

A response to reader concerns

Code Blue!

Establishing a Child Care Emergency Plan

by Margaret Leitch Copeland

The tragedy in Oklahoma City made our child care community painfully aware of the need for disaster planning. Although no plan could have made a difference in what the news called a "Code Black," most career directors will face at least one major emergency when damage can be minimized through "Code Blue" planning. Each year, we read in the paper of a tragedy that happened in child care; a baby dies of SIDS, a center closes after an abuse accusation, a bus or van is in an accident, or a child is abducted. Directors have often said, "I only had a few seconds to think before I acted. I wish I had had more time." Or, "If I had only had a chance to think about it in advance."

Some centers have closed due to negative publicity, others have survived with difficulty, still others have managed the situation well. One significant difference can be having an emergency plan in place at the time of the Code Blue.

Although many other institutions do have such plans, few child care providers actually have a rehearsed disaster plan beyond the required fire drills and, in some locations, earthquake and tornado drills.

Most American adults are familiar with the fire drill and expect that a building will be equipped with several means of egress if they need to evacuate the building. However, when asked what steps to take if a sleeping baby stops breathing or if an angry non-custodial parent threatens the teacher with a gun,

many staff do not have an automatic way of coping. If staff are *conditioned* to respond in a series of trainings and drills, they are less likely to panic and more likely to save human lives and the reputation of their program. Centers must not only implement procedures, they must practice them.

Several directors have said, "That doesn't sound fair. I wouldn't want to upset my staff by stimulating a disaster. There is already enough stress in child care." The theory behind a fire drill is that it is not enough simply to tell people how to behave when there is a fire; they need to practice. If your clothes are on fire, "stop, drop, and roll" — the expectations need to be explicit and memorized if they are to be effective in a crisis. In a fire drill, the stimulus is usually an

alarm; in an emergency, code words spoken among adults elicit specific behaviors but do not cause panic.

Step 1

Establishing the Need

One way to get staff to brainstorm the potential need for a Code Blue policy is to look at previous emergencies — both in your program and at other centers. Most veteran directors have had at least one story for others to learn from:

- A sniper opens fire on a playground.
- A child decides to walk home and crosses a multi-lane freeway.
- An outbreak of salmonella is traced to the program's annual picnic.
- A baby dies of SIDS on her first day in care.
- The center van is involved in an accident after hours when the staff member should not have been driving it.
- A parent picking up a child leaves the car running and the older, waiting sibling gets impatient and puts the car in gear;
- The roof collapses under the weight of the snow.
- The non-custodial parent enters the building with a gun and

- demands immediate release of the child.
- An unknowing teen volunteer encourages the children to handle and dissect a dead bird.
 - An inebriated client from the bar next door greets parents arriving to pick up their children with verbal abuse.
 - The director has an aneurysm.
 - A child who is highly allergic is stung by a bee.
 - A tornado picks up a relocatable building.
 - A child is left at the site of a field trip.
 - A staff member is abducted on the way home from work.
 - An animal (alligator, rabid raccoon, wolf) wanders into the playground.

- There is a fire in the kitchen.
- A child falls from a tree or off a climber.
- A teacher encounters a family of snakes on a nature hike.
- A parent files an allegation of sexual abuse with the department of licensing.

Step 2

Addressing Potential Issues

After looking at the possible natural disasters common to your geographic location, schedule a trip to the local Red Cross office. Their work with the Federal Emergency Management Agency has allowed them to produce many useful, free brochures; and they can help you

think through disasters, both natural and person-caused.

An architect or builder can provide added information about the sturdiness of the building itself. A law enforcement professional can perform a security sweep of the area to identify vulnerabilities due to the location of the program — proximity to a bar, a forest, a “crack house,” a hospital (with fast-moving ambulances), a volcano, a jail or other institution, or a major highway. She may discover *blind spots* that need to be corrected or suggest erecting boundaries to increase security.

Making sure that all foreseeable issues are covered by the center’s various insurance policies is an important part of this process; policies should be readily available in case of emergency.

Suggestions for Code Blue Design

Review the organization chart and the chain of command. Each time the director leaves the building, it should be clear who is in charge.

Make it a priority that no adult is left alone in the building. In cases where this is necessary, program a phone and teach one of the older children to use it to call for help if something happens to the caregiver.

Assume the program loses power — how will communication be maintained? Is there a back-up lighting system? A cellular phone? A laptop computer?

Get to know the press in the area over positive issues first! Invite them to the center, refer positive information to them on a regular basis, put announcements in their calendars, etc. so that their first encounter with the center is not over an emergency.

Train the receptionist or designate someone to answer the phone who is unflappable and will deliver a succinct message to all callers.

Make it clear that all staff will stay at the center until the Code Blue is over. Ask other staff to come in to help.

Update Code Blue materials every September when new information peaks.

Reassure staff and board that this planning is preventative — it will probably not be needed, but if it is, every attempt has been made to minimize the damage.

Step 3

Establishing Center Procedures

When a person is hurt, people rush to help the victim. Although all staff should be trained in basic first aid and CPR and should be instructed to follow the Red Cross delineated procedures, only one person needs to stay with the victim. The director must be contacted immediately, and it should be made clear in advance if he will be the one to call 911. The rest of the staff should meet the needs of the other children. Cellular phones on the playground and on field trips can be enormously helpful in facilitating the necessary communication to make this process work.

Meanwhile, staff should move children as deliberately and calmly as possible, making sure that their own anxiety does not cause stress for the children. In the classroom, the usual routine should be carefully

followed. Staff who are apt to talk louder, faster, and at a higher pitch than usual when stressed should practice slowing down and using a comforting monotone. Some generic key phrases agreed upon in advance may prove helpful (e.g., “Ms. _____ will come and tell us what happened to J____. While we’re waiting, we’ll have a story.”).

Step 4

Identifying a Spokesperson

After a crisis or disaster, it is critical that accurate information be presented to the public in a consistent and non-inflammatory manner to ensure the reputation of the program and the individuals involved. Someone needs to be chosen to speak for the center, to deal with the press, to stand at the doorway, and ultimately to protect the program. This spokesperson should not be the center director.

Good choices for the spokesperson might include:

- the center’s lawyer;
- the director of public relations or human resources if it is an employer-sponsored center;
- the priest, rabbi, or minister if the center is religiously affiliated;
- a board member or other volunteer who is invested in the center and who is respected in the community or trained in public relations.

This person must possess the following attributes:

- loyalty to the program;
- authoritative appearance on television;
- ability to be articulate under great stress;
- confidentiality;
- availability within minutes.

If possible, more than one person should be trained for this task to ensure that someone is always available.

A Code Blue advisory team should be formed to give advice. The members of the team may vary according to the nature of the emergency and the auspices of the program; in some cases, a parent organization or employer sponsor will take the leadership of this team.

In most instances, the board officers, the program lawyer, an insurance expert, and a mental health consultant should be considered for inclusion on the team and should certainly be consulted before any Code Blue plan is adopted.

Step 5

Preparing Statements — Written and Oral

In order to minimize misinformation, it is important to choose the words which will provide the most accurate information and cast the program in the most favorable light.

In some cases, pieces of a prepared statement can be written in advance.

For example, information about SIDS in general, diabetic coma, the provider’s security policies, etc. (what the press often refers to as “boilerplate”) can be thought through and readied in a computer file.

Critical information for all external press releases includes:

- the name and address of the program (not the director’s name);
- the program’s mission statement;
- the number and ages of children served in the program;

- the auspices of the program (who funds it?) if appropriate;
- the name and availability of the spokesperson.

The next portion of the statement should include an exact account of what happened, again without names. Other information about the preponderance of the disease, etc. may be added here. A statement of when further information will be available should conclude the initial statement.

Later, with family consent, further information about the victim(s) may be released. At that time, it is appropriate to describe any follow-up support which will be made available and a phone number where further details can be obtained.

A short written statement should be issued to all staff with the request that they confine their remarks to those words until the Code Blue is over. Questions should be referred to the spokesperson.

A statement to the parents whose children were not the victims should be read (informally) when every parent is contacted before arriving at the site, and then made available when the parent (arriving to pick up a child) is greeted at the door. This statement should include appropriate words for discussing the incident with a young child — the same ones that caregivers will be using. If possible, this statement should include details of the next evening’s meeting to discuss the incident with the provider.

The statement for the children should be brief and written in language easily understood by late sensori-motor and pre-operational children. If there is no hope that a victim has survived, it is important

not to imply that the hospital can somehow make things better.

The goal, of course, is to make the SAME accurate information available to everyone simultaneously, which, of course, is impossible. But the more the process and kinds of appropriate words have been thought through, the more likely it is that accurate information will prevail.

All staff should be trained to deflect media questions to the spokesperson and to answer all informal questions with the written center information.

As soon as the emergency is over, the director should plan to gather the staff to debrief, share the prepared statements, review the concept of institutional loyalty as delineated in NAEYC's Code of Ethical Conduct, and establish an atmosphere of forgiveness if necessary.

Step 6

Preparing for Ongoing Support

The aftermath of a crisis also requires substantial planning — in advance! The resources for support in the community may vary with the situation, but several kinds of professionals should be contacted and alerted to the possibility that they may be called in case of emergency.

If the center already has a contractual relationship with a mental health professional, pediatrician, nurse practitioner, fire chief, police officer, and/or Red Cross official, as well as local support groups for bereaved parents, victims of violence, etc., the director should discuss a possible need with them in case of an emergency.

It is important to acknowledge that something extraordinary has happened with all people involved and that it is important to keep talking about it.

Additional follow up may be useful:

For children:

- Prop boxes related to the emergency help them play through their feelings;
- Books about the topic should be available and read to children in groups;
- Experience charts where children dictate their version of what happened;
- Opportunities to draw and paint what they remember;
- Opportunities to keep the dialogue going as long as children are anxious to talk;
- Sessions with outside professionals;
- Firsthand familiarity with fire or emergency crews and their vehicles.

For staff: The opportunity to discuss what has happened in a group is critical. Although some staff may feel that they cannot work with children the day after a traumatic experience, it is very important that the whole staff gather for discussion the next day. Staff will need to talk together to work toward closure; the sooner the official process begins, the better.

For parents: An all-parent meeting should be called for the evening after the crisis to help parents ventilate and process their experiences. Having a professional available by phone for those who are not able to attend can be very helpful.

For the director: The director must plan for support for herself. No one is immune from needing support in the face of adversity.

Though the unexpected is always to be expected in child care, the well-prepared director may never need a Code Blue, but he will certainly sleep better if a process has been established.

Include in Code Blue Office Space

- Programmed phone — 911, police, fire, director at home, spokesperson.
- Rolodex — staff, parents, resource people, and organizations listed by emergency.
- Prop box on emergency topics.
- Files of resources — fact sheets on typical childhood diseases and SIDS, names and phone numbers of mental health consultants trained to work with staff and families.
- Information on individual staff and children who have identified medical issues, including step-by-step procedures (medication, family emergency numbers, doctor's number); a list of people to be called in the order *they* specify for all parents, not only a list of who *may* pick up the child, but any concerns about a non-custodial parent asking for a child.
- Be sure to include all restraining orders!



Margaret Leitch Copeland is a professor of early childhood education at Wheelock College in Boston, Massachusetts, and is on the faculty of Wheelock's Advanced Management Seminars in Child Care Administration.