

Emergency Response Plan

Templates & Forms

- ❖ You may remove, copy and use the templates for training and inclusion in your Emergency Response Plan.
- ❖ You may use all or some of these templates in creating your Emergency Response Plan.
- ❖ Some templates are meant to be copied and posted in your child care facility.

NOTE OF IMPORTANCE:

This Emergency Response Plan has been developed as a recommended tool that child care facilities can use to create their own Emergency Response Plans. **Niagara Region will not be responsible for your use of this tool. If you decide to use this tool, you are agreeing that you will not have or make a claim against Niagara Region under any theory of law for any type of damage or loss.** You may already have similar policies, procedures, and forms that you use. You may choose to keep what you have, modify them or use what is presented here. You should cross check your child care program's current policies and procedures to ensure that anything that is utilized from this Emergency Response Plan is consistent with what your child care facility may already have in place. Any procedural information that you plan on implementing from this Emergency Response Plan should be brought forward to your Authority in Charge (Board of Directors, Executive Director, Operator, etc) for discussion and proper implementation into action. This will most likely include staff education and training of new procedures.

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IMPORTANT PHONE NUMBERS & CONTACTS:

LOCATION	POLICE	FIRE	AMBULANCE
Fort Erie	(905) 871-2300	(905) 871-1600	1-866-895-6227
Grimsby	(905) 945-2211	(905) 945-2113	1-866-895-6227
Lincoln	(905) 945-2211	(905) 563-8205	1-866-895-6227
Niagara Falls	(905) 688-4111	(905) 356-1321	1-866-895-6227
Niagara-on-the-Lake	(905) 688-4111	(905) 468-3266	1-866-895-6227
Pelham	(905) 735-7811	(905) 892-3943	1-866-895-6227
Port Colborne	(905) 735-7811	(905) 834-4512	1-866-895-6227
St. Catharines	(905) 688-4111	(905) 684-4311	1-866-895-6227
Thorold	(905) 688-4111	(905) 227-6412	1-866-895-6227
Welland	(905) 735-7811	(905) 735-9922	1-866-895-6227
West Lincoln	(905) 945-2211	(905) 957-3346	1-866-895-6227

Other Important Contacts	Phone Number
Poison Control	1-800-268-9017
Niagara Region Children's Services	905-984-6900
Niagara Region Public Health	905-688-8248
Niagara Health System Central Number	905-378-4647
Taxi Service	
Local Radio Stations: AM: 610, 710, 1220 FM: 91.7, 97.7, 101.1, 105.1, 105.7	

INTRODUCTION

The intent of this manual is to provide the management of _____ with policies and procedures that will be followed in the event of an emergency. It has been developed in a format consisting of many templates that can be completed so that when combined with your existing policies it will form the basis of your Emergency Response Manual.

THIS EMERGENCY RESPONSE PLAN WILL ALWAYS BE LOCATED IN THE CHILD CARE FACILITY AT THIS SPECIFIC LOCATION: _____

THE SUPERVISOR AND AUTHORITY IN CHARGE ARE ALSO REQUIRED TO KEEP A COPY OF THIS EMERGENCY RESPONSE PLAN AT THEIR PRIVATE RESIDENCE.

PURPOSE OF EMERGENCY RESPONSE PLAN

1. To provide a safety and response plan for the administration, management and staff of _____.
2. To provide a safety and response plan for the child care community.
3. To communicate the Emergency Response with parents of child enrolled in _____ with the Niagara community.
4. To provide a workable plan of action in the event of any disaster or child care emergency.
5. To have appropriate personnel available to assist individual, families and children in need.
6. To inform staff, families and the community of procedures to follow in the event of an emergency or disaster.

The _____ has the responsibility of initiating the emergency response plan. After the plan has been put into effect, it will be the responsibility of the Authority in Charge to coordinate all part of the plan and to approve all communication to the staff, families, children, public and media. In the event that _____ is not available, the responsibility will fall to the next person in the chain of command.

*** Note: the Authority in Charge in most cases is who the Supervisor of the Centre reports to. For example, Executive Director or President of the Board of Directors.**

THE EMERGENCY RESPONSE TEAM

The Emergency Response Team will work in cooperation with the Authority in Charge and be responsible for coordinating all activities related to execution of the plan and any communication to families, staff and the public. All communications must be approved by the Authority in Charge. Blanks are included in the table below for you to include any other staff who may be in charge of emergency processes.

A detailed list containing alternate contact numbers, email addresses, cell phone number, etc. for the Emergency Response Team must be updated *at least* once per year.

A complete list of current contact information for staff, families/parent as well as emergency contact is required as part of this plan.

EMERGENCY TEAM MEMBERS CONTACT INFORMATION

In the event of an emergency, the chain of command will be as follows:

Title	Name	Phone Number	After Hours Number	Email Address
Authority in Charge				
Designate Authority in Charge				
Health & Safety Manager				
Supervisor				
Assistant Supervisor				

* Note: the Authority in Charge in most cases is who the Supervisor of the Centre reports to. For example, Executive Director or President of the Board of Directors.

Identify who will be responsible for different emergency procedures. Some responsibilities may not apply to all child care providers. There are a few blanks for you to include your own responsibilities that may be unique to your centre/home.

Responsibility	1st in Charge – Name	Backup – Name
Who will make decisions on behalf of the Child Care Facility		
Notify parents/guardians to inform them of emergency procedures to be taken		
Post emergency signs on front door(s), change voicemail, update website with emergency information for parents/guardians		
Provide first aid		
Create or purchase first aid kits		
Create or purchase evacuation kits		
Gather emergency food and supplies indicated in checklist		
Check to ensure food and water supplies are not expired		
Communicating with the Media		

PANDEMIC RESPONSE

A pandemic is a special type of emergency in that it is more global in nature. As a result, this section of the Emergency Response Response Plan covers pandemic situations.

CHAIN OF COMMAND

The chain of command is as follows:

National	Health Canada	
Provincial	Ministry of Health & Long Term Care	
Municipal	Medical Officer of Health	Dr. Robin Williams
Locally (Your Site)		

PANDEMIC AUTHORITY IN CHARGE

In the event of a pandemic, Niagara Region’s Medical Officer of Health will be the Authority in Charge with authority to activate the Niagara Region’s Pandemic Response.

For our child care facility, _____ will be the Authority in Charge and will have the authority to activate our Pandemic Response Plan in the event of a Pandemic. Should this person not be available, then _____ will be in charge. All communications will be approved by the Authority in Charge before being released to any staff, parents, children or families.

* Note: the Authority in Charge in most cases is who the Supervisor of the Centre reports to. For example, Executive Director or President of the Board of Directors.

INFORMATION SOURCES

For local information updates click on www.niagararegion.ca and click on H1N1 Virus (Swine Flu) and enter your email address to sign up for email alerts.

Other sources of information:

- 1.

Niagara Region Public Health Department Influenza Pandemic Information Line 905-688-8248 ext. 7765 or toll free 1-888-505-6074 ext. 7765

- 2. www.niagararegion.ca
- 3. www.pandemicinfluenza.ca
- 4. **Info Hotline 1-800-454-8302 – Government of Canada**
- 5.

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- 6.

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CHILD CARE FACILITY EMERGENCY PLAN¹

	Child Care Program Information	
Name of program:		
Street address:		
City:		
Province:		
Postal Code:		
Telephone number:		
	Primary Emergency Contact at Child Care Facility	
Name:		
Telephone number:		
Alternate telephone number:		
E-mail address:		
Telephone number outside of area:		
	Who We Will Contact 9-1-1	
Emergency:		
Non-emergency police:		
Non-emergency fire:		
Insurance provider:		
	Types of Disasters Most Likely to Occur in Our Area	
	Members of Our Emergency Planning Team	
Authority in Charge:		
Designate Authority in Charge:		
Health & Safety Supervisor:		
Assistant Supervisor:		
Parent:		
Others:		
Others:		
Others:		

	Name and Phone Number of Others to Coordinate this Plan With
Landlord:	
Businesses:	
School:	
Funder:	
Child Care Facility:	
Others:	
	Person in Charge of Operations Needed for Re-opening
Facility inspection and repair:	
Contacting families and employers:	
Obtaining equipment and supplies:	
Setting up rooms:	
Accessing records:	
Restoring meal and snack service:	
Obtaining building inspections and licensing approval:	
Water Company:	
Phone Company :	
Gas Company:	
Electrical Company:	
	Contact for Help with Post-Disaster Clean-up
Name:	
Street address:	
City/Province/Postal Code:	
Phone/Fax:	
E-mail address:	
	Other Important Phone Numbers
Electric Company:	
Gas Company:	
Water Company:	

Waste Disposal:	
Newspaper:	
Television Station:	
Radio Station:	
Cable TV:	
Child Care Network:	
Family & Children's Services:	
Building Inspector:	
Bank:	
Insurance Agent:	
Creditors:	
Accountant:	
Payroll Services:	
Milk Supplier:	
Food Supplier:	
Laundry Service:	
E-mail address:	
	Child Care System Contacts (phone, fax, e-mail)
Children's Services, Regional Niagara:	CHILDREN'S SERVICES (905) 984-6900, (905) 641-2729 (fax), _____@niagararegion.ca
Ministry of Children & Youth Services, Province of Ontario:	
National:	
	Contact for Food and Water
Company name:	
Phone/Fax:	
E-mail address:	
Street address:	
Contact name:	
Account number:	
	Licensing Contact (phone/fax/e-mail)
Local :	
Provincial:	
	Evacuation Plan
Person responsible for issuing all clear:	
Persons able to handle medical emergencies:	
Person who will bring the medications for the children and staff:	
Person who will locate, copy, and post building and site maps:	
Location of First Aid Kit:	

Location of Evacuation Kit:	
Person who will bring the Evacuation Kit and First Aid Kit during an evacuation :	
Person who will bring attendance/sign in sheet during an evacuation:	
Persons who will mark evacuation exits:	
Location of evacuation exits:	
Number of times per year and dates evacuation procedures will be practiced:	
On-Site Evacuation Location: Identify location on or near child care facility's property:	
Off-Site Evacuation Location: Location to which we will evacuate out of the immediate area: (street address, phone number, contact person, e-mail, fax number)	
	Shelter-in-Place Plan
Person responsible for issuing all-clear:	
Persons able to handle medical emergencies:	
Sheltering-in-Place location inside the building:	
Person responsible for maintaining and refreshing emergency supplies:	
Process for reminding staff to keep personal supplies needed to shelter in place:	
Where can we access a portable generator:	
Schedule dates to plan to shelter in place will be practiced:	
	Pandemic Responsibilities
Who will organize where the sick room or area will be for ill children?	
Who will organize the gathering of all needed supplies? (gloves,	

masks, protective clothing, etc).	
Who will update and educate staff on pandemic planning issues?	
Who will determine what it would take to close operations. Will it be that more than 3 staff are ill? More than 50% of children are ill?	
Who will be in charge of cleaning and disinfecting? (organize supplies needed, do the actual disinfecting or provide instruction to whomever will be doing the extra cleaning)	
	Communications
How we will communicate our emergency plans to the staff?	
How we communicate our emergency plans to our funder(s)?	
How we will communicate our emergency plans to the children?	
How we will communicate our emergency plans with parents/guardians?	
In the event of a disaster how we will communicate with the staff?	
	Cyber Security
How we will protect our computer hardware?	
How we will protect our computer software?	
If our computers are destroyed, where we will use back-up computers?	
	Back-Up of Records
Person responsible for backing up critical records including children's records, payroll, accounts, etc.:	
Where back-up records including a copy of insurance policies, facility plans, bank account records, and computer back-ups	

are stored onsite:	
Offsite location of another set of back-up records:	
How the program will provide for continuity if the accounting and payroll records are destroyed:	
	Emergency Contact Information Annual Review
Date the emergency plan will be reviewed and updated:	

INSURANCE DETAILS FORM³

Child care facilities can use this form to discuss their insurance coverage with their insurance providers. Having adequate coverage will help programs recover more rapidly from catastrophes.

Child care facilities should keep a copy of this form on the child care premises and at a nearby location and an out of the area location.

Insurance Agent: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Insurance Policy Information				
Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

Do I have flood insurance? Yes No

Do I have earthquake insurance? Yes No

Do I have business income and extra-expense insurance? Yes No

Other emergency-related insurance specifics:

PARENT EMERGENCY EVACUATION INFORMATION FORM
(to be given to parents at least annually)

Name of child care facility:	
Facility Address:	
Emergency contact at facility (Authority in Charge):	
Phone number of emergency contact:	
Cell phone of emergency contact: (Please do not call cell phone number during non-emergencies; it will not be turned on.)	
In the event the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather outside the child care facility: _____ (describe where on or near the facility's property i.e. in the baseball field behind the centre):	
In the event the facility must be evacuated because of an emergency in the immediate area the children and staff will be taken to the off-site evacuation location _____ (name & phone number)	
If necessary, children will be transported to this health care facility:	
Address & phone number of the health care facility:	

CHILD IDENTIFICATION CARD
(to be placed out-of-sight on each child during an evacuation)

Child's Name	
Parent/Guardian #1 Name	
Parent/Guardian #2 Name	
Address	
Home Phone	
Parent/Guardian #1 Day Phone	
Parent/Guardian #1 Cell Phone	
Neighbour/Friend and Phone	
Contact Outside of Area and Phone	
Child Care Program Name	
Child Care Program Phone	

UNSAFE WATER ADVISORY⁴

(To be posted at all taps and drinking fountains and entrances)

DO NOT DRINK OR COOK WITH THE TAP WATER

**PLEASE BE ADVISED THAT WE HAVE HAD A DISRUPTION OF THE
MUNICIPAL WATER TO THIS CENTRE.**

**THE FOLLOWING STEPS HAVE BEEN TAKEN TO ENSURE THE SAFETY OF
THE CHILDREN AND STAFF:**

The children have been evacuated to:

Name:

Address:

Phone number:

All parents will be called and informed of this emergency.

Please pick your child up at the above location.

Thank you for your understanding and cooperation.

LOCKDOWN NOTICE

(to be posted on main entrances of the child care facility)

There is an emergency situation where children and staff are in lockdown inside this building.

NO ONE is allowed to come outside this building.

NO ONE is allowed inside this building.

DO NOT call anyone in this building.

DO NOT call the main phone line of this child care facility.

Date: _____

For more information: _____

EMERGENCY FOOD & SUPPLIES CHECKLIST⁵

For a major emergency, you need to be prepared for at least 72 hours while emergency workers help those in urgent need. Below is a list of suggested items which will be useful or even essential in an emergency. Use the checklist to create your essential emergency food list and supplies kit. Make sure to inform all staff of where the emergency food and supplies kit is located within your centre or home. Be sure to include enough items for the number of staff and children at your child care facility or home. Extra checkboxes are included so that you can add any other essential items you think you will need in an emergency. This is a suggested list, storage at some centres may be an issue, but use this as a guideline to think of essential items that you can store in case of an emergency.

Ready to Go: Keep these items packed in backpacks.

- Bottled water
- Water purification tablets
- Food – non perishable snacks like granola bars
- Special needs items (eyeglasses, baby food, diapers, formula, bottled milk, toys, soothers, etc)
- Sleeping bags or emergency “survival” foil blankets
- Rain gear (plastic poncho)
- Manual can opener
- Plastic plates, cups, utensils
- Flashlight and extra batteries
- Waterproof matches, candle, lighter
- Pocket knife or multi tool
- Battery or crank operated radio
- Change of clothing and footwear – for each staff member and child (just a suggestion - may be difficult as children and staff change so frequently)
- Extra keys (for centre, car, etc)
- Moist towelettes, toilet paper, plastic garbage bags
- A whistle – in case you need to attract attention

You will want a Supervisor backpack clearly marked which will include:

- First Aid Kit (see below for list of contents)
- Regional map
- Emergency Plan – include a copy of it
- Medications for staff and children
- Cash – in case ATM's not working
- Copies of essential documents (insurance policies, banking information, credit and debit cards, etc.)

Ready to Stay: To prepare for the loss of electricity, heat, or running water, store these in a plastic tub or a special cabinet in storage room or garage (for Home Child Care).

- Water – 4 litres of water per person for at least 3 days: 2L for drinking and 2L for cooking and cleaning. (Include small bottles that can be carried easily in case of an evacuation order).
- Water purification tablets
- A telephone that does not require electricity.
- Food – enough for each person for 3 days that won't spoil, such as canned food, energy bars and dried foods (remember to replace the food and water once a year)
- Cash – in case ATM's not working
- If you care for infants – extra diapers, bottled milk, formula
- Change of clothing and footwear – for each staff member and child
- Sleeping bag or warm blanket – for each staff member and child
- A whistle – in case you need to attract attention
- Garbage bags
- Toilet paper and other personal care supplies
- Safety gloves
- Basic tools – hammer, pliers, wrench, screwdrivers, fasteners, work gloves
- Small fuel-driven stove and fuel – follow manufacturer's directions and store properly
- Books, games, crayons, small toys to keep busy
- Duct tape
- Candles and matches or lighter
- Portable Generator
- Backpack or duffel bag
- Copies of essential documents, insurance policies, banking information, credit and debit cards, etc.
- Plastic sheeting. This can be used to seal all doors and windows and ventilations systems as may be required in certain emergencies.
- Emergency Plan – include a copy of it

First Aid Kits are required at each child care facility, and the following is a list of items which are recommended to be included⁵:

- A current copy of the St. John Ambulance or the Canadian Red Cross Society First Aid Manual
- One dozen (12) safety pins
- Twenty-four (24) adhesive dressings, individually wrapped
- Twelve (12) sterile gauze pads, each 75mm square
- Four (4) rolls of 50mm gauze
- Four (4) rolls of 100mm gauze bandages
- Four (4) sterile surgical pads suitable for pressure dressings, individually wrapped
- Six (6) triangular bandages

FIRE DRILL TRACKING SHEET⁶

Child Care Centre

Date	Time of Day	Name of Fire Exit Used	Total Time Taken to Evacuate	# of Children in Centre	# of Staff in Centre	Deficiencies Noted/Comments	Signature

BOMB THREAT INFORMATION FORM⁷

Stay calm, do not argue with the caller, and try to get as much information as you can from the caller

QUESTIONS TO ASK

- 1. When is bomb going to explode? _____
- 2. Where is it right now? _____
- 3. What does it look like? _____
- 4. What kind of bomb is it? _____
- 5. What will make it explode? _____
- 6. Did you place the bomb? _____
- 7. Why did you put it in the building? _____
- 8. What is your address? _____
- 9. What is your name? _____

DESCRIBE CALLER'S VOICE

Calm _____ Nasal _____ Angry _____ Stutter _____
Excited _____ Lisp _____ Slow _____ Raspy _____
Rapid _____ Deep _____ Soft _____ Ragged _____
Loud _____ Clearing throat _____ Crying _____ Cracking voice _____
Laughter _____ Deep breathing _____ Slurred _____ Familiar _____
Normal _____ Disguised _____ Distinct _____ Accent _____
Whispered _____

If voice is familiar, who did it sound like? _____

Exact wording of threat: _____

BACKGROUND SOUNDS

Street _____ Animals _____ Local _____ Office Noise _____
Booth _____ Long Distance _____ Train _____ Party sounds _____

PA System _____ Static _____ Voices _____ Music _____
Motors _____ House Noise _____

THREAT LANGUAGE

Well spoken (educated) _____
Foul _____ Irrational _____
Taped _____ Incoherent _____
Message read by threat maker _____

Number at which call received: _____
Person receiving the call: _____
Time: _____ Date: _____ Sex of caller: _____
Accent: _____ Age: _____ Length of call: _____

Additional Comments

PARENT EVACUATION INFORMATION LETTER⁸

Dear Parent or Guardian,

In the event of an emergency situation that requires an evacuation of our child care facility one of the following plans will be used: evacuate to a nearby shelter, evacuate to a distant shelter, or evacuate to a very distant shelter. Child care providers and staff will make every attempt to contact you in such an event. Please be sure to supply us with up-to-date emergency phone numbers and contact information, including email and out of town/province contacts. Also, please take the time to implement your own family plan. Instructions on how to do so can be found at www.getprepared.ca. Please keep our contact information with you at all times and distribute to your emergency contacts.

1. If the emergency is confined to the immediate area of the child care facility, such as a fire, and the children cannot stay inside the building, the children will be evacuated to an on-site evacuation location which is outside the child care facility building on or near the property:

_____ (description, such as baseball diamond in back lot of the child care centre)

2. If the emergency is more widespread and encompasses a larger area, the children will be brought to an off-site evacuation location:

_____ (name of off-site location)

_____ (phone number of off-site location)

During any evacuation, staff will remain with children at all times while family/guardian/emergency contacts are notified of the situation and arrangements are made for either transporting home or care taking until parent/guardian can pick them up.

Child Care Provider emergency phone numbers to call:

Name of Child Care Provider: _____

Child Care Provider Phone Number: _____

Child Care Provider Cell Phone Number: _____

Additional Emergency Phone Numbers: _____

Clean your Hands

with soap and warm water...clean for at least 15 seconds



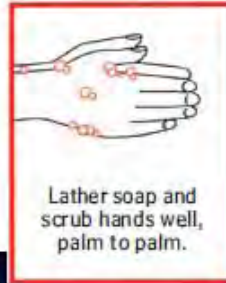
Wet hands and wrists.

Step 1



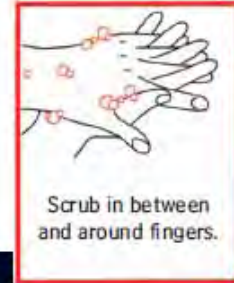
Use a sufficient amount of soap - one squirt of the pump.

Step 2



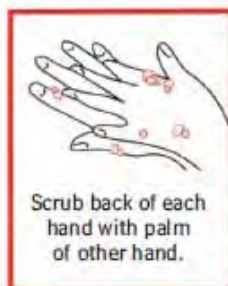
Lather soap and scrub hands well, palm to palm.

Step 3



Scrub in between and around fingers.

Step 4



Scrub back of each hand with palm of other hand.

Step 5



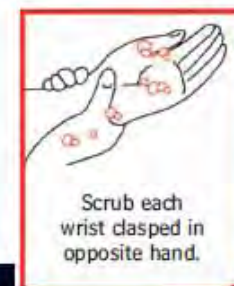
Scrub fingertips of each hand in opposite palm.

Step 6



Scrub each thumb clasped in opposite hand.

Step 7



Scrub each wrist clasped in opposite hand.

Step 8



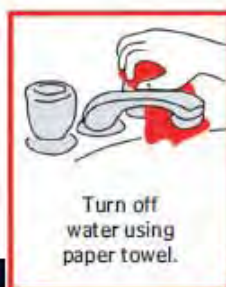
Rinse thoroughly under running water.

Step 9



Wipe and dry hands well with paper towel.

Step 10



Turn off water using paper towel.

Step 11

Clean hands:

- before preparing meals
- before eating
- after using the washroom
- after coughing or sneezing
- after blowing your nose
- after playing with pets
- after playing outdoors

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Clean your Hands

with hand rub...clean for at least 15 seconds

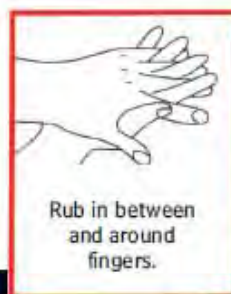
- Hand rubs should contain 60-90% alcohol
- Hand rubs should be used when you can not see dirt on your hands, if you can see dirt, clean your hands with soap and warm water



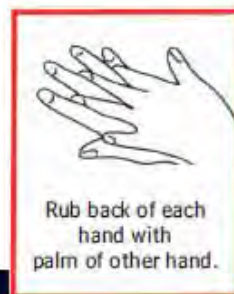
Step 1



Step 2



Step 3



Step 4



Step 5



Step 6



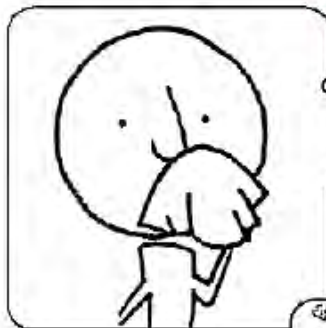
Step 7



Step 8

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.

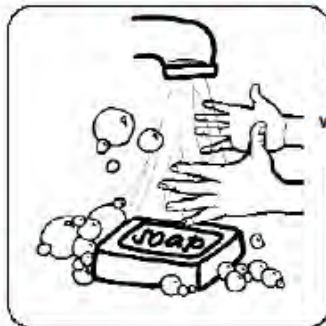


Put your used tissue in the waste basket.



Clean your Hands

after coughing or sneezing.



Clean hands with soap and warm water

or

clean with alcohol-based hand rub



What are the Differences Between Influenza and the Common Cold?⁹

Symptom	Cold	Influenza
Fever	Rare	Usual; high fever (102 ° F/39 ° C - 104 ° F, 40 ° C), sudden onset, lasts 3 to 4 days.
Headache	Rare	Usual; can be severe
Muscle aches and pains	Sometimes, generally mild	Usual; often severe
Tiredness and weakness	Sometimes, generally mild	Usual; severe, may last up to 2 to 3 weeks
Extreme tiredness	Unusual	Usual; early onset, can be severe
Runny, stuffy nose	Common	Common
Sneezing	Common	Sometimes
Sore throat	Common	Common
Chest discomfort, coughing	Sometimes, mild to moderate	Usual, can become severe.
Complications	Can lead to sinus congestion or infection, and ear aches.*	Can lead to pneumonia and respiratory failure, and become life-threatening. Can worsen a chronic condition.
Prevention	Frequent hand washing	Annual immunization and frequent hand washing

SUSPECT CASE OF STAFF PANDEMIC INFLUENZA

Name of Ill Staff Member: _____

Date of Illness: _____

Symptoms:

Fever: Yes No Temperature _____ Time when fever began: _____

Muscle aches: Yes No

Headache: Yes No

Fatigue: Yes No

New Cough: Yes No

Other symptoms:

Names of children and parents in contact with:

Names of other staff members in contact with:

Any other people in contact with:

BUSINESS CONTINUITY – ESSENTIAL SERVICE RESPONSE PRIORITY LISTING¹⁰

Complete the following form by working through the process below and indicating on the chart on the back of this page.

1. Identify all services/activities within a program/division/business unit area and list them in the column identified as Service/Activity. For example, provide care for children, provide meals/snacks, provide extended child care (before/after school, weekends, overnight care), etc.
2. Identify the services with an 'A' in the priority number column for those that must maintain throughout staffing shortages; use 'B' for services that can be discontinued for a short period of time, such as 4 weeks; and 'C' for services that can be discontinued for longer periods of time.
3. List the 'A' services together, list the 'B' services together, and list the 'C' services together.
4. Identify and describe the type of staff needed to deliver the services (e.g. Cooks, ECEs, Resource Teachers, etc.)
5. Indicate the number of staff remaining in the event of a 45% staff absence rate.
6. Identify whether the service/function is expected to experience a surge in demand during an emergency.
7. Indicate whether there is a potential to have the service/function delivered by other sector assistance. This can include volunteers, private sector, or other agencies.
8. Develop a plan for dealing with each essential service/function to respond to staffing shortfalls or surge demands.

ESSENTIAL SERVICES/FUNCTIONS STAFFING ALLOCATIONS TABLE

(see instructions on how to fill out on other side of sheet)

Priority #	Service/Function	Current # of _____ Staff	Number Remaining with 35% Absenteeism	Current # of _____ Staff	Number Remaining with 35% Absenteeism	Current # of _____ Staff	Number Remaining with 35% Absenteeism	Potential for Surge Increase	Private Sector Assistance

CHILD CARE ABSENTEEISM REPORT¹¹

Name of Child Care Centre	Total Population of Child Care Centre (Children only)	Children Absent	
		Number	Percent

Please circle the most common symptoms (if known):

Fever

Runny Nose

Headache

Sore Throat

Muscle ache

Cough

Fatigue

Others (Specify) _____

If you notice a significant rise in absenteeism or children are ill with similar influenza symptoms, fax the completed form to Niagara Region Public Health, Infectious Disease Program, at 905-682-6470. If you require any further information, please call 905-688-8248 ext. 7950 or 1-800-263-7248.



Part 1: Initial Notification (IN) Report (TO BE SUBMITTED WITHIN 24 HOURS OF OCCURRENCE)	
MINISTRY (select one): <input type="checkbox"/> Ministry of Community and Social Services <input type="checkbox"/> Ministry of Children & Youth Services	
REGION (select one): <input type="checkbox"/> TOR <input type="checkbox"/> CER <input type="checkbox"/> CWR <input type="checkbox"/> HAM/NIA <input type="checkbox"/> SWR <input type="checkbox"/> SER <input type="checkbox"/> EAST <input type="checkbox"/> NER <input type="checkbox"/> Northern	MCSS/MCYS Program Supervisor/Advisor:
Legal Name of Service Provider: Site address (full address):	Executive Director: Board President/Owner*: * If applicable
DATE OF INCIDENT (MM/DD/YYYY): TIME OF INCIDENT (IF KNOWN): <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE & TIME WHEN INCIDENT IS DEEMED TO BE A SERIOUS OCCURRENCE* (MM/DD/YYYY): TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
* PLEASE EXPLAIN IF MORE THAN 24 HOURS HAVE PASSED SINCE DATE & TIME OF INCIDENT/OCCURRENCE:	
REPORTED BY:	POSITION: PHONE #:

SECTION A: CLIENT DATA

Name of client(s) involved: (first name and initial of surname ONLY):	Client(s) date of birth (MM/DD/YYYY):	Age(s)
1.	1.	1.
2.	2.	2.

SECTION B: TYPE OF SERIOUS OCCURRENCE (report only one from the following)

<input type="checkbox"/> 1. Death CORONER NOTIFIED? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown BY WHOM?	<input type="checkbox"/> 5. Disaster on premises PLEASE SPECIFY:
<input type="checkbox"/> 2. Serious injury <input type="checkbox"/> a) Caused by service provider <input type="checkbox"/> b) Accidental <input type="checkbox"/> c) Self-inflicted/unexplained	<input type="checkbox"/> 6. Complaint about service standard (including adverse water quality)
<input type="checkbox"/> 3. Alleged abuse/ Mistreatment	<input type="checkbox"/> 7. Other (Complaint made by or about a client or any other Serious Occurrences)
<input type="checkbox"/> 4. Missing Client (Note: Ministry must be notified of final outcome)	<input type="checkbox"/> 8. Use of Physical Restraint <input type="checkbox"/> a) no injury <input type="checkbox"/> b) resulting in injury <input type="checkbox"/> c) allegation of abuse (Note: Physical Restraint is not permitted under the Day Nurseries Act)

SECTION C: DETAILS OF SERIOUS OCCURRENCE

SUMMARY OF OCCURRENCE – tick if other pages are attached
What, where and when it happened, actions taken by the service provider
For physical restraint reporting, please include: current status/condition for restraints, client's views/allegations, service provider action.

WHO HAS BEEN NOTIFIED? <input type="checkbox"/> Police <input type="checkbox"/> Parent/Guardian/Emergency Contact <input type="checkbox"/> CAS PLEASE SPECIFY: <input type="checkbox"/> Other PLEASE SPECIFY: PLEASE SPECIFY:	FURTHER ACTION PROPOSED BY SERVICE PROVIDER <input type="checkbox"/> tick if other pages are attached
DIRECTION, IF ANY, PROVIDED BY MINISTRY - <input type="checkbox"/> tick if other pages are attached	

Part 2: Inquiry Report (IR) (TO BE SUBMITTED WITHIN 7 DAYS OF IN REPORT)

CURRENT STATUS/CONDITION:	CLIENT'S ALLEGATION/CLIENT'S VIEW (IF APPLICABLE):
FURTHER ACTION PROPOSED BY SERVICE PROVIDER	IS THIS EXPECTED TO BE THE ONLY/LAST REPORT SUBMITTED FOR THIS OCCURRENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

SECTION D: INQUIRY REPORT SIGN OFF

SUBMITTED BY (NAME & POSITION)	PHONE NUMBER	COMPLETION DATE & TIME: (MM/DD/YYYY): TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
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Please identify the section from the previous page that is being expanded upon on this page.

USE THIS AND ADDITIONAL PAGES AS REQUIRED TO PROVIDE ADDITIONAL INFORMATION IN COMPLETING THE INITIAL REPORT AND THE INQUIRY REPORT FOR SERIOUS OCCURRENCE REPORTING.

Enhanced Serious Occurrence Identification Tool

Enhanced serious occurrence reporting procedures will be followed when a serious occurrence affects clients and/or staff, involves emergency services and/or significant media or public attention is likely or has already occurred. An enhanced serious occurrence must be reported within 3 hours.

Serious Occurrence Category <small>For a complete definition, please refer to the SO Procedures for Service Providers</small>	The incident may be enhanced if...
1. Death of a client	- Suspicious circumstances or negligence could be perceived to have contributed to the death.
2. A serious injury to a client a) An injury caused by the service provider. b) A serious accidental injury. c) A serious non-accidental injury.	- The injury is currently life-threatening . - Suspicious circumstances or negligence could be perceived to have contributed to the cause of the injury.
3. Any alleged abuse or mistreatment of a client	- The incident is an allegation of sexual or physical abuse against staff by a client where the media has become involved.
4. Missing Client.	- The client's age or mental capacity makes him/her especially vulnerable. - A crime is suspected to have occurred in conjunction with the client going missing (i.e. abduction, stolen vehicle, assault on staff). - The service provider contacted the police and an amber alert or a similar public awareness tactic is planned. Note: Do not report incidents in this category as enhanced if the incident has already been resolved (e.g. missing client has returned).
5. Disaster/Disease	- The incident is a lockdown relating to a serious incident occurring in your service provider location - The incident is an outbreak of a serious contagious disease or virus , such as C. Difficile or SARS. - The incident caused major damage to a service provider's location and will significantly disrupt the delivery of services . Note: Do not report incidents in this category as enhanced if the incident has already been resolved (e.g. lockdown has been lifted).
6. A complaint about the service provider.	- The individual or group who complained has contacted the media . - A staff member has been arrested for a serious crime that may have affected clients. - The complaint is about a topic that is often covered in the media.
7. A complaint made by or about a client and any other serious occurrences.	- The incident involves serious criminal activity on the part of the client .
8. Physical restraints	- Service provider staff applied a physical restraint and resulted in a life-threatening injury .

Ministry of Community and Social Services

Ministry of Children and Youth Services

Enhanced Serious Occurrence Report

Part 1: Initial Notification (IN) Report (TO BE SUBMITTED WITHIN 3 HOURS OF OCCURRENCE)	
MINISTRY (select one): <input type="checkbox"/> Ministry of Community and Social Services <input type="checkbox"/> Ministry of Children and Youth Services	
REGION (select one): <input type="checkbox"/> TOR <input type="checkbox"/> CER <input type="checkbox"/> CWR <input type="checkbox"/> HAM/NIA <input type="checkbox"/> SWR <input type="checkbox"/> SER <input type="checkbox"/> EAST <input type="checkbox"/> NER <input type="checkbox"/> NRO <input type="checkbox"/> CPRI <input type="checkbox"/> THISTLETOWN	MCSS/MCYS Program Supervisor/Advisor: _____
Legal Name of Service Provider: _____ Site address (full address): _____	Executive Director: _____ Board President/Owner*: _____ <small>* if applicable</small>
DATE OF INCIDENT (MM/DD/YYYY): _____ TIME OF INCIDENT (IF KNOWN): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE & TIME WHEN INCIDENT IS DEEMED TO BE AN ENHANCED SERIOUS OCCURRENCE* (MM/DD/YYYY): _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<small>* PLEASE EXPLAIN IF MORE THAN 3 HOURS HAVE PASSED SINCE DATE & TIME OF INCIDENT/OCCURRENCE:</small>	
REPORTED BY: _____ POSITION: _____ PHONE #: _____	

SECTION A: CLIENT DATA

Name of client(s) involved: (first name and initial of surname ONLY):	Client(s) date of birth (MM/DD/YYYY):	Age(s)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

SECTION B: TYPE OF SERIOUS OCCURRENCE (report only one from the following)

<input type="checkbox"/> 1. Death <small>CORONER NOTIFIED? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown BY WHOM? _____</small>	<input type="checkbox"/> 5. Disaster on premises <small>PLEASE SPECIFY: _____</small>
<input type="checkbox"/> 2. Serious injury <small>a) Caused by service provider <input type="checkbox"/> b) Accidental c) Self-inflicted/unexplained</small>	<input type="checkbox"/> 6. Complaint about service standard <small>(including adverse water quality)</small>
<input type="checkbox"/> 3. Alleged abuse/ Mistreatment	<input type="checkbox"/> 7. Other <small>(Complaint made by or about a client or any other Serious Occurrences)</small>
<input type="checkbox"/> 4. Missing Client <small>(Note: Ministry must be notified of final outcome)</small>	<input type="checkbox"/> 8. Use of Physical Restraint <small>a) no injury <input type="checkbox"/> b) resulting in injury <input type="checkbox"/> c) allegation of abuse (Note: Physical Restraint is not permitted under the Day Nurseries Act)</small>

SECTION C: DETAILS OF SERIOUS OCCURRENCE

SUMMARY OF OCCURRENCE – tick if other pages are attached
 Describe what, where and when the occurrence happened.
 Describe the actions taken to ensure client safety and service continuity.
 Identify any media or emergency service involvement.
 For physical restraint reporting, please include: current status/condition for restraints, client's views/allegations, and the service provider actions.

WHO HAS BEEN NOTIFIED? <input type="checkbox"/> Police <input type="checkbox"/> Parent/Guardian/Emergency Contact <input type="checkbox"/> CAS PLEASE SPECIFY: _____ <input type="checkbox"/> Other PLEASE SPECIFY: _____ <small>PLEASE SPECIFY: _____</small>	FURTHER ACTION PROPOSED BY SERVICE PROVIDER <input type="checkbox"/> tick if other pages are attached
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DIRECTION, IF ANY, PROVIDED BY MINISTRY – tick if other pages are attached

Part 2: Inquiry Report (IR) (TO BE SUBMITTED WITHIN 7 DAYS OF IN REPORT)

CURRENT STATUS/CONDITION: _____	CLIENT'S ALLEGATION/CLIENT'S VIEW (IF APPLICABLE): _____
FURTHER ACTION PROPOSED BY SERVICE PROVIDER _____	IS THIS EXPECTED TO BE THE ONLY/LAST REPORT SUBMITTED FOR THIS OCCURRENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____

SECTION D: INQUIRY REPORT SIGN OFF

SUBMITTED BY (NAME & POSITION) _____	PHONE NUMBER _____	COMPLETION DATE & TIME: (MM/DD/YYYY): _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
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Please identify the section from the previous page that is being expanded upon on this page.

COMMUNICATIONS – DEALING WITH THE MEDIA

In times of uncertainty, people always want to know these 8 fundamentals¹². You need to be prepared to answer these questions. Remember to prepare consistent, clear messages to assist you in giving an effective media interview.

Questions the Public Wants to Know	Your Answer to the Public's Questions
What is really happening?	
How will this affect me?	
What are you doing?	
What do I need to do?	
Detailed and specific instructions	
When will things get back to normal?	
Reassurance	
People they can trust	

DOCUMENT REVISION HISTORY

On the last page of the plan, you will track of all revisions made to this document in the following table. Make an entry when the plan is first created and put in "Plan Created" in the Revision column. Keep the title page of the plan updated as well with the creation date and last revision date.

Date	Author	Revision
		<i>Plan Created</i>

Copies of this Emergency Response Plan

Locations within the Centre where copies of this Plan are kept AND offsite locations where copies of this Plan are kept (i.e. off-site location, head office, landlord, each member of the Emergency Response Team's home)

Copy #	Location where copies of this plan exist (include addresses)

Exercise Log

This section logs the date, type of exercise and any pertinent comments each time the plan is exercised.

Date	Type of Exercise	Comments

References:

¹ Adapted from the Sample Emergency Plan at www.ready.gov

² Adapted from the Sample Emergency Plan at www.ready.gov

³ Adapted from the Insurance Discussion Form at www.ready.gov

⁴ Niagara Region. (2006). Children's Services Policy Manual. Disruption of Water Supply.

⁵ Niagara Region Public Health (2003). A Health & Safety Manual for Child Care Providers.

⁶ Niagara Region (2006). Fire Drills Form.

⁷ Adapted from: Peel District School Board. (1997). Bomb Threat Report Form.

⁸ Adapted from: Montgomery County, Maryland Department of Health and Human Services Preparedness and Response Program. Emergency Responses.

⁹ Ministry of Health and Long Term Care. (2008). Get the Flu Shot. Retrieved Online July 8, 2009 from:
<http://www.gettheflushot.ca/public/coldvsflu.html>

¹⁰ Adapted from: Niagara Region Public Health. (2006). Pandemic Influenza Response Plan – Business Continuity Planning Toolkit.

¹¹ Adapted from: Stanton Associates (2009). Emergency Public Information Manual.