

April Williams: Hello and welcome. Thank you for joining us today for our webinar, "Emergency Preparedness for Head Start and Early Childhood Settings." This webinar is sponsored by the office of Head Start National Center on Health. My name is April Williams from the National Center on Health. And before we begin today's webinar, I'd like to highlight a few housekeeping items. First a few details. If you're using Wi-Fi and you're not hardwired, you may experience a greater lag time during the presentation. The slides will advance automatically throughout the presentation and attendees will not have control over the slides. All attendees' lines are muted, but if you have a question, we encourage you to type your question in the "Ask a Question" box on your screen.

If time permits, there will be a short question and answer session at the end of the webinar. If we do not have time to address your question during the webinar, we'll send you an answer directly via email within the next several weeks. If you're listening to the webinar by phone, you must click on the "Listen by Phone" button that's just above the question box. To view the presentation in full screen, please click on the black box at the upper right hand corner of the presentation slides. After the webinar, you'll be redirected to an online evaluation.

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At this point, I'd like to introduce today's speakers for the webinar. First, Dr. Scott Needle. Dr. Needle is a practicing community pediatrician and the chief medical officer of the Healthcare Network of southwest Florida, a federally qualified health center. He has been a member of the American Academy of Pediatrics' Disaster Preparedness Advisory Council since its inception in 2007 and he's also a member of the US Department of Health and Human Services' National Advisory Committee on Children and Disasters. His experience in the Mississippi gulf coast after hurricane Katrina led him to write a disaster preparedness plan for pediatricians, which has now been adapted into a preparedness checklist for pediatric practices. He has written and lectured extensively on the needs of children and the role of pediatricians in disaster preparedness, response, and recovery and has worked closely with numerous local, state, and federal groups, including the HHS office of the assistant secretary for preparedness and response, the Florida Children's Preparedness Coalition, and the Institute of Medicine. In 2013, he consulted for the AAP Pennsylvania chapter on the Philadelphia area community preparedness project, bringing primary care pediatricians and health departments together for disaster preparedness, response, and communication. He is the primary author for the AAP policy statement, ensuring the health of children in disasters, which is being published in pediatrics and will be released in October 2015. Dr. Needle received his medical degree from Johns Hopkins University of Medicine in Baltimore and completed pediatric internship and residency at New England Medical Center Tufts University in Boston. He is also a member of the clinical faculty of Florida State University.

And next we have Kelly Towey. For 20 years, Kelly Towey worked on the national and local level as an educator, writer, researcher, communications specialist, health policy analyst, and project manager. Ms.

Towey served as a consultant for the national medical organization and other associations working on a variety of education and professional issues in health care related topics, including health policy, geriatric health, and child and adolescent health. She has been a consultant for the Head Start National Center on Health for the past three years. She graduated from the University of Wisconsin with a bachelor in science degree in child and family studies, a master of education degree from Loyola University Chicago, and a certificate in project management from Loyola University Chicago.

So now I'll hand it over to Dr. Needle.

Dr. Scott Needle: Well thank you very much and thank you everyone for taking the time out to join us today. And we hope to make it worth your while. What we're going to do today is talk about the way that Head Start and early childhood care programs can work with families to help them get prepared as well as their own operations so that you all can be ready to serve children after a disaster there. And we're going to wrap up towards the end, talking about some of the greater efforts in terms of community preparedness. And then Kelly is going to talk about some of the ECLKC resources which are truly phenomenal and I think are really going to help you be able to carry this through into fruition.

So with that we'll go ahead and start. And I may be preaching to the choir here but the question that a lot of people ask who are outside of childcare and who aren't necessarily experienced with the care of children, a lot of people ask: What is it about kids that makes a difference as far as disaster? Disaster strikes everyone, right? And to some extent that's going to be true. Children are 25 percent of the population. It's going to be pretty hard to think of a situation that doesn't involve kids on some level. If you want an example, just look at some of the events that we had to go through a couple years ago. The Boston Marathon bombing. Again, you didn't have any kids that were, of course, running in the marathon, but the schools were off. There were kids all around, they were watching it. They were having a good time. And unfortunately, of the three fatalities on that day, one of them was a child there.

Just a short time ago then, you also had the fertilizer plant explosion in west Texas and you can see in the upper right corner of that slide, the middle school was just down the street. Fortunately, the explosion happened at night. It didn't occur when the school was open, but you can imagine that if it had been, this could've been pretty disruptive, traumatic for the entire community, and especially for the kids that were in school that day. A similar event that was right around the same time were the Oklahoma tornados. And there were, I believe, at least one school that was directly hit and destroyed by that. And for another example of how kids have been affected, there was just a few months prior to that the shooting at Sandy Hook Elementary in Newtown, Connecticut. That was particularly significant because not only were kids directly affected and victims of that terrible event, but it had repercussions that carried around the rest of the country.

So this was something that really shook up everyone. Kids far and wide ended up being affected by this sort of event. When you think back to 9/11, everyone thinks of the pentagon, the Twin Towers, the field in Pennsylvania as well. The pentagon, the Twin Towers, you're not going to expect to find a lot of kids that were there. So even though, much like Sandy Hook, this was something that had a lot of emotional significance and caused a lot of emotional distress around the country, there was actually a very big

direct impact on some kids that were right in the vicinity when it happened. Specifically on that day, there were actually seven schools right in the vicinity of the Twin Towers and they determined that when the planes hit, there were actually close to 6,000 kids who were in school.

Well you can imagine that, first of all, they're going to be exposed to the dust and the ash and the debris and everything in the area. But then picture yourself being a parent who maybe works on the other side of Manhattan or over in New Jersey. Well if your kids are in school, how are you going to get to them? Are they safe, do you know, are they well? There was going to be a lot of trauma, a lot of stress for families. And then on top of it, what's going to happen now? The schools certainly aren't going to be usable. Where are the kids going to go during the day? Very big disruption that really intimately affected quite a few kids, even on a direct level, never even mind the indirect level.

And something that I don't think anyone thought kids would've been involved in was unfortunately the anthrax mailings that occurred a month later. This was an instance where of course the power in the envelopes were being sent to government officials, to media organizations, and even despite this, you had a seven-month-old infant who ended up being caught up and had some cutaneous anthrax in this outbreak. So the point being is that really every single disaster, even the ones you wouldn't necessarily expect to, are going to involve kids in some way. And kids are going to be very unique, different from the adults. Kids are young and they have their whole lives ahead of them, which sounds pretty obvious. But what that implies is that if we make a difference or we don't make a difference in the immediate term, the repercussions could carry out years down the road there, whether we're talking about the emotional impact, developmental impact, or even the physical impact.

By way of physical for instance, think of the nuclear power plant disaster that happened in Fukushima. So everyone was exposed to some extent to the radiation. Well kids, their cells are dividing. They have a longer lifetime ahead of them. So over the course of a lifetime, they're actually going to be at much higher risk for developing cancer and other complications there. You have to be prepared to address these sorts of things right off the bat, which means preparing for kids and tending to their needs. Because if you don't, not only are you risking these sorts of sequelae years down the road but it's going to be harder to play catch up, you have to – you're always going to be behind the 8-ball at that point. But more importantly, what we learned from 9/11 and Katrina is that if kids see that officials and responders are not attending to their needs, that they haven't thought about them, that they haven't considered them, and they're not able to keep them safe and secure, we learn that this creates a severe lack of confidence in their ability and their faith for the future events there. And that in turn is pretty significant when you consider that the kids of today are going to be the adults and the citizens of tomorrow there.

So we really have an obligation to be prepared for the kids. And when we talk about this, there's a saying that's very popular in the pediatric world that kids are not just little adults. Those needs are going to be very different as compared to healthy adults there. Kids are going to be very dependent on us to take care of their basic needs to keep them safe and secure in a physical way, to make sure that we're providing for their food, and we're keeping them out of danger. Kids also have other developmental issues. They're still learning about their environment, they're exploring. In a comprehensive way, they

may not understand the events that are going on and they may not understand some of the dangers. And this is not just for young kids that of course we're talking about as far as Head Start and childcare programs. This extends into the older school age and even the adolescent population. Younger kids, they have a number of physical differences as well, which makes them more vulnerable to incidents that can occur.

So for instance, children are breathing at a faster rate and their lungs are developing. So if they inhale respiratory irritants, it can impair their lung function and it can have an impact on years to come. Their skin is more permeable and they have more skin in comparison to their body mass, which means if you have, for instance, a chemical exposure, again, kids are going to be more vulnerable to that as well. So I'm going to go into some of these differences between kids and adults by way of some of the significant past disasters that we've seen to kind of give some more examples of this. And again going off of 9/11, one of the things that we learned after this, which was very surprising and clearly did not affect adults in the same way, was the importance of media exposure.

So if you think back as to what happened on 9/11 and the planes are hitting the Twin Towers and people around the country are watching this fold on CNN, on the news media, and as the day goes on there's new footage and you have the experts talking about this and they keep showing the replay, well we understood that this was just the progression of a news story. But what we didn't realize was that many kids around the country, as they're watching this and they're exposed to TV coverage all day long, they didn't understand that these were replays. They thought this was actually happening again and again, that planes were hitting buildings throughout the day in different places around the country.

And you can imagine that as a result, they might've been fearful that, "Hey, maybe this is happening in my community. Maybe this is happening to someone I know and someone I love." And so they were very anxious. They didn't understand the context. And we learned afterwards that it's very important to limit media exposure for kids. And if they are going to be exposed to the media, then make sure that we as adults are there to help guide them through it, that we can talk them through, answer the questions, and explain things on their level so they don't get misconceptions, which is going to increase their stress and anxiety.

Well after 9/11 we thought we had a fairly decent handle on being prepared. We had put a lot of money and investment into being prepared for terrorism, and then almost ten years ago to the day, ten years ago this coming Saturday, we experienced hurricane Katrina. And unfortunately we learned a lot of hard lessons from that event. This is actually where I myself entered my disaster education firsthand when I had a solo private practice on the Mississippi gulf coast. Well my family and I, we had evacuated ahead of time. But when we came back to the coast, this is the sort of environment that we were faced with here. You can imagine that this would be particularly disruptive for kids. Not only just the fact that they see this, they see the destruction, they see the loss. It's not a safe place for them to play. They can't go into the water because of the storm debris. If they're around their neighborhood, there's all the debris and the fallen trees and the fallen structures. It's not safe. But then as they see this day after day, it's a continuous reminder of what used to be and what they can't do now.

So the environment has a particular impact on kids in that sense. After Katrina, there was also – and this was across the New Orleans area, across the gulf coast – this conflict that families faced. Because on the one hand, many families wanted to return to the area. They wanted to get back to their communities, restart their jobs, restart their lives, rebuilding. But at the same time, if they had kids, they had to realize that this was not necessarily the best place for them to be. So not only were the kids affected but the families in turn faced a lot of stress just by virtue of this. Well the other thing that made things difficult for families coming back is the fact that there were no facilities for kids.

So in other words, the childcare facilities, the Head Start programs, the schools, the playgrounds, the libraries and so on had all been damaged or destroyed. And not only are those things essential for kids' emotional well being, it gives them a sense of security and it gives them routine. But if those things aren't in place, what's going to happen to the kids during the day when the parents are going around town and having to, for instance, visit the recovery center? Or having to repair their house? So again, you really need these things not only just for the well-being of kids and family, but really in a larger sense for the entire community to start on the road to recovery.

As a pediatrician, I just wanted to remind everyone that also there's specific health needs. Kids, young kids in particular, are going to have to see the doctor much more frequently than adults do. You or I, we can get to the doctor maybe once every couple years. But kids are going every couple months during the first year for instance, we track them to make sure that they're growing, they're developing, they're reaching their milestones. There's also the routine immunizations to keep them safe. So if you don't have the primary health care, if you don't have the pediatric medical home, it's going to be also a challenge in the recovery and keeping kids and families together and keeping them well there. It's going to be very difficult for them to get that sort of care from, for instance, a volunteer free clinic where you have different physicians that are coming through every week and are changing shifts and who, in all likelihood, are probably not pediatricians and can't speak to the special needs of kids.

Some other lessons that we learned after Katrina involved the housing. And the FEMA trailers were created and they were shipped out with good intentions, but unfortunately, again, it was an instance where people had not thought of the special needs of kids and families. If you see these pictures, you can see they were not set up necessarily in terms of green spaces and play spaces. Add to the fact that in these trailer parks, you have a lot of people who are now out of work, perhaps kids who are out of school and didn't have anything else to do, and they ended up being in places that unfortunately became breeding grounds for crime and delinquency, again, not a safe space for kids to live and to play. And on top of that, these trailer parks, in a lot of instances, were displaced. They were some distance from the original community.

So families now, on top of everything else, had lost the social capital, the social ties that kept them strong in the first place there. So again, this was something that we learned really we need to pay better attention to next time and not just recreate housing, but actually recreate neighborhoods and communities, even if it's going to be on a relocated or temporary sort of basis. A couple years after Katrina, there was a disaster of a much different sort and this was the H1N1 pandemic, which granted we in this country, we'd been preparing for pandemic influenza for a number of years, and a lot of

people were expecting it was going to be something along the lines of an H1N1 strain, something very new. Well what happened was really unexpected because the H1N1 was something very similar that had been circulating years and years ago.

What that meant was that in contrast to the usual seasonal influenza where the people who are hit hardest are usually the very young kids and the elderly, in this case the elderly were really protected and were immune and the incidence curve really shifted towards affecting kids. Kids were the primary targets and victims of this virus. As you can see in the graph on the left, the peak incidence in Peru was zero to nine years old, followed closely by ten to 19 years old. And in Greece it was somewhat similar where the peak incidence was that second graph there, five to 19 years old. So very different from what we're used to seeing.

And again, kids were really disproportionately affected in this epidemic. And in a similar way, if you recall, when it started it came up in the spring of 2009 and there were cases and it caused quite a panic around the country. And then as summer progressed, it kind of started to ease off a little bit. And then the fall came and there was a tremendous spike. And what happens in the fall, well we believe it is all tied to the fact that kids are going back to school. And they go to school and they catch the disease and they spread it around and they bring it home to their families and the other people in the community there. So not only can kids be affected but kids have a real influence unfortunately on the spread of these sorts of infectious diseases as well.

And one last thing that H1N1 taught us, or I should say really reinforced, was the fact that even though kids as a whole can be a very vulnerable population, the children with special health care needs are an even more vulnerable subpopulation of that group. And just like we see with the seasonal influenza, these are the kids that suffered the most during H1N1. These are the kids that got very sick that ended up in the hospital or even dying from this sort of disease there. So the lesson is that yes, we have to be prepared to address the needs of all kids, but it's the kids with chronic health needs that really need particular protection and attention.

So we've talked about some of the ways that kids do need protection, the ways that they differ from adults, why it's important to be ready for them in disaster, and we're going to spend the rest of the time talking about what this means for all of you. In other words, how can Head Start and childcare programs get involved in this sort of process? And in a nutshell, the answer involved the advice that we usually tell most families and most individuals on an everyday sort of basis in terms of preparedness. If you go onto the FEMA website or the American Red Cross website, they're going to lay out some certain steps that you can take as an individual.

Well these steps are going to apply just as well to Head Start and early childcare programs, namely four steps of being informed, having a plan, having a kit, and then getting involved in the broader community efforts. So we're going to go into a little bit of depth into each of these and talk more, starting with being informed. So right now I'm in Florida and it's hurricane season and lo and behold, there's a tropical storm Erika that may be heading this way on Monday. So during hurricane season, most people where I am, we pay attention to the national weather service and the alerts and we're on the lookout for this.

Similar if you're out in the west, you may be thinking of wildfires or other parts of the country may be thinking tornadoes. And it's important to remember that first of all, even though everyone is at risk for some kind of disaster – and I'll go into a little more of that in just a moment – is that the risks may be heightened. And those are the things you really have to concentrate on. And you can find this out by talking to emergency management in your community, by looking on the FEMA website and you can find past disaster declarations in different parts of the country there. In a sense, it's a little bit of a contradiction because you want to be prepared for what's most likely but at the same time, you have an obligation to be prepared for the unexpected, what's called "all hazards preparedness" there. And the contradiction kind of resolves itself when you figure that we're going to have our plans in place for what's most likely, but those plans also are going to be robust and resilient enough that no matter what comes our way, we're at least on some level ready to deal with it.

And again, I just want to reinforce that everyone in this country is at risk for some sort of disaster. When you look back on H1N1, of course that went around without respecting any boundaries, even around the world. But even if you're in certain parts of the country and you think, "Well except for that, our area is not necessarily at any sort of physical risk," I would say look around your community. Maybe there are industrial installations and military installations, nuclear power plants that are nearby. Two risks in particular that are very much on emergency planners' radar right now are earthquakes. And I say two risks, one of them, if you live around St. Louis for instance; you're right on the New Madrid fault line. And there's a tremendous fear that if that goes, that could be devastating for the Midwest.

The other earthquake that many people have not heard of is the Cascadia fault up in the Pacific Northwest. I myself have not heard of this until I read this article in the New Yorker, which came out on July 20th this past summer. It's a very interesting and more than a little bit terrifying article. And for those of you who aren't familiar with this, it goes into talking about a fault that's off of the Pacific Northwest coast and in the year 1700, there was a massive earthquake that ended up causing a tsunami that flooded into Japan on the entire other side of the Pacific. The prediction is that if this fault were to slip, it could be an earthquake that would basically destroy Seattle, Portland, Oregon, and everything in between. So a very frightening prospect that most of us haven't been aware of or even heard of up until now. So again, it just reinforces that everyone is at risk for something. But again, if you can be prepared for what's most likely, then you're already going to be a leg up there.

So talk to the people, talk to the experts that are out there and understand where to get the information, not just in terms of a long-term sense but in an acute setting. So if something happens this afternoon, where would you know to get the information from? Again, not just from the official sources but also think about the media and the means of how you would get this information. Not just for yourself, but for the rest of your staff and for the families that are in your care and for the children that are in your care. You also want to know, on a practical note, where are the shelters in your community. Again, not only for yourself and your own family, but that you can then advise the other families as well, particularly for special needs shelters.

So we talked about children who have these chronic medical conditions. In most communities they do have these special needs shelters that are set up, but you need to pre-register for them, so the shelters

in turn are prepared with enough staff and the right kind of skill set to be able to take care of those patients there. You also want to be thinking about some of the local contact information as well. Not just the kind of information that you're going to seek but how you're going to get the message out and communicate it. Again, you want to have for instance the contact information for the staff as well as the parents and families of the kids in your care. You also want to be in touch with the local leaders so that if an event occurs, that they understand that you're there, that you're fulfilling a vital role, that you have the responsibility for these children. And in their recovery, as it goes on, that you can communicate with them and the community can find out these are the services that we have. These are what we can offer. These are our hours, this is our location. These sorts of things there.

I would say you also want to have the medical conditions of the children in your care. You want to know those things. So it'd be very important for instance if your facility has to shelter in place, which we're going to talk about in just a moment. If you have to be there with the kids well into the evening or even into the next day, it's going to be very important to know: are there certain medical things that you have to attend to? And something that most people probably haven't thought of is, think about the medical conditions of the staff members too. This is something in my pediatric office that we experienced firsthand earlier this year where one of our front desk receptionists had a seizure right in the middle of the office in the middle of the day.

None of us knew that she had this condition. And thank goodness she ended up all right, our staff jumped into action. Everyone knew what to do in this sort of event. But it was certainly frightening. And we realized we could've been a little bit better prepared if we had known about this, if we could communicate with the EMS and with the hospital as far as what medication she had been on or tried to reach out to her neurologist. Of course the staff is under no obligation. There are certain privacy things that we have to respect. There's HIPAA. But I think it's worthwhile to at least encourage your staff and say, "Hey, if you have medical conditions that you think we should know about, if you're comfortable sharing, then it would help us help you in the event that something does happen there." On an operational sense, you also want to know about the utilities. You want to know how to turn them on or off. And you also want to know about the insurance and some of the other business aspects and make sure that everything's up to date with that. So you've thought through the risks.

The next step is to put it together into a plan. And fortunately for Head Start, you all are blessed by having a Health Services Advisory Committee. So in a sense, you already have a built-in group that can help you through this there. In addition to that, you can enlist the local first responders, emergency management health department, the parents and families, and of course the staff, and put something together. And you're going to be thinking about what to do in certain situations there. And it's best to think through some of these situations in advance. So for instance, you may be faced with a situation where the facility that you're in is no longer safe and you have to evacuate. Even in the instance of a very local disaster of a fire, you want to figure out where you're going to go, how you're going to get people out, how you're going to make sure that everyone is accounted for, and then where you all are going to go. There are instances such as we talked about shelter in place.

Again, if the roads around the city are impassible and people can't get around, people can't come to pick up their kids from your facility, then you may have to be caring for them well into the evening or the next day. A somewhat similar situation is the much-dreaded active shooter event, and if you have to go into a lockdown, what are your procedures for that? What are the triggers that are going to make you go ahead and pursue that there? And you also have to think unfortunately, what are the conditions where we have to actually close down the facility and stop the program? As much as we want to be there to provide for the kids, there are going to be some instances where it may be safer if the parents aren't out trying to get to your place and it's better if they're actually at home there.

One thing that was very helpful for me and my facility, we had a presenter come in and talk to us about our emergency planning. This happened about a year ago. And what he said was imagine in terms of a timeline and think of these built in decision points and action points. So for instance, if we know that there's a hurricane on its way, what are the steps that we're going to take and the decisions we're going to make 48 hours before it's supposed to make landfall. And then what do we do at 24 hours beforehand? And then similarly, you carry this through into recovery. What do you do at six hours afterwards, at 12 hours, at 24? And that can be extremely helpful in terms of conceptualizing your operations and writing down all the things, all the different things that you need to account for, particularly because in the midst of an event, you're probably going to be just too stressed, too distracted to be able to think through everything at once.

So you want to have this plan. You want to talk to the parents, let them know what your plans are so they in turn can make their arrangements accordingly there so they are not caught off guard, they know how to communicate with you and receive information and know what their role in this might be. Again, not just beforehand but also afterwards so they have some expectations. And I would also remind people, make sure that you have plans to identify and track the children. This was something that unfortunately was a tremendous downfall of some of the response during Katrina where parents and their children were sometimes separated for up to six months. It took that long for the last family to be reunited afterwards there.

So of course on an everyday basis, I understand that you all are doing this and I would say continue to do so, but think about how those daily identification and census sort of procedures that you do might be even more important in the event of a disaster sort of event. So again, you want to communicate with the staff. You want to let them know and get them involved. Not only because they can offer the expertise but because they're going to be such a key part of carrying out everything that happens, so they really need to have that sense of buy in and responsibility for whatever you all decide there. Think about things such as chain of command.

So in other words, if the person who's the usual head of the program or the decision maker is unavailable or incapacitated or can't get to the facility, who's going to be allowed to step up, take control, and have responsibility for making decisions there? There are some things that you might be able to do to mitigate damage ahead of time in terms of preparing your facility. And this would also include some of the shutdown procedures that you might have to take. Similarly on the other side, there's the contingency plans for what to do if your facility is damaged or it's inaccessible or even

outright destroyed. Is there a place in town? Is there a place close by that you could use to restart offering services and taking care of kids once again? In that context, you want to think about safety and access and controlling both whoever is coming into the facility and whoever might be going out. And again, just as a reminder, communications are very important.

Another thing that's worth mentioning is about infection control; and every year through the winter, we experience this to some extent there. And I think it just kind of drives home the fact that what we experienced with H1N1 could happen again, and it's always good to just make sure that the infection procedures that you have are practiced and are robust and that you're ready for that as well. There's another part of making a plan, which I would say to take into consideration as well, and this is about how to talk to kids about the crisis and disaster.

And for a lot of us, the first instinct may be to protect kids and to shield them and not expose them to whatever event is out there, whatever trauma has occurred. It's important to not do this, this instinctual sort of thing, because kids are going to find out about these sorts of events there. We think about Sandy Hook, which again, very terrible event. And the American Academy of Pediatrics and many other organizations said, "Talk to kids; Explain to them what's going on."

So after it happened - I was at work at that time - I came home and I talked to my kids and I said, "You know, did you hear about what happened?" And they said, "Yeah; yeah, we heard about it." And you know, I asked them, "How did you hear?" They heard from other kids in school, they heard some of the teachers talking. Kids will know and they will find out about these events. And if we don't talk to them, they're going to get possibly the wrong impression. They're going to be anxious and fearful. As my colleague, Dr. David Schonfeld has said, "In a crisis, silence is rarely a comforting response." Children hear this, that the adults aren't talking, and they become anxious. They make up their own stories. They make up their own interpretations; and a lot of times, it's going to be far worse than what had actually happened there.

So we have an obligation to talk to the kids and be open and straightforward and bring things down to their level. We don't have to do into all the minutia and all the implications and repercussions that are going to come afterwards, but just ask them, "Hey, do you understand what happened? Do you need me to walk you through it? Do you have any questions here?" And it's important to communicate with parents that you intend to do this there, that they aren't caught off guard, and that way you don't get a call from someone who is then angry and says, "Why did you talk to my kid about this?" That they understand that this is actually what's going to be the best thing for kids to cope with an event there. And it's important - you want to give 'em hope, not false hope, but at least to reassure them that people are looking after them.

It's very easy and very important to remind kids, "Hey, look at all the good that's happening. Look at how people are rushing to the scene, how you have first responders and firemen and policemen and doctors who are working to keep kids safe and looking out for their needs." And that in turn can be very reassuring for them in the midst of a crisis, even if it's emotionally traumatic for them there. So we've talked a bit about having a plan and now you're informed as well. Now, the next step is to build a kit.

And we had talked earlier, the fact that much of this information comes from, for instance, the advice and the recommendations that are for individuals and for families. Well again, this is something that you can just expand out to a broader level here. The difference is, is that instead of preparing for one person or one family, you may be preparing for 15 kids or 100 kids and the staff as well. So you need to be prepared on that level, just with more of these things.

I will certainly acknowledge that it may be somewhat difficult for many programs to have these sorts of things in this kind of quantity, but I would encourage you all - be resourceful. That might not be the best answer, but there may be people in the community, organizations that are willing to perhaps donate or perhaps the parents are willing to send in, for instance, a change of clothes that can be kept on hand in case that you do have to be at your facility and care for kids in an unexpected situation there. And it's not enough just to have the materials and have the kit, but you want people to know where it is and what's in it so that they, in turn, are ready and aren't caught off guard there. And also, keep the contents current. So for instance, you don't want to have a situation where you open a kit and you find out that the saltines expired two years ago and are now stale. That's not going to help you at all. I'm going to spend the rest of my part of the talk talking about now getting involved. So you've prepared families. You've prepared your facility.

Now, getting the broader community efforts and working with others to do the best job of protecting kids and attending to their needs in disaster there. So I think the first step is really just getting a sense of who else in the community can be a partner for you. Certainly some of the other Head Start programs that are nearby, the other child care programs and early childhood, as well as the schools are going to be a terrific resource. And you can help each other develop more robust plans. Find out what the other people are doing and how you can directly help each other, and perhaps even, if possible, share resources or at least share planning ideas there. But beyond that, I would say think about whoever else might be caring for children in other ways there.

For instance, you have the mental health consultants. Again, a great opportunity for the Head Start programs here. There are folks who can be intimately involved in the master planning to help you think about the emotional needs and the behavioral needs of kids as they go through this sort of thing. They can also potentially help you establish care after a disaster or at least figure out how to coordinate care, even if they can't personally provide it for all of the kids in your program. Again, this is a situation where the mental and emotional health of kids is more than any one person or any one institution can have responsibility for.

And by way of illustration, after the tornadoes in Joplin, Missouri in 2011, there was a conference that was brought together with schools, mental health professionals, pediatricians... My colleague, again, Dr. David Schonfeld, was involved in this as well, and basically a lot of people, a lot of providers for kids in the community had a lot of questions and uncertainty. They were saying, even a year afterwards, you know, "Kids are suffering and we don't know how to help them. We're not sure. What are the things we can do and the steps we can take?" So there was this conference that brought these people together and admittedly from this it does appear that Head Start and early childcare programs were left out, but I think it was at least a good start and a good stepping stone for future sort of events there.

Again, the emotional needs of kids are going to be really paramount; and it's important for you not just to be aware and how you can help, but ultimately this is probably one of the ways that you can best support kids and families. You see the kids and families every day, and you can monitor them, you can be a lifeline for them, and you can really make a positive impact for them there. When we talk about monitoring, obviously you want to see about the well being of all the kids and families in your care, but there are a couple of situations where you want to pay particularly close attention. The first is for kids who were already having some issues, some trauma beforehand. And you can imagine, a disaster is not going to make that any easier for them there.

So if you know that kids have special emotional or mental health needs beforehand, pay particular attention to their needs afterwards there because they're much more likely to be suffering and to be showing signs of not coping well there. The other factor that makes a tremendous difference, probably the most of anything that's been studied, is how the caregivers are doing. So if the parents are coping well after the disaster, this is going to be great for kids. They're going to see the strength and resiliency and they're going to be able to model that and they're going to feel secure. On the other hand, if you have parents and caregivers that aren't coping well, if they're falling apart, and that in turn is going to create stress, anxiety, insecurity for the kids. And on top of that, it means that the parents are most likely not going to be able to even attend to the children's responses and the children's needs as well. So if you see that, that's a great way that you can try and make an intervention and help out a family that's really in need.

So I would encourage you, reach out to the mental health consultants. Reach out to the other mental health experts and providers in your community and start talking about how you all can help kids after a disaster as far as their psychological health, their mental health, their emotional health there. There's certain steps that you can take and that really you don't have to be an expert in such as, for instance, psychological first aid. And for those of you who aren't familiar with this, well, think about regular medical first aid. For instance, you know, if your child hurts their arm and they're holding it by their side, you check them out. You see how they're doing. You calm them down. You see if it might be broken. And then you might put a splint on and get them to the emergency room, get to definitive care.

Psychological first aid is very similar, where you assess how the child is doing. You talk to them and you reassure them. You provide their basic needs. And then, if it looks like they need more care, you get them into the right resources there. You can do this sort of intervention either on kind of an ad hoc basis, just kind of informally monitoring the kids that are in your care after an event, or it may be something a little more formal. Linda Southward in south Mississippi had worked on this sort of project with some of the Head Start and child care programs in that area where she actually went into the programs and they did formal assessments and they did training and they taught staff about what they could do and some of the resources out there in the community. It's important also not to neglect the staff as well. None of us are super heroes and it's certainly not surprising that being around kids who are in distress is going to be distressing for us as well. And we just have to be open and acknowledge that and let the staff know, "It's okay; you can be upset. Matter of fact, you're being human by being affected and by being concerned about what's going on." And it can be overwhelming at times and that people

may need some time to basically take care of their own needs and take a break from things just so they in turn can cope.

So again, encourage people to attend to their own needs in disaster. They may be needed at your facility, but if they're not doing well, they're not going to be able to provide care to others very well either. Reach out to some of the other organizations out in the community. The American Academy of Pediatrics has state chapters in every single state and is a great resource. I'll talk about that in just a moment. The American Red Cross is another terrific resource there.

And I wanted to mention, they developed this thing called the Pillowcase Project, starting a couple of years ago. The way this started was after Katrina, people noticed that when the kids were showing up to the shelters, they were carrying pillowcases that they had filled with toys and games and some of their prized possessions there. Well, some very bright people said, "Hey, we should take this and run with it and make it more formal." So they partnered with the Walt Disney Company and you can see in the photograph here, they gave these pillowcases, preprinted, out to kids, even very young kids, and they encouraged them to color them and decorate them and make them personal. And in the process, they taught them about what can go into the pillowcase, what do you need to prepare for a disaster, and you know, why is it important and what are the steps that you can take. And in turn, the kids then became confident and empowered and were no longer just simply passive victims in this sort of event here.

It's worth reminding everyone that kids can be that positive influence on parents and can really be that force multiplier in the community to get the message out, particularly when you think of kids that are in families that may not speak English, that may have low literacy, they may be recent immigrants. The parents, most likely, will not get this sort of preparedness information and advice from possibly any other source other than from their own kids there. And it's shown that this can really make a difference by having families prepare through education of the kids.

As a reminder, again, infection control is always important. You exercise it every winter regardless and just a reminder, please, you know, exercise the right precautions there. There's no reason that you can't have unfortunately a disaster and an epidemic outbreak and a flu outbreak at the same time. And that, if you're not ready for that, it's going to make things just so much worse. So, for instance, I would encourage everyone just go ahead, get your flu shot. You know, it's not a perfect shot, but if it keeps you and your staff and your kids from getting that much sicker, then it's going to be well worth the effort there.

And again, reach out to the pediatricians. We are tremendous resources for you and we already are working with you by helping take care of the kids that you see. We provide the immunizations and try and keep them healthy. We can provide advice as far as infection and sickness and the things that are going around the community there. And we can be the links to some of the other, broader resources, such as the state and national American Academy of Pediatrics as well, and to other experts that might be out there. I would say if you're concerned about bringing up the issue with some of the pediatricians as far as disaster preparedness, I would encourage you to do so because we at the AAP have been

encouraging pediatricians. This is something that we need to have an interest in and we need to be ready.

And for the pediatricians that may be on the fence or are thinking that, "Oh, this isn't all that important; I don't think the people in my community are really concerned about this," I think if they hear from you that you have concerns and you want to know from them what their plans are, it can actually be extremely useful and can help reinforce the message and get everyone working together on this. And speaking of working together, I would say if you want to take the preparedness to the next step - which I would encourage everyone to do - start thinking about broader community-based coalitions. So this is happening in a number of areas of the country right now - New York City, San Francisco Bay area... In the state of Florida, we have children's preparedness coalition at the state level and it involves bringing different people together to work on this issue.

Everyone who basically has a stake in the process and a stake in children's well-being comes together, works together. After Sandy, Allison Blake, the commissioner for New Jersey Department of Children and Families, led a superb task force focusing on specifically the needs of kids and families. And you can see on the right of this slide the diverse group that she brought together here to help identify and deal with kids needs and make it a better recovery. So if we put it all together, what does it look like here? What does real preparedness for kids look like? It means that kids are incorporated and thought of, fully integrated into all aspects of planning and preparedness in response and recovery; that we don't just put them aside in an annex or an appendix to the main plan, but we realize that they are vital parts of the community and that we have this obligation to make sure that we get it right by them. It means that we enhance that preparedness by getting 'em involved into drills and exercises and we test what we're doing there, and because you want to make the mistakes beforehand and not during. You want to find where the gaps are in your planning so that you can fix them instead of finding out during the actual event what you should have done earlier there.

There are a couple of great opportunities during the year such as America's PreparAthon month in April and National Preparedness Month, which is coming up very soon, in September. These happen every year. There may be other local events that are of significance, such as, if, again, if you're on the east coast or the west coast or the gulf coast, hurricane season, going from June to November there. These are times when people are going to be a little bit more heightened, a little bit more aware, and there's nothing wrong with taking advantage of that awareness and reinforcing the message. I think ultimately, if I can leave you with only one thing, it's just to remember what we talked about at the beginning which is that disasters are going to happen and they're going to involve kids; and kids have these special needs. So you put all this together and you can't change any of those facts there. You can't avoid disaster, but when it happens, the question is, "Are we going to be ready to meet the needs of kids." And hopefully, for all of you, the answer is going to be, "Yes; at least a little better off than we were yesterday certainly."

And with that, I'm going to turn over the rest to Kelly, and she will talk about some of these specific resources that are out there from ECLKC and other areas to help you achieve that.

Kelly: Thank you, Dr. Needle, for sharing this wealth of information on emergency preparedness on how we can address not only children's needs but those of families we work with and staff members as well. I'm now going to take some time to share with you some specific resources that are available to help you in your emergency preparedness efforts. And to start out, I want to make sure that all of you are aware of the Office of Head Start's Early Childhood Learning and Knowledge Center Emergency Preparedness website. A snapshot of it is on your screen right now along with the URL. And we really encourage you, if you haven't been to this website, to take some time to look at the wealth of information that is here on this website, not only useful for Head Start programs but for childcare programs as well.

One of the resources we want to make sure you know about, if you haven't looked at yet, is that Head Start recently released its new Emergency Preparedness Manual, the new 2015 edition, and it is available on the website, on our Emergency Preparedness website, as a PDF. And we also want to let you know that all of you who are attending the webinar today will be able to receive a hard copy of the Emergency Preparedness Manual, and we'll be sharing a bit of information a little bit later on at the end about how you'll receive this copy, but I just want to let you know right now to make sure you do fill out the survey so you can receive a copy of the hard copy of the Emergency Preparedness Manual. And this manual is organized around three phases of emergency – three phases of emergency preparedness, and these are preparedness, response, recovery. And it has been updated, so it has the latest information and terminology. It uses many of the same organizational structures as Dr. Needle used in his presentation.

For example, the preparedness chapter is organized around the areas of be informed, make a plan, build a kit, and get involved. This is also the way many other websites are organized as well, so you should see a lot of similarity whether you go to FEMA or Ready.gov or the resources in this manual, so there's this common way that it is organized. The manual itself covers a wealth of information. It covers everything from public health emergencies to separate chapters on emergency preparedness and families, how to address functional and access needs and other special needs of families that you work with. And as part of the 2015 edition, we also developed a couple of what we call "companion pieces" to the manual, and one of the companion pieces is responding to crises and tragic events, planning, reviewing, and practicing your program's emergency preparedness plans, and so this goes into greater depth in how you can plan and review and practice your plans. It gives you a variety of checklists and information on how you can best prepare your program for emergencies.

One of the things that this companion piece has is a multitude of checklists, and these checklists cover everything from things like natural disasters, like floods, hurricanes, tropical storms, thunderstorms, lightning, winter storms, and extreme cold, and then it also covers other things like site-specific hazards and crises or events such as missing child, bomb threat, criminal activity or intruder and hostage situations, and then also some other real practical kind of lists like a grab-and-go checklist and other sorts of checklists to really help you as you plan your preparedness and work on your preparedness efforts. And then the second companion piece to this is what we call our "Responding to Crises and Tragic Events: Information and Handouts." And this was developed to provide you with information and easy-to-use tip sheets and sample letters to help support children, staff members, and families that

were affected by a crisis or tragic event. I think during Dr. Needle's presentation, he mentioned several times the importance of also making sure that staff members receive the support they need and are prepared for emergencies. And this companion piece is divided into two segments, one for assisting families that you work with, and then the second section is on assisting staff members, so it provides resources for both of those populations.

And as I mentioned, there are checklists for both staff members and also for families that you work with, and two of them are here. These are "Helping Your Child Cope After a Disaster" and then information on "Children's Responses to Crises and Tragic Events." And these two tip sheets are also available in English and Spanish on the Head Start emergency preparedness website. And then in addition to these tip sheets, there are also additional tip sheets within the companion guide as well. So we really designed these to be used by programs so that they have something that is just really easy and ready for them to use when they need it. The second tool that we provided for programs is sample letters, and these sample letters were designed for programs to take and use and customize in a way that they feel best meets their program's needs.

I have an example up here on the screen right now and you'll see that there's areas where you can insert the name of your program or insert additional information that is really specific to the event or disaster that is happening in your location. And we wanted to have these available because we know that when a crisis or tragic event occurs that there's a lot to do, and we thought this makes it just a little bit easier to give you a starting point for the words or text that you might want to use when you send out – whether you're sending out letters home in a child's backpack or sending out emails to families. So those are a few of the highlights from the Head Start's Emergency Preparedness website, and then, before we close, we just wanted to make sure that you knew of some of the resources and references that we have used throughout the presentation including resources available from the Office of Child Care, the AAP Children and Disasters website.

The Administration for Children Office of Emergency Preparedness is a great resource along with CDC. The FEMA Ready Kids website has great information specifically for kids. And then also Healthy Child Care America has information, especially information on influenza preparedness. And then another resource we wanted to make sure to highlight is the AAP's resource for child care, and it's available at AAP.org/disasters/childcare. The URL is on the screen there. And this is also a great place to find out more information. We just really want to emphasize the fact that there are plenty of materials and resources out there, so you don't need to reinvent the wheel in terms of finding the resources you need for your emergency preparedness efforts. And then before we close here, we want to also make sure you know, and we're going to have some time here to answer a few questions from the audience, but we want to leave up on the Web, on the site now, just to make sure you know our number and our email address. Please contact us if you have any questions and we will get back to you with answers. And now I'm going to turn it back over to April who I think has some questions that we're going to answer.

April: Thank you. Yes, we do. Excuse me. Yes, we do. Thank you, Dr. Needle and Kelly, for sharing all this information. So we do have a couple of questions. The first one: "Should Head Start facilities have generators on site?"

Dr. Needle: It's a really good question there, and I actually didn't mention generators as part of a preparedness kit or preparedness plan because, I mean, granted, generators are going to be a fantastic resource. They can be tremendously helpful. They can really improve the operations even if it's something as simple as a power line gets hit by a construction worker and it goes out even just for a few hours there. On the other hand, they're a tremendous expense. It really takes a lot to put one in and to have the staff educated and to know how to use it, how to use it safely, how to make sure that it has fuel, so it's not something that is necessarily practical for all centers, for all facilities. I actually get this question asked about pediatric practices as well and it's the same thing there. So if you can afford to have one in place and you can get the training and understand everything that's involved in using it, it's a tremendous resource there. But on the other hand, the realistic answer is that not everyone can afford to do that. And so I think as long as your planning is robust enough to take that into account, the generator is not going to be the thing that it makes or breaks your response to a disaster. It's really going to be the overall planning there. The generator is just a tool to help accomplish that, but I think if it's unreasonable, I don't want anyone to feel that it's something they absolutely must have.

April: Great, thank you. Great answer for that one. So next: "Do we have to have permission to use the materials that you've presented?"

Kelly: I can answer that. I'm not sure – I think the person is specifically asking about the sample, like the sample letters, the tip sheets, and those types of materials, and you certainly can. Those are specifically designed for you to use and modify as, you know, as you see fit to best meet your program's needs, so you don't need to get permission to use the sample letters or the tip sheets for your program.

April: Perfect, thank you. The next question: "Is there any information about influenza in the Emergency Preparedness Manual?"

Kelly: This edition of the Emergency Preparedness Manual does have a special section on public health emergencies, and then it also does have a special section in the appendices on influenza, so there is great information. We encourage you to look at those sections of the Emergency Preparedness Manual. I will say also that it's always a great idea to revisit some of the resources, websites that we mentioned in the webinar, whether it's the Head Start's Emergency Preparedness website or the Office of Child Care's website or the Administration for Children & Families website, because new information is being developed and posted on these websites on a pretty regular basis, and we do know that, for instance, I did find out just the other day that AAP and the CDC have just come out with a new handout, I believe, on health emergencies, and influenza in particular. So if you're interested in those things, you can always – that document, in particular, you can email us at nchinfo@aap.org or give us a call on the number on the screen as well. So those are a few of the resources that are available specifically on health emergencies.

April: Great. Thank you, Kelly. The next question: "What quantities of materials should there be in emergency kits? Where can we find information about that?"

Dr. Needle: That's a really good question. And I think a lot of it is going to depend on a few different things. I mean, first, it's obviously going to be how many kids and how many staff you might end up being responsible for. The other part of that is about the time frame, and for individuals and families, the current recommendation is at least 72 hours, at least three days, and some people have even advocated, after the experiences of Katrina, that maybe it should even be a week. For something like a Head Start facility or a Child Care facility, that may be a little bit beyond what's going to be feasible, what's going to be reasonable there. It's going to be a little bit different because hopefully, hopefully so, there's no guarantee, no one knows exactly what's going to happen in every situation, but hopefully that, you know, parents and responders will be able to help you out and be able to start taking over and reuniting the kids with families there. So to be honest, I don't know offhand, and, Kelly, maybe you or anyone else out there would know, you know: What is the longest time that a facility has had to really be self-sufficient and care for kids? You know, are we talking that it's been an overnight sort of event or two days or three days? I think probably the best answer is really whatever you can manage to do. Again, we understand that, you know, programs are not going to be flush with cash and that resources can be tight, so, you know, certainly if you can at least plan for having or at least being able to procure on a moment's notice enough things to get you through about 24 hours, that's good, but certainly anything that's going to go beyond that would be even all the more helpful.

Kelly: And I think I would add to that, Dr. Needle, too, just also the importance for questions like that to really reach out to people in your community, to talk with your – with first responders in your area. If you haven't contacted your Regional Emergency Management Specialist, they can also be a great resource for answering questions of that nature in terms of quantity of supplies and types of supplies needed for your particular region or community. If you want information on how to find out who – or how to contact your Regional Emergency Management Specialist, you can send us an email and we'll give you that information. I would also say it's also a great thing, if you're a Head Start program, it's a great question to bring up and talk with your Health Service Advisory Committee as well.

April: Great, great. That's all great information. Anything else, Dr. Needle?

Dr. Needle: No, I think what Kelly said, that's absolutely true is that I think ultimately a lot of it's going to depend just really on what the situation is in the community, not just the risks, but what the organized response and the resources in the community might be. So I would agree completely.

April: Okay, perfect. Thank you. And then I think we've got time for one, maybe two more questions. So the next question: "Does the Emergency Preparedness Manual address reunification plans?"

Kelly: The Emergency Preparedness Manual does discuss the importance of having reunification plans in place, and that those – you can find those – information on those in the checklists for the different disasters and crises as well as throughout the manual itself. We remind the reader of the importance of developing and knowing those reunification plans and the importance of – the important piece in practicing and planning that those should have.

April: Great. Okay, I think that that is the last question that we have, so we'll go into closing. So once again, I want to thank you, Dr. Needle and Kelly, for all of this information. And if anyone has any further questions or any questions that we weren't able to get to, we'll follow up with you directly via email. And if you have questions that come up afterwards, feel free to give us an email at nchinfo.aap.org. And when the webinar ends, there will be a survey poll that should be taken immediately. There will be a follow-up email sent to everyone that watched the webinar live, so if you're not able to take it, wait for the email to come and there will be a Survey Monkey link where you can use to take the survey afterwards. And the people who take the survey immediately will get their certificate immediately. Those who take the survey using the Survey Monkey will receive their certificate within two weeks. And remember, if you would like to receive a hard copy of the Emergency Preparedness Manual, please indicate that on the survey. There will be a question where you'll need to put in your mailing address. Thank you again for joining us for this great webinar, and we look forward to your participation on future events.

Bye-bye.

[End video]