# Public Health Emergency Preparedness in the Setting of Child Care

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Many of America's youngest children are enrolled in child care and parents expect their child care providers to be prepared to handle emergencies. Emergency preparedness in child care is complex, complicated further by threats of public health emergencies, including terrorism. Unfortunately, minimal attention has been given to the needs of child care in planning for these emergencies. Involving Child Care Health Consultants promotes child care preparedness that is integrated in to community plans. This article discusses child care emergency preparedness, offering recommendations for consultants working with child care providers. **Key words:** *child care*, *child care bealth consultants*, *disaster management*, *emergency preparedness*, *terrorism and child care* 

PREPARING FOR TERRORISM is a recurring discussion among citizens, community leaders, and policy makers in the United States; however, children's needs have not had a high priority in planning efforts. Recent attempts to include the concerns of children in planning for the disastrous effects of an act of terrorism have focused predominantly on schools and minimally on the needs of child care facilities. While securing schools is crucial to protecting America's children, the inclusion of child care settings in planning for public health emergencies is equally important.

Child care settings are second homes to an estimated 13 million children in the United States.<sup>2</sup> Parents use various types of child care arrangements, but all providers face common challenges in creating safe environments for children, including being prepared for emergencies and disasters. Child care providers should understand the necessity of emer-

gency preparedness; regulatory policies require them to have written emergency plans. However, the constant threats, far-reaching consequences, and multiple dimensions of terrorist attacks intensify concerns and warrant revisiting emergency preparedness in child care. A written plan is only a first step toward preparedness for public health emergencies. Child care providers also are responsible for training staff, communicating to parents and others, and preparing children in developmentally-appropriate ways. The complexity of emergency preparedness in child care calls for the involvement of community health professionals, such as Child Care Health Consultants (CCHCs), who can assist child care providers in preparing to respond to a crisis.

# VULNERABILITY OF CHILD CARE FACILITIES

Like schools, child care centers may or may not be direct targets for terrorist attacks; however, as an integral part of the community, the probability of them being affected in times of crisis is high.<sup>3</sup> Parents often choose child care based on geographical location of a facility, either seeking care near their homes or workplaces. Moreover, the environment for child

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care settings varies. For example, there are child care centers in freestanding buildings, malls, schools, office buildings, and providers' homes. A single child care setting may serve several age groups of children, ranging from infants to preschoolers and, in some cases, older children in before- and after-school programs. Regardless of type, location, and age-group enrolled, child care providers face multiple challenges when preparing for emergencies; complicated further by threats of terrorism.

Information about how prepared child care providers are for emergencies is sparse, though a recent survey about school safety provides some information. Responding to the survey's questions about planning and training for terrorism and other crisis situations, over 51% of the surveyed school-based police officers stated that their school crisis plans are inadequate and over 62% reported that their schools did not have practice plans in place. In reference to the preparedness of schools in the event of a terrorist attack, 76% of school-based police officers stated that their schools are inadequately prepared to respond and over 71% reported that their schools' teachers, administrators, and support staff have not received terrorism-specific training.4 These data may be applicable to child care settings.

Inadequate emergency preparation in the event of a terrorist attack may be even more prevalent in child care settings due to less attention and funding being given to child care by local or federal officials. Child care providers, like teachers, deal with the tension of being accessible yet secure. While some schools are lightly guarded by school-based police officers, many schools and few, if any,

child care settings have this security. Consequently, teachers and other personnel, not those trained in security, are principally responsible for the safety of the children enrolled in their programs. Adding to the vulnerability of child care settings is the number of individuals who enter and exit the facilities daily. Parents, staff, service delivery personnel, and even children taking field or playground trips add to the traffic in and out of child care. Additionally, whereas school systems may have resources to transport large numbers of children, most child care settings do not.

Another issue for child care settings in an emergency is arranging for children to reunite with their parents. In a disaster, parents, including those who work in child care facilities as well as those providing medical, military, and law enforcement services may be at a distant location from their children. The warning time that a disaster is about to occur or has taken place is usually too short for a facility to close or to cancel planned care, prohibiting parents from making alternative arrangements for child care or retrieving their children. Finally, because children may spend 40 to 50 hours a week in child care, there is a high potential that a disaster will occur while they are away from parents.5

Security in child care is particularly important because young children are vulnerable in crisis situations. They have unique physiological, psychological, and developmental needs that impact emergency planning. The American Academy of Pediatrics has emphasized that "children are not little adults." First, since they are smaller, children get sicker than adults from smaller amounts of a harmful substance. They are particularly vulnerable

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to aerosolized biological or chemical agents because they breathe faster than adults, and because some agents settle close to the ground, they are closer to children's noses and mouths. Second, children's skins are thinner, and they have a larger surface-to-mass ratio than do adults; therefore, children are more sensitive to agents that act on or through the skin. Third, because children have less fluid reserve than adults, they are more prone to dehydration and thus, more vulnerable to agents that produce vomiting and diarrhea. Fourth, they also have smaller circulating blood volumes, resulting in an increased likelihood of shock and death from physical trauma. Finally, children have developmental traits that make them more vulnerable in a disaster. Their reduced motor skills may hinder escaping the scene of a crisis and even if they are able to walk, they may not have the cognitive ability to figure out how to flee or follow directions. They are also developmentally at risk for psychological injury from a persistent threat of danger or from a crisis that has actually occurred, sometimes not being able to comprehend what is happening. Moreover, children are influenced by the emotional state of their caregivers. Therefore, helping caregivers prepare and remain calm during a crisis also contributes to the emotional well-being of children in their care.

## CONSULTING AND EMERGENCY PREPAREDNESS

Child care providers often are inadequately prepared to handle health and safety issues, and they may lack knowledge of how to address the complex task of thinking through multiple contingencies necessary for emergency planning. Thus, emergency preparedness in child care quickly can become overwhelming. Child care health consultants (CCHCs) who are public health professionals are uniquely positioned to address emergency plans and are aware of resources that can support child care facilities during a crisis. CCHCs can assist with developing written plans and policies, preparing staff as first responders, conducting practice drills, and publicizing plans. Also, emergency preparedness in child care is an opportunity to help families understand how to secure their homes and prepare children for crises.

### Planning and policy development

Preparedness involves planning how to respond during a disaster as well as marshalling resources needed to respond effectively. Consultants can assist child care providers to prepare an emergency plan and develop policies to follow in a disaster. Most child care settings have basic emergency plans that can be revised to address multiple emergencies such as those associated with terrorism. Furthermore, plans should describe how child care fits in with the larger public health and emergency management response to a community-wide event.

CCHCs from public health can be essential at this point, working with child care providers to coordinate planning with public health, mental health, medical care, emergency management, law enforcement, fire departments, and transportation in their communities. They can tailor policies to specific needs of each child care setting, such as transportation of very young children or those

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### Box 1. Considerations when revising current child care emergency plans

- · Assessment of risks
- · Access control
- Procedures for handling bomb threats, suspicious calls, arrival of suspicious individuals, and potentially hazardous materials and mail
- Initial gathering place in the child care facility (eg, safe room)
- · Shelter-in-place or on-site evacuation procedures
- Evacuation routes and procedures that take into account potential hazards and places children
  might hide along the way
- Identifying a safe place in the neighborhood with permission from owner to bring children there
  in an emergency
- Procedures to use when on field trips when an emergency prevents the children from returning to the child care facility
- · Pick-up location for parents
- · Procedure for knowing a child is missing
- · Roles of staff and supervision until parents retrieve children
- · What to tell children and parents
- Perimeter around child care setting (eg, clearly identified, windows visible)
- Input of and communication with community emergency personnel (eg, law enforcement, fire department)
- · Strategies for updating plans when staff, furniture, and floor plans change

with special needs. Additionally, CCHCs can link child care providers with emergency officials to address problems such as a child care facility located near a potentially toxic site. Because of their expertise, CCHCs from public health are excellent resources for preparing providers to respond to injuries and other needs when disaster strikes. Suggestions to consider when consulting with child care providers about emergency plans are found in Box 1: Considerations when revising child care emergency plans. Having a written emergency plan is critical to securing a child care facility; however, providers, children, and parents must rehearse carrying out the plan.<sup>5</sup>

#### Preparation, education, and practice

Emergency planning includes having proper supplies and materials on-hand and understanding how to improvise if these are rendered unavailable. A list of supplies suggested by the American Academy of Pediatrics to secure a home also may guide child care facilities.<sup>7</sup> Also, there must be a way to transport emergency provisions, along with med-

ical information and supplies that meet the needs of specific children. CCHCs can assist providers to be creative as they develop their in-house emergency stockpiles and methods of transporting children and supplies should they need to evacuate. Because child care facilities have budget constraints, consultants can suggest ways to obtain supplies, taking fiscal realities into account. Box 2 (Recommendations for child care emergency supplies) contains suggestions for adapting the American Academy of Pediatrics recommendations for home supplies to a child care facility.

Communicating emergency plans and policies as well as rehearsal of plans are critical to avoiding panic in a real situation. Few child care providers rehearse emergency plans beyond the required fire drills.<sup>8</sup> Rehearsals can be presented in ways that do not increase anxiety, especially for children who may not fully comprehend that a drill is practice and not a real threat. Drills should include on- and off-site evacuation, shelter-in-place, or temporary closure of a center. Communicating plans to parents is crucial so that they understand

**Box 2.** Recommendations for child care emergency supplies

- Family Readiness Kit and Disaster Supply Kit recommended by the American Academy of Pediatrics at www.aap.org
- Basic essential supplies as suggested by the American Red Cross www.redcross.org stored in backpacks and rolling coolers (eg, first aid supplies, emergency blankets, special medications, instant ice packs, and nonperishable food supplies)
- Copies of each child's medical information in the portable container
- Copies of each child's parental contact information in the portable container
- Attendance list (assign staff to retrieve during evacuation)
- Local emergency phone numbers in the portable container
- Comfort materials for children (eg, toys, games, stuffed animals, crayons, paper)

what to expect in an emergency. This communication may prevent time-consuming calls to emergency personnel and prevent gridlock on streets by helping parents know where their children are and to feel reassured that they are secure at evacuation sites. Parents must also be aware of situations that would necessitate the closing of a center, preventing their arrival to a vacated center.

Child care providers can use the same creativity they use for their lesson plans to teach children how to respond to an emergency. Stress levels increase during a crisis, particularly for preschoolers whose cognitive development may lead them to interpret events inaccurately. Creating teaching methods that convey to children appropriate responses to different emergency events contributes to their cooperation during a crisis. Some recommendations for communication, practice drills and developmentally-appropriate ways to prepare children are found in Box 3: Preparation of staff, parents, and children for emergencies in child care.

**Box 3.** Preparation of staff, parents, children for emergencies in child care

- Written communication to staff and parents about policies and procedures
- Communication to staff about how to turn off utilities
- In-house practice drills for staff only and more infrequently, with children
- In-house practice drills involving children that increase the likelihood of their cooperation (eg, play safety games, read children's books about safety, having special whistles or bells that are used only to gather children, rewarding for cooperation)
- Code word for children to use when they feel threatened, should be easily remembered but unusual and only known by staff, children, and parents
- Help children get to know local emergency personnel (eg, bake cookies and take them to the local fire department, adopt-a-police officer or fire fighter)

### Opportunity for health promotion

Citizens may not prepare for potential terrorist attacks. Instead they may wait until an attack occurs before taking action. This includes parents and child care providers. CCHCs can modify materials and resource lists that are used to prepare child care facilities to teach parents about securing their homes. This adds to the consistent messages children receive and like other health promotion activities, such as buckling seat belts, becomes part of children's routine experiences. This consistency contributes to emergency preparedness being perceived as a preventative strategy rather than a threat, much the same as other safety practices in children's lives.

Avoid creating fear when preparing young children and their caregivers for crises. Emergency preparedness offers opportunities to teach child care providers and parents about interacting with children in a nurturing and developmentally appropriate way. During a

crisis involving children, optimizing safety is facilitated by predictable child behavior. The youngest of children react when their caregivers are stressed, often even when the caregiver has a calm composure. This detection of stress may result in children becoming fearful and lead to panic behaviors such as running from emergency personnel, hiding during evacuation, hesitating to follow directions from adults, or acting in ways that create chaos. Teaching parents and child care providers to recognize signs of stress in children of various ages and how to respond to children in stressful situations helps caregivers support children. Caregivers should understand that perceptions and interpretations of another person's behavior influence children's actions to maintain psychological equilibrium.9

#### SUMMARY

The United States Department of Education has encouraged schools to have emergency management plans, <sup>10</sup> yet child care regulatory agencies have not done the same. Child care

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settings have special needs to be considered in community plans if children and child care staff are to be safe. First, many of the youngest and most vulnerable citizens spend most of their days in child care, increasing the likelihood that they will be away from their parents if a disaster strikes. This is especially urgent because children are physiologically and developmentally different from adults, making them more susceptible to harm from injuries and chemical exposure. Second, child care providers are responsible for the physical and emotional safety of children that parents have entrusted in their care. Third, child care settings can be used to reach families for health promotion. CCHCs can bring together resources to help child care providers prepare for emergencies, benefiting their children, families and community.

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