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# **Children's Friend Safety, Crisis & Emergency Response Plan**

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Effective August 19, 2019

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## **I. GENERAL SAFETY PROCEDURES**

- A. Unsafe conditions in the building or on the grounds: Report any unsafe conditions to your supervisor, site coordinator, and the facility team. The situation will be assessed and appropriate measures taken to correct the situation.
- B. Heavy Lifting: Use proper lifting methods when carrying heavy objects. Do not lift using your back. Handcarts may be available at your site. Get help from others when necessary. If an object is too large or heavy, don't lift it.
- C. Eye Stress: Use proper lighting, chair height, and no-glare screens on computers. Take frequent rest periods from the computer display screen.
- D. Health Risks: Persons who have an illness with a high rate of infection by airborne contamination should use time to recover. Illnesses include but are not limited to: strep throat, colds, flu, diarrhea, and vomiting. Items such as tissues should be disposed of properly.
- E. Inclement Weather: In case of snow or other bad weather, the following procedures are followed:
  - If a decision is made to close or delay opening of Agency sites or services inclement weather announcements will be made utilizing four (4) channels of communication. Staff are expected to check these methods to determine if the Agency is open.
  - If there is advanced warning of inclement weather, staff should be prepared to contact their clients and/or partners should it be necessary to cancel appointments and home visits.
  - The Agency uses its best judgment in determining whether or not to operate during times of inclement weather. If an employee feels that it is not safe to come to work, he or she must notify their supervisor. The employee is allowed to access any vacation or floating holiday time that they have available, to provide them pay for the day. Sick time may be used if vacation or floating holiday time has been exhausted and is available.

The following procedures will be utilized for making decisions and announcements regarding inclement weather events at specific Children's Friend agency sites and programs:

1. Head Start and Pre-K classes will be cancelled if the public schools in the community of the Head Start and Pre-K classes are closed because of inclement weather.
  - Children's Friend will not make public announcements on local media channels if Head Start and Pre-K classes are cancelled due to inclement weather.
  - Head Start and Pre-K classes in our Providence sites will be cancelled if Providence Public Schools are closed due to inclement weather. Employees and families should listen for and follow inclement weather announcements made by the Providence Public School Department.
  - Head Start and Pre-K classes in our Pawtucket sites will be cancelled if Pawtucket Public Schools are closed due to inclement weather. Employees and families should listen for and follow inclement weather announcements made by the Pawtucket Public School Department.

2. Head Start and Pre-K classes in our Central Falls sites will be cancelled if Central Falls Public Schools are closed due to inclement weather. Employees and families should listen for and follow inclement weather announcements made by the Central Falls Public School Department.
3. Head Start and Pre-K classes located in Public School buildings will follow the delayed openings or early dismissal announcements from the public school departments in the city in which they are located.
4. Head Start and Pre-K classes located at Children's Friend sites will not follow delayed openings or early dismissals of the public schools. Unless a delayed opening or early dismissal is announced by Children's Friend, Head Start and Pre-K classes will start and end at their usual times regardless of any delayed openings or early dismissals announced by the public school departments. If Head Start and Pre-K classes are cancelled and Children's Friend remains open, all employees are expected to report to work as usual. Employees who are based at a closed public school site will report to another Children's Friend site as directed by their supervisor.
5. Child care and full day/full year classes remain open if Children's Friend is open. Child care and full day/full year classes do not follow public school inclement weather announcements.
6. Children's Friend will make inclement weather announcements regarding agency sites and services as soon as possible. Pre-opening decisions on changes or closings involving services will be made by 5:45 a.m. and broadcast by 6:00 a.m.
7. Children's Friend inclement weather announcements cover all agency sites and services including Head Start and Pre-K classes. i.e.: If Children's Friend is closed due to inclement weather, then all sites and services are closed, including Head Start and Pre-K classes, even if a public school system remains open.
8. Children's Friend inclement weather announcements may include:
  - **No Buses** - All sites will open and services will continue. No busing will be provided. Employees should report to work as usual.
  - **Delayed Opening** - Please call the weather hotline for further instructions.
  - **Closed** - All agency sites, classes, and services are closed for the day. Employees should **not** report to work.

In the event of the need to close the agency early due to inclement weather, a similar process to that described above will be utilized. In addition, announcements in the sites and global voice mail messages will be sent.

- F. **Electrical Safety**: Only agency provided coffee pots, refrigerators and microwave ovens are allowed in sites. Toaster ovens and toasters are prohibited. Microwave oven use requires that the user remain present at the microwave while it is being used. Microwave popcorn is not allowed to be made in any agency site. Space heaters are not to be used in private offices or other workspaces of staff. Small sized personal fans are acceptable for use in offices and workspaces. Small personal clocks and radios, CD players etc. are acceptable, provided they do not disturb others working in the same area. Regular,

household extension cords are not to be used; they are **prohibited** by the *RI Fire Code Regulations*. [If you need a power strip contact the Facilities Department and they can assist you.]

It is NEVER acceptable in any workspaces to use an open flame, e.g. small jar candles, votive candles, incense burners, and the like. Decorative electrical strings of lights are also not allowed in any agency site.

- G. Personal Belongings: Do not leave purses, wallets, or other valuables unattended in your office or other rooms. All employees have access to locking desks, locking file cabinets, or lockers to use for securing personal belongings.
- H. First Aid Kits: All sites have first aid kits available for minor medical treatment. Kits are located in classrooms and at the reception desk at each site. Personal Protective Equipment and gloves are also available at each of these locations. All agency vehicles have first aid kits in them.
- I. Automated External Defibrillators (AED): Each Children's Friend site has an AED device located near the main entrance of the building. It is a portable device that checks the heart rhythm and when needed, it can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA). Training for all staff is provided on a regular basis so that if necessary, a staff person can aid a person in distress. All Staff are required to be trained and certified in CPR and First Aid; the proper use of AEDs is covered as part of the training. All staff should be aware of the location of the AED at their sites.
- J. Material Safety Data Sheets (MSDS): MSDS are located in a binder at the front desk at each site. The purpose of the material safety data sheets is to provide information on products that are used at each site and that could be hazardous (such as cleaners and office products). In the event of an injury or irritation caused by one of the identified products, the MSDS sheet contains the necessary first aid information for treatment.
- K. Escorting Visitors: Each Children's Friend site has guidelines for escorting visitors in and out of their buildings. Site Coordinators and front desk staff are responsible to ensure that staff in their buildings know and follow the guidelines.
- L. Agency Identification Badges: Photo ID badges are issued to each employee, student intern, as well as designated regular independent contractors and volunteers of the agency. These badges must be worn while in an agency facility or on a home visit. Other volunteers or consultants will be issued a temporary nametag by the department where the work is being done on the day they are volunteering or providing services.
- M. Signing In/Out: It is required that **ALL** staff and visitors sign in and out when entering and exiting any Children's Friend site. You must clearly print your first and last name so you can be identified in case of an emergency.
- N. Building Access: Staff and clients are expected to enter and exit the buildings only through the Main Entrance Doors, unless staff are using a door to directly access a playground. Doors should **never** be propped open.

## **II. VIOLENCE PREVENTION**

All staff must take precautions that will not put themselves or others in unsafe situations, and notify their supervisor and Administration of situations that seem unsafe.

### **A. Inside Children's Friend Buildings**

1. Avoid being in the building by yourself. If a risk of danger is anticipated, notify your supervisor or manager. A plan for handling the situation can include:
  - Meet with client(s) in an area that is observable to others.
  - Organize the seating arrangement so that the staff person is near the exit.
  - Have a supervisor or other staff person attend the meeting.
  - Implement a signal system with the supervisor or another staff member if you should need help.
  - Decide the danger is too great and do not allow the person access to the building; call the police if necessary.
2. When a situation is unanticipated, the staff person must use good judgment to defuse the situation. The staff person must remain calm, must contact another staff person for assistance, and must end the meeting with the client. The intercom on the phone system can be used to notify others that help is needed. Supervisors are responsible for establishing procedures with their staff for notification of the need for help, including a need to call the police.
3. When a threat of harm is made against a Children's Friend staff member, the police should be contacted. If the individual is a child and/or is in need of psychiatric care or hospitalization, the police should be summoned immediately if violence has occurred, or when the risk of violence appears to be high. Police officers are authorized to restrain, remove or provide protection from violent individuals.

### **B. Outside the Building - Parking Lots**

1. When entering the parking lot, look for unidentified and suspicious individuals. If a situation seems uncomfortable, return to the building. Report unidentified and suspicious persons to your supervisor, Admin Support, or the Site Coordinator. If the situation is perceived to be a high-risk situation, contact the police.
2. Security guards are used on an as needed basis across agency sites. Security cameras are used at many sites to control building access and to monitor doors, parking lots, and playgrounds.
3. Park in well-lit areas near the building's entrance. Avoid leaving alone. Find others who are exiting at the same time.

### **C. Off Premises and/or in the Community**

#### **1. Car Safety**

- Always keep car doors locked, whether driving or parked. Prior to the arrival at your destination remove valuables from visibility. Always adhere to RI laws regarding seatbelts, child safety seats and restraints, speed limits, distracted driving (i.e. texting while driving), and other laws regarding automobile safety.
- Use good judgment in inclement weather. Pay attention to parking bans and other weather conditions that may impact your work.

- All work-related accidents must be immediately reported to one's supervisor, and an HR Incident Report completed within 24 hours. (See policies: Use of Personal Vehicles, Transportation of Clients, and Reporting Adverse Incidents).

## 2. Risk of Assault

- Staff members should never place themselves in an unsafe situation. If a staff person feels unsafe meeting a client or other persons in the community, they should return to the office and consult with their supervisor to develop a plan and determine if the visit could occur in an alternate location, or if a co-worker or supervisor can accompany the person on the visit. If the client directly threatens bodily harm, the supervisor must be notified, an incident report filed, and a determination made regarding discontinuing services to that individual and/or filing a police report.
- Supervisors must ensure that all personnel conducting home visits are familiar with the guidelines for home visitor safety.
- All staff members who are seeing clients or making visits outside the building must complete a weekly schedule and leave it at the front desk, as well as with their supervisor. Staff members may elect to complete their calendar in Outlook and "share" with the front desk staff and supervisor. The front desk and supervisor must be made aware of any changes to the schedule. The agency's support staff and the individual's supervisor need to be aware of an employee's whereabouts in case of emergency.

### III. SAFETY MEASURES FOR HOME VISITORS

If you don't feel safe, don't put yourself in the situation or remain in it. Trust your instincts. Your safety is a priority.

#### A. Plan Ahead

- Schedule a time for a visit with a client.
- Leave your itinerary with the office. Call the office during the day to report any changes.
- Familiarize yourself with neighborhoods and community resources.
- Avoid clothing and shoes that restrict your movement.
- Carry small amounts of money and lock your purse and other valuables in your car trunk **before** you reach your destination.
- Keep gas tank filled.
- Anticipate that the unexpected may happen, and formulate a plan of action.
- Keep cell phones on and fully charged, and carry with you.

#### B. Safety Measures in the Community

- Have car keys out when approaching your vehicle.
- Complete a visual check of your back seat before entering your car.
- Park in crowded, well-lit and visible areas.
- Be familiar with the community.
- Avoid high crime areas in the late afternoon and early evening. Plan earlier visits.
- Never enter a building that appears vacant.
- Avoid entering buildings with groups of people gathered near the building.
- Notify your supervisor if you are in the field past the agency's closing time.
- Carefully assess the area before getting out of your car.
- Keep car doors locked and windows up when in the car.

### C. Safety Measures in the Clients Home

- Follow your instincts and trust your judgment. If you do not feel safe, leave.
- Assess entrance for potential unsafe situations.
- Do not enter a home where there is quarreling.
- Ensure you are aware of ways to exit the home.
- Be aware of sexual advances or signs of violence.
- Never engage in heated or threatening discussions with clients/family members.

### D. Measures to Apply When You Are Threatened

- Scream "FIRE" loudly to get attention.
- Ask what the attacker wants.
- Submit monies and personal belongings.
- Remain calm, make a detailed observation of the person threatening you, and report to the agency and police immediately.
- If in a safe place, use cell phone to call 911 for assistance.

### E. Cell Phones

All Children's Friend employees whose responsibilities include home visiting are required to have cell phones. Children's Friend provides a cell phone to those staff whose work requires it. Employees whose job responsibilities include regular or occasional driving and who are issued a cellphone for Agency use are expected to refrain from using their phone while driving. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees are encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call; employees may use hands-free phone operations. (See policy 2.23 - Use of Cell Phones and Other Digital Communication Devices during Work Time). **Cell phones must be with you when you are in the community (do not leave in the car), turned on, and charged.**

As of June 1, 2018, Rhode Island has a law that prohibits any driver from using a hand-held wireless communication device while operating a vehicle. For more information regarding this law and its associated implementation please refer to: <http://www.dot.ri.gov/projects/HandsFree/>.

## IV. EXPOSURE TO BLOODBORNE PATHOGENS

All Agency employees are required to participate in training annually for protection against exposure to blood borne pathogens. See: **Bloodborne Pathogens Exposure Control Plan**

## V. TRAINING

All staff members shall be given safety policies and procedures, as well as training, at the time of employment. Supervisors are responsible for orienting and training current staff to the policies, and keeping them informed of updates on an ongoing basis.

## VI. REPORTING ADVERSE INCIDENTS

Whenever an adverse incident occurs (injury to a person, damage to property, threats of violence, theft or other criminal behavior, etc.) involving or in the presence of a staff member who is on agency business, or

on the agency's premises or involving agency property, an incident report must be filed. Incident reports can be obtained from the Human Resources office, and must be completed and filed within 24 hours of the incident. See the Agency's Policy: Reporting Adverse Incidents. All employees are responsible for completing and filing incident reports.

## **VII. SMOKE-FREE WORKPLACE**

In compliance with the Rhode Island Public Health and Workplace Safety Act, Children's Friend provides a smoke free environment for its employees, clients, and visitors. The smoke free policy provides a clean, healthy, productive, and safe environment for all. There is no smoking allowed in any of Children's Friend's buildings, premises, or vehicles. Smoking within 25 feet of building entrances/exits or playgrounds, is also prohibited by RI state law.

## **VIII. POLICIES ADDRESSING SAFETY**

Children's Friend has developed a set of agency policies that address the safety of ALL staff and clients. Refer to the Agency Policy section of the G:drive for all approved policies. [AGENCY POLICIES - Current](#)

It is the expectation that all staff are familiar and adhere to the agency policies. Any questions should be directed to your immediate supervisor or the Human Resources department.

The following is a partial list of the agency policies that address safety concerns:

- Agency Identification Badges
- Authorization for Pick-Up for Early Care and Education Programs
- Reporting Of Adverse Incidents
- Crisis Intervention and Emergency Response
- Environmental Safety – Child Care
- Head Lice Policy
- Health and Safety Guidelines for Children in Agency Foster Homes
- HIPAA Privacy Security Rules
- Medication Management Policy
- Prevention and Control of Contagious and Infectious Diseases In Clients
- Prevention and Control of Contagious and Infectious Diseases In Direct Service Staff
- Responding to Clients At-Risk for Harming Themselves or Others – Duty to Warn
- Responding To Restraining and No Contact Orders
- Safe Food Handling
- Safety Procedures
- Volunteer TB Screening Policy

## **IX. IMMUNIZATION REQUIREMENTS**

Children's Friend adheres to the requirements set forth by the Rhode Island Department of Health and DCYF Childcare Regulations in regards to immunizations. **ALL** Children's Friend Staff are required to provide proof of immunization for each item listed according to the Standards below.

**Staff who seek a medical exemption must show proof with an official Medical Immunization Exemption Certificate for Child Care Workers from their healthcare provider that they are exempt.**

Immunizations requiring proof and the number of doses:

- Tetanus, Diphtheria and Pertussis: one (1) dose of Tdap vaccine

- Measles, Mumps and Rubella: two (2) doses of MMR vaccine. (If you were born in 1957 or earlier, you do not have to show proof of MMR immunity. It is presumed that you are immune.)
- Chickenpox: two (2) doses of Varicella vaccine. (If you were born in 1980 or earlier, you do not have to show proof of chicken pox immunity or varicella vaccine. It is presumed that you are immune.)
- Influenza: annual influenza vaccination, administered between July 1 and December 31 of each year, is required. This is an on-going, annual requirement of staff.

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**Facility Name:** Children’s Friend

**Date of Preparation:** June 1993

<b>Reviewed/Revised:</b>	August 1999	October 2007
	December 2000	July 2009
	March 2003	February 2014
	October 2004	August 2017
	May 2006	August 2018

Bloodborne pathogens are microorganisms in human blood that can cause disease in humans. They include the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), which causes AIDS.

Although occupational transmission of bloodborne pathogens is rare, workplace standards have been enacted to protect employees from possible contraction of these illnesses. In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

### **Exposure Determination**

All employees in the following job classifications are potentially exposed to blood or body fluids through examining children or changing diapers:

Nurses, Nurse Supervisor, Human Resources, Nutritionists, Teachers, Teacher Assistants, Teacher Aides, Associate Teachers, Child Development Supervisors, Child Development Managers, WIC staff, Home Visitors, Bus Drivers.

Note: “Good Samaritan” acts that result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with nosebleed, giving CPR or first aid) are not covered by the Bloodborne Pathogens Standard. However, post-exposure evaluation and follow-up should be provided in such cases.

### **Methods of Implementation and Control**

#### **1.0 Universal Precautions**

All employees will utilize Universal Precautions. Universal Precautions is an infection control method that requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens and must be treated accordingly.

- Mechanical means, such as a brush, dust pan, or tongs will be used to clean up broken glassware.
- Any potentially contaminated materials containing blood will be disposed of in specially marked containers.

- Gloves must be used in diaper changing. Non-latex, vinyl gloves are available. Gloves must be used for any first-aid treatment if blood is visible, or if the worker has any cuts, scratches, or other breaks on the skin.
- Hand-washing is critically important and must be done:
  - ✓ after diapering a child or wiping a child's nose
  - ✓ before preparing or eating foods
  - ✓ before and after using toilet facilities
  - ✓ before and after treating or bandaging a cut
  - ✓ after cleaning toys, wiping down surfaces, cleaning spills or any other housekeeping
  - ✓ after being in contact with any body fluids from another person

**Hands must be washed regardless of whether gloves were worn during contact with body fluids.**

Program managers/supervisors are responsible for ensuring that universal precautions are followed, as applies to their program.

## **2.0 Engineering Controls and Work Practice**

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at all Children's Friend facilities. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At all Children's Friend facilities the following engineering controls will be utilized:

Hand washing facilities are available to employees who incur exposure to blood or other potentially infectious materials. The facilities are located in kitchens and bathrooms. Many of the early care and education classrooms also have hand washing facilities.

All agency vehicles are equipped with first aid kits, and mobile first aid kits are available to take on field trips. Included in the first aid kits are antiseptic solutions and/or towelettes to use when soap and water are not readily available. Hands are to be washed with soap and running water as soon as feasible after exposure to blood or other potentially infectious materials, or after changing diapers.

After removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. Refer to 6.0 for procedures to follow.

Maintenance personnel at each site will be responsible for seeing that all the hand washing facilities are stocked with soap and paper towels.

## **3.0 Personal Protective Equipment (PPE)**

Personal protective equipment must be used if potential for occupational exposure remains after engineering and work practice controls have been instituted, or if controls are not feasible. Training sessions will cover the use of appropriate personal protective equipment.

PPE items include:

- Disposable gloves for tasks where employees may have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes
- Gowns, masks, eye protection, shoe covers where gross contamination can be reasonably be anticipated

PPE will be readily accessible for employee use. Gloves can be located in the early care and education classrooms, and in all first aid kits. Other personal protective equipment will be located with first aid kits at each site.

Employees utilizing PPE must observe the following precautions:

- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Change gloves between each diaper change, washing hand after removing.
- All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.
- Garments will be removed and placed in a specially marked bag, and will be cleaned, laundered or disposed of by Children's Friend at no cost to employees. All repairs and replacements will be made by Children's Friend at no cost to employees.
- Disposable equipment will be placed in a specially marked container for such.
- Utilize masks in combination with eye protection devices, such as goggles, whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. This would include: providing first aid in which there is squirting or flowing blood, or cleaning up an area in which there is a quantity of blood or body fluids.
- Protective clothing, such as a gown, shall be utilized in cleaning spills of blood or body fluids.

Foster parents are to use gloves in the cleaning of any blood or body fluids, including diapering, if they have any sores or abrasions on their hands; or if the child is at risk of, or is known to be, HIV positive or to have hepatitis. Gloves will be provided to all foster parents at no cost to the foster parents. The Permanency Manager is responsible for ensuring that the foster care providers know of this policy, and that gloves are available for their use.

#### **4.0 Cleaning and Decontamination**

Cleaning with a disinfectant (1/4 cup household liquid chlorine bleach in 1 gallon of tap water) will occur immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials. Bleach will be located with the cleaning supplies at each facility.

All diaper changing areas will be cleaned with a bleach and water solution immediately after each diaper change. The bleach and water solution will be freshly made at the beginning of each day. The solution will be kept near the diaper changing area, but out of reach of children. The Child Development Supervisor at each facility is responsible for ensuring the bleach and water solution is available.

All bins, pails, cans and similar receptacles shall be inspected, emptied, and cleaned as part of the regular cleaning schedule at each facility.

Any broken glassware, whether or not it may be contaminated, will not be picked up directly with the hands. A broom and a dustpan, or tongs, are to be used. If blood is on the glassware, it will be disposed of in a receptacle designated for contaminated materials. The broken glassware should be placed in a non-permeable container and then disposed in a receptacle designated for contaminated materials.

#### **5.0 Hepatitis B Vaccination**

Training sessions will include information on hepatitis B vaccinations, addressing its safety, benefits, efficacy, and methods of administration and availability.

The hepatitis B vaccination series will be made available to employees who have been identified as having potential exposure to blood or other potentially infectious material (see Exposure Determination on pg. 1), at no charge to the employee. Human Resources will assist the covered employee in arranging for the vaccination within 10 working days of initial assignment unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination
- the employee chooses not to participate

All employees who are potentially exposed are strongly encouraged to receive the hepatitis B vaccination series. However, if an employee chooses to decline hepatitis B vaccination, then the employee must sign a Declination Statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the hepatitis B vaccination shall be sent to the Human Resources Associate where it will be filed in the employee's personnel file.

If an employee who is not identified as having potential for exposure is exposed to blood or other potentially infectious materials through a work related activity, those employees can have the hepatitis B vaccine administered at no cost to the employee. Any exposure must be reported to the employee's supervisor, and an incident report completed on the day of the exposure.

Human Resources will be responsible for insuring that the hepatitis B vaccination series is offered, and the appropriate waivers are signed. The vaccination will be arranged through Corporate Care Fatima Hospital, the individual's private physician, or another health facility as arranged by Children's Friend. Children's Friend will pay for the cost of the vaccination for covered employees.

## **6.0 Post Exposure Evaluation and Follow-up**

### **6.1 Decontamination**

Should an exposure incident occur, decontamination of the exposed skin and other areas should be performed at the nearest hand-washing facility. Soap and water should be used on exposed areas, and eyes should be flushed with water if necessary.

### **6.2 Protocol for obtaining medical treatment, counseling, baseline blood testing, and (if necessary and agreed) prophylaxis**

Children's Friend has an agreement with Corporate Care, Fatima Hospital to provide post exposure evaluation and treatment. Employees also have the option of seeing their own physician in cases of exposure.

Any employee who has been exposed to blood or other potentially contaminated body fluids is to report the exposure incident immediately to their supervisor and complete an agency incident report, as well as the Exposure Incident Report located in the appendix. The Exposure Incident Report, as well as the Post Exposure Evaluation and Follow-up Checklist must be attached to the agency incident report. The supervisor is to immediately notify the Vice President of Professional Development and Quality and the Human Resources Department of the exposure. If the Vice President of Professional Development and Quality or the Human Resources Department cannot be reached, the Sr. Vice President of Programs and Operations/Head Start Director should be contacted. The employee's physician or Corporate Care, Fatima Hospital must make evaluation of the need for post exposure treatment within 24 hours of exposure.

The Exposure Incident Report will indicate the route of exposure, the circumstances related to the incident, and the source individual. The status of the source individual (if known) is also to be indicated on the report. This report must be completed and filed with the President and CEO, with copies going to the Vice President of Professional Development and Quality, the Human Resources department and the Sr. Vice President of Programs and Operations/Head Start Director **within 24 hours of the exposure.**

Human Resources will contact the source individual (if the individual is known) and request consent to test the individual for HIV/HBV infectivity. Requesting consent from the source individual is mandatory unless it can be established that identification is not feasible, or it is already known that the source individual is positive for HIV and HBV. Consent forms are developed to document the request for a blood sample from the source individual. Infectivity information will be provided directly to the treating physician. The results of the testing will also be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. The employer does not have to be informed of the test results of the source individual. All state laws will be followed regarding confidentiality of testing and results.

The employee's physician and/or Corporate Care, Fatima Hospital, will be responsible for ensuring that employees are given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

### **6.3 Serological Testing of Exposed Employees**

The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. If consent is obtained, the testing will be done through their personal physician or Corporate Care, Fatima Hospital. All costs for this testing will be covered by Children's Friend.

### **6.4 Custodian of Records**

The Human Resources Department will be the custodian of employee records pertaining to bloodborne pathogen exposure and follow-up. Human Resources will keep copies of Exposure Incident Reports until the process is completed and will then forward them to the Human Resources Department.

### **6.5 Accident/Incident Review**

The Vice President of Professional Development and Quality, the Human Resources Department and the Sr. Vice President of Programs and Operations/Head Start Director, the exposed employee, and the employee's supervisor will review the circumstances of the exposure incident to determine if procedures, protocols, and/or training need to be repeated or revised to prevent a reoccurrence of the incident. This review will occur within 5 working days of the incident, and documentation of the review with recommendations will be attached to the incident report.

### **7.0 Interaction with Health Care Professionals**

**A written opinion shall be obtained from the health care professional that treats or evaluates employees of Children's Friend in relation to implementation of this plan.**

Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. When the employee is sent to a health care professional following an exposure.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccination series has been administered.
2. If the employee has had an incident of exposure, if the Hepatitis B vaccine is indicated (if the employee is not already vaccinated) and if the employee has received the vaccination.
3. Post-exposure evaluation and follow-up shall indicate whether or not the employee has been informed of the results of the medical evaluation and any medical conditions that may require further evaluation and treatment.
4. Post-exposure evaluation and follow-up shall also indicate that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

Children's Friend will provide employees with a copy of the treating physician's written opinion within 15 days of completion of the evaluation, or within 15 days of receiving copies of medical forms from the treating physician. The Human Resources Department will insure that employees are provided with this information. All information on an employee's post-exposure evaluation will remain confidential.

## **8.0 Labeling**

Red containers with biohazard labels are available at each site and are to be used for the disposal of any potentially infectious materials containing blood. Materials containing blood should be wrapped in plastic bags and disposed of in the red containers. Bags for disposal of contaminated materials will be located in the same area as the first aid kits and personal protective equipment at each site.

## **9.0 Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur (*see page. 1, Exposure Determination*), and within 10 working days of assignment, and thereafter on an annual basis. Training will be conducted through the use of reading materials, videos, and discussions, with the opportunity for questions. The Professional Development Department will be responsible for setting up the initial and annual training.

Training for employees will include:

- the nature of bloodborne diseases and how they are transmitted
- Universal Precautions
- what to do in an emergency
- Children's Friend exposure control plan, including work practice controls, personal protective equipment, how to handle exposure incidents, post-exposure evaluation and follow-up
- Hepatitis B vaccination program
- requirements of the OSHA standard

## **10.0 Record keeping**

### **10.1 Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with OSHA's standards related to Toxic and Hazardous Substances:

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10027](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027)

The medical records will include the following:

- The name and social security number of the employee.

- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations, and any medical records relative to the employee's ability to receive vaccinations as required by the standard.
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.
- The employer's copy of the healthcare professional's written opinion as required by the standard.
- A copy of the information provided to the healthcare professional as required by the standard.

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with the above referenced OSHA standards.

Employee medical record shall be provided upon request to the employee or to anyone having written consent of the employee within 15 working days.

The Human Resources Department will maintain the medical records.

## **10.2 Training Records**

The training record shall include the:

- dates of the training session;
- contents or a summary of the training session;
- names and qualifications of persons conducting the training;
- names and job titles of all persons attending the training sessions.

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

The Human Resources staff will be responsible for maintaining the training records and ensuring that all information is supplied to the Human Resources department for employee records.

## PROCEDURE FOR PAYMENT

### HEPATITIS B VACCINATION SERIES

**Children's Friend will arrange for the series, or reimburse the covered employee for the vaccination series.**

If Children's Friend arranges for the employee to receive the vaccination through a medical facility, Children's Friend will pay the facility upon their submission of a bill. Human Resources will arrange for the vaccination series with the approved facility.

If the employee chooses to have the vaccination series completed through their primary care physician, Children's Friend will reimburse the employee upon submission of a receipt from the doctor verifying the series has been completed, and indicating the total cost.

02/21/14

**CHILDREN'S FRIEND**  
**HEPATITIS-B VACCINE CONSENT FORM**

I, \_\_\_\_\_, have read the accompanying statements about hepatitis-B and the hepatitis-B Vaccine, (Recombinant). I have been provided with updated information and have had an opportunity to ask questions about the benefits and risks of Hepatitis-B Vaccination. I understand that there is no guarantee that I will become immune and that there is a possibility that I will experience and adverse side effect from the vaccine.

\_\_\_\_\_  
Signature of the recipient/employee Date

**FOR PREGNANT WOMEN**

I have been advised that studies have not been conducted to determine the effect of the vaccine on a developing fetus. Therefore, the safety of the vaccine is not known on the developing fetus.

\_\_\_\_\_  
Signature of the recipient/employee Date

**DECLINE TO ACCEPT**

I have read the preceding statement about Hepatitis B and the Hepatitis B Vaccine (Recombinant). Various OSHA standards apply to exposure to the hazards of potential infections of both the HepB and HIV viruses. These standards cover personal protective equipment, sanitation, and waste disposal.

I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B Vaccine (Recombinant). I understand that due to my occupation exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given this opportunity to be vaccinated with the Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B Vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature of the recipient/employee Date  
Re: Hepatitis B Vaccination Series

**To the Evaluating Physician:**

\_\_\_\_\_, a Children's Friend employee, has potential exposure to blood or other body fluids as a part of their job.  
\_\_\_\_\_ has elected to receive the Hepatitis B vaccination series. Children's Friend and Service will pay the cost of this vaccination.

After you have determined whether there are contra indications to vaccination of this employee with Hepatitis B vaccine, please state in the space below only (A) if the vaccine was indicated, (B) if the vaccine was received, (C) dates of vaccination. (All other findings are to remain confidential and are not to be included on this page.)  
Please return this sheet to this employee, \_\_\_\_\_.

Please submit any costs for this vaccination and evaluation to: Human Resources, Children's Friend 153 Summer Street, Providence, RI 02903.

Thank you for your evaluation of this employee.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's name (printed) Date

**EXPOSURE INCIDENT REPORT**  
**(Routes and Circumstances of Exposure Incident)**

***Please Print***

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of exposure \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Hepatitis B Vaccination Status \_\_\_\_\_

**Location of Incident:**

Describe what job duties you were performing when the exposure incident occurred.

\_\_\_\_\_  
\_\_\_\_\_

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What body fluid(s) were you exposed to? \_\_\_\_\_

\_\_\_\_\_

What was the route of exposure (e.g. mucosal contact, contact with non-intact skin)?

\_\_\_\_\_  
\_\_\_\_\_

Describe any personal protective equipment in use at time of exposure incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did PPE fail? \_\_\_\_\_ if yes, how? \_\_\_\_\_

\_\_\_\_\_

Identification of source individual(s) (names) \_\_\_\_\_

\_\_\_\_\_

Other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing report

\_\_\_\_\_  
Date

**POST EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST**

Employee's Name \_\_\_\_\_

Date of exposure \_\_\_\_\_

Has an incident report been completed? \_\_\_\_\_

Has the source individual been identified? \_\_\_\_\_

Is it known if the source individual is infected with HBV or HIV? \_\_\_\_\_

Has the source individual given consent for testing for HIV/HBV infectivity? \_\_\_\_\_

Has the results of the testing been made available to the exposed employee? \_\_\_\_\_

Does the exposed employee wish to have their blood tested for HIV/HBV status? \_\_\_\_\_

Has the employee been referred to their physician for post-exposure evaluation and counseling? \_\_\_\_\_

Has the post-exposure counseling been given, including information on potential illnesses? \_\_\_\_\_ (Documentation from physician)

Completed by \_\_\_\_\_

Date \_\_\_\_\_

**SOURCE INDIVIDUAL EXPLANATION OF AND CONSENT OR  
DECLINATION TO HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND  
HEPATITIS B VIRUS (HBV) TESTING FOLLOWING EMPLOYEE EXPOSURE**

**EXPLANATION**

A member of our facility was accidentally exposed to your blood or body fluid. In order to comply with recommendations of the centers for disease Control and OSHA, we are requesting your consent to test your blood for the antibody to the human immunodeficiency virus (HIV and the hepatitis B virus (HBV). This test will show whether or not you yourself have been exposed to HIV or HBV. It will not show whether or not you actually have AIDS or Hepatitis (or an AIDS/HBV related illness).

Your consent will enable Children’s Friend to provide the necessary care and assist in the proper medical management of the exposed employee. It is important that you understand the following:

1. We cannot test for HIV without your consent.
2. You will not be charged for this test.
3. This signed consent form and the test results will be kept confidential.
4. Should the test results be positive, you will be notified by your doctor for counseling and appropriate medical advice.
5. If you consent to the testing, the testing will be arranged through your personal physician. If you do not have a physician, the Human Resources will assist in locating a health facility that can perform these tests.

---

**CONSENT/DECLINATION**

I have been informed about the implications and limitations of the test for the antibody to HIV and HBV. I have been able to ask questions about the test. Those questions were answered to my satisfaction. I understand the benefits and risks of the test.

I hereby consent to have my blood tested for the HIV/HBV antibody

I hereby decline to have my blood tested for the HIV/HBV antibody

---

Signature

Date

---

Name (printed)

---

If minor, signature of parent or guardian

Date

---

Witness

Date

## INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

This Children's Friend employee may have suffered an exposure incident as defined in the Bloodborne Pathogens standard. In accordance with the standard's provision for post exposure evaluation and follow-up, the employee presents to you for evaluation. Included to assist you in this evaluation are:

- 1) a copy of 26 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens
- 2) a description of the exposed employee's duties as they relate to the exposure incident
- 3) documentation of the routes of exposure and circumstances under which exposure occurred
- 4) results of the source individual's blood testing, if available
- 5) all medical records relevant to this employee's appropriate treatment, including vaccination status

After completing the evaluation, please:

- 1) Inform the employee regarding the evaluation results and any follow-up needed; and
- 2) Complete the attached written opinion form and give it to the employee. This form will be maintained as a part of the employee's confidential medical record.

If you have any questions, please contact: Human Resources at Children's Friend, phone (401) 276-4300.

**WRITTEN OPINION**

To the Evaluating Physician:

After your evaluation of this Children’s Friend employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

- (A) \_\_\_\_\_ The employee has been informed of the results of this evaluation.
- (B) \_\_\_\_\_ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

No other findings are to be included on this report.

Please return this sheet to this employee, \_\_\_\_\_.

Thank you for your evaluation of this employee.

\_\_\_\_\_  
Physician’s signature

\_\_\_\_\_  
Physician’s name (printed)

\_\_\_\_\_  
Date

**CRISIS**

**AND**

**EMERGENCY RESPONSE**

**Plan**

## **Purpose**

The purpose of this plan is to emphasize advance preparation and teamwork by internal and external stakeholders, establish and maintain effective communication channels, and foster an environment of continuous improvement while providing leadership in preparing for and responding to all emergency incidents. The Plan identifies responsible individuals, and guides response and recovery actions. It is designed for sites owned and operated by Children's Friend. It applies to a broad range of emergency incidents, and may be activated during any of the incidents described in this document.

## **Objectives**

The Plan provides general guidance, organizational structure and specific direction on preparedness, response and communication disciplines. It outlines procedures for managing major emergencies that may threaten the health and safety of the staff, visitors, clients and surrounding neighborhoods.

The Plan identifies departments and individuals that are directly responsible and accountable for emergency response and critical support services. It also provides a structure for coordinating and deploying essential resources.

## **Assumptions**

The Children's Friend Crisis and Emergency Response Plan is based on the following planning assumptions and consideration:

- Any employee of Children's Friend may be tasked by this Plan.
- All employees recognize their responsibilities for the safety and well-being of clients, staff, and visitors; and assume their responsibilities in the implementation of this Plan.
- External resources may be requested to assist the agency.
- Incident Command role is to make decisions for the agency and its continued operation throughout implementation of any portion of this Plan.
- In most cases, law enforcement or fire service personnel will assume Incident Command, or establish a unified command with the Agency, depending on the type of emergency.
- Outside assistance will likely be available in most emergencies affecting the Agency. Although this Plan defines procedures for coordinating such assistance, it is essential for the Agency to be prepared to carry out disaster response and short-term actions on an independent basis, or in the event, the incident is community or region wide.
- It is possible for a major disaster to occur at any time and any place in or near Agency sites. In some cases, timely dissemination of warnings and increased readiness measures may be possible. However, many disasters can, and may occur with little or no warning.
- Critical Response Team roles are scalable and will vary depending on the size of the site. In other words, at smaller sites CRT roles may overlap.
- Proper implementation and understanding of these procedures through training and exercising will reduce or prevent disaster-related losses.
- Emergencies on the Agency's properties may involve multiple responding departments and agencies including, but not limited to, law enforcement, state health department, state child welfare officials, fire services, emergency management, environmental health and safety, emergency medical services, and appropriate city, state and federal agencies.

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### Acknowledgments

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### Children's Friend On/Off Site Assembly and Evacuation Sites\*

Site	Address	On-Site Assembly Area	Off-Site Evacuation Assembly Area	Route	Off-Site Evacuation/ Family Reunion Area	Route
Althea	70 Union Ave Providence	Staff parking lot on the Southeast side of the building	TBD	TBD	TBD	TBD
Berkshire	99 Berkshire St. Providence	Parking lot in between Clym, Berkshire, and June Streets	Parking lot; NE corner of Donelson and June Streets	SW on Berkshire St	Berkshire Place Nursing Home; 455 Douglas Ave.	SW on Berkshire St.
Carter	12 Carter St. Providence	Parking lot; SE corner of Bucklin and Carter Streets	Parking lot; SE corner of Bucklin and Carter Streets	Cross Carter St. heading North	Genesis Center; 620 Potters Ave.	North on Bucklin St.; West on Potters Ave.
Dean	13 Legion Dr. Pawtucket	South end of parking lot on Legion Dr.	Nathaniel Greene Elementary School; 285 Smithfield Ave.	S on Legion Dr.; West on W Forest Ave.; South on Smithfield Ave.	Nathaniel Greene Elementary School; 285 Smithfield Ave.	South on Legion Dr.; West on W Forest Ave.; South on Smithfield Ave.
Dexter	621 Dexter St. Central Falls	Public playground behind Center on Garfield St.	Segue Charter School 325 Cowden Street	N on Dexter St; right onto Cowden Street	Segue Charter School 325 Cowden Street	N on Dexter St; right onto Cowden Street
Dorcas Place	220 Elmwood Ave. Providence	SW corner of parking lot, Elmwood and Peace St	TBD	TBD	TBD	TBD
Friendship	350 Point St. Providence	East end of parking lot; corner where Point St. meets Clifford St.	Davey Lopes Recreation Center 227 Dudley Street	East on Point St toward W Clifford St Turn right onto Prairie Ave, turn right onto Dudley St.	Davey Lopes Recreation Center 227 Dudley Street	East on Point St toward W Clifford St Turn right onto Prairie Ave, turn right onto Dudley St.
Hartford	550 Hartford Ave. Providence	Northwest corner front parking lot, on Hartford Ave side of building	Silver Lake Comm Center 529 Plainfield Street	S on Pettys Ave, slight left onto Killingly St, Left onto Plainfield St	Silver Lake Comm Center 529 Plainfield Street	S on Pettys Ave, slight left onto Killingly St, Left onto Plainfield St
Heritage Park (YMCA)	333 Roosevelt Ave. Pawtucket	Upper parking lot, exit building and walk North towards Roosevelt Ave.	Pawtucket Family YMCA 20 Summer St. Pawtucket	Left onto Roosevelt Ave. Right onto Exchange, L onto High St, R onto Union, left onto Summer	Pawtucket Family YMCA 20 Summer St. Pawtucket	Left onto Roosevelt Ave. Right onto Exchange, L onto High St, R onto Union, left onto Summer
Independence Square	500 Prospect St. Pawtucket	Front parking lot, under trees	Boys and Girls Club 1 Moeller Pl, Pawtucket	W on Prospect St, left onto Fernwood Ave., left onto School St.	Boys and Girls Club 1 Moeller Pl, Pawtucket	W on Prospect St, left onto Fernwood Ave., left onto School St.
McAuley Village	325 Niagra St. Providence	Parking area/grass on the corner of Early and Cadillac Dr	Sackett St. Elem. School 159 Sackett St. Providence	NW on Niagra go Left ont Early St, Right onto Cadillac Dr. , Left onto Sackett St.	Sackett St. Elem. School 159 Sackett St. Providence	NW on Niagra go Left ont Early St, Right onto Cadillac Dr. , Left onto Sackett St.
Manton	31 Salmon St. Providence	Manton Heights Playground area, behind HS building	FOP Lodge 3 40 Sheridan St.	Right on King St., follow to Sheridan St.	FOP Lodge 3 40 Sheridan St.	Right on King St., follow to Sheridan St.
153 Summer	153 Summer St. Providence	Loft space parking lot; NW corner of Meadow and Summer Streets	124 Summer St. Providence	NW on Summer St. toward Meadow St.	124 Summer St. Providence	NW on Summer St. toward Meadow St.
124 Summer	124 Summer St. Providence	Loft space parking lot; NW corner of Meadow and Summer Streets	153 Summer St. Providence	SE on Summer St. toward Meadow St.	153 Summer St. Providence	SE on Summer St. toward Meadow St.
Varone	482 Weeden St. Pawtucket	Grass area to north; near Crook Manor Dr.	Iglesia de Cristo Del Logos Al Rhema 504 Weeden St, Pawtucket	Exit building and cross Weeden St	Iglesia de Cristo Del Logos Al Rhema 504 Weeden St, Pawtucket	Exit building and cross Weeden St

\* Programs/classrooms in public schools follow the Plan for their site.

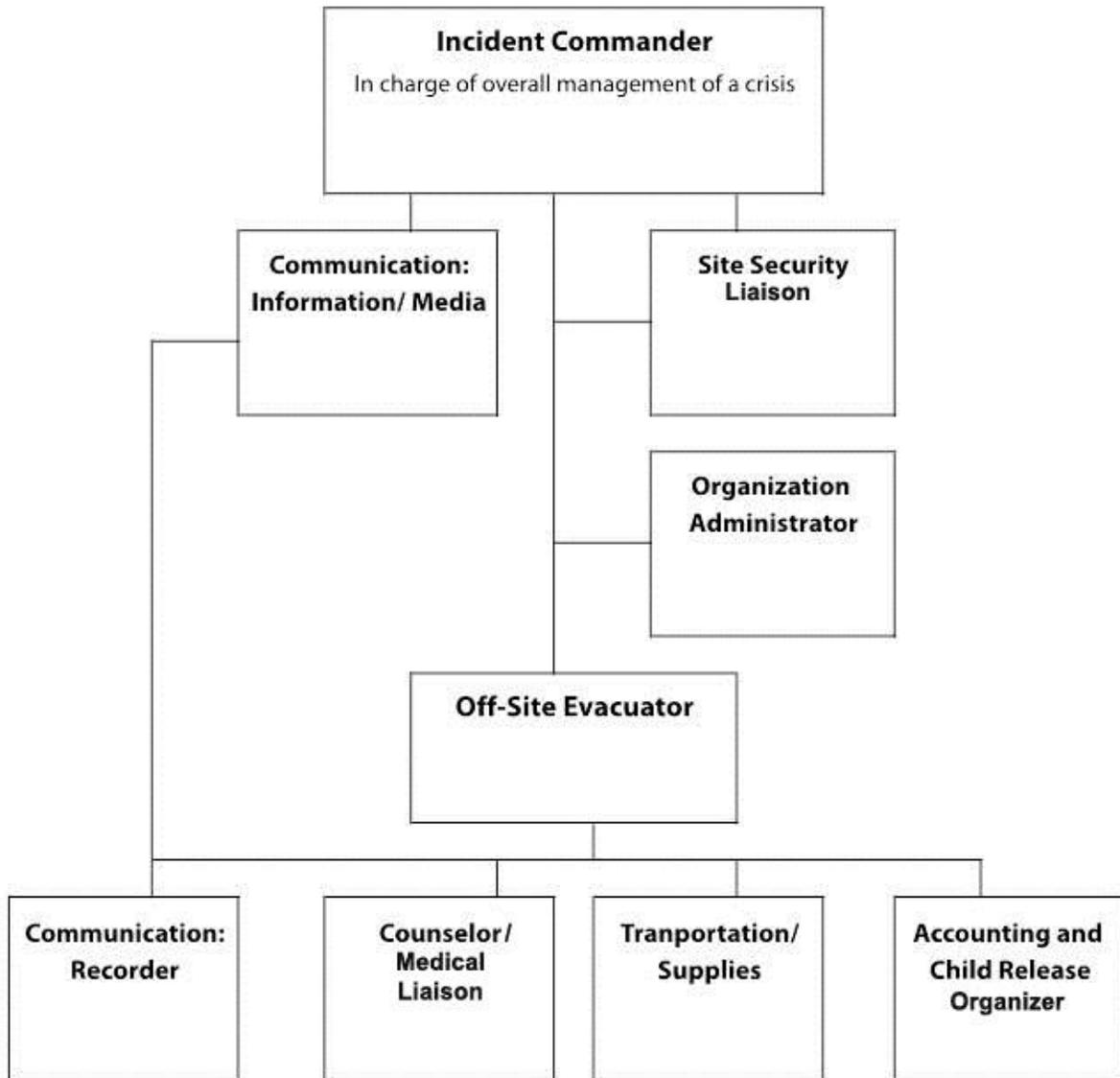
## **Emergency Response Phone Numbers**

<b>Utilities</b>	
Electric/Power Outages – National Grid	<b>1-800-465-1212</b>
Gas Emergency – National Grid	<b>1-800-640-1595</b>
Water – Providence	<b>521-6300 (option 1)</b>
Water-Pawtucket	<b>729-5005 or 729-9050</b>
Department of Public Works – Providence	<b>467-7950</b>
Department of Public Works-Pawtucket	<b>728-0500 x233 or x260</b>
Department of Public Works-Central Falls	<b>727-7466</b>
Windstream – main lines (PRI issue)	<b>1-800-600-5050</b>
Harbor Networks – desk phones	<b>1-508-650-5900</b>
Verizon – fax lines	<b>1-800-837-4966</b>
Narragansett Bay Commission	<b>461-8848</b>

<b>Emergency Alert System (EAS) Stations</b>	
<b>Radio Stations</b>	<b>WPRO Radio 630 AM/92.3 FM WHJY Radio 94.1 FM WHKK Radio 100.3 FM WWBB Radio 101.5 FM WWLI Radio 105.1 FM WHJJ Radio 920 AM WSKO Radio 790 AM</b>
<b>Television Stations</b>	<b>WLNE Channel 6 WJAR Channel 10 WPRI Channel 12 Fox 64 (Cox 11)</b>

## ICS COMMAND TREE and CRISIS RESPONSE TEAM (CRT) ELEMENTS

A description of each role listed below appears on page 31.



## Crisis Response Team Roles and Responsibilities

CRT Roles	Duties and Responsibilities
Incident Commander  (Command)	Provides leadership for the development and execution of the Plan. Verifies crisis and initiates action of the CRT. Establishes a Command Post. Makes decisions based on information/suggestions by CRT members. Relinquishes overall incident leadership role to fire officials during a fire/hazardous materials incident and/or to the ranking law enforcement officer following a criminal act. May assume leadership role within a “unified command” structure with responding agencies.
Site Security Liaison  (Operations)	Monitors safety conditions of an emergency situation, including potential utility shut off. Secures facility (locking gates and perimeter doors, posting yellow caution tape as needed, etc). Provides information to local law enforcement and fire and rescue department personnel about what has taken place and the plans implemented to ensure the safety of the staff/children. Maintains contact with police/fire operations throughout the incident.
Off-Site Evacuator  (Logistics)	Organizes use of off-site location to include: choosing evacuation routes, planning the safe movement of staff/children to the location, planning for the movement of special needs staff/children. Sets up communications post, (two-way radio, battery-powered radio, written updates, etc.). Coordinates with Incident Commander, Site Security Liaison, Counselor/Medical Liaison, Accounting and Child Release Organizer to manage the site.
Accounting and Child Release Organizer  (Operations)	Collects personnel data and oversees accounting of individuals involved in incident. Ensures that all teachers have an accurate accounting of children. Coordinates efforts in accounting for missing and extra staff/children. Organizes, manages and coordinates the safe and orderly release of children to their parents/guardians.
Counselor/ Medical Liaison  (Operations)	Oversees the physical and emotional needs of the staff/children during a critical incident. Conducts triage before local EMS arrives; coordinates with local EMS personnel to provide first aid, CPR and medical care to the injured. Coordinates post-event counseling program to help students, parents, staff and the community to recover from an incident. Coordinates professional community services, when required.
Communication: Recorder  (Logistics)	Documents events as they occur, including decisions and actions taken with time annotations, when possible, photograph or videotape. Makes notifications, site map, orders resources and provides informational updates as directed by the Incident Commander. Assist Off-Site Evacuator with monitoring communication devices.
Communication: Information/Media  (Logistics)	Establishes the Media Center near Command Post. Ensures media doesn’t gain access to staff, children, or families during the incident. Controls rumors by providing staff with information about the incident. Develops relationship with local media representatives; prepares media release; establishes/monitors communications to parents and staff.
Transportation/ Supplies  (Logistics)	Organizes, manages and coordinates off-site evacuation transportation services (if any). With assistance from pre-designated team, responsible for maintaining, updating and removing medical and/or food supplies from the building during an evacuation. Coordinates with Off-Site Evacuator and Incident Commander.
Organization Administrator  (Finance)	Responsible for the continuity of business for the organization during and after the incident. Develop and initiate protocol to preserve Information Systems and secure records. Monitor and track expenses pertaining to incident.

# Response

Response is the process of implementing appropriate actions *while* an emergency situation is unfolding. In short, responding means “doing what you planned to do.”

For each event listed, there are specific actions to be taken to appropriately handle the given situation. Depending on the type of emergency, protocols may remain under the domain of the organization or may necessitate a coordinated community-wide response.

## **A. Implementing Universal Response Procedures**

1. **A** – ALERT STATUS
2. **E** – EVACUATION STATUS
3. **I** – INTRUDER STATUS
4. **O** – OUTDOOR HAZARD STATUS
5. **U** – UNEXPECTED WEATHER EMERGENCY STATUS

## **B. Natural Response Procedures**

1. Flood
2. Hurricane
3. Severe Thunderstorms and Tornadoes
4. Winter Storm, Blizzards, and Extreme Cold
5. Earthquake

## **C. Manmade Disaster Response Procedures**

1. Bomb Threat
2. Fire
3. Gas Line Break
4. Hazardous Materials
5. Hostage Situation
6. Intruder
7. Medical Emergency
8. Missing or Abducted/Kidnapped Children
9. Suspicious Package or Mail – Chemical/Biological Threat
10. Vehicle Accident (Agency Bus/Van/Truck)

## **A. IMPLEMENTING UNIVERSAL RESPONSE PROCEDURES**

### **1. A – ALERT STATUS (Code A)**

The Crisis Response Team may activate **ALERT STATUS** to secure, by locking, the building to prevent unauthorized entry if the threat is outside the building, such as a robbery or police raid in close proximity. Outside activities are cancelled; while staff and children are free to move about inside the building. All exterior doors are secured, staff are posted at main entrance ensuring controlled access as staff, clients, visitors or emergency personnel enter or exit the building.

#### **Incident Commander / CRT Leader**

- Communicate ALERT STATUS via the intercom or alternative communication system.

- Notify the Office of the President or Senior Admin Team member. The Office of the President or Senior Admin Team member will notify all agency sites via all staff email and broadcast phone message that a code has been called, make updates regarding the code and when the code has been called off.
- All exterior doors are closed and locked.
- Post signs in hallways and on doors indicating security measures.
- Public events and community meetings are cancelled.
- Individuals are free to move about inside the building with caution near windows.
- Staff is posted at building main entrance to ensure controlled access to the building.
- If transportation is scheduled to arrive or depart from the facility during an Alert Status, contact the driver. Vans/buses will stage off-site until the situation is resolved.
- When the threat has been mitigated, make announcement to return to normal operations.

### **Staff**

- All outdoor activities/playground/field trips are cancelled/suspended.
- Public events and community meetings are cancelled.
- If outside, Staff and children are moved inside the building.
- Be on alert for an evacuation.
- DO NOT UNLOCK EXTERIOR DOORS.
- Close and lock all windows.
- When the threat has been mitigated, an announcement will be made to return to normal operations.

## **2. E – EVACUATION STATUS (Code E)**

The Crisis Response Team will activate **EVACUATION STATUS** if locations outside of the facility are safer than inside. It involves the controlled movement of staff and children to exit the building and move to a pre-specified safe location. Determine which type of evacuation/ route is required:

- On-site assembly location outside of the building (i.e. parking lot, playground)
- Off-site evacuation away from facility
- Off-site evacuation shelter location (family reunion area)

### **On Site Assembly Evacuation**

#### **Incident Commander/ CRT Leader**

Notify public safety officials (911) immediately if they are not aware that an on-site evacuation procedure is necessary/ activated.

- Notify the Office of the President or Senior Admin Team member. The Office of the President or Senior Admin Team member will notify all agency sites via all staff email and broadcast phone message that a code has been called, make updates regarding the code and when the code has been called off.

- If incident occurs at a site where there are DCYF licensed classrooms, notify DCYF Licensing Unit.
- Communicate the need to evacuate the building to staff by activating the fire alarm or via the intercom, or alternative communication system.
- Security and Medical Go-Kits should be moved outside with the evacuees.
- Monitor the situation and provide updates and additional instructions as needed.
- Communicate changes in evacuation routes based on location and type of emergency.
- When outside the building, check for injuries and account for all staff, visitors, and children.
- Communicate when it is safe to re-enter the building or re-occupy a section of the facility that was evacuated (i.e., whistle or bull horn).

### **Staff**

- Exit the building using the designated emergency exit routes. Use a secondary route if the primary route is blocked or hazardous.
- Go to designated evacuation assembly area. Exit routes and the evacuation location will be selected and communicated by the CRT Leader.
- Assist those needing accommodations.
- Do not lock office or classroom doors when leaving. No need to shut off lights.
- Do not stop for staff or children's belongings.

## **Off-Site Evacuation and Off- Site Shelter Evacuation**

### **Incident Commander/ CRT Leader**

- Notify public safety officials (911) immediately if they are not aware that an off-site evacuation procedure is necessary/activated.
- Notify Office of the President or Senior Admin Team member. The Office of the President or Senior Admin Team member will notify all agency sites via all staff email and broadcast phone message that a code has been called, make updates regarding the code and when the code has been called off.
- If incident occurs at a site where there are DCYF licensed classrooms, notify DCYF Licensing Unit.
- Communicate the need to evacuate the building or a specific area of the building to the building occupants by activating the fire alarm or via the intercom, or alternative communication system.
- Advise families of children through use of mass-communication tools.
- Security, Medical, and Provision Go-Kits should be moved outside with the evacuees.
- Notify the agency partner with whom we have an off-site evacuation/family reunion area.
- If necessary, coordinate transportation of staff and children to the off-site evacuation/family reunion area.
- Communicate changes in evacuation routes based on location and type of emergency.
- When outside the building, check for injuries and account for all staff, visitors, and children.
- At off-site evacuation/family reunion area, coordinate with local public safety officials to establish Command Post, Media Staging Area, Vehicle Staging Area, and Family Reunion Area.
- Implement child release/reunion procedures at the off-site evacuation/family reunion area.

- Document all children released to families.

#### **Staff**

- Exit the building using the designated emergency exit routes. Use a secondary route if the primary route is blocked or hazardous.
- Go to designated evacuation area. Exit routes and the evacuation location will be selected and communicated by the Incident Commander.
- Assist those needing accommodations.
- Do not lock office or classroom doors when leaving. No need to shut off lights.
- Do not stop for staff or children's belongings.

### **3. I – INTRUDER STATUS (Code I)**

The Crisis Response Team will activate **INTRUDER STATUS** in order to protect against potentially violent intruders that may be inside the building or on the premises. The CRT secures staff and children in closed-door offices or classrooms to prevent access or harm to the occupants.

#### **Incident Commander / CRT Leader**

- Notify the public safety officials (911) of the emergency and the need for immediate assistance.
- Communicate INTRUDER STATUS to the building via the intercom. If the whereabouts of the violent intruder is known (i.e. outside the main conference room or on the second floor, etc.) include this information in the announcement or any subsequent announcements.
- If known, relay the type of weapon the intruder is in possession of; firearm, knife, etc.
- Advise staff to disregard the fire alarm.
- Direct all volunteers and visitors to the nearest secured space occupied by staff member(s).
- DO NOT attempt to lock exterior hallway doors that are unlocked.
- No one enters the building, except public safety personnel.
- Notify the Office of the President or Senior Admin Team member. The Office of the President or Senior Admin Team member will notify all agency sites via all staff email and broadcast phone message that a code has been called, make updates regarding the code and when the code has been called off.
- If incident occurs at a site where there are DCYF licensed classrooms, notify DCYF Licensing Unit.
- When the threat has been mitigated, law enforcement personnel will evacuate individuals.

#### **Staff**

If whereabouts of the violent intruder is known, staff may gauge whether they have an opportunity to evacuate themselves and any children in their care versus finding secure locations. Factors to consider include:

1. *Mobility* - Are the staff/children able to move quickly or is mobility limited due to age or disability issues? Identify who in your building has mobility issues.
2. *Distance and/or concealment* - Is there sufficient distance between evacuees and the intruder to allow enough time to move? Is there sufficient concealment along the evacuation route to move undetected?

3. *Type of weapon* the intruder has in his or her possession – A knife versus a firearm may affect your decision of whether to evacuate or safe passage.
- Staff, children, and visitors in the building are moved out of hallways and into secure locations. Assist those with disability accommodations.
  - Staff and children outside of the building SHOULD NOT enter the building if INTRUDER is INSIDE
  - Direct children and visitors to an area of the room unobservable from outside and potential lines of fire.
  - Close and lock all windows and doors; window blinds closed, door windows obscured with paper.
  - Block door with furniture, if appropriate.
  - Turn lights off.
  - Stay away from all doors and windows.
  - BE QUIET! Turn cell phone ringers to “silent”.
  - Prepare a plan of action if the intruder gains entry to the room where you are hiding (i.e., all-out assault on the intruder).
  - DO NOT OPEN THE DOOR until evacuated by law enforcement personnel.
  - If a fire alarm has been activated, do not evacuate UNLESS fire/smoke is visible.

## **4. O – OUTDOOR HAZARD STATUS (Code O)**

The Crisis Response Team will activate **OUTDOOR HAZARD STATUS** to temporarily separate people from any hazardous outdoor atmosphere, such as a chemical, biological, or radiological agent release. OUTDOOR HAZARD STATUS is implemented when there is not enough time to evacuate and/ or it may be harmful to leave the building.

### **Incident Commander / CRT Leader**

- Notify public safety officials (911) immediately if they are not aware that an OUTDOOR HAZARD STATUS is necessary/activated.
- Notify the Office of the President or Senior Admin Team member. The Office of the President or Senior Admin Team member will notify all agency sites via all staff email and broadcast phone message that a code has been called, make updates regarding the code and when the code has been called off.
- If incident occurs at a site where there are DCYF licensed classrooms, notify DCYF Licensing Unit.
- Communicate the need to secure the building and activate the OUTDOOR HAZARD STATUS via the intercom or alternative communication device.
- Advise staff to disregard the fire alarms. DO NOT evacuate UNLESS fire or smoke is visible or directed to evacuate by the Incident Commander/CRT leader based on guidance from the Fire and Rescue Department.
- Site Security Liaison will disconnect main electrical circuit to the building. This will shut down HVAC, exhaust, and roof ventilators.
- All windows and doors are closed, locked and sealed, with tape, towels, and other materials, if available, that will hinder airflow.
- Elevators shall not be used (elevator movement may pump outside air into building).
- Signs are placed on the front door making notification of OUTDOOR HAZARD STATUS.

- No one will be allowed to enter/exit the building until public safety officials arrive.
- Incident Commander will provide updates and additional instructions from public safety officials.

### **Staff**

- Staff and children are moved into the building unless movement is life-threatening due to outside environmental contamination. Clear all staff and children from hallways.
- All windows and doors are closed, locked and sealed, with tape, towels, and other materials, if available, that will hinder airflow.
- Exposed or contaminated individuals will be kept separate from the rest of the population and directed to wash with soap and water. If possible, alternative clothing for exposed individuals will be provided and contaminated clothing will be removed and sealed in plastic bags.
- Take attendance and report any missing or extra staff, visitors, or children to the Accounting/ Child Release Coordinator.

## **5. U – UNEXPECTED WEATHER EMERGENCY STATUS**

**(Code U)** The Crisis Response Team will implement **UNEXPECTED WEATHER EMERGENCY STATUS** at the request of public safety officials in response to a large-scale incident that impacts transportation infrastructure. This includes sudden severe weather such as a tornado or swiftly moving blizzard or a phased evacuation of residents from an affected area.

### **Incident Commander / CRT Leader**

- Communicate the need to activate the UNEXPECTED WEATHER EMERGENCY STATUS via intercom.
- All outdoor activities are cancelled.
- Staff and children are moved inside the building.
- Notify the Office of the President or Senior Admin Team member. The Office of the President or Senior Admin Team member will notify all agency sites via all staff email and broadcast phone message, that a code has been called, make updates regarding the code and when the code has been called off.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- Monitor local media and RIEMA messaging systems for updates.
- Communicate with families of children through mass-communication.
- If transportation is scheduled to arrive or depart from the facility during an UNEXPECTED WEATHER EMERGENCY STATUS, it will not occur until notification is received by public safety officials.

### **Staff**

- Prepare for a possible overnight stay.
- Communicate incident and security measures to children.

## **B. Natural Disaster Response Procedures**

### **1. Flood**

Though none of the Children's Friend facilities are on a floodplain, floods can occur due to significant rains or snow melt. They can be local, impacting a neighborhood or community; or very large, affecting entire cities.

#### **Incident Commander/ICS**

If given enough notice:

- Determine if buildings/programs should be closed, services reduced, non-CRT staff and children released.
- Monitor local media, National Oceanic and Atmospheric Administration (NOAA) broadcasts, and Rhode Island Emergency Management Agency (RIEMA) for up-to-date information.
- Alert off-site and travelling staff of the Warning, storm's location, and advise to seek shelter.
- Secure the building. Move essential items to an upper floor. Elevate furniture on ground floors. Bring in any outdoor furniture.
- Disconnect electrical appliances. Turn off utilities at the main switches or valves.
- Store chemicals where floodwaters cannot reach them.

In the event of a flash flood:

- Alert the staff to move to higher ground/ second floor immediately.
- If necessary, activate evacuation protocols. Select evacuation location based on shelter and high ground.

Evacuation during a flood:

- Do not touch electrical equipment.
- Do not walk through moving water. Six inches of moving water can cause falls and injury.
- If walking through water is unavoidable, walk where the water is not moving. Use a stick to check the firmness of the ground.
- If driving a vehicle, do not drive into flooded areas. If floodwaters rise around the vehicle, abandon it and move to higher ground. The vehicle can be quickly swept away.

### **2. Hurricanes**

Hurricane season on the Atlantic Coast typically runs from early June through November and is tracked by the NOAA. Hurricanes are categorized according to wind speed. Warnings and watches given before impact will provide one of these levels to help the Incident Commander and ICS make response decisions.

*The Saffir-Simpson Hurricane Scale provides the following information about the level of hurricanes:*

<b>Category</b>	<b>Winds</b>	<b>Summary</b>
1	74 - 95 mph 64 - 82 kt 119 - 177 km/h	Very dangerous winds will produce some damage.
2	96 - 110 mph 83 - 95 kt 154 - 177 km/h	Extremely dangerous winds will cause extensive damage.
3	111 - 129 mph 96 - 112 kt 178 - 208 km/h	Devastating damage will occur.
4	130 -156 mph 113 -136 kt 209 - 251 km/h	Catastrophic damage will occur.
5	157 mph or higher 137 kt or higher 252 km/h or higher	Catastrophic damage will occur.

## **Incident Commander/ICS**

If a hurricane is moving toward Rhode Island:

- Monitor local media, NOAA broadcasts, and RIEMA for up-to-date information.
- Follow local and state guidelines for building, work, and school closures.
- Make decision to close programs and buildings before the scheduled time.
- Notify staff, clients, and families of closure plans; provide contact information for updates, and emergency shelter sites.
- Secure the building and premises. Close any storm shutter or board up windows with 5/8-inch marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
- Be sure trees and shrubs around your facility are well trimmed.
- Clear loose and clogged rain gutters and downspouts.
- Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed to keep food safe in the event of power outage.
- Take Flood precautions if necessary.

## **3. Severe Thunderstorms and Tornado**

Severe thunderstorms are characterized by the presence of heavy rain, lightning, thunder, damaging straight-line winds of 58 mph or stronger, and/or hail at least 3/4 of an inch in diameter. Tornadoes occasionally develop in areas in which severe thunderstorm watches or warnings are in effect.

A Tornado is a violently rotating column of air, in contact with the ground, visible as a funnel cloud. Thunder, lightning, heavy rain, hail and strong winds often precede a tornado. The sky will have very dark clouds, often greenish or near black. Tornadoes make a very loud roaring noise that is similar to the noise made by a speeding train. Most tornadoes have winds less than 110 mph and last from one to ten minutes. However, stronger tornadoes will last 20 minutes or longer and can have winds greater than 205 mph.

A Watch is issued by the National Weather Service [NWS] when the risk of a hazardous weather or hydrologic event has increased significantly, but its occurrence, location, and/or timing is still uncertain. It is intended to provide enough lead-time so that those who need to set their plans in motion can do so.

A Warning is issued by the NWS when a hazardous weather or hydrologic event is occurring, is imminent, or has a very high probability of occurring. A warning is used for conditions posing a threat to life or property.

If a **Tornado or Severe Thunderstorm WATCH** has been issued for Rhode Island:

## **Incident Commander/ ICS**

- Monitor NWS, local media that broadcasts the Emergency Alert System, and updates from RIEMA.
- Notify the CRT Leader of the potential severe weather and to prepare for incident response.
- Alert off-site and travelling staff of the Watch and the potential storm's location.
- Advise staff to be attentive for any of the warning signs of an approaching severe thunderstorm or tornado.
- Consider moving all staff and children inside the building(s).
- Consider alerting families and caregivers.

- Consider securing building and grounds, closing windows, and moving outside furniture.
- Review tornado drill procedures and location of city shelters.

If a **Severe Thunderstorm WARNING** has been issued for Rhode Island:

#### **Incident Commander/ ICS**

- Notify CRT of the change in weather status (watch upgraded to a warning).
- Alert off-site and travelling staff of the Warning, storm's location, and advise to seek shelter.
- Activate UNEXPECTED WEATHER EMERGENCY STATUS for staff and children inside the facility.
- Continue to Monitor National Weather Service [NWS], local media that broadcasts the Emergency Alert System, and updates from RIEMA.

If a **Tornado WARNING** has been issued for Rhode Island:

#### **Incident Commander/ICS**

- Notify CRT Leader of the change in weather status (watch upgraded to a warning).
- Alert off-site and travelling staff of the Warning, storm's location, and advise to seek immediate shelter.
- Activate UNEXPECTED WEATHER EMERGENCY STATUS protocol for staff and children inside the facility.
- Advise staff to stay alert for any of the warning signs of an approaching tornado.
- Move staff and children from upper levels of building to first floor. Staff and children with disabilities may use the elevator.
- Delay any transportation departures.
- Any visitors or parents picking up children should be advised of the tornado warning and invited to stay inside the building.
- Supply ICS/CRT Leader with alternative communication system.
- Continue to monitor NWS, local media that broadcasts the Emergency Alert System, and updates from RIEMA.

#### **If a Tornado strike is imminent:**

- Immediately make tornado approach announcement via the intercom system.
- **THE FIRE ALARM MUST NOT BE USED FOR TORNADO WARNINGS.**
- Direct all staff, visitors, and children to the tornado shelter areas in the building.
- Direct children to sit on the floor in the shelter areas and to assume protective posture.
- Staff and children with physical disabilities should remain in wheelchairs or sit in chairs if they use crutches or walkers, because it may not be possible to assume protective postures. They should be sheltered in a small room, such as a restroom, in the middle of the building.

#### **Post-Tornado strike**

- Call 911 to report any injuries and/or structure damage.
- Notify the Office of the President or Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.

- Communicate when tornado is clear with the intercom or alternative communication system.
- Account for all individuals and assess/treat injuries.
- In the event of building damage, move individuals to safer areas of the building.
- Activate appropriate evacuation procedures, if necessary.
- Advise families of children through use of mass-communication tools. Prepare family reunion procedures.
- If the building sustained structural damage, attempt to safely shut off the main electrical disconnect switch and natural gas main valve, if applicable.

#### **4. Winter Storm, Blizzards, and Extreme Cold**

Cold weather accompanied by snow, blizzards, winds, freezing rain, or sleet leading to ice occurs regularly in Rhode Island and the effects can paralyze parts of the state. Similar to hurricanes, winter storms are tracked and warnings given before impact will help the Incident Commander/ICS make response decisions.

##### **Winter Storm terms:**

Advisory: Winter weather conditions are expected to cause significant inconveniences and may be hazardous.

Watch: Be alert, a storm is possible.

Warning: Take action, storm is occurring or will soon occur in the area.

Blizzard Warning: Snow and strong winds will produce blinding snow, near zero visibility, snowdrifts, and life-threatening wind chill.

Frost/Freeze Warning: Below freezing temperatures are expected.

##### **Incident Commander/ICS**

If a winter storm or blizzard is moving toward Rhode Island:

- Monitor NWS, local media that broadcasts the Emergency Alert System, and updates from RIEMA.
- Follow local and state guidelines for building, work, and school closures.
- Make decision to close programs and buildings before the scheduled time.
- Pre-opening decision will be made by 5:30 a.m. and broadcast by 6 a.m. The announcements may include:
  - No Buses: All sites will open and services will continue. No busing will be provided. Employees should report to work as usual.
  - Head Start Classes cancelled: Head Start classes are cancelled and agency remains open. Child care classes and full-day classes remain open. Employees should report to work as usual.
  - Head Start/Child Care cancelled: Head Start and child care classes are cancelled and agency remains open. Employees should report to work as usual.
  - Delayed: All child care, Head Start, and full day classes are cancelled. All sites will open late. Employees should report to work at the designated time.
  - Closed: All agency sites, classes, and services are closed for the day. Employees should not report to work.
- Notify staff, clients, and families of closure plans, provide contact information for updates, and emergency shelter sites.
- Secure the building and premises. Make arrangements for snow, ice, and debris removal. Stock rock salt and sand.
- Allow faucets to drip a little during cold weather to avoid pipes from freezing.

##### **If a winter storm or blizzard hits during regular business hours of operation:**

- Monitor NWS, local media that broadcasts the Emergency Alert System, and updates from RIEMA.
- Notify the ICS of the severe weather and to prepare for incident response.

- Alert off-site and travelling staff to seek shelter.
- Notify staff, visitors, and children.
- If it is safe to transport children, buses may begin bus runs. If a decision is made that the buses should not be on the roads, request parents/guardians to pick their children up at site.
- Keep children indoors and do not let them leave unless dressed appropriately.
- Prepare for UNEXPECTED WEATHER EMERGENCY STATUS procedures in the event conditions quickly become worse and occupants must stay in the building for an extended period of time or overnight.
- Staff located at Summer Street should go to Friendship Street site if it is safe enough to walk to assist with the children at Friendship.
- If going outside:
  - watch for signs of frostbite and hypothermia
  - dress warmly layered in loose-fitting, light-weight clothes, try to remain dry
  - cover nose/mouth to protect lungs
  - avoid physical overexertion

## **5. Earthquake**

Stay as safe as possible during an earthquake. Be aware that some earthquakes are actually foreshocks and a larger earthquake might follow. Minimize movement to a few steps to a nearby safe place and stay indoors until the shaking has stopped and exiting is safe.

### **If indoors**

- DROP to the ground; take COVER by getting under a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk nearby, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load-bearing doorway.
- Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that electricity may go out or the sprinkler systems/fire alarms may turn on.
- DO NOT use the elevators.

### **If outdoors**

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

### **If in a moving vehicle**

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

### **If trapped under debris**

- Do not light a match. Do not move about or kick up dust.

- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available.
- Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

### **For Individuals with Special Needs**

- If a staff member or child is confined to a wheelchair or in a crib or stroller, try to get under a doorway or into an inside corner, lock the wheels, and cover your head and the child's head with your arms. Remove any items that are not securely attached to the wheelchair, crib, or stroller.
- If able, seek shelter under a sturdy table or desk. Stay away from outer walls, windows, fireplaces, and hanging objects.

## **Post- Earthquake**

### **Incident Commander /ICS**

- Be prepared for aftershocks.
- Notify public safety officials (911) immediately if they are not already aware.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- Check if anyone has been injured and account for all staff, visitors, and children.
- Tune in to local radio or television broadcasts for information.
- Communicate information to staff via intercom (if able) or alternative communication system.
- Activate appropriate evacuation plan and family reunion procedures. Be mindful of blocked evacuation routes by damages to the facility.
- Site Security Liaison and public safety officials will inspect building before anyone re-enters.
- Extinguish small fires that may have formed.
- Do not use flammable equipment on open flames.
- Clean up spilled chemicals or flammable liquids immediately.
- Check utilities (gas leaks, electrical damage, sewage and waterlines).

## **C. Manmade Disaster Response Procedures**

### **1. Bomb Threats**

All bomb threats must be taken seriously. The decision to evacuate staff and children rests with Children's Friend. Emergency responders will provide direction as to when we may return to the building.

#### Receiving a threat by telephone

- Direct someone else to also listen to the call, if possible.
- Take notes for police investigation. Record the caller's exact words.
- Attempt to determine the caller's gender, age, accent or other distinguishing speech characteristics, and demeanor.
- Listen for background noises that may help in identifying the location of the caller.
- Ask the caller the following questions:
  - When is the bomb going to explode?
  - Where is the bomb now?
  - What does the bomb look like?
  - What kind of bomb is it?
  - What will cause the bomb to explode?
  - Did you place the bomb?
  - Why was the bomb placed?
  - What is your address?
  - What is your name?

### Receiving a threat by e-mail or by website message

- Save the message on the system; DO NOT delete the item.
- Print copies of the message to turn over to the police.

### Receiving a written threat

- Preserve evidence for the police.
- If written on a paper, place note in paper envelope to preserve fingerprints.
- If written on a wall, take photographs.

### Incident Commander/ ICS

- Call 911 to notify the police.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- Assess the threat based on all available information.
- If the threat assessment points to a high probability of credibility and included a time for the bomb detonation and time permits:
  - Conduct a search of the evacuation routes, assembly areas, storage rooms, closets and the grounds.
  - Request staff to search their work areas for suspicious items and/or items that are out-of-place.
  - If search reveals no suspicious items but the IC/CRT Leader feels the threat is a still credible, initiate **Off-Site Evacuation**.
  - If the search uncovers suspicious item(s), alter evacuation routes and clear the building.
  - If time does not permit a thorough search of evacuation routes and assembly areas perform at a minimum a cursory search of the exit routes and assembly areas, alter exit routes accordingly and initiate **Off-Site Evacuation**.

### Staff

- Scan offices and rooms for suspicious items.
- Do not touch any suspicious devices, packages, etc.
- If a device or suspicious object is found, notify the Incident Commander.
- In case of an evacuation, ensure routes and area(s) are clear of suspicious items.
- Alter evacuation routes as necessary.

## **2. Fire**

Fire emergencies include immediate fires and situations which may result in fires, such as: the smell of smoke; the sight of smoke; the sight of sparks; or the sight of a fire.

### Incident Commander or CRT Leader

- Sound the fire alarm and call 911
- Activate evacuation plan.
- Communicate evacuation location through intercom or use of alternative communication system.
- Grab Security and Medical Go-Kits

### Everyone

- Calmly and safely evacuate the building.
- Assist individuals with a disability and evacuation accommodations.

- If there is too much smoke in the hallway or coming in under the door remain in the room and attempt to escape by another route; open all windows and attempt to alert rescue officials of your location.
- Stay near the ground and if possible, cover mouth with a cloth.
- Close windows and doors as you leave to keep the fire from spreading.
- Use stairs; never use elevators.
- Feel all doors before opening them. With the back of a hand feel the top of the door, the doorknob, and frame.
  - **Hot Door:** Do not open. Escape through a window. If unable to use window, hang a white or light-colored sheet outside the window, alerting firefighters.
  - **Cool Door:** Open slowly and ensure that fire and/or smoke is not blocking the escape route. If the escape route is blocked, shut the door immediately and use an alternate escape route.
- If clothes catch fire, STOP, DROP, and ROLL until the fire is extinguished. Running only makes the fire burn faster. Assist children.
- Do not move the seriously injured or burned, wait for first responders to arrive at the scene (unless extreme emergency).
- Stay out of the building until public safety officials declare the premises safe for reentry.

### **3. Gas Line Break**

Natural Gas Leak - A strong odorant is deliberately added to the otherwise colorless and odorless natural gas so that leaks can be easily detected by smell before an explosion occurs.

A Natural Gas Emergency is a situation where all of the following conditions are present:

- The natural gas odor is persistent and continues to be detected via sense of smell as you walk from the area.
- The odor continues to be substantial and does not decrease as you continue to walk.
- The source of the odor cannot be readily identified.

If you smell gas and suspect a leak:

- Cease all operations immediately and DO NOT operate any electrical devices (phones, electrical switches, electrical machines etc.).
- Alert Incident Commander or CRT.
- DO NOT CALL FROM AFFECTED AREA, OR TURN ELECTRIC SWITCHES ON OR OFF (lights, phones or any other electrical equipment can create a source of ignition with enough energy to ignite fumes).

### **Incident Commander or CRT**

- Through word of mouth, alert CRT Leader and all staff to cease all operations immediately
- DO NOT operate any electrical devices (phones, intercom, electrical switches, electrical machines etc.).
- Do NOT pull the fire alarm in the building.
- Initiate On-Site Evacuation protocol.
- DO NOT USE ELEVATORS.
- Once outside, CALL 911.
- Move away from the building at least 200 feet.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms notify the DCYF Licensing Unit.
- Account for all staff, visitors, and children.

- DO NOT RETURN TO AN EVACUATED BUILDING unless authorized to do so by public safety officials.

#### **4. Hazardous Materials**

Hazardous materials are any substance or material that, when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials.

##### **Incident Commander or CRT Leader**

In the event of a HAZARDOUS MATERIAL incident *inside* the building:

- Call 911 and alert first responders with information about the hazardous materials incident.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- Activate the "E" Evacuation Status – on-site assembly.
- Communicate changes in evacuation routes based on location of hazardous material.
- Monitor the situation and provide updates and additional instructions as needed.
- Determine if circumstances require children and staff to be evacuated to an off-site evacuation assembly area.
- Communicate when it is safe to re-enter the building.

In the event of a HAZARDOUS MATERIAL incident *outside* the building:

- Call 911 and alert first responders with information about the hazardous materials incident.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- If there is an airborne release, close exterior doors, windows, and shutdown ventilation system (HVAC).
- Activate the "O" Outdoor Hazard Status.
- Initiate decontamination procedures for staff or children exposed to hazardous materials, if applicable.
- Consult with emergency response personnel.
- Monitor the situation and provide updates and additional instructions as needed.
- Determine if circumstances require staff and children to be evacuated to an off-site location.

#### **5. Hostage Situation**

Remember that the safety of human life is the number one concern. If the hostage-taker is unaware of your presence, *DO NOT ATTRACT ATTENTION!* If you witness a hostage situation notify the Incident Commander immediately.

In the event of a hostage situation and YOU are taken hostage:

- Cooperate with the hostage-taker to the fullest extent possible.
- STAY CALM, try not to panic; calm any children present.
- Be respectful to the hostage-taker.
- Ask permission to speak; do not argue or make suggestions.
- Ask if other people can leave the area.

## **Incident Commander or CRT Leader**

- Initiate INTRUDER STATUS with Intruder procedures.
- Call 911.
- If known, provide a description of the following:
  - Identity and description of the individual
  - Description and location of the incident
  - Number of hostages
  - Number of injuries
- Seal off area near hostage scene.
- Staff and children should be moved from exposed areas to safer areas of the building
- If hostage taker is about to leave the scene with a hostage do not intervene.
- If possible, gather facts for the police, keep notes on times and communications with the person holding the hostage, and record witness information.
- As soon as possible, and only if it can be accomplished safely, assign a staff member to stand outside warning visitors of the danger, until law enforcement arrives.
- When law enforcement arrives, they will take control of the situation.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- Continue to coordinate with law enforcement for the safety and welfare of staff and children.

## **6. Intruder**

An intruder may be either well- or ill-intentioned. Early intervention may reduce or eliminate the escalation of the incident. There is always the potential that an intruder may possess a weapon or become violent.

*When interacting with a stranger/ intruder use the "I CAN" rule.*

**Intercept - Contact - Ask - Notify**

## **Staff**

- Politely greet the subject and identify yourself.
- Consider asking another staff person to accompany you before approaching the subject.
- Inform the subject that all visitors must register at the reception area.
  - Ask the subject the purpose of his/her visit.
  - Escort the subject to the reception area.
  - If possible attempt to identify the subject and his/her vehicle.
- If the subject refuses, or his or her purpose is not legitimate, notify the ICS/CRT Leader that there may be an intruder in the building.
  - Attempt to maintain visual contact with the intruder until assistance arrives.
  - If possible, keep other staff and children away from the intruder.
  - Take note of the subject's name, clothing and other descriptors.
  - Observe the actions of the intruder (e.g. where he or she is located in the building, whether he or she is carrying a weapon or package).
- Back away from the subject if he or she indicates a potential for violence.
- Allow an avenue of escape for both the intruder and yourself.

## **Incident Commander or CRT Leader**

- Respond to call for assistance from staff
- Advise the subject they are trespassing and need to leave the building or law enforcement will be notified
- If the subject refuses or his or her purpose is not legitimate:

- Consider initiating Intruder Status with Intruder procedures.
- Call 911 and notify law enforcement.
- Advise law enforcement of the intruder's location and provide a full description.
- Attempt to keep the subject in full view until law enforcement arrives while maintaining a safe distance.
- Provide all staff with a full description of intruder.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.

## **7. Medical Emergency**

The role of staff in a medical emergency is to provide care to the injured person until first responders arrive. Staff should NOT provide any first aid beyond their training. Staff should comfort the injured person and reassure him or her that medical attention is on the way. Before providing assistance, staff should survey the scene for additional hazards and ensure it is safe to render aid.

In the event of a non-responsive or life-threatening injury or illness:

### **Staff**

- Send for immediate help and call 911.
- Check injured for medical alert bracelet or necklace.
- Describe injuries, number of victims and give exact location.
- Notify Incident Commander or CRT Leader.
- DO NOT move the injured person(s), especially if a head or neck injury is suspected, unless safety is a concern.
- Disperse onlookers and keep others from congregating in the area.
- If possible, isolate the victim(s).
- Direct someone to meet and guide the first responders.
- Provide information to first responders.
- Assist emergency medical services personnel with pertinent information about the incident.

### **Incident Commander or CRT Leader**

- Ensure 911 was called and provide any updated information.
- Secure victim(s) medical emergency profile.
- Ensure someone meets and directs first responders.
- Provide any additional information about the status of the victim(s).
- Provide information from the victim(s) medical emergency profile.
- If needed, assign a staff member to accompany victim(s) to the hospital.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms AND involves a child in our care, notify the DCYF Licensing Unit.
- Notify injured person's emergency contact.

## **8. Missing or Abducted/Kidnapped Children**

A child is missing if they are unaccounted for at any one of our sites, on center property, at a center field trip or while traveling to and from the center.

Abduction/kidnapping is the unauthorized and unlawful removal of a child from the childcare center, the property, a center activity, or from an agency vehicle without consent either from childcare center officials and/or parent(s)/guardian(s).

In the event of a **MISSING child**:

### **Incident Commander or CRT Leader**

- Provide CRT Leader and personnel with description of missing child.
- Assign CRT members to organize search.
- Interview staff in classroom, classmates of missing child, and last person to see him or her.
- Contact parent(s)/guardian(s) to report absence/status.
- Call 911 to notify the police.
- Document all actions taken.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms AND involves a child, notify the DCYF Licensing Unit.

### **Staff**

- Verify the child is missing.
- Notify the Incident Commander.
- Provide a photograph and contact information of the child.
- Provide description of clothing, hair style, and odd behavior throughout the day.
- Assist with any search of the building and grounds.
- If child is located, notify the CRT Leader and Incident Commander.

In the event of an **ABDUCTION/KIDNAPPING of a child**:

### **Incident Commander or CRT**

- Verify that the child has been abducted.
- Call 911 to notify the police.
- Contact parent(s) or guardian(s) and report the abduction.
- Check abducted child's file for any restraining orders and background information.
- Activate the Emergency Response Code and decide what additional resources and support will be needed.
- Gather information about the abduction, description of the perpetrator and any vehicle involved.
- Obtain information on possible witnesses, classmates, and last person to see the child.
- If appropriate, activate ALERT STATUS procedures.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms AND involves a child, notify the DCYF Licensing Unit.
- Provide police with physical description and, if possible, a photograph of the child.
- Arrange for crisis counseling if necessary.
- Refer all media inquiries to police media representative and/or Children's Friend ICS Communication: Information/Media team member.
- Document all actions taken.

## **9. Suspicious Package or Mail - Chemical/Biological Threat**

When sorting mail, staff should always be aware of the characteristics of a suspicious package or letter. When a suspicious package or letter has been identified, and the Incident Commander is notified, these procedures should be implemented immediately.

Characteristics of a suspicious package or letter include:

- excessive postage or excessive weight
- misspellings of common words
- oily stains, discolorations, or strange odor
- excessive tape or string, protruding wires

- lopsided or uneven; rigid or bulky
- letters that feel like they contain a loose powdery substance
- no return address or a city or state postmark that does not match the return address
- a package that is not anticipated by recipient or is not sent by a known vendor

### **Incident Commander and CRT Leader**

If a suspicious package or letter is received by mail or delivery service:

- Call 911.
- DO NOT OPEN package or letter.
- Limit access to the area where the suspicious letter or package is located to minimize the number of people who might directly handle it.
- Preserve evidence.
- Notify the Office of the President or another member of the Senior Admin Team.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- Document all actions taken by staff.

If a letter or package is opened and contains a suspicious substance:

- Call 911.
- Limit access to the area in which the letter or package was opened to minimize the number of people who might directly handle it.
- Isolate the people who have been exposed to the substance to prevent or minimize contamination.
- Preserve evidence for law enforcement.
- Consult with emergency officials to determine:
  - Need for decontamination of the area and the people exposed to the substance.
  - Need for evacuation or **“O” Outdoor Hazard Status**.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.

### **10. Vehicle Accident (Agency Bus/ Van/Truck)**

The Incident Commander and ICS Security Liaison should respond to the scene of any vehicle collisions involving injured children in our care at the time of the accident, and staff traveling to and from the center and during off-site activities.

### **Incident Commander and CRT Leader**

- Ensure that 911 has been called.
- Notify the Office of the President or a Senior Admin Team member.
- If incident occurs at a site where there are DCYF licensed classrooms, notify the DCYF Licensing Unit.
- If crash involves a bus or van, ensure that the Transportation Supervisor or Program Manager, Director or Vice President is contacted.
- Report to the accident scene, unless it is not safe to do so, and:
  - Determine if any children or staff have been injured and the extent of injuries.
  - Determine if they will be transported to the hospital, if so, which hospital.
  - Obtain Emergency Care Information forms for transport to the hospital.
  - Notify parents, guardians or emergency contacts.

- Accompany injured children and staff to the hospital.
- If victims are transported to multiple hospitals request additional CRT members to accompany victims.
- Refer all media inquiries to police media representative and/or Children's Friend ICS Communication: Information/Media team member.
- Document all actions taken.

**Staff (on scene of accident)**

- Call 911, if warranted. Implement basic first aid until emergency medical services and/or law enforcement arrives and takes charge of the emergency.
- Move all uninjured children to a safe distance from the accident.
- Notify Incident Commander and CRT Leader.
- Record the names of all injured children and staff and the location to which they may be taken for medical treatment.

# Preparedness

## **INCIDENT COMMAND SYSTEM**

The Incident Command System [ICS] assigns roles and decision-making authority during a response to critical incidents of all types, preventing confusion about “who is doing what.” Implementing the ICS will allow for all staff to know their area of responsibility during an emergency and to plan and practice the management of their specific role.

The organization of the Incident Command System is built around the following key management roles:

- Command: Has overall responsibility for managing the incident or event and direct responsibility for public information, safety and liaison with community response agencies
- Operations: Provides response to an incident by directing actions, developing objectives, organizing and directing resources
- Logistics: Identifies and provides resources and services necessary to support incident response needs
- Planning: Develops action plans, collects and evaluates information, identifies issues and makes recommendations for future actions
- Finance: Manages financial aspects of an incident, monitors costs, provides for recordkeeping and coordinates with insurance

## **THE CRISIS RESPONSE TEAM**

The Children’s Friend Crisis Response Team (CRT) roles utilize the ICS structure. The Administrative offices and each childcare center must identify staff members to perform each of the CRT roles and have at least one backup for every position. Key personnel should be cross-trained in the critical requirements of all functions. The ICS can be expanded or contracted according to the management needs of each incident. Only those functions necessary to manage the incident or event need to be filled. Crisis Response Team members may be assigned to more than one function in the ICS, but roles and responsibilities in these functions are not combined.

Additionally the CRT leads its organization/ childcare center in preparing staff members, children, and families for a collaborative and effective response to any incidents or medical emergencies. These functions include:

- Developing/reviewing the crisis response plan including organization-specific and center-specific risks, assets, and needs.
- Conducting orientation, training, and mock drills of the Crisis Response Plan for all staff.
- Communicating plan to clients, families, and/ or partners, and coordinating awareness programs for the Children’s Friend community.
- Performing an operational critique after every emergency to determine strengths and areas for improvement regarding the Plan.

- Reporting progress to clients, families, partners, and board of directors.

### **Incident Commander**

As the highest-level agency staff person at the site, s/he provides leadership for the development and execution of the Crisis Response Plan:

- Organize, appoint, and provide a list identifying members and the chain of command for the Crisis Response Team (CRT).
- Oversee regularly scheduled CRT meetings.
- Oversee hazard assessment and maintain hazard reports.
- Ensure that personnel are aware of the evacuation plan, routes, outdoor hazard, and safe passage plans.
- Conduct drills, training, and exercises to determine the readiness level of the CRT and staff.
- Maintain training records, emergency readiness assessments, and make changes to the Plan after drills are conducted.
- Establish and inform staff of the procedures used to report an emergency.
- Maintain list of all staff, clients, volunteers, CRT members and their alternates. Update contact information of next of kin or parents.
- Maintain a list of personnel who require special assistance during emergency evacuations, their location within the building, what their special needs are, and other disabilities that should be known for the safety of the staff.

### **Site Security Liaison**

Responsible for safety and security of building, property, and evacuation site. Collaborates with Off-Site Evacuator and Incident Commander in assessing emergencies, establishing priorities, identifying issues, and reviewing incident action plan:

- Maintain maps of detailed floor plans, location of utility cutoffs, hazardous material site buffer zones, and flood inundation zones.
- Maintain maps indicating the location of all emergency equipment such as fire extinguishers, fire alarm switches, smoke detectors, exits, escape ladders, and any other facility installed equipment that shall be included and assessed.
- Designate evacuation sites and routes on and off Children's Friend property.
- Check all evacuation routes, safe passage procedures, to be sure that disabled persons are accommodated (e.g., hallways are large enough, communication notices are appropriate, non-mobile children will receive proper assistance).
- Ensure that evacuation routes, maps and notification codes are known, posted and reviewed.
- Keep all vital maps, checklists and records readily available and protected before and during an emergency.
- Review and test safe passage and partial safe passage plans.
- Review and test outdoor hazard plans, and manage supplies (tape, plastic wrap, etc.).
- Maintain an inventory of tools, equipment, emergency supplies.
- Inventory all hazardous materials, locations, and establish procedures for isolating hazardous areas (i.e. barricades, caution tape).
- Provide for an emergency operation ventilation system.
- Mark and light exits, also maintain exterior lighting.
- Maintain an alternate emergency lighting source in case of electrical outage.
- Know emergency sanitation procedures.

- Lock chemical and storage rooms when not in use.
- Lock exterior doors not being used and interior areas with expensive equipment or chemicals.
- Make sure that all door locks and window latches are working.
- Designate the broadcast systems used to publicly announce emergencies and to notify personnel that the emergency no longer exists.
- Have distinct and recognizable warning signals for each emergency. Be sure all employees are aware of emergency codes and alarms.
- Plan for cleanup duties after an emergency.

### **Off-Site Evacuator**

Oversees logistics of evacuation site. Collaborates with Site Security Liaison and Incident Commander in assessing emergencies, establishing priorities, identifying issues, and reviewing incident action plan:

- Work with landlord, other agencies within the building, sponsors, and local emergency agencies to arrange for evacuation sites.
- Collaborate with a community partner to provide an alternate sheltering site agreement.
- Create a list of important community member contact information (e.g., landlord, emergency agencies etc.).
- Create and distribute map of evacuation site, alternate sites, and travel routes.
- Coordinate with the CRT members to determine assembly areas, transportation pick up and drop off sites, and the process of traveling to the sites.
- Determine and prepare areas for Command Post, Media Staging Area, Communications, Trauma Care, and Food/Supplies Distribution.
- Prepare list of and provide for the accommodations of staff and children with disabilities and special needs.
- Prepare list and have accessible enough food/ supplies for 72 hours. Coordinate with Transportation to create plan for moving supplies in case of off-site evacuation.
- Plan for clean-up duties after emergency.

### **Accounting/ Child Release Organizer**

- Maintain list of CRT members and alternates.
- Maintain accurate and portable daily record of staff, children, volunteers, and visitors on the property.
- Maintain contact information of parents/ guardians of children and next of kin for staff/ volunteers.
- Create an emergency release contact file for each child and a document to log all released children.
- Create list of all staff and children with physical and emotional disabilities and their special needs.
- Coordinate with Transportation to designate a safe zone for family reunion.
- Notify parents/ guardians of the safe zone reunion area. Create a map locating reunion area.
- Coordinate with Transportation and other team members to designate assistants who will locate and bring children to the reunion location.
- Train a team to assist in the procedures of child release after the emergency.

### **Counselor/ Medical Liaison**

- Arrange for staff to be trained to provide first aid or other medical care.
- Coordinate with emergency medical services personnel.
- Determine how injured will be received, accounted for, and released. Create a priority list for injury assistance and create instructions for each level of injury, e.g., knee abrasion vs. head wound.
- Assist in training personnel and children in first aid and sanitation procedures.
- Advise the CRT and personnel on how to provide first aid for physically and mentally disabled person during emergencies.
- Keep and maintain a list of children who are taking medications and the reason they are taking the medications to assist in emergency response.
- Contact/ create a list of community counseling resource contacts and make them available to necessary persons.
- Assist in preparing staff and parents for the mental health effects children may exhibit.
- Keep a list of parent contact information.

### **Communications: Recorder**

Responsible for emergency communications systems and equipment; may act as lead or hub for internal communications response.

- Determine the type of communication to be used in each emergency situation, and record that decision on a chart to be used during the emergency.
- Ensure that announcements/notifications are audible or visible by all people, taking into account physical disabilities.
- Establish and test communication systems and equipment. Conduct periodic checks to make sure that communication equipment is in working condition.
- Maintain a list and map of all communication equipment.
- Have a battery-operated radio with fresh and extra batteries available.
- Have a television available to receive broadcasts and signals.
- Have a cell phone, with a charged battery, available.
- Have a cell phone camera, with charged battery, available.
- Prepare backpack with supplies and store in accessible area.
- Maintain alternate notification systems for emergency situations where back up is needed.
- Establish a way to communicate with personnel throughout an emergency.
- Prepare log to document incident, decisions, actions, and changes to Plan.
- Ensure that all accidents are reported, even if no visible harm or injury results.

### **Communication: Information/ Media**

May be designated as a site spokesperson; coordinates with Administrative Incident Commander on news releases and media briefings as necessary.

- Establish rapport with the media.
- Be informed on confidentiality precautions that must be followed.
- Prepare a response for questions that might violate confidentiality or hinder the police investigation.
- Prepare announcements for public address systems.

- Inform the media that you are the only information source who will respond to their inquiries.
- Inform personnel that they should not communicate with the media.

### **Transportation/ Supplies**

- Maintain a list of contact information for all drivers and alternates; include employees or volunteers who have a CDL license and would be willing to drive.
- Determine emergency contact procedures for transportation drivers and designate a way to communicate with drivers during incident.
- Create, maintain, and make street maps available, indicating routes and pick up sites at assembly areas and the alternate sheltering site.
- Keep first aid kit, emergency equipment lists, and telephone numbers in vehicles.
- Arrange for delivery and pick up of staff and children to and from the safe zone.
- Conduct Bus Evacuation Drill and instruct staff and children in emergency vehicle evacuation procedures.
- Provide for the special needs of personnel and children (e.g., know how many wheelchairs there will be). Maintain a list of special transportation needs and the accommodations that will be made.
- Inform Off-Site Evacuator and Site Security Liaison of changing route conditions, road construction projects, etc. that are potentially hazardous or alter emergency transportation plans.
- Keep vehicles serviced and ready to transport evacuees. Record services done.
- Organize and oversee transportation of food/ supplies during off-site evacuation.

### **Organization Administrator**

- Secure back-up files on an external drive that can be carried or on a secure off-site server.
- Partner with security and information technology providers to ensure that documents are safely and securely transferred and maintained.
- Prepare log to record expenditures, track injuries, and lost or damaged property during an incident.
- Create and maintain business recovery plan

## **TRAINING FOR PREPAREDNESS**

Recognizing and responding to a crisis takes practice. The more a plan is practiced, reviewed and improved, the better that plan will be implemented. Conducting critical incident drills and emergency exercises involving the CRT, staff, childcare providers, children, and volunteers are essential for the successful implementation of crisis plans. They offer opportunities for everyone to evaluate what works, what needs to be improved, and how well the Children's Friend community responds and cooperates during the drills and emergencies. By participating in different types of exercises, CRTs can identify the appropriate methods for preventing, preparing for, responding to, and recovering from crises.

Children's Friend will conduct and participate in five types of critical incident training and emergency exercises. Training logs for each staff member will be recorded.

Orientations are introductions to the Crisis Response Plan. The purpose of an orientation is to familiarize the CRT and staff with roles, responsibilities, plans, procedures and equipment operation. Orientations can also resolve questions of coordination, assignment of responsibilities, chain of command, and prioritization of objectives. An orientation session should be conducted upon adoption of plan and on a yearly basis for new staff hires.

Tabletop exercises analyze an emergency event in an informal, stress-free environment. They provide participants with an emergency scenario to analyze and increase their awareness of the roles and responsibilities of individuals who need to respond, stabilize, mitigate, resolve and help others recover from emergencies. They are designed to prompt a constructive discussion about existing emergency response plans as participants identify, investigate, and resolve issues.

Drills test a specific operation or function of crisis and emergency plans. The goal of a drill is to practice aspects of the response plan and prepare CRT, staff and children for more extensive exercises in the future. Drills generally include alert status, evacuation status, intruder status, outdoor hazard status and unexpected weather emergency status drills to demonstrate the steps they should take in an emergency. The procedures as well as the responsibilities of all involved are addressed. These exercises may include local public safety agencies.

Functional exercises test one or more functions of a school's emergency response plan during an interactive, time-pressured, simulated event. Controllers and role players facilitate the exercise, participants respond to simulated emergency events. Evaluators observe exercise play and critique the exercise and the participants' performance.

Full-scale exercises evaluate the operational capability of emergency management systems in a highly stressful environment that simulates actual conditions. Full-scale exercises test and evaluate most functions of the Crisis Response Plan, including the mobilization of emergency personnel, equipment, and resources.

### **Emergency Evacuation Drill Protocols**

In consideration of the provisions of RIGL §16-21-4 and §16-21-5, Children's Friend has adopted the following yearly evacuation drill protocols and forms for reporting emergency drills. Early Childhood Education sites are only required to perform fire drills as follows:

#### Childcare Centers

1. Fifteen (15) drills must be conducted within a twelve-month period.
2. Two (2) of the above fifteen (15) drills must be obstructed by means of which at least one (1) or more exits and stairways in the building are blocked off or not used.

Additionally, Children's Friend has adopted these fire drill procedures for non-childcare sites.

#### Administrative offices

1. Four (4) drills must be conducted within a twelve-month period, one per quarter.
2. One (1) of the above four (4) drills must be obstructed by means of which at least one (1) or more exits and stairways in the building are blocked off or not used.
3. One (1) of the four drills must include an off-site evacuation.

## **Tips for Conducting Successful Drills**

### Inclement Weather

An emergency that requires off-site evacuation from an office or childcare center may occur during inclement weather. Staff should be prepared for such an event and be able to identify and locate the Off-site *shelter* for evacuees.

### Temporary Staff and Substitutes

New or temporary staff and substitute teachers may be on site when an emergency occurs. Therefore, the CRT should account for the needs of substitute personnel who may not be as familiar with main office and grounds as permanent staff members. All substitute staff should receive an introduction to the emergency plans, including familiarization with evacuation site(s).

### Accounting for Clients

Accounting for children and families is critical during an actual emergency, and drills provide an opportunity to practice the organization's accountability system. Using rosters and sign-in sheets, all clients should be accounted for during each drill. Anyone missing or extra should be reported to the Incident Commander upon the completion of each drill.

### Transportation

Vehicle drills of the transportation protocols, with and without passengers, will greatly enhance the effectiveness of the staff and drivers charged with mobilizing evacuees.

## **Emergency Drill Code**

- Every drill is to be regarded as real.
- Drills shall take place at any time, as real critical incidents can take place at any time.
- The only person to have any advance notice of the fire drill is the one who sounds the alarm. For evacuation drills the local authorities need advance notice.
- The signaling device must be heard in all parts of the building and shall be used only for emergencies.
- There shall be no talking during any drill. Evacuees must not run during a drill, but must move quickly and orderly.
- All occupants must be sure to vacate the building in fire and evacuation drills. However, severely physically disabled individuals may be escorted to a pre-designated area of refuge within the building. Children shall not be left unattended in the area of refuge.
- A CRT member or teacher shall be assigned to assist personnel and children with special needs who require assistance in evacuation.
- During a fire or evacuation drill a CRT member or teacher will check conference rooms, restrooms, cloakrooms, kitchen, and areas in a childcare center where children congregate, to make sure that all individuals have vacated the building. During a fire or evacuation drill, it shall be the responsibility of staff members with offices and teachers with classrooms to be sure their room is empty and that the door of the room is closed.

- Upon evacuation or fire drill, the Accounting/ Child Release Coordinator should have with him/her: the current staff list, staff and visitor log-in sheet, the current roster of children and absentee report, contact and next-of-kin sheets, and the child release forms and log.
- During a fire or evacuation drill, evacuees must be led to a predetermined and safe area far enough away from the building and out of the path of emergency vehicles and equipment.
- There shall be a written evacuation plan for each building. The plan shall include specific provisions for evacuating the handicapped. The plan shall be reviewed and approved annually by the local fire marshal as part of the annual fire inspection of the school.
- Each occupied area shall have a predetermined evacuation route. This route shall lead to the nearest available exit. At least one alternative route shall be established for each occupied area. These routes and other related instructions shall be clearly posted near the exit door of each room so that any occupant may know the correct plan of evacuation.

(Adapted from *School Emergency Drill Code*, RIEMA)

### **CHILDREN WITH DISABILITIES**

The Incident Commander will routinely conduct a survey of all staff and children and maintain a list of individuals of whom accommodations are needed.

Evacuation and relocation procedures will need to address any mental, physical, motor, developmental, and sensory limitations.

Whenever possible staff and children with physical disabilities should be given offices or placed in classrooms on the first floor.

The Site Security Liaison will review the facilities evacuation procedures with each staff member with a disability to jointly determine the best way to safely evacuate the individual during an incident.

The Site Security Liaison will review the facilities evacuation procedures with the parent/ guardian of each child with a disability to jointly determine the best way to safely evacuate the child during an incident.

Staff and fire personnel should be properly trained in how to evacuate each individual with a physical disability from the facility, including adaptive devices such as wheelchairs, walkers, crutches, etc.

The Site Security Liaison, in consultation with the local fire marshal, should designate and post fire safe areas of refuge for individuals with physical disabilities on each floor level when necessary.

Childcare providers should know the whereabouts of any child with a disability under their care at all times.

Whenever possible, a 1:1 ratio of adult to child with a disability should be accorded during a drill or critical incident.

Information on children with disabilities and their evacuation plan should be available to substitute care providers and center staff.

## Children's Friend Center Evacuation Log

Site: \_\_\_\_\_ City: \_\_\_\_\_ Academic year: 20\_\_\_\_ to 20\_\_\_\_\_

CD Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

DCYF regulations on Fire Drills

1.8 L.6 The program Administrator or designee conducts regular safety drills.

- a) One fire drill is conducted every month the program is in operation. No more than three (3) drills may be delayed for weather.
- b) Every fourth drill must be obstructed, by means of not using one of the typical exits. The other drills may be unobstructed.
- c) Two shelter-in-place drills are conducted every 12 months.
- d) A record of all safety drills is maintained.

*Drills as occurred September - August*

		1	2	3	4	5	6	7	8	9	10	11	12	Remarks
Date of Drill														
Day of Week														
Time at Drill														
Evacuation (check one)	Unobstructed													
	Obstructed (3)													
Shelter In Place (2)														
Time taken to clear site	Minutes													
	Seconds													
Total time elapsed by return to site	Minutes													
	Seconds													
Scheduled drill?	Yes/No													
Name of person who sounded alarm														

# Recovery

After a disaster, local governments assess community needs and determine the actions required to return the community to a state of normalcy. The local emergency manager, working with the assessor's office and public works department, is usually charged with assessing damages, tabulating losses to businesses and homeowners and estimating needed repairs. Similarly, Children's Friend, its programs and childcare centers, are responsible for assessing the needs of our affected community and buildings after a disaster or traumatic event.

There are four key components of recovery:

1. Physical/structural recovery
2. Fiscal recovery
3. Academic recovery
4. Social/emotional recovery

## **Recovery Team**

Recovery is an important part of a crisis response plan. Staff involved with recovery planning may differ from those participating in preparedness or response planning. A recovery team should include people who have responsibilities and expertise in the four key recovery components. Core team members should include administrative and center-based staff in charge of buildings and grounds, curriculum and instruction, mental health and family support services, and business and finance.

## **Four Key Recovery Components**

### **1. Physical/Structural Recovery**

Ensuring the safety and usability of a building is the primary goal of physical and structural recovery. Physical damages must be assessed to determine the cost and feasibility of repairing or replacing structures or contents.

Physical recovery planning considerations:

- Assess the building structure. Depending on the scope of the damages, inspections from OSHA, RIDEM, the State Fire Marshal's office, and other public safety officials may be necessary.
- Provide for temporary relocation of child care services if damages require extensive repair or rebuilding of a childcare center.
- Assess damages or replacement of furniture, equipment, computers, and supplies.
- Clean-up of damaged facilities. Determine who will do it, how soon and who pays.

### **2. Fiscal Recovery**

Following a disaster, critical business functions must be restored as soon as possible. Payroll systems, accounting and access to personnel and client data need to be available and operational. Unexpected expenditures and the need to manage grant funds or donations may result from the disaster or emergency. Additional staff may be required to handle these activities.

Fiscal or business recovery also involves planning for lines of succession for key administrators. The agency and each agency site must have "continuity of operations plans" (COOP) to ensure a smooth transition of authority and responsibility should top leadership be unable to function in their role due to a disaster or traumatic incident.

#### **Fiscal and business recovery planning considerations:**

- Assign responsibilities and determine who is in charge of fiscal services restoration.
- Develop continuity of operations or succession plans.
- Track expenditures and payments for the incident. Track overtime hours, rentals,

supplies, and equipment. Determine who is responsible for these tasks and how things will be reported and segregated from normal agency business.

- Expedite contracting services needed immediately (clean up, debris removal, utility restoration). This may require a board policy and approval for implementation.
- Apply for and administer recovery grant programs.
- Determine who is responsible for the backup of information data files, where the files will be stored and how the organization's technological functions will be restored.

### **3. Program Recovery**

Restoring the structure and routine of client programming, including childcare, is the goal of program recovery. Returning to the "normal" daily and weekly schedule enhances the healing process. While changes in routine may occur due to the disaster or emergency, staff, clients, children, and families working through the event will create a "new normal." Planning for program recovery involves all programmatic and service staff, childcare providers, and community partners.

#### **Program recovery planning considerations:**

- Resume scheduled services and care of children as soon as possible. Determine who makes the decision, what factors might affect continuation, and how the information is communicated to staff, clients, children, and families.
- Modify the schedule or routine as needed. Modifications may be necessary if buildings and/ or offices have been significantly damaged and cannot be used safely. Secure alternative space in the same or a different facility. Consider factors like privacy and security.
- Replace materials, supplies, and equipment if necessary for service and care resumption. Involve staff, managers, and facilities personnel in developing lists of "needed" and "wanted" items.
- Communicate regularly with staff. Hold briefings for all staff supplemented by emails and printed materials. Staff will need to be aware of modifications made to the regular routine, provisions of counseling services, and agency communications sent to clients' homes.
- Communicate with parents or guardians. Determine what information is needed and how the information will be communicated (i.e. meetings, phone, web site, letter, email).

### **4. Social/Emotional Recovery**

The goal of emotional recovery is to promote coping and resiliency for all individuals affected by the disaster or traumatic event. According to the National Institute of Mental Health, both adults and children demonstrate a wide range of reactions after a catastrophic event including physical, cognitive, and emotional symptoms. For some, adverse effects lessen with emotional support and the passage of time. Others are more deeply affected and experience longer-term consequences. It is important to know that these emotional reactions are normal responses to an abnormal event.

Planning for social/emotional recovery involves establishing partnerships and developing agreements between the organization, the childcare centers, and community agencies, providing training for staff and recommending policies for board consideration. Community-based resources need to be identified before an emergency or disaster so they are available for staff, clients, and families needing assistance.

#### **Social/emotional recovery planning considerations:**

- Assess emotional needs of affected staff, clients, children, and families. Determine who will do this and how.
- Organize emotional support systems. Establish partnerships with community mental health agencies and faith groups.
- Determine intervention methods, plan for client support services, staff availability, method of referral to community agencies, allotment of time with counselors, and ongoing assessment for longer-term support.

- Promote messages of resiliency and hope. Communications and administrative leadership should collaborate to prepare messages, arrange community meetings, and provide fact sheets and web-based materials.
- Train staff to recognize symptoms of extreme stress in children. Administrators may want to provide a class on Psychological First Aid or similar curriculum and involve community agencies.
- Plan for memorials. Make pre-disaster recommendations for spontaneous memorials (flowers, posters, stuffed animals, etc.) and prepare agency response to requests for permanent memorials. Plan for first anniversary events and consider holding events throughout the year that allow the Children's Friend community to express itself.

## Overview AND Planning Process Explained

The Children's Friend Crisis and Emergency Response Plan is a resource to support leadership and ALL staff in the planning, training, and execution of emergency management response procedures by providing clear policies, guidelines, definitions, and operational concepts.

Crisis management is a central component of a comprehensive safety program. The primary objectives of crisis management are to promote the health, safety and welfare of children, staff, and visitors; protect property, and regulate the operation of the agency during an emergency. The key to successful crisis management is preparation. This manual cannot cover all aspects of emergency preparedness but will provide a general understanding of activities that should be undertaken.

### CRISIS

Crises are typically organized into three categories: critical incident, crisis incident, and medical emergency. Listed below are brief descriptions and examples.

*Critical incidents* are emergencies requiring an immediate response by public safety agencies and are managed by Children's Friend administrators only until public safety officials arrive. They typically involve activation of a Crisis Response Team. Critical incidents include but are not limited to natural and technological disasters and security emergencies that adversely affect the normal operation of the organization and child care centers. Examples include fire, severe thunderstorms/weather incidents, hazardous material spills, on-premises shootings, situation involving hostage and/or kidnapping, threats involving weapons, explosions, fugitive/suspect being pursued near a center by law enforcement.

*Crisis incidents* include situations that do not occur on Children's Friend property or at a child care center event but negatively affect the organization and to which the organization must respond--but typically do not require an emergency response. Examples include death of a child, staff or personnel, or a member of a child's immediate family by suicide, illness, or accident; non-school incidents injuring or victimizing a student or staff member; perceived crises such as potential violence in the community. Children's Friend administrators and center directors have primary responsibilities in responding to crises incidents. The President and Chief Executive Officer shall have the discretion to determine what qualifies as a crisis incident and when to convene the Crisis Response Team.

*Medical emergencies* are those possible life-threatening situations arising from health conditions, as well as unintentional and intentional injuries. Examples include cardiac arrest, serious illness or condition, drug overdoses, seizures, playground accidents and acts of violence (assaults) that require emergency medical treatment. Childcare center directors and local emergency medical professionals will have primary responsibilities in responding to medical emergencies. Children's Friend administration will be informed and potentially involved should communication with the community or the media be necessary. Drug overdoses and acts of violence will also require law enforcement involvement.

A critical incident, crisis incident, or medical emergency can vary in extent and intensity. Situations can range from a non-emergency crisis involving a single child to a life-threatening

situation affecting an entire childcare center. Incidents and emergencies can occur before, during or after office hours, on or off Children’s Friend property.

## **THE CRISIS RESPONSE TEAM**

The single most effective way of managing a crisis is through the use of a Crisis Response Team (CRT). The CRT is an organized group of staff members created to assist in planning for and responding to emergencies. These staff members must be trained in the implementation of the Crisis Response Plan [Plan]. Each site must designate staff members to serve on the CRT. There may be instances when time-sensitive decisions have to be made quickly by site staff without consulting their respective teams.

The membership of the administrative and centers’ CRT should consist of an immediately accessible core group of personnel who have the knowledge and skills to deal with an emergency situation. The CRT composition varies depending upon the availability and expertise of the individual members and the potential hazards threatening the organization or center.

The team cannot be put together when the crisis, critical incident, or emergency is unfolding. Each member must be in place and comfortable with his or her role before an incident occurs. The CRT needs to become a formal part of the organization and each center. The CRT should meet on a regular basis and discuss not only the Plan but also any areas of concern. All members should receive information and training regularly.

Crisis planning involves more than developing procedures for responding to critical incidents. Members of the CRT need to have the ability to identify alarming changes in a staff member’s behavior or recognize community events or incidents that could affect the organization. Once these changes or events have been identified, the CRT must take action; this may mean arranging counseling for a child/ family or arranging a staff or community meeting, but in either case, the end result is addressing the needs of the Children’s Friend population.

## **THE INCIDENT COMMAND SYSTEM**

The National Incident Management System is the standard federal method for planning and responding to emergency situations. NIMS incorporates the use of the Incident Command System (ICS) to address critical incidents and/or crises when a multi-agency response is required.

This Plan is prepared in deference to the standard ICS procedures and terminology used by local emergency responders, the RI Emergency Management Agency, to manage a critical incident. A more detailed guide to the system is in the Preparedness section of this Plan.

The ICS may differ from the day-to-day chain of command at Children’s Friend and its childcare centers. Within the ICS organizational structure staff members may report to other personnel to whom they do not usually have a reporting relationship. As the severity and complexity of an emergency increases, assignments may change in the ICS organizational structure – meaning a staff member’s position in the ICS may change during the course of a single emergency.

The Incident Commander (IC) role officially passes to the fire chief during fire/HAZMAT incidents and/or to the ranking law enforcement officer following a criminal act, after the CFS Incident

Commander/Crisis Response Team Lead briefs the public safety official on the situation. Although a public safety official may have assumed the IC's role, the Children Friend's IC is still the leader of his/her own staff and the various functions that they have been assigned. During emergencies where a single Incident Commander is not appropriate, the site's Incident Commander/Crisis Response Team Lead and public safety officials will form what is called a Unified Command, where the decision making process is shared.

## **EMERGENCY PLANNING CYCLE**

A successful emergency management program examines potential emergencies and disasters based on the risk posed by likely hazards; develops and implements programs and actions aimed toward reducing the impact of these events on the organization or individual childcare center; prepares for those risks that cannot be eliminated; prescribes the actions required to deal with the consequences of the events; and takes action to quickly recover from the event.

The Crisis Response Plan is never complete; it is a working document. By regularly revisiting the plan, the CRT can ensure that key members of the organization know the plan, improve it with their expertise, and can implement the plan if necessary.

The Emergency Planning Cycle

1. Prevention/ Mitigation
2. Preparedness
3. Response
4. Recovery

### **Prevention/ Mitigation**

Mitigation is the effort to reduce loss of life and property by lessening the impact of disasters. This is achieved through risk analysis, which results in information that provides a foundation for mitigation activities that reduce risk (FEMA, *Mitigation*). Understanding the risks to the organization and making changes to reduce their effects enables a more effective response from the CRT to actual emergencies.

Hazards are conditions or situations that have the potential for causing harm to people, property, or the environment. Hazards can be classified into three categories: natural, technological, and site-specific hazards.

According to the Rhode Island State Hazard Mitigation Plan, conducted by RIEMA in 2008, a Natural Hazard is defined as *an event or physical condition that has the potential to cause fatalities, injuries, property and infrastructure damage, agricultural loss, damage to the environment, interruption of business, or other types of harm or loss*. For the purposes of the Rhode Island Hazard Mitigation Plan's risk assessment, natural hazards were ranked in order of priority based on the frequency of occurrence and area of impact affected.

The top five natural hazards to Rhode Island are as follows:

1. Flood-related hazards
2. Wind-related hazards (including hurricanes)
3. Winter-related hazards (including Nor'easters and blizzards)

4. Drought
5. Geologic-related hazards (including earthquakes)

While these primary hazards have their own characteristics, effects, and dangers, they often occur in conjunction with other weather and environment conditions that exacerbate the effects, e.g., lightning, high winds, hail, snow, sleet, and freezing rain.

The National Weather Service can usually provide advance notice of severe weather events. To prepare and mitigate the adverse effects of severe weather, the Administration building and each childcare center is equipped with a weather radio designed to receive alerts from the local NOAA station, WXJ39 - 162.4 VHF. The radio signal originates from a transmitter in Johnston, RI and broadcasts weather and hazard information from all counties in Rhode Island and the bordering counties of Massachusetts. Additionally, the CRT member assigned to Site Security can choose to receive severe weather alerts directly to his or her email and/or cell phone.

Technological Hazards are a direct result of the failure of a manmade system or the exposure of the population to a hazardous material. Usually, little or no warning precedes incidents involving technological hazards. The following technological hazards could pose the greatest impact on the Children's Friend community:

1. Fire/Explosion: electrical/natural gas
2. Hazardous Materials Incidents: gas leaks, petroleum or chemical spills
3. Critical Infrastructure Disruption/Failure: electrical, natural gas, water, sewer, transportation, communications

Site-Specific Hazards include those dangers that could occur within the administrative building/property, childcare facilities/property, or transportation (van, buses). The CRT should routinely inspect the building, facilities and grounds for potential hazards and address as appropriate.

The Crisis Response Team at the direction of the Incident Command Team should annually conduct hazard vulnerability and risk assessments. The assessments determine the strengths and weaknesses of all buildings and grounds, staff and community resources, and the unique concerns of staff or children with disabilities and special needs. There is no standard method for prioritizing hazards. All risk determinations are subjective and vary depending on the factors unique to each community or building. However, one commonly used method is to compare hazards based upon the likelihood of an event occurring and the extent of damage and trauma the event could cause. Assessment data must be routinely gathered and analyzed by the CRT to correct or update the Plan as necessary. A sample self-assessment checklist is located in the Preparedness section.

### **Preparedness**

The Preparedness phase readies the organization and childcare centers to respond in a rapid, coordinated and effective manner to an emergency. Because it is not possible to completely mitigate against every hazard that poses a risk, preparedness measures can help to reduce the impact of the remaining hazards by taking specific actions before an emergency event occurs. They include:

- Establishment and institutionalization of an Incident Command System.

- Identification of CRT members and their respective roles, support staff, and staff not assigned children and/or not assigned specific duties.
- Identification of staff trained to render emergency medical aid i.e. cardiopulmonary resuscitation (CPR), AED, first aid, glucagon and epinephrine administration.
- Integration of staff and children with disabilities and special needs into emergency response and crisis management planning.
- Detailed floor plans, site maps, and location of utility cutoffs. Maps depicting hazardous material site buffer zones and flood inundation zones.
- Identification of exterior doors, classrooms and department workrooms, storage and mechanical rooms and utility closets (especially those that are locked at childcare centers).
- Outlines visitor control and access control measures.
- Locations of Automated External Defibrillators (AED), Go-Kit, public safety radio on-site.
- Standardization of procedures for each Alert Status used by the Agency: A = Alert, E = Evacuation, I = Intruder, O = Outdoor Hazard, U = Unexpected Weather Emergency
- Identification of on-site and off-site command posts, media staging areas, parent reunion areas and evacuation areas;
- Identification of communications protocol and redundant systems to warn and communicate with occupants in buildings, the community, and local response agencies during an emergency.
- Crisis intervention services for staff, children, and families affected by a crisis.
- Drill, exercise and training schedules, requirements and documentation procedures.

### **Response**

When emergencies arise, the organization must quickly implement the policies and procedures developed in the Prevention/Mitigation and Preparedness phases to effectively manage the crisis. Throughout the response phase, efforts focus on de-escalating the emergency and taking accelerated steps toward recovery:

- Activation of the CRT, delegating responsibilities, and establishing an incident command post.
- Accounting of all staff, children, and families during and immediately following the emergency.
- Activation of the communication, accountability, decision-making, and primary response procedures.
- Activation of evacuation protocols, deployment of resources.
- Documentation of all actions, decisions and events

### **Recovery**

Proper preparation and effective response to incidents can minimize the time required for recovery. The Recovery phase is designed to assist staff, children, and their families in the healing process and to restore the operations of the organization and the childcare centers. Recovery is an ongoing process that includes not only the mental, emotional and physical healing process of the Children's Friend community members, but also the buildings and grounds, and daily business. Strong partnerships with public safety and mental health communities are essential for effective recovery efforts. The type and extent of activities will vary in relation to the size and scope of the crisis.

Recovery also includes a review/revise element to adjust or make changes post-crisis to the Plan and ensure that it is still comprehensive and effective.

## **Acknowledgements**

Portions of this plan have been adopted from or inspired by the following resources:

### **Comprehensive School Safety Guide: School Emergency Procedures**

Minnesota School Safety Center, Minnesota Departments of Public Safety and Education, Version 2, 2011.

*Creating Emergency Management Plans* U.S. Department of Education, Office of Safe and Drug-Free School, Emergency Response and Crisis Management Technical Assistance Center, Volume 2, Issue 8, 2006

### **Crisis Management Workbook**

Fairfax County Public Schools, Fairfax, Virginia, 2008

### **Emergency Preparedness Guide for Child Care Centers**

Illinois Department of Public Health and Loyola University Medical Center, 2005

### **Head Start Emergency Preparedness Manual**

Head Start Resource Center, US Dept. of Health and Human Services, 2015

### **Integrating Students with Special Needs and Disabilities into Emergency Response and Crisis Management Planning**

U.S. Department of Education, Office of Safe and Drug-Free School, Emergency Response and Crisis Management Technical Assistance Center, Volume 2, Issue 1, 2006

### **Introduction to the Incident Command System for Schools**

U.S. Department of Homeland Security, Federal Emergency Management Agency Independent Study Course

### **Multi-hazard Planning for Childcare**

U.S. Department of Homeland Security, Federal Emergency Management Agency, 2013

### **National Response Framework**

U.S. Department of Homeland Security, Federal Emergency Management Agency, January 2008

### **Post-Disaster Reunification of Children: A Nationwide Approach**

FEMA; U.S. Dept. of Health and Human Resources; American Red Cross; National Center for Exploited or Missing Children, 2013

### **School Emergency Planning: Preparedness, Response, and Recovery**

Rhode Island Emergency Management Agency; RI School Safety Steering Committee, 2011

### **School Emergency Management Operations Plan (Sample)**

U.S. Department of Homeland Security, Federal Emergency Management Agency, March 2011

## Resources

### **American Academy of Pediatrics (AAP)**

Child Care Providers Resources

[www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/children-and-disasters/Pages/Child-Care-Providers.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/children-and-disasters/Pages/Child-Care-Providers.aspx)

### **American Red Cross**

Disaster preparedness information for schools, workplace, and families

[www.redcross.org/prepare](http://www.redcross.org/prepare)

### **Caring for Our Children, 3rd Edition**

Provides additional information regarding Disaster Planning, Training and Communication

<http://www.cfoc.nrckids.org/>

### **Children's National Medical Center**

The Handbook of Frequently Asked Questions Following Traumatic Events

[www.childrensnational.org/files/PDF/DepartmentsandPrograms/ichoc/handbook\\_english.pdf](http://www.childrensnational.org/files/PDF/DepartmentsandPrograms/ichoc/handbook_english.pdf)

### **Department of Homeland Security**

Prepare My Family for a Disaster <https://www.dhs.gov/how-do-i/prepare-my-family-disaster>

### **Office of Head Start; U.S. Department of Health and Human Services**

Head Start Child Care Center Emergency Response and Recovery materials

<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

### **Federal Emergency Management Agency (FEMA) [www.fema.gov](http://www.fema.gov)**

Are You Ready <https://www.ready.gov/>

FEMA for Kids <https://www.ready.gov/kids>

### **National Child Care Information Center, U S Department of Health and Human Services, and Administration for Children and Families: Emergency Preparedness for Child Care Programs.**

[www.acf.hhs.gov/programs/occ/resource/emergency-preparedness-resources-for-child-care-programs](http://www.acf.hhs.gov/programs/occ/resource/emergency-preparedness-resources-for-child-care-programs)

### **National Education Association Health Information Network**

School Crisis Guide <http://neahealthyfutures.org/wpcproduct/school-crisis-guide/>

### **National Oceanic and Atmospheric Administration (NOAA)**

NOAA In Your State <http://www.legislative.noaa.gov/NIYS/>

### **National Incident Management System (NIMS)**

[www.fema.gov/national-incident-management-system](http://www.fema.gov/national-incident-management-system)

### **Rhode Island Emergency Management Agency <http://www.riema.ri.gov/>**

### **The Office of Head Start, Early Childhood Learning & Knowledge Center (ECLKC)**

The Head Start Emergency Preparedness Manual, 2015

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

### **The National Child Traumatic Stress Network <http://www.nctsn.org/>**

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**Children's Friend  
Safety, Crisis & Emergency Response Plan**

**Children's  
FRIEND**

By signing this document I acknowledge that I have received the Safety, Crisis & Emergency Response Plan that is effective August 27, 2018.

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Print Name

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Signature

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Date