

preparing for disaster: taking the lead

by Judith Colbert

... extremely dangerous hurricane continues to approach ... devastating damage expected ... most of the area will be uninhabitable and power outages will last for weeks ... airborne debris will be widespread ...

... six hours of freezing rain will be followed by snow falls of up to two feet ... high winds are likely to down power lines ... visibility will be poor and roads will be impassable ...

... potentially toxic gases are seeping from the overturned tanker. People are urged to stay indoors and listen to this radio station for further bulletins.

... the gunman is holding six hostages. Police have evacuated the area ...



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How do you feel when you turn on the news and hear that danger is approaching? At such times, others depend on their leaders to take action. When disaster strikes, will you and your center be ready?

After the destruction of Hurricanes Katrina, Wilma, and Rita, and in the wake of Oklahoma City and 9/11, and in the aftermath of the massive tsunamis in Southeast Asia and earthquakes in China and Japan, disaster preparedness has acquired new urgency. If you are the director of a licensed facility or a Head Start program, you likely already have an emergency plan. You probably conduct regular evacuation drills and have a plan for sheltering in your building if necessary. If so, you will be better prepared than those who have not planned; but will your plans be adequate in the event of a major disaster and its aftermath?

Although you will never be truly ready for what might happen, you can develop policies and procedures now that will help you make decisions and take action when an emergency occurs.

Irwin Redlener, director of the National Center for Disaster Preparedness (personal communication, June 28, 2006)

describes disasters in relation to five phases that may serve as a helpful framework for planning your response:

Phase 1 — Before the Disaster (Pre-Disaster)

Phase 2 — During the Disaster (Intra-Disaster)

Phase 3 — Immediately After the Disaster (Immediate Post-Disaster)

Phase 4 — Before Normalcy is Restored (Pre-Normalcy)

Phase 5 — After the Disaster (Normalcy)

In each of these phases, it is important to consider both your own leadership responsibilities and the roles that others will play when an emergency occurs. Since the others — including parents, staff, and emergency personnel — will all be involved at the time, consult with them and include them as much as possible in your planning process.

Phase 1 — Before the disaster

The time to plan, of course, is before the disaster occurs. On your own, or brainstorming with others, start by identifying the most likely sources of risk. Consider the weather and the

geography of your area. Ask some questions: Is an earthquake likely or are you more apt to experience a tornado? Is there a railroad or major highway nearby? Is your center in an industrial area? How is your building constructed? What are the fire hazards? Target your efforts where the risks seem greatest.

After you have identified the risks, think about your vulnerability. Consider special features of your program and setting. Since you provide services for children, your facility is automatically vulnerable. First, children may be specific targets of people who seek to harm them — terrorists, embittered partners embroiled in family disputes, or even bullies. Second, children are not just “little adults.” They are smaller, have lower “breathing zones,” and more rapid respiratory rates. Because they are closer to the ground they will absorb more toxic materials. They also get dehydrated and go into shock more quickly than adults. Third, children are largely dependent on adults for their safety. They often don’t recognize danger. Even when they do, they can’t escape as quickly as adults, and may not be able to evacuate on their own. Finally, their social-emotional responses are complex and pose mental health challenges for themselves and their caregivers.

When you know something of the nature of the risks and vulnerabilities you are dealing with, consider the resources available to you. Even if you already have a plan, it may be inadequate and you may need help to bring it up-to-date. Recent tornados and other disasters have surely taught us that while routine fire drills continue to be essential, they are only a first step in a major disaster. It is fine for everyone to go outside and stand on the sidewalk until the whistle blows giving the all clear to resume normal activities, but such drills are hardly preparations for

situations where there is no sidewalk or building to return to and designated evacuation sites are also in ruins. Normalcy might be a long time coming.

To plan effectively you will need to take an ecological perspective that places the safety of the children and families you serve at the core of your response, your center at the next level, and various community, state, and federal resources in ever-expanding circles of responsibility. As a leader in the planning process, it is up to you to coordinate what happens in your setting and network with others with similar responsibilities. If you don’t know others in your community, start by contacting your state child care licensing office (even if you are not licensed) or your resource and referral agency. If no organization is in place, consider spearheading a movement to share resources and work together to develop a disaster response plan.

When it comes to deciding on a specific plan for your center, you may get help with the details from your local fire and health authorities. First, however, look for models elsewhere. Many are available for download on the web. In addition to resources from your own licensing office, consider what other states have developed. For example, the Child Development Division in the state of Vermont has co-sponsored an *Emergency Response and Planning Guide for Child Care* that includes useful information and can be downloaded from www.dcf.state.vt.us. On a national scale, the Center for Public Health Preparedness has produced the *Head Start Disaster Preparedness Workbook* available from the Center for Public Health and Disasters at the University of California, Los Angeles and on the web at www.cphd.ucla.edu. Bright Horizons provides a number of documents at www.brighthorizons.com including *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers*.

What is clear from *Ready to Respond* and other documents is that the center director must include others in the planning process and consider the roles of all staff in the response plan. First, someone else must know what to do in case the director is absent when an emergency occurs. Second, in the event of an emergency, the director must delegate responsibilities and there needs to be a clear line of authority. There must be a person in charge (the director, if present) who coordinates the response and works with local authorities, and a “next person-in-charge” who sees to the immediate needs of the children and staff. Although other staff may have specifically designated duties, in general, they provide information to those in charge, follow their directions and attend to the safety and well being of the children in their care.

In addition, a landlord, sponsoring agency, or licensing office may need to be involved. Your disaster plan may need to be approved by the latter two, and should be in harmony with the plans of those who own or share your building. Parents should be consulted in the planning stage and need to be informed in advance of emergency procedures that affect their children, as well as the locations of your designated evacuation sites.

Before deciding on the other details, think back again to the risks and vulnerabilities you identified earlier, and “walk through” the risks that seem most likely.

Phase 2 — During the disaster

As you are walking through your disaster scenario, think about how you would keep the children safe. If you must evacuate, have you located at least two sites in different directions from your facility where you and the children could go? Are the sites within walking

distance? If so, have you made provision for non-ambulatory children? If you must shelter-in-place, have you found a location where the children will be safe and is it stocked with items you will need while you are there? Can someone administer first aid, if necessary? Have you thought of strategies for keeping the children calm and occupied during the crisis?

Have you a means of contacting emergency services? Do they know how to find you? If the location of your center is well-known to emergency personnel, help is likely to arrive more quickly and rescuers will look for you even if you are unable to reach them. Do you have a battery operated radio that can help keep you up-to-date with the news? If you make an arrangement with a local radio or television station and then ask parents to tune in to that station for information about your situation — assuming they are able to broadcast — you can make one telephone call and be assured that parents will be informed. Do you always have a working cell phone? During Katrina, in some locations, text messages got through when other means of communication failed.

Phase 3 — Immediately after the disaster

The greatest challenges you face may come immediately after the disaster, a period that is scarcely considered in many current emergency plans. Desiree Reddick-Head (2005) describes the first two weeks living in tent cities after Hurricane Andrew hit Southern Florida as a time when you helped folks “reorganize their lives.” She says they threw out the rules and spent their time “just trying to keep children safe” with no such conveniences as running water for washing hands and “absolutely” no gloves. After Katrina, Kay Albrecht (2005) talks about setting up an emergency center in Houston, using

volunteers and the best available resources. Judy Loyde (personal communication, 2006), director of 16 Head Start centers in southeast Louisiana was fortunate that the building housing her administrative offices in Robert was unscathed except for a lack of power, although some of her other centers were not open for weeks and many families were served in makeshift quarters near the shelters set up by the Red Cross. She described coping with widely fluctuating numbers as parents and children moved from place to place. In addition to displaced children from her own programs, and children from programs elsewhere, her organization served “new friends” — children whose families were left without jobs and homes. Like Desiree, she describes helping families get back on track, replacing records, dealing with public organizations, and tracing relatives.

Although Desiree said that “you throw out any child care licensing standards,” her statement is likely only partially true. Although at this point your licensing office may not be functioning and circumstances, such as lack of water, may make meeting the letter of the law impossible, those who know about benchmarks such as licensing requirements and Head Start Program Performance Standards will undoubtedly strive to honor their spirit and do all they can to protect the health and safety of the children. In Desiree’s case, for example, no child died from the “deplorable circumstances” in which they were operating.

As you plan what you might do should disaster strike, think about how you would ensure the health and safety of the children in your care. Which requirements are absolutely essential and which can accommodate flexibility? If you have considered this distinction and discussed possible

adaptations with your licensor and others before a disaster occurs, you will be in a better position to cope in the chaos of its aftermath.

For example, absolutely, no direct caregiver can be left alone with children unless they pass a criminal background check. Such checks can be carried out on the spot by authorities using cell phones. On the other hand, fully qualified people may not be immediately available. Volunteers who pass criminal background checks may have to take on more responsibilities than usual. In addition, you may need more staff, not less, to help children cope with the stress of the situation and to ensure adequate supervision at all times. Major priorities will be to find a physical space that is safe, and develop a basic plan of activities that establishes routines and a sense of normalcy.

Phase 4 — Before normalcy is restored

Even so, it will be some time before normalcy is restored. Phase 3 will last for various lengths of time, depending on circumstances. Eventually, however, the immediate crisis will pass and services will become available again. If the damage is significant, long-term temporary arrangements may be required. In such cases, directors must ensure that licensing rules and performance standards are met, with mutually agreed variations as necessary. Model requirements for temporary facilities can be found in standards for facilities such as summer camps and shelters for people who are homeless. At this point, programs will be able to offer a plan of activities that is closer to their pre-disaster schedule. With the easing of the crisis, other deep-seated, more lasting effects emerge. Loyde notes that immediately after the storm, the children were very quiet. One little boy carried a flashlight every day. As time went on, however, behavior

difficulties became more apparent. Mental health professionals were required to help both children and staff cope with the aftermath.

Questions you can ask yourself as you develop your disaster response plan are: "How can I ensure that my staff and I have the support we need to help others through this difficult time?" "Where will I find mental health professionals?" "Will it be possible to get a mental health grant?" "Should our center have a mental health plan to help both staff and children through difficult times?"

Even without mental health supports, you can do your part by creating a learning environment that will help the children recover. For example, you can get excellent ideas for structuring your environment and daily schedule from *Helping children rebound: Strategies for preschool teachers after the 2005 hurricanes*, another resource from Bright Horizons and Teaching Strategies, available free of charge at www.brighthorizons.com. Many of their suggestions focus on giving children a sense of belonging, building relationships, and creating a sense of community.

Phase 5 — After the disaster

Eventually, normalcy will return, although "normal" is unlikely to be the same as it was before disaster struck. As you work through the planning process, your perceptions of what is and is not important may change. When you actually live through a crisis, your world will change. In summing up her experience in Louisiana in 2005, Judy Loyde said that she had to adopt three new watch words: compassion, flexibility, and creativity.

Next time you turn on the news and hear of approaching danger or when you are faced with a sudden crisis, you will be better armed to face it if you

Tips

- Work with local emergency personnel to develop emergency response plans for each type of emergency you might experience.
- Make sure your staff knows what to do for each type of emergency. Always designate an alternate person-in-charge, in case you are away when an emergency happens.
- Develop plans appropriate for the children in your care and advise emergency responders in advance if you have fragile or special needs children.
- Involve parents and emergency personnel in regular practice sessions, debrief and revise your plans as necessary.
- Identify a local radio or television station that will broadcast your emergency information and tell parents to tune in for updates.
- Keep current emergency contact information on hand for each child and include an out-of-town contact number in case local telephone lines are down.
- Keep tape on hand to seal doors, windows, and exhaust fans and any other spaces where toxic fumes might get inside.
- Have a 24-hour supply of water, flashlights, batteries, diapering equipment, and other essentials, including non-perishable food. Replace your supplies from time to time to keep them fresh. Make sure your staff has a quantity of their own personal hygiene items and other necessities.
- Store supplies in emergency backpacks that will be immediately available in case of emergencies. Make sure they are not so heavy or big that they hinder your evacuation.
- Develop reasonable expectations for staff and children during an emergency. Recognize that although being prepared can help shorten recovery times, you will need plans for helping your staff and children return to normal after the disaster is over.

Adapted from *Emergency Response Planning Guide for Child Care*, Child Development Division, State of Vermont.

have a plan in place, are committed to protecting the health and safety of your staff and the children in your care, and are prepared to discharge your responsibilities in a compassionate, flexible, and creative manner.

References

Albrecht, K. (2005). Lessons from Katrina. *Exchange*, 166, 81-83.

Reddick-Head, D. (2005). "Learning from the past — Florida." Retrieved July 17, 2006, from www.childcareexchange.com

For Further Information

To get more information about disaster planning, you can find the documents mentioned in this article on the web:

Emergency Response and Planning Guide for Child Care, Child Development Division, State of Vermont. Available: www.dcf.state.vt.us/cdd/resources/index.html.

Head Start Disaster Preparedness Workbook, Center for Public Health and Disasters at the University of California, Los Angeles. Available: www.cphd.ucla.edu/headstart.html.

Helping children rebound: Strategies for preschool teachers after the 2005 hurricanes, and Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers, Bright Horizons. Available: www.brighthorizons.com/talktochildren/documents.htm

For even more help, check the web site of National Child Care Information Center (NCCIC) at www.nccic.org/emergency/ and look under "Emergency Preparedness for Child Care Programs."