

# It Pays to Prepare!



## An Emergency Preparedness Guide for Child Care Providers

Developed by the Virginia Department of Health, Division of Child and Adolescent Health, Healthy Child Care Virginia



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## Emergency Preparedness Guide for Child Care Providers— Goal and Objectives

Often times, the outcome of an emergency is directly affected by how well the people involved are prepared. In any emergency, whether it is a natural disaster or an act of terrorism, children may not understand what is happening and may be physically or developmentally unable to protect themselves. Child care programs that have an Emergency Preparedness Plan are better able to react and protect the lives of those involved. The goal of this publication is to provide basic preparedness and planning information that can be used in a variety of child care settings. The five objectives of the guide are to educate providers in developing an emergency response plan in the following areas:

1. Collecting and posting emergency numbers
2. Creating and executing an emergency evacuation plan
3. Reviewing and posting guidelines on how to handle a medical emergency within the child care setting
4. Train staff on specific roles and responsibilities during an emergency
5. Review special considerations for children with special health needs during an emergency.

Use this guide as a planning tool. Forms may be reproduced as needed. Programs that have a plan in place in the event of an emergency are better able to protect lives and return to normal operations in less time.



## First Steps

All child care settings must have a written emergency response plan. It is important to keep it simple so that you are able to recall the steps easily and relay the information to others.

Now is the time to develop relationships with your local emergency workers. This includes fire, law enforcement and public works workers. These people would most likely be the first to respond to an emergency at or near your facility or home. They can assist you in developing a plan.

Using the following checklists and templates will help guide you in developing an Emergency Preparedness Plan for your child care facility:

### EMERGENCY NUMBERS

| <b>Name/Company</b>      | <b>Contact/Town</b> | <b>Telephone Number</b> |
|--------------------------|---------------------|-------------------------|
| Director                 |                     |                         |
| Ambulance                |                     |                         |
| Fire                     |                     |                         |
| Poison Control           |                     |                         |
| Police                   |                     |                         |
| Local Health Dept        |                     |                         |
| Building Inspector       |                     |                         |
| Building Security        |                     |                         |
| Dept. of Social Services |                     |                         |
| Health Consultant        |                     |                         |
| State Licensor           |                     |                         |
|                          |                     |                         |
|                          |                     |                         |
|                          |                     |                         |

# It Pays to Prepare!

## Emergency Evacuation Plan

In the event of an emergency situation that requires an evacuation of \_\_\_\_\_, one of the following plans shall be implemented. In all situations, the caregiver in charge when evacuating shall:

- ✎ Take an accurate attendee list;
- ✎ Account for all children and staff as they board/depart vehicles;
- ✎ Bring any necessary medications/supplies and emergency records;
- ✎ Take a cellular phone if available to be used for emergency notifications.

1. If the emergency environment is confined to the immediate area of the child care facility, e.g. fire or toxic fumes and the children cannot stay on the premises, the children will be brought to \_\_\_\_\_, by \_\_\_\_\_ where they will remain accompanied by caregivers while family/guardian/emergency contacts are notified of the situation and arrangements are made for either the transporting home or care taking for the remainder of the day. The place of safety should be close by and within walking distance if appropriate.

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

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

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

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

# Emergency Kits and Supplies

**T**his list contains the minimum items you should have in your center in case of an emergency. Please check your licensing regulations to determine if your state requires any additional items.

## Center Emergency Kit –

(Should be packed in a backpack or other container that is mobile in the event of an evacuation and be located in a central and easily accessible location)

- Copies of all contact lists
  - For families and staff, include the name, phone number, and e-mail as well as information for someone preferably out-of-state, at least out of the immediate area
  - Phone numbers and e-mails for your immediate supervisor when applicable
- Flashlights with extra batteries
  - Long-life, emergency flashlights
- Battery-operated radio and extra batteries
  - AM/FM, weatherband/TV band
- Manual can-opener
- Notepad, pens/pencils, scissors
- Hand-sanitizer and cleansing agent/disinfectant
- Whistle
- Disposable Cups
- Wet Wipes and Tissues
- First Aid kit
- Virginia’s Minimum Standards for Licensed Child Day Centers specify the First Aid Kit must contain the following: Scissors, tweezers, gauze pads, adhesive tape, band-aids, antiseptic cleansing solution, thermometer, triangular bandages, disposable gloves and a first aid instructional manual.

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## Keep in Facility at all Times

- Charged cell phone or walkie talkies
- One gallon of water for every four children and staff
- Disposable cups
- Non-perishable food items like soft granola bars, cereal, cheese and crackers, cans of fruit, and special infant items, etc.– should be nut-free in case of allergies
- Extra supplies of critical medication such as insulin, epi-pens, etc. for children and staff

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## Each Child Should Have:

- A change of seasonally appropriate clothing and blanket
- Extra diapers (one-day supply as space allows)
- Extra formula (one-day supply as space allows)

**Location of Emergency Kits:** \_\_\_\_\_

**Locations of Additional Emergency Supplies:** \_\_\_\_\_

**Location of Cell Phone:** \_\_\_\_\_

# It Pays to Prepare!

## Guidelines on Handling Medical Emergencies

The following information is provided as a quick reference to help you make decisions in a stressful emergency situation. This information is by no means intended to substitute for adequate first aid training. Staff involved in the direct care of children should maintain current certification in First Aid and CPR for infants and children.

By applying standard principles of action in every medical situation, staff can prevent further harm and avoid overlooking factors that may affect a child. It is important for staff to recognize signs and symptoms requiring immediate action and ambulance transport to the nearest hospital emergency department, as opposed to those that are not emergencies and can be treated at the Center and/or while waiting for the child to be picked up. The teacher who is with the child should provide first aid according to the principles of emergency action.

### Medical Emergency Conditions

Listed below are some examples of conditions that are considered serious medical emergencies requiring immediate medical care by a health care professional. Call an ambulance and then notify the child's parent/guardian immediately for any of the following:

- ✦ semi consciousness (able to arouse but extremely lethargic) or unusual confusion
- ✦ breathing difficulties including:
  - rapid, noisy breathing (barking, gurgling or crowing sounds, severe wheezing)
  - labored breathing (takes so much effort that child cannot talk, cry, drink, or play)
- ✦ severe bleeding (large or multiple wounds that cannot be controlled with direct pressure)
- ✦ unequal pupils
- ✦ first-time seizure or seizure lasting more than 15 minutes in a child with a known seizure disorder
- ✦ injury that causes loss of consciousness
- ✦ neck or back injury
- ✦ continuous clear drainage from the nose or ears after a blow to the head
- ✦ non-injury-related severe headache, stiff neck, or neck pain when the head is moved
- ✦ hives (a rash that looks like welts) that appear quickly, especially if hives involve face, lips, tongue, and/or neck
- ✦ very sick-looking or sick-acting child who seems to be getting worse quickly



- ✦ repeated forceful vomiting after eating in an infant under four months of age
- ✦ severe abdominal pain that causes the child to double up and scream
- ✦ abdominal pain without vomiting or diarrhea after a recent blow to the abdomen or hard fall
- ✦ possible broken bones, especially if the child shows symptoms of shock or the body part cannot be adequately splinted or otherwise immobilized for transport by parent/guardian

The teacher should apply appropriate first aid measures for all medical emergencies and minor illnesses or injuries as outlined in publication received with approved First Aid training.

The parent/guardian of a sick or injured child should be contacted by telephone as soon as possible. The Center Director or a staff member should continue to try to reach a parent/ guardian or emergency contact. However, whether or not he or she is able to contact a parent/guardian, the child should still be taken to the hospital whenever a medical emergency exists.



# It Pays to Prepare!

## Roles and Responsibilities of Staff

List all staff names, addresses, and phone numbers (regular and emergency) as well as position in the program. For each person, list whom that person reports to, in order of responsibility. Be able to show at a glance who is in charge if someone above is unable to respond.

List roles and responsibilities in an emergency. Consider overlaps in case someone is not able to fulfill their role.

Answer these questions:

- Who will provide first aid?
- Who will take any medications?
- Who will take the first aid kit?
- Who will take emergency information on each child?
- Who will call for help?
- Who will carry the cellular phone?
- Who will carry the emergency kits?
- Which groups of children go with which staff?
- Who makes sure everyone is out of the building?

Share and discuss the list with the staff so there is no surprise during an emergency. Everyone should know their primary and back up responsibilities.

Maintain an attendance list at all times; do not put children, staff, visitors, or emergency personnel at risk by not knowing these three things:

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

Have emergency information with the attendance list. Make sure you know health information and have permission for emergency medical treatment and know of any special requirements or medications for children and staff.

Make sure each “Child Information Card” has accurate and up-to-date emergency contact information. Have parents review these cards at least once a year.

## Special Considerations for Children with Special Health Care Needs

**B**e sure all children are considered in any emergency preparedness plans and education. The following information helps ensure the inclusion of children with special needs.

Does your emergency plan account for action steps to assist evacuation of a child with special needs and to transport any necessary medical equipment or medications to a meeting place outside the building?

Many emergency agencies maintain systems that alert emergency workers that a child with special needs resides or is cared for at a facility. It is important to update this information, once it is on file, so that accurate decisions can be made by staff to help a child in an emergency.

The American Academy of Pediatrics has developed an Emergency Information Form to be added to your emergency materials. You may make copies of the form at the end of this booklet, or visit <http://www.aap.org/advocacy/blankform.pdf> to download blank forms.



# It Pays to Prepare!

## Disease Preparedness...being prepared for communicable disease outbreaks in your center:

If a communicable disease is suspected or is diagnosed in your child care setting, please take the following steps:

1. Notify the local health department of any illness shown on the Reportable Diseases in Virginia list. Contact your local health department for this list. For information regarding the changes on the reporting requirements of communicable disease visit:  
<http://legis.state.va.us/codecomm/register/vol20/welcome.htm>  
  
From there, click on the List of Regulation Word Documents under June 28, 2004. From the list, click on Regulations for Disease Reporting and Control under State Board of Health.
2. Communicate with parents on when to exclude a child suspected of having a communicable disease. Under some special circumstances and in coordination with the health department, children ill with a specific disease may be asked to remain in the group care setting. Please see the sample letter to families about exposure to communicable disease at end of this booklet.
3. Report to all other parents and staff what illness children have been exposed to and what symptoms to watch for.
4. When a diagnosed communicable disease is present in a child care setting or a known problem in the community, perform health screenings on all children on arrival so symptomatic children can be quickly identified and care arrangements made.
5. Sanitation procedures must be strictly followed and extra precautions taken regarding food handling, dish washing and hand washing by staff and children; as well as general cleanliness of toys in the environment.
6. Re-admission to child care should be a combination of the advice of the child's doctor, center policy, and, when appropriate, the local health department.

For information on communicable disease fact sheets visit:  
<http://www.cdc.gov/ncidod/diseases/children/diseases.htm>

For information on universal or standard precautions visit: <http://www.ucsfchildcarehealth.org/web-pages/childillness.htm> or <http://www.healthychild.net/articles/sh25universal.html>

# Emergency Information Form For Children With Special Needs

Last Name:

American College of  
Emergency Physicians\*

American Academy  
of Pediatrics

Date form  
completed  
By Whom

Revised  
Revised

Initials  
Initials

|  |   |                  |           |
|--|---|------------------|-----------|
| <b>Name:</b>                               |   | Birth Date:      | Nickname: |
| Home Address:                              |   | Home/Work Phone: |           |
| Parent/Guardian:                           | Emergency Contact Names & Relationship: |                  |           |
| Signature/Consent*:                        |   |                  |           |
| Primary Language:                          | Phone Number(s):                        |                  |           |
| <b>Physicians:</b>                         |   |                  |           |
| Primary Care Physician:                    | Emergency Phone:                        |                  |           |
|  | Fax:                                    |                  |           |
| Current Specialty Physician:<br>Specialty: | Emergency Phone:                        |                  |           |
|  | Fax:                                    |                  |           |
| Current Specialty Physician:<br>Specialty: | Emergency Phone:                        |                  |           |
|  | Fax:                                    |                  |           |
| Anticipated Primary ED:                    | Pharmacy:                               |                  |           |
| Anticipated Tertiary Care Center:          |   |                  |           |

|   |                               |
|---|-------------------------------|
| <b>Diagnoses/Past Procedures/Physical Exam:</b> |                               |
| 1.  | Baseline Physical Findings:   |
|   |                               |
| 2.  |                               |
|   |                               |
| 3.  | Baseline Vital Signs:         |
|   |                               |
| 4.  |                               |
| Synopsis:                                       | Baseline Neurological Status: |
|   |                               |
|   |                               |

\* Consent for release of this form to health care providers

**Diagnoses/Past Procedures/Physical Exam continued:**

|                    |   |
|--------------------|---|
| <b>Medications</b> | <b>Significant Baseline Ancillary Findings (lab, x-ray, ECG):</b> |
| 1.                 |   |
| 2.                 |   |
| 3.                 |   |
| 4.                 | <b>Prostheses/Appliances/Advanced Technology Devices:</b>         |
| 5.                 |   |
| 6.                 |   |

**Management Data:**

|   |                 |
|---|-----------------|
| <b>Allergies: Medications/Foods to be avoided</b> | <b>and why:</b> |
| 1.  |                 |
| 2.  |                 |
| 3.  |                 |
| <b>Procedures to be avoided</b>                   | <b>and why:</b> |
| 1.  |                 |
| 2.  |                 |
| 3.  |                 |

**Immunizations**

| Dates | Dates     |
|-------|-----------|
| DPT   | Hep B     |
| OPV   | Varicella |
| MMR   | TB status |
| HIB   | Other     |

|                         |             |                     |
|-------------------------|-------------|---------------------|
| Antibiotic Prophylaxis: | Indication: | Medication and dose |
|-------------------------|-------------|---------------------|

**Common Presenting Problems/Findings with Specific Suggested Managements**

| Problem | Suggested Diagnostic Studies | Treatment Considerations |
|---------|------------------------------|--------------------------|
|         |                              |                          |
|         |                              |                          |
|         |                              |                          |

**Comments on child, family, or other specific medical issues:**

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**Physician/Provider Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

# Sample Letter to Families about Exposure to Communicable Disease

Name of Child Care Program: \_\_\_\_\_

Address of Child Care Program: \_\_\_\_\_

Telephone Number of Child Care Program: \_\_\_\_\_

Date: \_\_\_\_\_

## Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

\_\_\_\_\_

## Information about this disease:

The disease is spread by: \_\_\_\_\_

The symptoms are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The disease can be prevented by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What the program is doing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What you can do at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has any symptoms of this disease, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you do not have a regular doctor to care for your child, you may ask other parents for names of their children's doctors or contact your local health department or email Medical Home Plus, Inc. at [MedicalHom@aol.com](mailto:MedicalHom@aol.com), who will direct you to a pediatric or family practice in your area. If you have any questions, please contact:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Caregiver's name) (Telephone number)

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## **Sources:**

Emergency Response Planning Guide for Child Care, Child care Services Division and Healthy Child Care Vermont. [www.state.vt.us/srs/childcare](http://www.state.vt.us/srs/childcare)

“Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers, Bright Horizons Family Solutions”.

<http://www.brighthorizons.com/talktochildren/disclaimeremergencyplan.htm>

## **References:**

WWW.READY.GOV, Federal Emergency Management Association’s official Web site for emergency preparedness. This Web site specifically directs parents to consult with their child’s school/child care facility about their emergency plans.

Bright Horizons website has useful information including “Talking with children about war and terror” and the original “Emergency Preparedness Plan for Child Care Centers” as a downloadable MS Word document.

[www.brighthorizons.com/talktochildren](http://www.brighthorizons.com/talktochildren)

Virginia Department of Emergency Management, Developing Your Disaster Plan

<http://www.vaemergency.com/library/famdis.cfm>

US Dept of Education - Emergency Planning for America's Schools: information to plan for any emergency including natural disasters, violent incidents and terrorist acts. [www.ed.gov/emergencyplan](http://www.ed.gov/emergencyplan)

The Collaborative for Academic Social and Emotional Learning (CASEL) has resources for helping children and students handle trauma and crises.

[www.casel.org/trauma.htm](http://www.casel.org/trauma.htm)









**Virginia Department of Health, Division of Child and Adolescent Health and Healthy Child Care Virginia**  
**For additional information contact 804-864-7725**

