as needed.	
2. Follow recovery steps for specific hazards (e.g., landslides, flood).	
Additional recovery steps	

Emergency Treatment Permission Form

This form authorizes emergency treatment for a child.

I, _____ **Give/Do Not Give** permission to

_____
(name of childcare provider)

to have my child, _____
(child's name)
treated by a medical professional.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Form

Post this sheet in obvious locations in case of an emergency.

	Name	Phone	Email
Medical Emergency (911)			
Police (911)			
Fire (911)			
Rescue (911)			
Hospital			
Poison Control (800) 222-1222			
Local Emergency Management			
Electric Company			
Gas Company			
Water Company			
Waste Disposal			
Insurance Provider			

Emergency Information Sources

Local Television Stations	Channel: _____ Phone: _____ Contact: _____ Channel: _____ Phone: _____ Contact: _____
Local Radio Stations	Channel: _____ Phone: _____ Contact: _____ Channel: _____ Phone: _____ Contact: _____
National Oceanic and Atmospheric Administration Weather Station	Frequency: _____ For your area go to: http://www.nws.noaa.gov/nwr/listcov.htm

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Organizational Roles and Responsibilities is Emergency Preparedness

Adapted from Bright Horizons Family Solutions, *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers,* www.brighthorizons.com

List all staff members' 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 911?
- Who will carry the cell phone?
- Who will carry the emergency/disaster supplies kits?
- Which groups of children will go with which staff members?
- Who will insure that everyone is out of the building?
- Who will seal off high risk areas?
- Who declares an emergency?
- Who makes the evacuation or shelter-in place call?
- Who will record notes about the emergency?
- Who will turn off the utilities?

- Who will implement the recovery procedures?

Share the list of responsibilities with staff members. Discuss everyone's roles so that all staff members are prepared during an emergency. Everyone should know his/her primary and back-up responsibilities.

Teachers should:

- Lock the classroom doors unless an evacuation order is given
- Calm the children
- Account for all of the children and staff members that were in their room today
- Take attendance at required times
- Move the children and classroom staff members to the evacuation vehicles
- Take the "Grab-and-Go Kit" (see the appendices for a Grab-and-Go kit checklist)

Maintain an "In and Out" list at all times; do not put children, staff members, 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 members.

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Reunification Procedures

Use this list to identify roles, responsibilities, and processes for reuniting children with parents/ guardians if you have to evacuate your childcare site.

Specify how each of the following procedures will be implemented.

Notify parents/guardians of evacuation sites (identify who will tell parents/guardians, how they will be notified, etc.):

- In advance of evacuation
- When evacuating

Children can be picked up by:

- Parents/guardians designated on contact sheets
- Others identified on contact sheets

Designated staff member will account for the children under their care and have a record of who was picked up by whom (identify the staff member, process, documents, etc.)

Special procedures for when a child is transported for medical care (identify who will accompany the child, where they will go, how you will account for them, etc.)

Shelter-In Place: Things to Keep in Mind

Consult with your planning team, HSAC, Policy Council, and community emergency management authorities, and ACF Regional Emergency Management Specialists to determine your program's shelter-in place procedures.

Preparedness[29]

Procedures for preparedness may include the following:

- Select interior room(s) with the fewest windows or vents. The rooms 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
- Make sure you have a least one telephone (tested to ensure it can call out) and determine the communication system you will use during shelter-in place
- Determine a way to make announcements and communicate program-wide
- Identify the responsibilities for staff members while sheltering-in place

Response[30]

Activate your shelter-in place procedures this may include the following:

- Close the center or building: Use procedures identified in your emergency preparedness plan to bring children and staff members to predetermined locations
- Close and lock all windows
- Close window shades, blinds, or curtains if you are told there is a danger of explosion
- Shut off the gas, electric, water and other utilities
- Gather essential disaster supplies
- Call emergency contacts
- Bring everyone into the room(s) and shut and lock door
- Seal all cracks around the doors and any vents into the room with duck tape or plastic sheeting (depending on the emergency or disaster)
- Write down the names of everyone in the room and call your center's designated emergency contact to report who is in the room
- Listen for an announcement from local officials via portable battery- or hand-assisted radio and stay where you are until you are told it is safe to leave

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[29] Adapted from the UCLA's Head Start Disaster Preparedness Workbook

[30] American Red Cross

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Emergency Kit Checklist for Shelter-In Place

Use this checklist to identify items you need
for your emergency/disaster supplies kits

Item	Quantity Needed (supply to last last 72 hours)
☐ Emergency contact information for children	
☐ Disposable Diapers	
☐ Water (1 gallon per person per day—3 gallons per person total)	
☐ Food (do not include any items that any of the children have allergies to)	
☐ Battery-powered or hand-crank radio and a NOAA weather radio with tone alert and extra batteries for both	
☐ Flashlight and batteries (in each room)	
☐ Non-electric can opener	
☐ Medications	
☐ Disposable cups, bowls, plates, utensils	
☐ Paper towels, toilet paper	
☐ Hand sanitizer	
☐ Blankets	
☐ Whistle to signal for help	
☐ Dust mask	
☐ Moist towelettes, garbage bags, and plastic ties for personal sanitation	
☐ Wrench or pliers to turn off utilities	
☐ Cell phone with charger, inverter, or solar charger	
☐ Clothing for each person (jacket, pants, shirt, shoes, hat, gloves)	
☐ Blanket or sleeping bag for each person	
☐ Rain gear	
☐ Fire extinguisher	
☐ Matches in waterproof container	
☐ Signal flare	
☐ Paper and pencil	
☐ Household chlorine bleach (keep in a secure location, away from children's access)	

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Shelter-In Place & Lockdown

Use this worksheet to assess the risk level that you may need to shelter-in place or lockdown your program. Then consider the planning, practice and recovery steps and use the comments section to record your advisory board's recommendations as to whether or not each step should be included in your plan.

Shelter-in Place

"Shelter-in place" means to take immediate shelter where you are—at home, work, school, or in between. It may also mean "seal the room." In other words, take steps to prevent outside air from coming in. This is because local authorities may instruct you to "shelter-in place" if chemical or radiological contaminants are released into the environment. It is important to listen to TV or radio to understand whether the authorities wish you to merely remain indoors or to take additional steps to protect yourself and your family. https://faq.fema.gov/app/answers/detail/a_id/578/related/1

Planning Steps	Comments
1. Plan activities that can be integrated into the daily routine that will help children understand shelter-in place and lockdown.	
2. Develop relationships with local mental health service providers that will facilitate their response to a request for mental health support for children and staff members following a shelter-in place or lockdown event.	
3. Assign a staff person to the role of incident commander.	
4. Place "Designated Safe Room" maps in each room in a clearly visible spot.	
5. Assign individual(s) the responsibility of contacting families following a shelter-in place" and "lockdown" event.	
6. Plan procedures for supporting infants and children with access, functional and other needs during "shelter-in place" and "lockdown".	

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Shelter-In Place & Lockdown

Planning Steps	**Comments**
7. Prepare "shelter-in place" and "lockdown" disaster supplies kits for each designated "shelter-in place" and "lockdown" rooms.	
8. Plan to give parents "shelter-in place and lockdown" information upon entry into the program.	
9. Plan to notify parents of all "shelter-in place and lockdown" drills and events.	
10. Plan to provide written materials to parents to help children understand and cope.	
11. Plan for staff members' roles during a shelter-in place event	
Incident Commander: a. Incident commander assembles emergency/disaster response team members. b. Incident commander declares a "shelter-in place" emergency/disaster. c. Closes all windows and doors. d. Shuts off heating, ventilation, & air conditioning (HVAC) system. e. Communicates emergency information to teachers via methods identified in the center's emergency/disaster plan. Teachers: a. Direct children to move quickly indoors and to their room. b. Take attendance to be sure that all children are accounted for. c. Locate any children in their class who are not accounted for. d. Seal room by placing plastic sheeting over windows, doors, vents and taping outside edge seams to prevent outside contaminants from coming into the room. e. Check emergency/disaster supplies.	

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Shelter-In Place & Lockdown

Planning Steps	Comments

Teachers *continued*
 	
  f. Distribute food and water as needed.
  g. Assist children to transportation vehicles when all-clear is given.	

Lockdown

A different type of "shelter-in place" is "lockdown," which is used in situations involving dangerous intruders or other incidents that may result in harm to persons inside of the Head Start building.

Planning Steps	Comments
1. Plan for staff member's roles during a "lockdown" event	

Incident Commander:
 	
  a. Assembles emergency response team members.
 	
  b. Initiates "lockdown" procedures.
 	
  c. Follows "intruder" or other appropriate threat worksheet to try to diffuse the threat.
 	
  d. Closes and locks all windows and doors once the intruder or threat is outside.
 	
  e. Communicates emergency information to teachers via methods identified in the center's emergency plan.
 	
  f. Gives the all-clear signal. (Consider using a verification code to authenticate the all-clear signal. This is a specific word or phrase that is used to indicate that the incident commander is not being forced to give the all-clear signal.)
 	
Teachers
 	
  a. Direct children to move quickly indoors and to their room.
 	
  b. Take attendance to be sure that all children are accounted for.
 	
  c. Close curtains, shutters or blinds and turn off the lights.	

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Shelter-In Place & Lockdown

Planning Steps	Comments
Teachers *continued* d. Instruct children to move away from windows and doors and to get down on the floor. e. Check emergency supplies. f. Initiate quiet activities to help children remain calm. g. Distribute food and water as needed. h. Assist children to transportation vehicles when "all-clear" is given.	
Additional planning steps for "shelter-in place" and "lockdown"	

Practice Steps	Comments
1. Have children and staff quickly walk to their designated shelter-in place and lockdown" rooms.	
Additional practice steps	

Recovery Steps	Comments
1. Secure mental health services for children and staff members as needed	
Additional plannning steps for recovery for your program	

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Site Closing Procedures

Use this list to identify roles, responsibilities, and processes for when you need to close your childcare site.

Specify how each of the following procedures will be implemented.

The decision to close the facility will be made by

-
-
-

The decision will be based on
(weather forecasts, school closings, road reports, etc.)

Time by which the decision to close will be made
(night before, early morning before first child arrives)

Parents will be notified of the closing by
- Text message to parents/guardians
- Television (identify station[s])
- Radio (identify station[s])
- Decide if email and/or social media can be used as an option
- Phone calls to each parent (telephone trees are helpful if your facility serves many families)
  - Who will call?
  - How will you note the call was made?
  - What is the process if you cannot contact a parent?

The following message will be placed on the facility phone line with closing information

List additional procedures for your site below

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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.		
Equipment and Furnishings	**Yes**	**No**
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 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	**Yes**	**No**
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?		

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Nonstructural Safety Checklist

Overhead Elements	Yes	No
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	**Yes**	**No**
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	**Yes**	**No**
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	**Yes**	**No**
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? Are there storm shutters (made out of plywood or metal) on hand to cover large windows and doors?		

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Grab-and-Go Kit Checklist

Item

☐ Emergency contact form

☐ Classroom attendance form

☐ Facility floor plan with evacuation route outlined

☐ Health and medication information on all classroom children and staff members

☐ Diapers and toilet paper

☐ Sanitary wipes and hand sanitizer

☐ Gloves

☐ Bottled water

☐ Children's extra clothes

☐ First aid kit

☐ Flashlight

☐ Batteries

☐ Cell phone

☐ Paper towels

☐ Light snacks such as granola bars

Additional Items

☐

☐

☐

☐

Each classroom must have a grab-and-go kit and the classroom staff are responsible for checking the kit regularly to insure that the supplies are all there.

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Helping Your Child Cope After a Disaster[1]

Children can cope more effectively with a disaster when they feel they understand what is happening and what they can do. Providing basic information may help them cope. However, programs should be careful not to provide unnecessary details that may only alarm them.

For preschool-aged children, it may be comforting to provide a simple explanation of what happened and how it will affect them (e.g., a tree branch fell on electrical wires and that is why the lights don't work). Let children know there are many people who are working to help them and their community to recover after a disaster (such as repair crews for the electric company, or firefighters, police, paramedics, or other emergency personnel). Share steps that are being taken to keep them safe; children will often worry that a disaster will occur again.

Older children will likely want, and benefit from, additional information about the disaster and recovery efforts. No matter what age, start by asking children what they already know and what questions they have and use that as a guide for the conversation.

Help Children Cope

After a disaster or crisis, children benefit from adults who can help them learn how to cope effectively. Although it is not useful for adults to appear overwhelmed by the event, it is helpful to share some of their feelings and what they are doing to deal with those feelings. Allow children to "own" their feelings. Let your child know that it is all right to be upset about something bad that happened. Use the conversation to talk about other troubling feelings your child may have. A child who feels afraid is afraid, even if adults think the reason for the fear is unnecessary. If you

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[1]Material adapted from:

American Academy of Pediatrics. Talking to Children about Disasters. http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx

News You Can Use: Disaster Readiness and Response for Families with Young Children Office of Head Start

American Academy of Pediatrics healthychildren.org. Responding to Children's Emotional Needs During Times of Crisis

Promoting Adjustment and Helping Children Cope at http://www.aap.org/disasters/adjustment

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feel overwhelmed and/or hopeless, look for some support from other adults before reaching out to your child.

Children, just like adults, often feel helpless after a disaster. Help them figure out what they can do—that is meaningful to them—to help others in their community who are affected by the disaster.[2]

You can take the following actions to help your child after a disaster or crisis. They are useful tips even if your child was not directly affected by an event.

Help your child feel safe: One of the most important things parents or caregivers can do is to help their child feel safe.

Provide reassurance: Reassure children that steps are being taken to keep them safe. This can be done by pointing out things that are in place to keep them safe.

Restore the child's normal routine: As soon as you can, go back to a normal routine. This means doing things like singing songs if you always sing songs with your child. Or read stories at the time you usually do. Bedtime and mealtime at familiar times are very helpful to children. Children function better when they know what to expect. Keep in mind that you do not want to force children to return to all routines if they are unable to do so because of their distress. Helping children understand and process events is also important.

Express feelings: Infants and toddlers may express themselves differently. They may cry more. They may be harder to soothe. They may become more fussy. Holding and cuddling may soothe your child. Soft music may soothe infants. Toddlers may have more temper tantrums. They may want to cling to you. Preschool and older children may like to draw or tell stories to express their feelings.

Ask questions: Parents and caregivers should ask children if they have questions or concerns. This helps children know that it is ok to talk. If your child asks questions, allow the child's questions to lead the discussion. If your child does not have questions, do not push. He or she may be more willing to talk later.

Share information: Explain events as simply and directly as possible. Because every child is different, take cues from your child as to how much information to share. Remember that even young children will hear about major events and that it is best to hear about them from a parent or caregiver and not the media.

Acknowledge losses: Children are not only trying to deal with the disaster, but with everything else that follows. They may have to relocate, at least temporarily, and could be separated from friends or unable to attend the same school. Parents may have less income and the change in finances may change daily activities. Allow children to express their regrets over these "secondary losses."

Have fun: Find ways to have fun with your child or to be silly together. If your child likes to play peek-a-boo or play a favorite game, do those things. Laughter can be healing.

Reconnect with community: Take care of yourself. This will help you take care of your child. Find ways to get support. Talking with others can be helpful. If you notice changes in yourself, seek help from your Head Start/Early Head Start program.

Be flexible and patient: Getting back to "normal" can take a while. Take care of yourself.

Limit exposure to media coverage of the event: Images of the disaster or crisis on the TV, internet, radio, newspaper, and other social media may frighten or stress children more. Avoid or limit children's exposure to distressing pictures in the media.

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[2]For more information, see "Promoting adjustment and helping children cope" at: http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx#sthash.UF4Gso0i.dpuf

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MOUNTAIN-PLAINS CONSORTIUM

MPC 14-276 | Jon Mielke, Dick Winchell, and Ashley Murphy

Emergency Preparedness Handbook for Tribal Governments

PREPARE
DURING A DISASTER, IT IS TOO LATE TO PLAN

Emergency Preparedness Handbook for Tribal Governments

Jon Mielke
North Dakota State University
Upper Great Plains Transportation Institute

Dick Winchell
Eastern Washington University
Urban and Regional Planning Program

Ashley Murphy
Graduate Research Assistant
Eastern Washington University

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Disclaimer

ABSTRACT

Many Native American tribal governments are lacking in emergency preparedness, a part of the emergency management cycle where planning for disasters happens. These governments need assistance planning for future disasters. Federal, and state governments, along with other agencies and organizations, have the knowledge and resources to help tribal governments develop emergency response plans.

This handbook is a resource to help tribes develop and implement an emergency preparedness plan for responding to natural and man-made disasters if and when they occur.

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1.   INTRODUCTION

1.1   What is the Problem

Responding to an emergency and properly protecting the public and property require considerable advanced planning. Not all emergencies can be handled solely by Native American tribal governments. Like other governments, tribes may need assistance in both emergency response and in planning for future disasters. Federal and state governments, along with others, have the knowledge and resources to help tribes develop emergency preparedness plans and execute those plans.

1.2   What is Emergency Management

The United Nations Office for Disaster Risk Reduction defines emergency management as the "organization and management of resources and responsibilities for dealing with all aspects of emergencies, in particular preparedness, response and rehabilitation. This is also known as disaster management" (*Terminology*, 2004).

Emergency management is used by all types of jurisdictions from the federal government to small towns and is separated into four phases (not counting the event/disaster) as illustrated in Figure 1.1. For the purpose of understanding the emergency management phases, this Handbook will start with the event. An event/disaster is where a natural disaster, such as a flood, or a man-made disaster, such as a train derailment, occurs. Response is the phase in which life saving measures occur along with attempts to stop the disaster, if possible. Response actions include evacuating people, giving medical aid, sandbagging along river banks, etc. Recovery is the phase following the disaster and where the focus shifts to clean-up and rebuilding. Mitigation is where the jurisdictions involved try to lessen the impact of future disasters' (e.g. moving structures farther back from rivers and placing them on higher ground that will not be prone to future flooding). Preparation is the phase where planning for future disasters occurs. In this phase,

Figure 1.1 Emergency Management Phases

decisions are made about how best to respond should a disaster occur. Each part of the cycle is important, but the preparedness phase is especially critical for identifying how response and recovery is handled in the future in order to lessen the impacts of disasters.
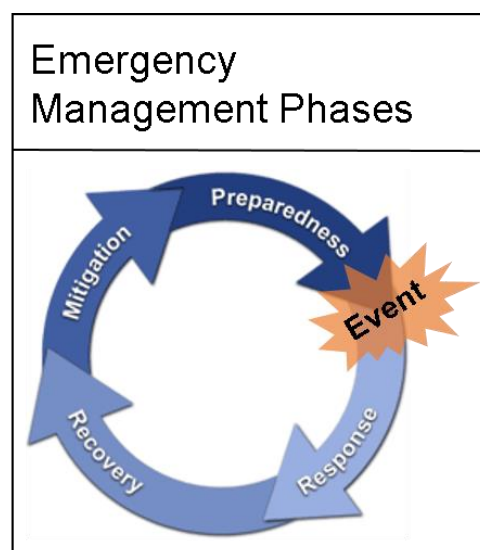
Because disasters happen infrequently and often unexpectedly, it is important that those tasked with responding to disasters are prepared to do so. This process of preparing can be described as a cycle as well. The Federal Emergency Management Agency (FEMA) defines the preparedness phase as "a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident

response." (*IS-700*, 2009). FEMA additionally states that planning "makes it possible to manage the entire life cycle of a potential crisis. Strategic and operational planning establishes priorities, identifies expected levels of performance and capability requirements, provides the standard for assessing capabilities and helps stakeholders learn their roles" (*IS-700*, 2009).

Planning is the backbone of emergency management. Without planning, responders cannot train or evaluate their actions and make corrective action before a disaster occurs. The preparedness cycle, like the rational planning process, is a continuous undertaking in which the overall goals are to save lives and reduce the effect of disasters.

1.3   Handbook Contents

The remaining sections of this Handbook present resources that are available to tribes that wish to develop an emergency preparedness plan, step-by-step instructions on how to develop a plan, and sample emergency preparedness plans. For the full list of acronyms used in this Handbook see Appendix A.
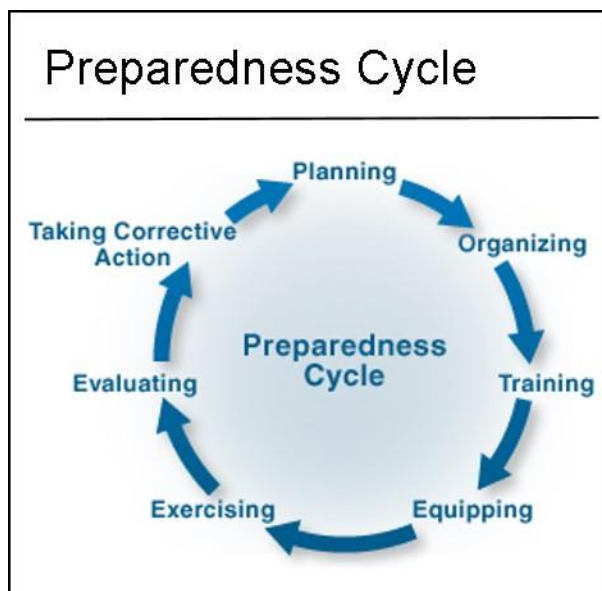
Figure 2.1 Preparedness Cycle

2.   RESOURCES

2.1   Specific Tribal Issues

The development of this Handbook included a survey that was sent to tribes through the Tribal Technical Assistance Program (TTAP). Respondents were asked to identify specific issues or problems that they have encountered while planning or implementing their tribe's emergency management plan. Responses related primarily to a lack of knowledge and a lack of funding.

Following are sources of emergency preparedness-related information and training. A narrative description of each resource is provided to help tribal planners understand the processes involved in developing their tribe's emergency management plan.

The Federal Emergency Management Agency (FEMA) has a multitude of technical assistance toolkits and grant programs to help local and tribal governments with emergency preparedness efforts. Related grants address issues such as preparedness, firefighting, hazard mitigation, and disaster assistance. A full menu of FEMA's grants and services is available at www.fema.gov/grants.

Additional funding resources may be found at Grants.gov: www.grants.gov/web/grants/home.html.

Grants.Gov is an online database of grants available from federal agencies. Tribes may want to search for grants by accessing the search box in the upper right side of the site and entering keywords such as disaster, emergency, planning, recovery, or preparedness. The keyword search may also be filtered by using "Eligibility for Native American tribal governments" (federally recognized) and "Native American tribal organization" (other than federally recognized tribal governments).

In addition to the technical assistance and funding sources identified in the previous paragraphs, tribes may be able to access emergency preparedness and response information and funding from other federal and state agencies and non-governmental organizations (NGOs). Many of these potential resources are identified in the following subsections.

2.2   Working with State and Federal Governments

Depending in which state(s) tribal land is located in, tribes may want to consider if it is most effective to work through the state or go directly to the federal government for help with disaster response. When asking for outside help from either state(s) or federal governments, the tribe must first declare an emergency then make an emergency and major disaster declaration request. The federal government, through FEMA and/or other agencies, can assist with recovery as well as with preparedness for future disasters. For information on how to make emergency and major disaster declaration requests, access FEMA's Tribal Declaration and Disaster Assistance website at www.fema.gov/tribal-declaration-and-disaster-assistance-resources.

2.3   Federal Departments and Agencies

FEMA is perhaps the logical place to start for all things related to emergency management. FEMA can help with all four phases of the emergency management cycle, along with funding. Most of FEMA's information and training courses are available online at www.fema.gov/. This site includes two subset websites: Ready.Gov and FloodSmart.Gov. Ready.Gov, is a "national public service advertising (PSA) campaign designed to educate and empower Americans to prepare for and respond to emergencies including natural and man-made disasters" (*About Us*, 2013). The website is: www.ready.gov/. This website is a good information source for the general public and businesses. FloodSmart.Gov is a source for flood information and flood insurance; its website is www.floodsmart.gov/floodsmart/.

Other federal agencies have helpful information and funding for emergency management based on the agency's jurisdiction. For example, the Department of Transportation (DOT) has the Federal Highway Administration (FHWA) Emergency Relief Program. The program uses "the Highway Trust Fund [to assist with] the repair or reconstruction of Federal-aid highways and roads on Federal lands which have suffered serious damage as a result of (1) natural disasters or (2) catastrophic failures from an external cause" (*Description*, 2013). All of DOT's emergency management information (including preparedness, response, and recovery) is available at www.dot.gov/emergency.

Table 2.1 provides a partial listing of federal online resources related to emergency management and preparedness.

Table 2.1 Federal Online Resources for Emergency Management / Preparedness

Department or Agency	Type of source	Website	Comments
Grants.Gov	Funding	www.grants.gov/web/grants/home.html	Grants.Gov is an online database of grants available from different federal departments and agencies.
FEMA	Information	www.fema.gov/	FEMA's homepage
FEMA	Funding	www.fema.gov/grants	FEMA grants
FEMA	Funding	www.fema.gov/welcome-assistance-firefighters-grant-program	Assistance to Firefighters Grant Program
FEMA	Funding	www.fema.gov/media-library-data/20130726-1819-25045-2871/local_grant_writing_guide.pdf	FEMA's Grant Writing Guide
FEMA	Information	www.fema.gov/national-flood-insurance-program	National Flood Insurance Program
FEMA	Information	www.fema.gov/national-flood-insurance-program-flood-hazard-mapping	National Flood Insurance hazard mapping
FEMA	Information	www.fema.gov/state-offices-and-agencies-emergency-management	Contact information for all state emergency management offices and agencies
FEMA	Planning	www.fema.gov/planning-resources	Planning resource page
FEMA	Planning	www.training.fema.gov/EMIWeb/IS/IS235B/IS235B.pdf	FEMA's Emergency Planning Independent Study Course
FEMA	Planning	www.training.fema.gov/EMIWeb/emischool/EL361Toolkit/assets/FEMA_CPG101.pdf	FEMA's Developing and Maintaining Emergency Operations Plans Guide
FEMA	Training	www.training.fema.gov/IS/crslist.aspx?all=true	All of FEMA's online training through the Emergency Management Institute
FEMA	Training	www.fema.gov/pdf/emergency/nims/nims_training_program.pdf	FEMA's National Incident Management System (NIMS) training
FEMA / FloodSmart	Information	www.floodsmart.gov/floodsmart/	FEMA's FloodSmart.Gov homepage for flood information
FEMA / Ready	Information	www.ready.gov/	FEMA's program Ready.Gov homepage. Emergency preparedness information for general public and businesses
CDC	Information	www.emergency.cdc.gov/	Center for Disease Control and Prevention (CDC) emergency preparedness and response information

Department or Agency	Type of source	Website	Comments
CDC	Planning	www.emergency.cdc.gov/planning/	CDC emergency preparation and planning
CDC	Training	www.emergency.cdc.gov/training/	CDC emergency training and education
DOT	Information	www.dot.gov/	Department of Transportation (DOT) homepage
DOT	Information	www.dot.gov/emergency	DOT's emergency preparedness, response, and recovery information
DOT	Information	www.transit-safety.volpe.dot.gov/Emergency/Preparedness/	Federal Transit Administration emergency preparedness / emergency management information
EPA	Information	www.epa.gov/	Environmental Protection Agency (EPA) homepage
EPA	Information	www.epa.gov/emergencies/	EPA's Emergency management information
EPA	Information	water.epa.gov/action/emerprep/	EPA's Emergency preparedness for drinking water, septic systems, and emergency disinfection
FDA	Information	www.fda.gov/emergencypreparedness/default.htm	Food and Drug Administration (FDA) emergency preparedness and response information
FDA	Information	www.fda.gov/Drugs/EmergencyPreparedness/default.htm	FDA's disaster response based on type of disaster
HHS	Information	www.hhs.gov/	Health and Human Services (HHS) homepage
HHS	Information	www.phe.gov/about/oem/pages/default.aspx	Public Health Office of Emergency Management
HHS	Information	www.phe.gov/preparedness/Pages/default.aspx	Public Health emergency preparedness
HHS	Information	www.phe.gov/emergency/pages/default.aspx	Public Health emergency information
HUD	Information	portal.hud.gov/hudportal/HUD	Housing and Urban Development (HUD) homepage
HUD	Information	portal.hud.gov/hudportal/HUD?src=/info/disasterresources	HUD disaster resources
USDA	Information	www.usda.gov/wps/portal/usda/usdahome	Department of Agriculture (USDA) homepage

Department or Agency	Type of source	Website	Comments
USDA	Information	www.usda.gov/wps/portal/usda/usdahome?contentid=Emergency_Preparedness_and_Response.html	USDA's Emergency preparedness and response information
USDA	Planning	awic.nal.usda.gov/find-animal-emergency-and-disaster-planning-information	USDA's Animal emergency and disaster planning information
USDA / APHIS	Information	www.aphis.usda.gov/wps/portal/aphis/home/	Animal and Plant Health Inspection Service (APHIS) homepage
USDA / APHIS	Information	www.aphis.usda.gov/wps/portal/aphis/ourfocus/emergencyresponse	APHIS emergency response
USDA / APHIS	Information	www.aphis.usda.gov/wps/portal/aphis/ourfocus/emergencyresponse?1dmy&urile=wcm%3apath%3a%2Faphis_content_library%2Fsa_our_focus%2Fsa_emergency_response%2Fsa_esf11%2Fsa_resources	APHIS emergency resources
USDA / APHIS	Training	www.aphis.usda.gov/wps/portal/aphis/ourfocus/emergencyresponse?1dmy&urile=wcm%3apath%3a%2Faphis_content_library%2Fsa_our_focus%2Fsa_emergency_response%2Fsa_esf11%2Fsa_tools_and_training%2Fct_tools_train	APHIS tools and training

2.4   Tribal Specific Federal Programs

Some federal agencies have specific information or programs for tribal emergency preparedness, response, and recovery. Both FEMA and the Environmental Protection Agency (EPA) have emergency management information specifically for tribes. The Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) provide services solely to Native Americans.

FEMA's tribal-specific website at www.fema.gov/fema-tribal-affairs and FEMA's program, Ready.Gov, is available at www.ready.gov/make-a-plan/indian-country. FEMA, through the Emergency Management Institute (EMI), has a tribal curriculum website at www.training.fema.gov/Tribal/descriptions.aspx. This website has EMI courses geared toward tribal governments ranging from two days to four days long. The website also has a link to a list of suggested FEMA online independent study (IS) courses for new tribal emergency managers at www.training.fema.gov/Tribal/suggested.aspx.

EPA information and websites for tribes is divided based on which EPA region the tribe is located in; EPA's regional map is at www.epa.gov/tribal/whereyoulive/regions.htm. EPA's Region 10 has a workbook titled *Guidance for Preparing Tribal Emergency Response Plans* online at www.ecy.wa.gov/epcra/guidanceforpreparingtribalerpsfinal.pdf.

The BIA provides services to tribes along with contracts, grants, and compacts based on the government-to-government relationship the federal government has with federally recognized tribes. Some of the services the BIA provides are "social services, natural resources management, economic development programs, law enforcement and detention services, disaster relief, and repair and maintenance of roads and bridges" (*What We Do*, 2014). BIA's homepage is www.bia.gov/ and a list of related services may be found at www.bia.gov/WhatWeDo/index.htm. The BIA's two main disaster response programs are the Emergency Management Division at www.bia.gov/WhoWeAre/BIA/OJS/asstdir/ojs-emd/index.htm and the Burned Area Emergency Response (e.g. wildfires) at www.bia.gov/nifc/fuels/burnarea/index.htm.

IHS is "an agency within the Department of Health and Human Services, responsible for providing federal health services to American Indians and Alaska Natives" (*Agency Overview*, 2014). IHS's homepage is www.ihs.gov/. Its emergency preparedness information is at www.ihs.gov/chr/index.cfm?module=prepare.

2.5   Tribal Organizations

Several tribal organizations assist tribal governments with emergency management. This support comes in many forms with most tribal organizations providing assistance with training and planning. The organizations also help foster collaboration among tribes and between tribes and federal and state agencies.

Table 2.2 provides a listing of tribal organizations that are resources for tribal emergency management and preparedness.

Table 2.2 Tribal Organizations

Organization	Website	Comments
Inter Tribal Council of Arizona	itcaonline.com/ itcaonline.com /?page_id=60	ITCA is a non-profit corporation that administers more than twenty federal, state and private grants and contracts in a variety of areas including health, research, and environmental quality. ITCA staff provides technical assistance, disseminates information and conducts trainings to help Tribal governments operate programs that comply with federal regulations and policies and protect the health and safety of tribal members. There are two programs to help tribes plan, prepare, and respond to emergency situations involving public health, hazardous materials, and other hazards.
Inter-Tribal Council of California	www.itccinc.org/ www.itccinc.org/ ctemhs.html	ITCC is a statewide association of more than 35 federally recognized tribes and tribal organizations. This non-profit organization was formed in 1968 to enhance the education, health, economic, cultural, and social status of all Native Americans in California. ITCC advocates and implements policies, programs and projects to strengthen sovereignty and improve the health and well-being of tribal communities. ITCC's California Tribal Emergency Management and Homeland Security Project is designed to include California Tribes in National Incident Management System compliance and general emergency and disaster preparedness efforts.
Inter-Tribal Emergency Management Coalition of Oklahoma	www.itemc.org/	ITEMC was developed in 2004 to address local, state and national all-hazards preparedness planning process in Oklahoma. ITEMC is comprised of Tribal Emergency Management agencies as well as other emergency response agencies, who share information and ideas on improving emergency response for member tribes. Participants include representatives from more than 22 Oklahoma tribes and from the Southwest Center for Public Health Preparedness, U.S. Attorney's Office, Oklahoma State Department of Health, Oklahoma Office of Homeland Security, and Oklahoma Department of Emergency Management.
iTribal Emergency Management Association	www.itema.org/	iTEMA promotes a collaborative, multi-disciplinary approach to prepare for, protect against, respond to, recover from, and mitigate against all hazards that impact tribal communities. iTEMA supports education, training and preparedness activities in a manner that promotes cooperation and equality for the whole community and works to develop partnerships with tribal, federal, state, and local agencies and organizations for the advancement of emergency management and services.
National Tribal Emergency Management Council	www.ntemc.org/	NTEMC is a newly founded organization bringing tribal emergency management organizations from around the nation together to share information and best practices and to discuss public safety/homeland security issues. It provides guidance and tools for member tribes to develop sustainable and all-hazard approaches to emergency management and homeland security through an approach that emphasizes both inter and intra jurisdictional cooperation to maximize resources in mutual aid, training, exercises, planning, and equipping by sharing information and best practices.
Northwest Tribal Emergency Management Council	www.nwtemc.org/	NWTEMC is a non-profit organization formed in 2004 as a consortium of tribes in the northwest region of the state of Washington to help tribes participate in homeland security and emergency management preparedness efforts. Currently the NWTEMC is composed of and serves tribes in Washington, Oregon, Idaho, and Alaska. Efforts are directed at information sharing and solidarity in dealing with homeland security/emergency management/public health issues as they pertain to Native nations.

3.   PLAN DEVELOPMENT

An excellent starting point for the authors of a tribal emergency management plan is Federal Emergency Management Agency's (FEMA) online Independent Study (IS) Emergency Planning course IS-235b: www.training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-235.b. This course helps create an awareness and understanding of underlying concepts such as the 1) National Incident Management System (NIMS) and Incident Command System (ICS), 2) possible threats to tribe and tribal land, and 3) required personnel and other resources.

3.1   National Incident Management System (NIMS) and Incident Command System (ICS)

Federal agencies, along with all states, are mandated by federal law to have a current comprehensive emergency management plan, also known as an emergency action plan or all-hazard plan. Additionally, FEMA mandated that all emergency management departments follow NIMS, in order to make it easier for outside resources to be integrated into local response and recovery following a disaster. "NIMS is a comprehensive, national approach to incident management, that provides the template for incident management, regardless of cause, size, location, or complexity and is applicable at all jurisdictional levels and across functional disciplines" (*IS-700*, 2009). This system is not a plan but it helps planners identify essential principles and concepts for emergency management.

Most emergency plans follow a basic outline which has the plan divided up into a base plan followed by appendices with more in-depth information. The base plan states who is responsible for the plan and who has responsibilities for disaster-related preparedness and response. The base plan also gives a short overview of the jurisdiction with information such as geographic location, population, and the jurisdiction's goals for disaster response. Appendices to the base plan are written based on either the disaster type or on the Emergency Support Function (ESF) number. FEMA established ESFs and all NIMS participants must use the same numbering system, where ESF-1 is transportation, ESF-2 is communications, etc. For the full list of ESFs see Appendix B or go to www.fema.gov/pdf/emergency/nrf/nrf-esf-intro.pdf. The appendices provide in-depth information on which agency or group will respond to a disaster and what their primary roles will be, e.g. traffic control, containment (for spills), etc. The appendix not only explains their roles for response but for the other three phases of emergency management: preparedness, recovery, and mitigation.

Plans need to be written in a way that works best for each jurisdiction, while making it easy for outside agencies and people to follow the plan. NIMS is the foundation for the Incident Command System (ICS) which is used by all outside agencies and jurisdictions for the command and management of personnel and resources. The ICS model, as seen in Figure 3, provides the organizational structure for the Incident Commander, Command Staff and General Staff, who are the top echelon in emergency management during a disaster.
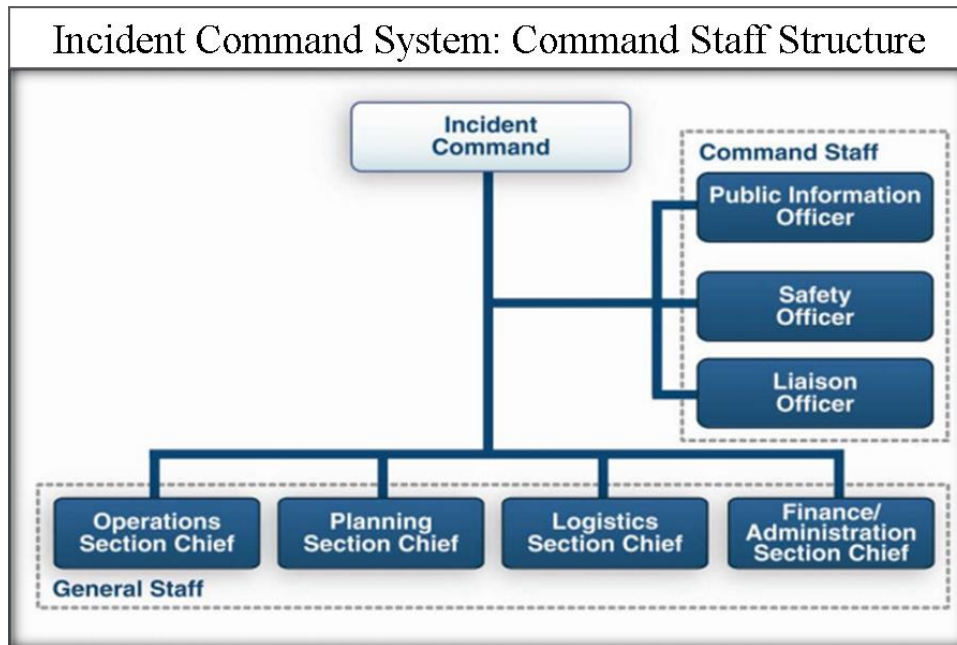
Figure 3.1 Incident Command System: Command Staff Structure

The Incident Command or Incident Commander has overall responsibility of the incident and sets the incident objectives, strategies, and priorities. An example of an Incident Commander is a station fire captain overseeing a house fire. If the fire grows the station fire captain could hand over the command to a battalion fire chief or keep command because the captain is up to speed on its operational and logistical status. Typically the first Incident Commander is one of the first responders to the incident; it is not until the incident grows in either scale and / or time that a new Incident Commander is brought on after being briefed by the outgoing Incident Commander. As Figure 3 illustrates, under the Incident Commander there are two groups of staff, the General Staff which oversees the Operations, Planning, Logistics, and Finance / Administration sections, and the Command Staff.

The Command Staff seen in Figure 3.1 reports and provides support to the Incident Commander. The Public Information Officer assembles accurate "information on the incident's cause, resources committed [to the incident], and other matters of general interest for both internal and external audiences" (*Unit Four*, 2013); they do this by interacting with other agencies, media, and the public. Then, with direction from the Incident Commander the Public Information Officer determines what information needs to be released to the public and what information needs to stay in-house. The Public Information Officer also monitors media and other external information to keep rumors under control and forwards any pertinent information to incident personnel such as the Planning Section and Incident Command. In large incidents the "Public Information Officer should participate in or lead the Joint Information Center in order to ensure consistency in the provision of information to the public" (*Unit Four*, 2013).

The Safety Officer advises "Incident Command on all matters relating to operation safety, including the health and safety of emergency responder personnel" (*Unit Four*, 2013). Though the Incident Commander has ultimate responsible for the safety of all personnel, the Safety Officer can stop or prevent any action that they deem unsafe during incident operations. The

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Safety Officer also signs off on any medical plans and develops the Incident Safety Plan which establishes necessary procedures to ensure that safety measures are being implemented to keep incident personnel safe.

The Liaison Officer is "Incident Command's point of contact for representatives from other government agencies, non-governmental organizations (NGOs), and/or the private sector (with no jurisdiction or legal authority) to provide input on their organization's policies, resource availability, and other incident related matters" (*Unit Four*, 2013). An example of this is the Liaison Officer coordinating with the Red Cross, an NGO that opens shelters and donation sites for the affected area. To better coordinate with other agencies, the Liaison Officer maintains a list of representatives and their agencies that are assisting in incident-related operations. The Liaison Officer also helps coordinate inter-organizational contacts while identifying current or potential problems stemming from inter-organizational activity.
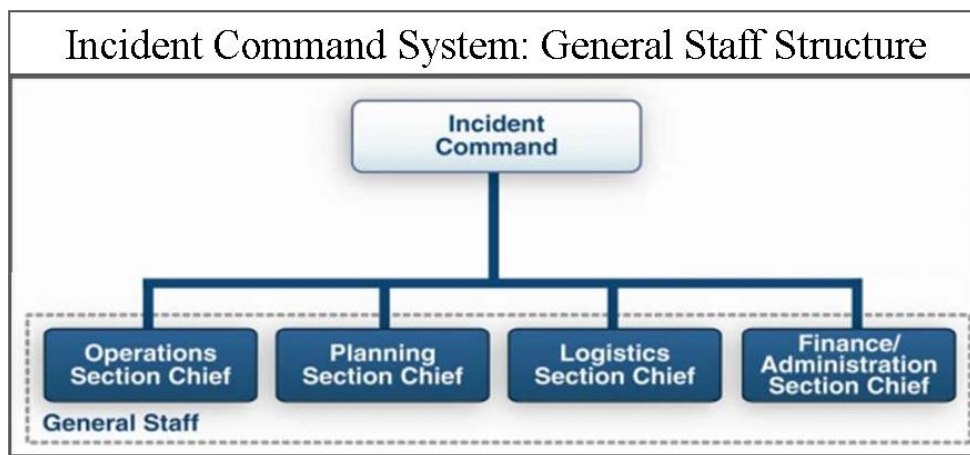
Figure 3.2 Incident Command System: General Staff Structure

The General Staff group seen in Figure 4 responds to or coordinates responses to the incident. The Operations Section Chief establishes the tactics and directs all operational resources. This is done by allocating resources, both personnel and equipment, to tasks that facilitate the achievement of the incident objectives set by Incident Command. An example of this is the sending of search and rescue teams to find victims in the affected area. The Planning Section, Logistics Section, and Finance/Administration Section are "activated as needed to support the incident response directed by the Operation Section" (*Unit Five*, 2013).

The Planning Section Chief oversees the information and documentation on the incident. According to FEMA's *Intro to ICS: General Staff Functions, Unit Five*, 2013, related tasks include:
1. Collecting, evaluating, and displaying incident intelligence and information,
2. Preparing and documenting Incident Action Plans,
3. Tracking resources assigned to the incident,
4. Maintaining incident documentation, and
5. Developing plans for demobilization.

The Logistics Section Chief oversees the coordination of services and support needed to achieve the incident objectives. The Logistics Section does this by "ordering, obtaining, maintaining, and accounting for essential personnel, equipment, and supplies" (*Unit Five*, 2013). Along with managing the resources (i.e. personnel and equipment), the Logistics Section also arranges food and medical services for responders while simultaneously providing facilities for response services and transportation to responders who need it (e.g. flying a search and rescue team into the affected area). The Logistics Section also provides communication resources such as handheld radios so the responders in the field can communicate with each other and with the General Staff.

The Finance/Administration Section Chief oversees the accrued cost of an incident. The Finance / Administration Section is only established when funding for the incident response comes from multiple sources. For example, if the incident is a large fire and the only responders are firefighters from the same department, Finance/Administration Section is not needed because all of the firefighters are already on a payroll. If however, the responders are from different departments or jurisdictions, a Finance/Administration Section can be established or the Incident Commander can manage the cost. When there is a Finance/Administration Section, it is tasked with cost analysis, negotiating and monitoring contracts, tracking reimbursements, compensation for property damage or injury, and timekeeping which helps track personnel for timesheets/payroll.

The following is a recap of FEMA's Incident Commander and General Staff responsibilities as discussed in the preceding pages:
- Incident Commander: sets the incident objectives, strategies, priorities and has overall responsibility for the incident; if there is no section chief, the Incident Commander does the job of that section chief until one is appointed.
- Operations: conducts operations to reach the incident objectives, establishes the tactics and directs all operational resources.
- Planning: supports the incident action planning process by tracking resources, collecting / analyzing information, and maintaining documentation.
- Logistics: provides resources and needed services to support the achievement of the incident objectives.
- Finance/Administration: monitors costs and provides accounting, procurement, time recording, and cost analyses.

3.2   Possible Threats

It is vital that the authors of a tribe's emergency response plan be aware of potential natural and man-made disasters that could happen in or around tribal land (floods, tornadoes, wildfires, train derailments, etc.) In addition to personal familiarity, authors may use Internet search engines (Bing, Google, etc.), to identify common natural disasters in a tribe's state or geographic area.

Another resource for potential disasters that might affect the tribe is to ask tribal elders about disasters that have happened in the past. These elders are also a good source for finding out how the tribe responded to the disaster. Flooding is the most common type of natural disaster and

most flooding is recurring in areas known as floodplains. Because of this, FEMA has a website that shows flood maps: msc.fema.gov/portal.

For man-made disasters such as hazardous waste spills, corresponding information must be collected based on facilities located on or near tribal land or on transportation routes used to move those materials.

Disaster preparedness and emergency response involve more than just tribal officials and staff. The development of emergency response plans should involve not only the tribe, but also private sector partners (e.g. manufacturers and transportation companies), state and county police, other emergency management entities, etc., to develop coordinated responses to disasters. For information on possible man-made threats such as terrorism, law enforcement at the state and federal level might be good resources.

General information on different types of disasters such as flood and drought is available from FEMA's Ready program at www.ready.gov/be-informed. For information specific to natural disasters, planners may want to research www.ready.gov/natural-disasters. Information on man-made disasters is available at www.ready.gov/terrorist-hazards.

3.3   Personnel and Resources

Preparing and executing responsive disaster preparedness plans requires knowledge of human, physical, and monetary resources. Plan authors must determine who and what will be needed to respond to a disaster. Training of related personnel is also necessary to assure that they fully understand their responsibilities and are capable of carrying out related functions. It is also a good idea to have tribal council members, tribal employees, and volunteers trained in NIMS and ICS, along with any specific training based on the possible threats to the tribe and tribal land. General rules for training include:

- Have at least four people trained for a particular job – not everyone will be able to make it to where they need to be at a given time.
- People can be cross-trained – every person involved should be capable of fulfilling two or three jobs.
- Community volunteers are a great source and should be included in local disaster response plans.
- Train more than twice a year to help people get better at their jobs and assure that they will remember their training.
- Know where people are coming from – with most tribal land being rural, be mindful of where people live and work. If a main road is impassible, how long would it take them to get to where they need to be?

There is a core group of people/professions who respond to most disasters (e.g. fire and police). Avoid giving those people additional duties during an emergency. However, planners need to coordinate with fire and police to find out what additional equipment they might need. Based on the possible threats to the tribe and tribal land, plans should examine what resources the tribe has and what resources the tribe might need from outside sources. Tribes do not have to own everything needed to respond to a disaster, but they do need to know where to get it.

Overall, when writing an emergency management plan, authors must remember that it takes time and coordination with other groups to write a good plan. Those who are writing the plan are not always the ones responding to a disaster, so writers must coordinate with responders to make the plan useable. The plan is the first step in the preparedness cycle and it must be used to not only improve responders' actions, but also to refine and enhance future plans.

4.   PLANS AND PRODUCTS

4.1   Sample Emergency Preparedness Plans

Examining tribal and non-tribal emergency management plans that have already been written and approved, can help planners understand how to frame the plan and what to include. Emergency preparedness plan templates are available.

Other tribal plans are helpful because some address the unique tribal issues related to sovereignty and culture and are designed to work within a similar governmental framework. The Tribal Emergency Preparedness Planning Survey identified the Confederated Salish and Kootenai Tribes and the Squaxin Island Tribe as having good emergency management plans online.

The Confederated Salish and Kootenai Tribes' Emergency Operations Plan at www.cityofpolson.com/pdf/EOPdraft.pdf gives a situation overview with background information on the tribe and the reservation. The plan also lays out what actions the tribe will undertake for each phase of the emergency management cycle. The plan then lists the roles and responsibilities for the tribe, state and federal governments. After the basic plan there are three groups of annexes 1) Emergency Support Function (ESF) Annexes, 2) Support Annexes such as Continuity of Operations and Continuity of Government plans, and 3) Incident Annexes such as earthquake and severe weather.

Squaxin Island Tribe's Comprehensive Emergency Management Plan recognizes the tribe's sovereignty along with the tribe's limited resources. The plan's statement on sovereignty is:
> "As a sovereign nation, we have exercised our right to protect ourselves by applying the four phases of Emergency Management, but not in a traditional sense. Our focus is RECOVERY, which we achieve by applying Mitigation, Preparedness, and Response. We recognize the fact that if we do not RECOVER, we have failed." (*Squaxin,* 2010)

The tribe uses the plan to lay out the policies of the tribe along with the potential actions the tribe will take during a disaster. The plan also recognizes its partners in emergency management, some of whom are within the county where the reservation is located. The plan may be viewed at squaxinisland.org/government/departments/community-development/emergency-management/.

State plans may also be helpful because they show resources available to tribes in that state. California, Washington, and Wisconsin were identified in the survey as having good emergency management plans.

California's State Emergency Plan is written based on ESF, and is divided into three parts. Part 1 presents the basic plan, and states who is responsible for the plan and policies that the state uses to guide and support emergency management. Part 2 contains Functional Annexes where each of the ESFs roles and responsibilities are listed with the primary and supporting agencies involved. Part 3 contains appendices where addition plans and procedures are located. The plan is available online at www.calema.ca.gov/PlanningandPreparedness/Pages/State-Emergency-Plan.aspx

The state of Washington's Comprehensive Emergency Management Plan (CEMP) is written along the lines of California's with a basic plan followed by ESF annexes, but without the additional plans. The CEMP is available at www.emd.wa.gov/plans/plans_index.shtml, along with Washington's other emergency preparedness and response plans such as its Pandemic Preparedness Plan and its Volcanic Hazards Response Plan.

Wisconsin's Emergency Response Plan is also written to include a basic plan with each ESF having its own section. The plan also has annexes based on specific disasters such as a cyber-incident or pandemic influenza. The plan is available online at www.emergencymanagement.wi.gov/planning/WERP/default.asp.

4.2   Survey and Survey Results

Using the federally-recognized rational planning process, the first step for the development of this Handbook was to identify the problem. To do this, a survey was used to assess current tribal emergency management plans and programs and to identify the tribal needs or gaps in emergency preparedness planning and programs. The Tribal Emergency Preparedness Planning Survey was put online using Qualtrics Survey Software. Tribal input was then solicited via an email, sent to regional Tribal Technical Assistance Program (TTAP) offices. These regional offices were asked to distribute the survey by email to their tribal contacts. The survey asked that the responders be someone involved in emergency management or emergency response for their tribe. A copy of the questionnaire and corresponding responses are presented in Appendix C.

4.3   Handbook Distribution and Brochure

An electronic version of this Handbook will be available via the Internet on websites maintained by Upper Great Plains Transportation Institute and Eastern Washington University Urban and Regional Planning Program. With the cooperation of all regional TTAP offices, tribes will be directly notified regarding the availability of the Handbook.

A project brochure was also developed to help create an awareness of 1) what disaster preparedness is, 2) why tribes should have related plans, and 3) information on the Handbook so tribes have some information on how to get started. A copy of the project brochure is presented in Appendix D. A supply of brochures will be provided to each regional TTAP office. The brochures will also be made available for distribution at national tribal conferences in 2015.

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Figure Sources:

Figure 1.1 Emergency Management Phases – *Intro to Emergency Management* (2014) Retrieved from www.training.fema.gov/emiweb/EarthQuake/NEH0101220.htm

Figure 1.2 Preparedness Cycle – *Preparedness Overview* (2014) Retrieved from www.fema.gov/preparedness-0

Figure 3.1 Incident Command System: Command Staff Structure – *Intro to ICS: Course Overview, Unit One* (2013). Retrieved from training.fema.gov/EMIWeb/IS/IS100b/ Instructor%20Guide/01ICS100b_IG_October2013.pdf

Figure 3.2 Incident Command System: General Staff Structure – *Intro to ICS: Course Overview, Unit One* (2013). Retrieved from training.fema.gov/EMIWeb/IS/IS100b/ Instructor%20Guide/01ICS100b_IG_October2013.pdf

APPENDIX A. ACRONYM LIST

APHIS – Animal and Plant Health Inspection Service
BIA – Bureau of Indian Affairs
CDC – Center for Disease Control and Prevention
CEMP – Comprehensive Emergency Management Plan
DOT – US Department of Transportation
ECY – Washington State's Department of Ecology
EMI – Emergency Management Institute
ESF – Emergency Support Function
EPA – Environmental Protection Agency
FDA – Food and Drug Administration
FEMA – Federal Emergency Management Agency
FHWA – Federal Highway Administration
HHS – US Department of Health and Human Services
HUD – US Department of Housing and Urban Development
ICS – Incident Command System
IHS – Indian Health Service
IS – Independent Study
NGO – Non-Governmental Organizations
NIMS – National Incident Management System
PSA – Public Service Advertising
TTAP – Tribal Technical Assistance Program
USDA – US Department of Agriculture

APPENDIX B. EMERGENCY SUPPORT FUNCTION

This Table was taken from FEMA's Emergency Support Function Annexes: Introduction.
 It is available online at www.fema.gov/pdf/emergency/nrf/nrf-esf-intro.pdf

Emergency Support Function (ESF)	Scope of ESF Responsibilities
ESF 1 – Transportation	• Aviation/airspace management and control • Transportation safety • Restoration/recovery of transportation infrastructure • Movement restrictions • Damage and impact assessment
ESF 2 – Communications	• Coordination with telecommunications and information technology industries • Restoration and repair of telecommunications infrastructure • Protection, restoration, and sustainment of national cyber and information technology resources • Oversight of communications within the federal incident management and response structures
ESF 3 – Public Works and Engineering	• Infrastructure protection and emergency repair • Infrastructure restoration • Engineering services and construction management • Emergency contracting support for life-saving and life-sustaining services
ESF 4 – Firefighting	• Coordination of Federal firefighting activities • Support to wildland, rural, and urban firefighting operations
ESF 5 – Emergency Management	• Coordination of incident management and response efforts • Issuance of mission assignments • Resource and human capital • Incident action planning • Financial management
ESF 6 – Mass Care, Emergency Assistance, Housing, and Human Services	• Mass care • Emergency assistance • Disaster housing • Human services
ESF 7 – Logistics Management and Resource Support	• Comprehensive, national incident logistics planning, management, and sustainment capability • Resource support (facility space, office equipment and supplies, contracting services, etc.)
ESF 8 – Public Health and Medical Services	• Public health • Medical • Mental health services • Mass fatality management
ESF 9 – Search and Rescue	• Life-saving assistance • Search and rescue operations
ESF 10 – Oil and Hazardous Materials Response	• Oil and hazardous materials (chemical, biological, radiological, etc.) response • Environmental short- and long-term cleanup
ESF 11 – Agriculture and natural Resources	• Nutrition assistance • Animal and plant disease and pest response • Food safety and security

Emergency Support Function (ESF)	Scope of ESF Responsibilities
	• Natural and cultural resources and historic properties protection and restoration • Safety and well-being of household pets
ESF 12 – Energy	• Energy infrastructure assessment, repair, and restoration • Energy industry utilities coordination • Energy forecast
ESF 13 – Public Safety and Security	• Facility and resource security • Security planning and technical resource assistance • Public safety and security support • Support to access, traffic, and crowd control
ESF 14 – Long-Term Community Recovery	• Social and economic community impact assessment • Long-term community recovery assistance to States, local governments, and the private sector • Analysis and review of mitigation program implementation
ESF 15 – External Affairs	• Emergency public information and protective action guidance • Media and community relations • Congressional and international affairs • Tribal and insular affairs

Source: FEMA. *Emergency Support Function Annexes: Introduction* (2008). Retrieved from www.fema.gov/pdf/emergency/nrf/nrf-esf-intro.pdf

APPENDIX C. SURVEY AND SURVEY RESULTS

Tribal Emergency Preparedness Planning Survey

Natural disasters are becoming more severe and more frequent. Because of this, federal and state governments are putting more resources and funding toward emergency management for local governments and Native American tribes. Currently there is a general lack of emergency management/preparedness planning being done by tribes. To address this shortcoming, North Dakota State University's Upper Great Plains Transportation Institute and Eastern Washington University conducted research to determine where and how tribal governments can get assistance related to emergency preparedness planning. The purpose of this research is to help close the gap in tribal government emergency management by developing resources, training, and a brochure on how tribes can take advantage of emergency management / preparedness planning.

A survey was conducted to assess current tribal emergency management plans and programs and to identify the tribal needs or gaps in emergency preparedness planning and programs. The survey instrument and related results are presented in this appendix.

Questions:

1. Which tribe do you represent / work for?

2. What possible threats / hazards could affect your tribe or tribal lands? Check all that apply.

___ Avalanche   ___ Flood   ___ Mass casualty   ___ Volcano

___ Drought   ___ Health crisis   ___ Terrorists   ___ Winter storm

___ Earthquake   ___ High winds   ___ Tornadoes   ___ Other

___ Fire   ___ Landslide   ___ Tsunami

3. Are you aware of the importance and purpose of a tribal emergency management plan?

4. Does your tribe have emergency management / preparedness personnel?

5. How many and is it their main job or an additional duty?

6. Does the tribe have a current emergency management plan?

____ Yes   ____ No   ____ Not sure

7. Has the tribe used any part of your emergency management plan?

8. Which parts?

9. What specific issues or problems have you had with planning or implementing the plan?

10. Do you have good examples of other emergency management plans?

11. Please name those

12. What information and resources does your tribe need to participate in emergency planning?

13. Has the tribe worked with Federal Emergency Management Agency (FEMA)?

14. What other agencies (federal, state, tribal, local) by name has the tribe worked with on emergency management?

15. Have you or anyone in the tribe worked on or at an emergency?

16. When and with whom? Please list the other agencies / offices and briefly describe the outcomes.

17. Does the tribe train or exercise for emergency management?

18. What type of training and with whom?

Survey Results:

The survey questionnaire was posted online using Qualtrics Survey Software. Tribal input was solicited via an email sent to regional Tribal Technical Assistance Program (TTAP) offices. These regional offices were asked to distribute the questionnaire by email to their tribal contacts. The survey asked that the responders be someone involved in emergency management or emergency response for their tribe. The survey generated 70 responses. A summary of responses follows. Text responses are not shown to protect the privacy of the responders.

Question 1's responses are grouped together based on which FEMA region the reservation is located in.

1. **Which tribe do you represent / work for?**

   Number of responses from:
   Regions I-IV: 2
   Region V: 15
   Regions VI-VII: 8
   Region VIII: 4
   Region IX: 19
   Region X: 19
   Unknown: 3
   Total: 70

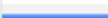| Region	States Serving
Region I	CT, MA, ME, NH, RI, VT
Region II	NJ, NY, PR, USVI
Region III	DC, DE, MD, PA, VA, WV
Region IV	AL, FL, GA, KY, MS, NC, SC, TN
Region V	IL, IN, MI, MN, OH, WI
Region VI	AR, LA, NM, OK, TX
Region VII	IA, KS, MO, NE
Region VIII	CO, MT, ND, SD, UT, WY
Region IX	AZ, CA, HI, NV, GU, AS, CNMI, RMI, FM
Region X	AK, ID, OR, WA
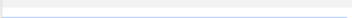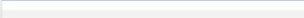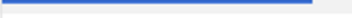
Map source: www.fema.gov/regional-operations

2. What possible threats / hazards could affect your tribe or tribal lands? Check all that apply.

#	Answer	Bar	Response	%
1	Avalanche		5	7%
2	Drought		54	77%
3	Earthquake		40	57%
4	Fire		61	87%
5	Flood		59	84%
6	Health crisis		53	76%
7	High winds		59	84%
8	Landslide		22	31%
9	Mass casualty		41	59%
10	Terrorists		38	54%
11	Tornadoes		35	50%
12	Tsunami		8	11%
13	Volcano		8	11%
14	Winter storm		57	81%
15	Other		18	26%

Statistic	Value
Min Value	1
Max Value	15
Total Responses	70

Responses to Question 2 illustrate that a wide array of disasters could affect tribes and tribal lands. Most of the "Other" responses where human-related hazards, thereby showing a growing awareness of disasters caused by humans.

3. Are you aware of the importance and purpose of a tribal emergency management plan?

#	Question	Yes	No	Not really	Total Responses	Mean
1	For Importance	68	0	2	70	1.06
2	For Purpose	60	0	4	64	1.13

Statistic	For Importance	For Purpose
Total Responses	70	64

Responses to Question 3 indicate that a super majority of the responding tribes understand not only the importance of, but also the purpose of, tribal emergency management.

4. Does your tribe have emergency management / preparedness personnel?

#	Answer	Bar	Response	%
1	Yes		56	80%
2	No		8	11%
3	Not sure		6	9%
	Total		70	

Statistic	Value
Total Responses	70

80% of the tribes that responded to Question 4 indicated that they have personnel that are responsible for emergency preparedness and related management.

5. How many and is it their main job or an additional duty?

Text Response

Statistic	Value
Total Responses	54

While responses to Question 4 indicated that many tribes have staff that have emergency management or preparedness responsibilities, responses to Question 5 revealed that most of these personnel also have other duties. Out of the 54 responders stating that they do have emergency management / preparedness personnel, only 10 stated that emergency management was their full-time duty.

6. Does the tribe have a current emergency management plan?

#	Answer	Bar	Response	%
1	Yes		41	64%
2	No		5	8%
3	Not sure		6	9%
4	Currently writing plan		8	13%
5	Other		4	6%
	Total		64	

Statistic	Value
Total Responses	64

Responses to Question 6 indicated that 64% of the responding tribes have a current emergency management plan. The remaining 36% do not have a plan or respondents indicated that they were not sure or that a plan is currently being drafted.

7. Has the tribe used any part of your emergency management plan?

#	Answer	Bar	Response	%
1	Yes		34	76%
2	No		11	24%
	Total		45	

Statistic	Value
Total Responses	45

Responses to Question 7 indicated that 34 of the responding tribes had used their emergency plans in the past and that 11 have never used their plan.

8. Which parts?

Text Response

Statistic	Value
Total Responses	33

Responses to Question 8 showed that the tribes that have used their emergency management plan have used multiple parts of the plan, with most of the plans being used for natural disasters such as flooding and wildland fires.

9. What specific issues or problems have you had with planning or implementing the plan?

Text Response

Statistic	Value
Total Responses	53

Responses to Question 9 related primarily to a lack of funding and / or knowledge of the emergency management planning. These responses underscore the rationale behind the preparation of this Handbook.

10. Do you have good examples of other emergency management plans?

#	Answer	Bar	Response	%
1	Yes		37	58%
2	No		27	42%
	Total		64	

Statistic	Value
Total Responses	64

Nearly 60% of the tribes that responded to Question 10 indicated that they were aware of/had access to other emergency management plans. This awareness and access should better-equip these planners to prepare comprehensive plans for their tribe, or to amend existing plans.

11. Please name those

Text Response

Statistic	Value
Total Responses	30

For Question 11 the responses were of other tribes, counties, and state plans, this included but was not limited to FEMA guides, the states of AZ, CA, OR, NV, TX, WA, and WI. Along with local county plans, and Confederated Salish and Kootenai Tribes Shoalwater Bay Tribe, Squaxin Island Tribe, and Quechan Reservation.

12. What information and resources does your tribe need to participate in emergency planning?

Text Response

Statistic	Value
Total Responses	49

Respondents to Question 12 feel that increased funding and basic underlying insights and knowledge related to the planning process are needed to further tribal emergency preparedness efforts

13. Has the tribe worked with the Federal Emergency Management Agency (FEMA)?

#	Answer	Bar	Response	%
1	Yes		52	84%
2	No		4	6%
3	Not sure		6	10%
4	Other		0	0%
	Total		62	

Statistic	Value
Total Responses	62

The vast majority of the tribes that responded to Question 13 (84%) indicated that they have worked with FEMA in the past. Some of this work may have related to emergency preparedness. In whatever capacity, responses do indicated that most respondents have had a working relationship with FEMA and are, therefore, at least somewhat familiar with the agency.

14. What other agencies (federal, state, tribal, local) by name has the tribe worked with on emergency management?

Text Response

Statistic	Value
Total Responses	58

Responses to Question 14 reveal that of the tribes that have worked with other agencies on emergency management, most have worked with local (city and county) jurisdictions and state agencies.

15. Have you or anyone in the tribe worked on or at an emergency?

#	Answer	Bar	Response	%
1	Yes		44	70%
2	No		4	6%
3	Not sure		15	24%
4	Other		0	0%
	Total		63	

Statistic	Value
Total Responses	63

Nearly 70% of the respondents to Question 15 indicated that they had direct experience working on or at an emergency. Related personal experiences should make these individuals more aware of the importance of related planning processes.
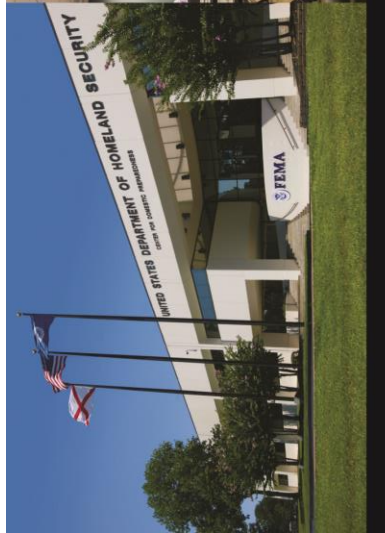
16. When and with whom? Please list the other agencies / offices and briefly describe the outcomes.

Text Response

Statistic	Value
Total Responses	39

Responses to Question 16 reiterated what respondents reported in response to Question 14 – most of the agencies that tribes have worked with on emergency planning are local. The outcomes include obtaining a higher level of preparedness for the tribe, and gaining better relationships with the county and cities that the tribes have worked with.

17. Does the tribe train or exercise for emergency management?

#	Answer	Bar	Response	%
1	Yes		40	65%
2	No		12	19%
3	Not sure		5	8%
4	Other		5	8%
	Total		62	

Statistic	Value
Total Responses	62

Nearly two-thirds of the respondents to Question 17 indicated that their tribe does conduct training exercises related to emergency preparedness.

APPENDIX D. HANDBOOK BROCHURE

**Emergency Preparedness
Handbook
for Tribal Governments**

PREPARE

**Is Your Tribe Prepared to
Respond to an Emergency?**

- Chemical Spill
- Earthquake
- Fire
- Flood
- Health Crisis
- Tornado

Potential Partners and
Resources Identified in the
Handbook

- Federal Emergency Management Agency
  (FEMA)
  www.fema.gov
- FEMA Tribal Affairs
  www.fema.gov/fema-tribal-affairs
- US Department of Transportation (DOT)
  www.dot.gov
- DOT Emergency Information and
  Programs
  www.dot.gov/emergency
- Environmental Protection Agency (EPA)
  www.epa.gov
- EPA emergency management information
  www.epa.gov/emergencies
- FloodSmart.Gov
  www.floodsmart.gov
- Ready.Gov
  www.ready.gov

See Handbook for a comprehensive list and
related descriptions of federal departments
and agencies along with tribal emergency
management organizations.

This brochure and the Emergency Preparedness
Handbook are a coordinated effort of the Upper
Great Plains Transportation Institute at North
Dakota State University and Eastern Washington
University.

NDSU UPPER GREAT PLAINS
TRANSPORTATION INSTITUTE

EASTERN
WASHINGTON UNIVERSITY
start something **big**

Financial support for this project was provided by
the Mountain-Plains Consortium (MPC), a part of
the U.S. Department of Transportation's University
Transportation Centers Program.

The MPC is administered by the Upper Great Plains
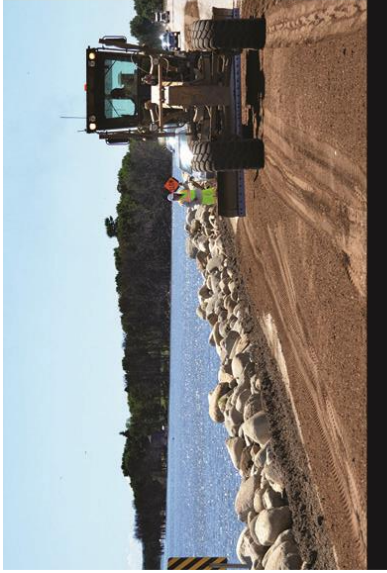Transportation Institute at North Dakota Sate
University.

What is Emergency Management?

"The organization and management of resources and responsibilities for dealing with all aspects of emergencies, in particular preparedness, response and rehabilitation." — United Nations Office for Disaster Risk Reduction

Responding to an emergency and properly protecting the public and property require considerable advanced planning. It is important to recognize that not all emergencies can be handled solely by Native American tribal governments. Like other governments, tribes may need assistance, including help planning for future disasters.

Federal and state governments, along with others, have the knowledge and resources to help tribes develop responsive emergency preparedness plans and to execute those plans should a disaster occur.

Emergency Preparedness Handbook for Tribal Governments

The Handbook will help tribal governments that lack knowledge or funding in emergency management by providing a list of resources for information, training, and funding. In addition, the handbook gives a basic explanation of resources needed by authors of emergency management plans.

For a copy of the Handbook contact:

EWU's Urban and Regional Planning
668 North Riverpoint Blvd, Suite A
Spokane, WA 99202

Phone: (509) 828-1205

Email: dwinchell@ewu.edu

Website: www.ugpti.org

Emergency Management Cycle

- Preparation: planning for disasters occurs, deciding how best to respond to disasters

- Event/incident: natural disaster or man-made disaster

- Response: lifesaving measures occur along with attempting to stop the disaster from continuing

- Recovery: disaster is over and the focus shifts to cleaning up and rebuilding

- Mitigation: juristictions involved try to lessen future disasters' impact

DURING A DISASTER, IT IS TOO LATE TO PLAN

Children's Responses to Crises and Tragic Events[1]

Infants, toddlers, preschoolers, and young children who experience a tragic event may show changes in their behaviors. They may also be indirectly affected by a crisis by what they see on the TV or hear.

The most important role you can play as a parent in an emergency situation is to stay calm. Children of all ages easily pick up on their parents or other's fears and anxieties. This may cause changes in behaviors.

Children, no matter what their age, do not always have the words to tell you how they are feeling. They may not know how to talk about what has happened. Their behavior can be a better sign. Sudden changes in behavior can mean they have been exposed to trauma or a crisis.

What you might see:

- Problems sleeping, including not wanting to sleep alone, having a hard time at naptime or bedtime, not wanting to sleep or repeatedly waking up, nightmares
- Separation anxiety, including not wanting to be away from you, not wanting to go to school, and crying or complaining when you leave
- Not eating
- Not being able to do things they used to do
- Being scared by new things
- More cranky behaviors
- Being more stubborn than usual

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[1]Material adapted from:

National Child Traumatic Stress Network Schools Committee. (October 2008). *Child Trauma Toolkit for Educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress

National Child Traumatic Stress Network. Parent Tips for Helping Infants and Toddlers after Disasters. Available at http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf

HealthyChildren.org. What to tell your children about disasters. http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx

Federal Emergency Response Agency. Helping Children Cope with Disaster http://www.fema.gov/news-release/2005/10/14/helping-children-cope-disaster

School readiness begins with health!

- Wanting things only done his/her way
- Social regression
- Increased complaints (headaches, stomachaches)
- Intense preoccupation with the details of the event
- Wanting to always talk about what happened
- Fear that the event might happen again
- Not paying attention, being restless
- Moody, depressed, or irritable
- Playing in violent ways
- Hitting you or others
- More tantrums
- Clinginess with teachers, caregivers, or yourself
- Regression, or going back to an earlier stage of development
- Bedwetting or other toileting issues
  - Baby talk
  - Wanting to be carried or rocked
- Re-creating the event, without prompting by staff or mental health consultant
  - Playing out or drawing the event
  - Repeatedly talking about it
- Overreacting to minor bumps or falls
- Changes in behavior (not wanting to eat, angry outbursts, decreased attention, withdrawal, wetting the bed, having bad dreams)
- Over- or under-reacting to physical contact, sudden movements, or loud sounds such as sirens and slamming doors
- Anxiety and worry
- New fears and/or fears about safety
- Asking questions and making statements about the event

What you might see (in addition to those listed above) in your older children

- Strong angry or sad feelings
- Acting out in school
- Poor grades
- Fighting with friends
- Wanting to be alone
- Behaving as if he or she has no feelings
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups and getting into trouble
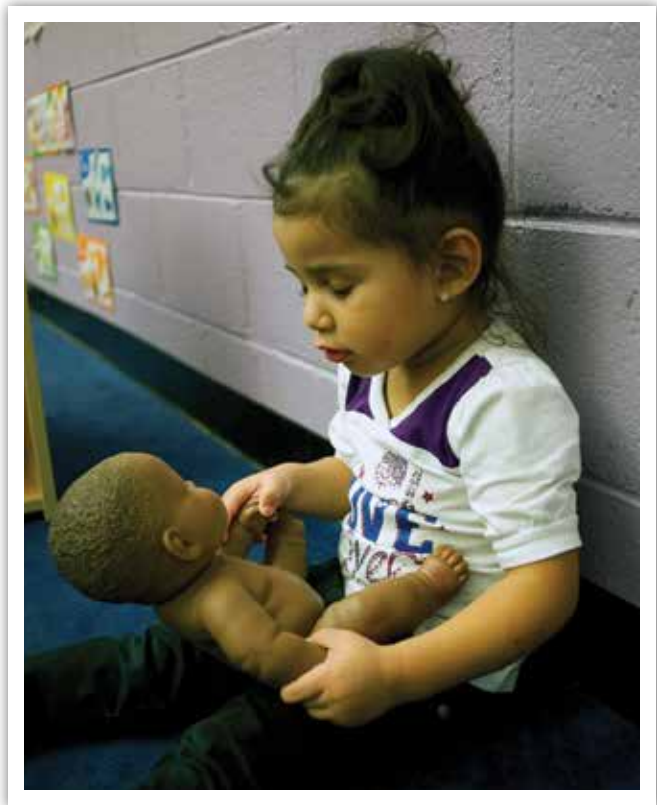
Additional information about children's responses to trauma and disasters is available from the following resources:

- American Academy of Pediatrics Promoting Adjustment and Helping Children Cope http://www.aap.org/disasters/adjustment
- The Youngest Victims: Disaster Preparedness to Meet Children's Needs http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Documents/Youngest-Victims-Final.pdf
- Office of the Administration for Children & Families Early Childhood Disaster-Related Resources http://www.acf.hhs.gov/programs/ohsepr/early-childhood
- The National Child Traumatic Stress Network http://www.nctsnet.org

If you see changes in your child, tell your child's teacher or home visitor. It is important that you and your child get the support. Your Head Start/Early Head Start teacher and/or mental health consultant can help you find resources that can help.

School readiness begins with health!