EMERGENCY PREPAREDNESS—AN EARLY CHILDHOOD EDUCATOR’S PERSPECTIVE

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As early childhood educators who participated in the discussion of optimal scene management involving children and families in the event of a radiological/nuclear event, the authors would suggest consideration be given to the formal preparation for evacuation of educators and families and how to ensure that families are provided factual and updated information.

PREPARATION AND COMMUNICATION

Licensed child care programmes already practise regular fire drills/evacuations and other emergency procedures. Child care programmes located within schools, for example, also practise biannual lockdown procedures in the event of an armed or otherwise threatening intruder. Child care programmes also typically identify an alternate, nearby location to take the children if they are unable to re-enter the child-care centre for any reason and must temporarily relocate the children (and staff) to another facility.

Recommendations

The development of additional emergency preparedness measures which are more particular to managing children during or following a radiological/nuclear event can be added to the existing emergency protocols of child care programmes, advising child care staff specifically what they must do in the event of this type of disaster.

If emergency preparedness officials wish to encourage (or mandate) additional or new protocols (for example, a Radiological/Nuclear Emergency Drill), numerous channels exist to communicate this information broadly, primary among them the government licensing body connected to all child care programmes. In the case of Ontario, this would be the Ministry of Children and Youth Services/Ministry of Community and Social Services.

It was noted that although at our own child care centres our staff teams are aware of the designated alternate sites if relocation is necessary, the parents or clients have not been apprised of these alternate locations, and they ought to be. In the event that communication by phone to parents is not possible, parents should be made aware in advance of the address of the alternate sites. Communication by cell phone is often assumed as a given in emergency situations, but the recent earthquake which impacted the Ottawa (etc.) area was a reminder that this was not the case. Many of the child care programmes in this agency are located within schools, and the schools required an evacuation of the building during the earthquake. Parents were frantically calling their child care centres immediately after the earthquake to determine if the centres had been impacted and if their children were okay, but staff and children were obviously absent from the building during the evacuation and could not take those calls. It alerted us that if we had been forced to temporarily relocate, we would not have been able to communicate this to parents via cell phone, as cell phone networks were interrupted. In any emergency situation, lack of prompt and clear communication with parents will create panic and cause them to rush to their child care centre to determine for themselves what is happening and if their children are safe.

SCENE MANAGEMENT

Additional recommendations

If parents are prevented from entering or even approaching the child care centre because a quarantine or lockdown of the site has been instituted due to contamination or some other reason for containment, this will cause parental frenzy, and therefore clear communication at the scene with respect to where and when parents may reunite with their children will be absolutely critical in managing panic and confusion on the ground.

The workshop provided a description on the current protocol for decontamination following a radiological/nuclear event, which involves each individual entering an area alone, stripping off clothing, undergoing decontamination and then dressing in sterile clothes. Neither parents nor early childhood educators/caregivers of young children will feel comfortable having children undergo this process alone, in the absence of adult accompaniment and particularly without a trusted adult companion.
Children forced to undergo this alone will be highly stressed, confused and less than compliant. Under what would be highly stressful circumstances, the optimal decontamination scenario with young children involves accompaniment by a person with whom the children feel safe.

Also noted during the discussions here was that the sterile clothing donned following decontamination procedures is currently only available in adult sizes.

In the workshop discussions, we noted that children are typically taught to regard a police officer as someone who is safe and who will take care of them. It was suggested by another workshop participant that the purpose of police presence at the scene following a disaster of this nature is exclusively to investigate and apprehend the instigators of the crime. Our experience with children and families tells us that an easily identifiable individual or set of individuals designated to communicate and direct will go a long way towards reducing panic and confusion on the ground. This will allow all other emergency responders to proceed uninterrupted with their duties at the scene.

If facilities have been designated by emergency officials at which parents can reunite with their children, these designated, identifiable individuals can quickly communicate that information to frantic parents and better control the flow of human and vehicular traffic at (and away from) the scene.