



**Ministry of Children and Family Development**

**EMERGENCY INFORMATION  
FOR  
FOSTER PARENTS**

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## Emergency Information for Foster Parents

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## Introduction

Emergencies, disasters, accidents and injuries can occur any time and without warning. Being prepared physically as well as psychologically to handle emergencies is a foster parent's responsibility. This booklet provides a quick reference for responding to emergencies and disasters.

This booklet contains valuable information on a variety of situations that require urgent or immediate action. Please take some time to familiarize yourself with the information in it and then keep it in an easily accessible location.

The Ministry of Children and Family Development *Standards for Foster Homes* (Standard E.2.4) state that caregivers must have a household emergency response plan for fires, earthquakes, disasters and other emergencies. You may wish to incorporate some of the ideas presented in this booklet into your family's emergency response plans.

## What to do to be prepared

- Read this booklet and keep it by the phone or in a handy location.
- Create an emergency plan. Practice your emergency plan. The more you are prepared, the better you can minimize panic or confusion when an emergency occurs.
- If someone in the home relies on electrically powered life-sustaining equipment, register it with your electric supply company and your community emergency program.
- Soon after placement, walk the child through your family's emergency plan. Let them know how they fit into the plan and what their role and responsibilities are regarding it.

Children are less likely to experience prolonged anxiety or fear if they know what can happen in an emergency.

Reinforce with children in care that they can always call the Helpline for Children in BC (310-1234) if they need help.

- Find out the emergency plans of the child's school, day care, or other child care setting.
- Hazard-proof your home. Secure objects that could fall and injure someone.
- Conduct fire drills and emergency evacuations every few months.
- Test your home smoke detectors monthly and change batteries annually.
- Check all fire extinguishers annually, preferably by a professional, to verify that they are in working order.
- Know the location of all utility shut-off valves.
- Attend Cardiopulmonary Resuscitation (CPR) and First Aid Classes.

## When Telephoning for Emergency Assistance

Dial **911** or local emergency numbers, for police, fire or ambulance and give the following information:

- Nature of the emergency
- Exact address and cross street.
- Telephone number from which you are calling.
- Your name.
- Do not hang up first, as additional information may be needed.

**Police** \_\_\_\_\_

**Fire** \_\_\_\_\_

**Ambulance** \_\_\_\_\_

Natural gas company \_\_\_\_\_

Telephone company \_\_\_\_\_

Electric company \_\_\_\_\_

### **MCFD Foster Parent Support Line - 1 888 495- 4440**

Available 4:00 pm to 12:45 am Monday to Friday and 8:00 am to 12:45 am statutory holidays and weekends.

**During a major disaster this line will be staffed 24 hours a day, 7 days a week.**

During a disaster, if you and the children in your care need to evacuate your home and seek emergency shelter, call the office of the child's Guardianship Worker. Advise them of the child's location and status. If you are unable to contact the office of the child's Guardianship Worker or if the evacuation occurs after office hours, call the Foster Parent Support Line. A duty worker will answer, take a message and send an alert to the child's Guardianship Worker noting the children's and your location.

Resource Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office of the child's Guardianship Worker # \_\_\_\_\_

When an emergency happens outside office hours (normal hours of ministry offices are 8:30 a.m. to 4:30 p.m., Monday to Friday), phone the ministry's After Hours Line:

- in Vancouver, North Shore, Richmond – 604 660 4927
- in the Lower Mainland, Burnaby, Delta, Maple Ridge, Langley – 604 660 8180
- in any community in B.C. – 1 800 663-9122

Help Line for Children: 310-1234 (anywhere in BC, 24 hours a day, no area code required).

### **Other Useful Resources**

Radio Station designated as official disaster information station \_\_\_\_\_

Poison Control: (604) 682-5050 or 1-800-567-8911

BC Federation of Foster Parent Associations: (604) 664-0127 or 1-800-663-9999

Federation of Aboriginal Foster Parents: 1-866-291-7091

## Emergency Information for Foster Parents

Ombudsman Office: (250) 387-5855 or 1-800-567-3247

Public Trustee: (604) 660-4444 or 1-800-663-7867

Youth in Care Network: 1-800-565-8055

Representative for Children & Youth: (250) 356-6710 or 1-800-476-3933

BC Nurseline: (604) 215-4700 or 1-866-215-4700; TTY: 1-866-889-4700

## Create an Emergency Plan

Prepare yourself and the children in your care so they will know what to do, where to go and how to cope if there is an emergency. Some things to include in your plan:

- Identify a meeting place where everyone who lives in your home can meet if it is not safe to go home
- Identify a safe person who can care for the child if you are unable to get home. A person who does relief for you would be a good choice. Make sure the child knows who the safe person is and how to make contact.
- Important telephone numbers including the Helpline for Children at 310-1234 and any regional or local MCFD numbers
- Safe exits from your house in case of fire
- Location of gas shut off valve
- Location of electrical breaker box
- Location of emergency supply kit

A handy emergency planning guide and form can be found at: [www.getprepared.ca/plan/plan\\_e.asp](http://www.getprepared.ca/plan/plan_e.asp)

## If You Have to Evacuate Your Home

After an emergency or disaster Emergency Social Services (ESS) volunteers in your community will open an emergency reception centre. They will determine evacuees' needs, assist with shelter and meals, register families to assist in locating missing members and provide information on what is happening and when people might expect to return home.

The location of the centre will be announced through local media.

If you evacuate, keep the children with you as members of your household. When registering at a reception centre, identify yourself as a foster parent. As soon as practicable, call the office of the child's Guardianship Worker and advise them of your and the child's present location, status and plans.

If you are going to a reception centre to pick up children who have been evacuated separately (e.g. from school), ensure you have documentation identifying you as a Ministry foster parent.

## Emergency Preparedness Kit

### Food

It is wise to maintain a two-week supply of food beyond your normal requirements.

- Choose foods your family will enjoy and include "comfort foods". Specialty, dehydrated food is not necessary, canned foods and dry mixes are well suited for emergency supplies.
- Store food that requires little or no water to prepare and that will not increase thirst.
- Date each stored package and tin, then twice a year replace items with fresh ones.
- Keep stored food in a cool dry area, away from chemicals.
- Protect packaged items from rodents and insects by storing them in plastic containers.

## Emergency Information for Foster Parents

### **Water**

- Store at least three litres of water per person per day. Keep the water in opaque plastic jugs or bottles in a cool dark location. Fill water jugs and add 2 drops of liquid bleach per litre of water to prolong the shelf life. Renew water supply every six months.

### **Supplies**

- Toiletries, e.g. toilet paper, soap, tooth brush and paste, towel & face cloth
- Prescription medication
- Extra pair of eyeglasses
- Safety items such as first aid supplies
- Items to occupy time, e.g. books and playing cards
- Light sources, e.g. flashlight with additional batteries
- Clothing, including jackets and hats
- Blankets and towels
- Cooking supplies, e.g. pots, can opener, utensils, paper plates, tin foil, camp stove or burner
- Copies of important papers and documents, family photos
- Extra car keys, cash and quarters to use a pay phone
- A battery-operated radio with extra batteries

### **Grab and Go Bag**

In the event a disaster or emergency causes evacuation of your home, it is wise to have a backpack or duffel bag ready to carry essential items from your emergency survival kit. In addition to your survival kit, an individualized comfort kit should be prepared for each child in your care.

#### **Items to include for children:**

- Pictures of the child's birth family
- Books, crayons, paper, scissors, and glue.
- Puzzles, board games, hand held computer games with additional batteries.
- Prescription medicine, medical instructions pertaining to the child and an extra pair of eye glasses.
- A favourite stuffed animal, blanket or pillow. Preferred snack foods and their own water bottle.
- Teens might want to include phone numbers and pictures of their friends (include quarters for the pay phone). It may be comforting for them to talk to their friends about how they are feeling.
- Teens might want to also include their favourite music.

## Home Hazards

Familiarize yourself with potential hazards which may be present in your home. Take the necessary steps to safely store or remove the hazard. Prevention is the best way to avoid potential accidents. The following standards are from the Ministry of Children and Family Development *Standards for Foster Homes*.

1. Clearly label and store poisonous substances and medication in your home in a secure, locked location.
2. Securely store dangerous and hazardous materials, objects and equipment.
3. Ensure all weapons are inaccessible to children and are disassembled or made otherwise unusable. Firearms in particular must be unloaded and rendered inoperable by removing the bolt or installing a trigger lock. Ammunition and firing mechanisms must be stored separately in securely locked containers or cabinets.
4. Ensure pets in your home have up-to-date rabies vaccinations.

## Fire

In case of fire:

1. Alert everyone in the house.
2. Call **911** or the local fire department and report location of fire.
3. Use your fire extinguisher to put out fire if it is not too large.
4. If the fire is too large do not try to extinguish, **Get Out**, close doors, and confine fire as much as possible
5. Do not endanger yourself or children in your care by trying to save your home.

Having a fire extinguisher and knowing how to use it may save your home, possessions and life. It is best to have several smaller extinguishers, in addition to the required 5lb fire extinguisher, located throughout the house, especially if your home has multiple floors.

### Fire Extinguisher Instructions

1. Stay calm
2. Pull safety pin from handle of the fire extinguisher.
3. Aim (nozzle, cone, horn) at **base** of the fire.
4. Squeeze the trigger handle.
5. Sweep from side to side.

If your clothing catches fire...**STOP ...DROP...ROLL**

### **Fire Safety**

If caught in smoke:

- Drop to hands and knees and crawl; hold breath as much as possible; breathe shallowly through nose and use blouse, shirt, jacket as filter.

If forced to advance through flames:

- Hold your breath; move quickly; cover head; keep head down and eyes closed as much as possible.

If trapped in room:

- Place cloth material around and under door to prevent smoke from entering.

Retreat -- close as many doors as possible between you and fire.

Be prepared to signal from window, but **Do Not** break glass unless absolutely necessary.

### **Preventing Burns While Cooking**

- Declare a child and pet-free zone 3 feet around your stove when you are cooking.
- Avoid wearing loose fitting clothing while cooking.
- Turn pot handles in to avoid them being accidentally bumped or grabbed by children.
- Turn off oven and burners when not in use.
- Remove utensils from pots while food is cooking.
- Potholders and oven mitts should be kept near the stove.
- Do not place frozen or wet food in hot grease or oil as this will cause the hot oil to splatter.
- Keep the pot lid for the pan you are using near your stove. If the pan or food catches fire, place the lid on the pan to smother the fire then turn off the burner.
- Do not carry a blazing pan to the sink – smother it with lid or another pan.
- Do not pour water on a grease fire – smother it with lid or another pan.
- Do not splatter burning food by using a fire extinguisher.

### **Additional Ways to Prevent Fires and Burns**

- Adjust your water heater's thermostat to 49°C or less.
- Unplug irons and move them out of reach after using.
- Keep matches and lighter out of sight.
- Teach children in your care that stove burners, toasters, irons and other household objects can sometimes be hot.

## First Aid Emergencies

- If the injury is serious, call **911** or an ambulance.
- Give first aid until relieved by an ambulance attendant.
- Before starting any first aid, always ensure there is no further danger to yourself or the victim.

## First Aid Supplies

Your first aid kit should contain things necessary to meet the needs of your family and the children in your care. Include a list of the contents of your first aid kit. A couple of times a year go through your kit and replace expired items. Include a supply of any necessary prescription medicines and critical medical information in your first aid kit.

## Insect Bites and Stings

In most persons, an insect bite or sting produces only a mildly painful swelling, accompanied by redness and itching. However, bee and wasp stings can cause severe allergic reactions in some people.

Reactions may include:

- Breathing difficulty;
- Nausea and vomiting;
- Hives, and swelling around the eyes and mouth.

When these signs are evident, obtain medical aid immediately.

### While awaiting medical aid:

1. Help the victim take medication prescribed by a physician for the allergic reaction.
2. Monitor breathing and start artificial respiration if required.
3. Apply rubbing alcohol, a weak ammonia solution or a paste of bicarbonate and soda and water. Rubbing alcohol or ammonia should not be used around the eyes.
4. Remove the sting carefully by scraping it and the poison sac from the skin; do not use forceps or tweezers because squeezing the sting will inject more venom.
5. If the sting is in the mouth, give the victim a mouthwash of one teaspoonful of bicarbonate of soda to a glass of water, or ice to suck. If there is much swelling in the mouth or breathing difficulty, monitor closely and place the victim in the recovery position.

## Poisoning

### A. In all cases

1. Ensure no further danger.
2. If possible, identify poison and container. Most containers give information on dealing with swallowed contents. Read the Label.
3. Call Poison Control Centre.
4. If required, call **911** or an ambulance. Send container and contents with victim to hospital.

### B. For inhaled poisons such as exhaust fumes

1. Be sure you don't also become a victim.
2. Remove source of fumes. For example, "turn off the engine".
3. Move victim to fresh air.
4. Call Poison Control Centre. If required, call **911** or an ambulance.
5. If needed, start artificial respiration (refer to Resuscitation section)
6. To avoid inhalation of vomit, place victim's head lower than body.

### C. For poisons in contact with skin or eyes

1. Flood area with cold running water for at least 15 minutes (flush eyes gently)
2. Call Poison Control Centre. If required, call **911** or an ambulance.
3. Remove contaminated clothing.
4. Do not use chemical antidotes.

### D. For swallowed household chemical poisons

1. Conscious victim.
  - a) Call Poison Control Centre. If required, call **911** or an ambulance.
  - b) Only induce vomiting on advice of Poison Control Centre.
  - c) To avoid inhalation of vomit, place victim's head lower than body.
2. Unconscious victim
  - a) Call **911** or an ambulance.
  - b) Place victim in recovery position. (See: Unconsciousness, part C)
  - c) Watch breathing. Start artificial respiration if necessary.

## Eye Injuries

### A. For all serious eye injuries

1. Take victim to hospital or call **911** or an ambulance.

### B. Chemicals in the eye

1. Wash eyes immediately with large amounts of cold, running water for at least 15 minutes.
2. Take victim to hospital or medical clinic.

### C. Foreign object in eye

1. Never rub eye and do not try to remove embedded foreign objects.
2. Cover both eyes lightly with bandages and take victim to hospital or medical clinic.

### D. Puncture wounds

1. Puncture wounds are serious. Cover both eyes lightly with bandages and take victim to hospital or medical clinic.

## Heart Attack

### The warning signals of heart attack may include:

- Feeling of heavy pressure or squeezing pain in chest, arms or jaws.
- Shortness of breath, pale skin, sweating and weakness.
- Nausea and vomiting.
- Abdominal discomfort with indigestion and belching.
- Apprehension or fright.
- Denial of impending heart attack.

### Action when you suspect a heart attack

1. Call **911** or an ambulance.
2. Reassure individual that help is on the way.
3. Assist individual to take just the dose of medication prescribed for the condition.
4. Help individual to rest, sitting or lying in most comfortable position.
5. Loosen individual's collar, belt, and other tight clothing.
6. Keep individual quiet but avoid physical restraint.

## Choking

### A. Ask “Can you speak?”

1. If victim can speak or cry out, airway is probably open enough to force out obstructing object.

### B. If victim can speak or cough

1. Reassure and encourage coughing.
2. Do not hit on back.

### C. If victim cannot speak or cough

1. Conscious victim.
  - a) From behind, wrap your arms round victim’s waist.
  - b) Make fist with one hand, grasp with other hand, place hands above navel to avoid lower tip of the breastbone.
  - c) Give one quick upward thrust.
  - d) Repeat upward thrusts until airway is clear or victim becomes unconscious.
2. Unconscious victim
  - a) Refer to Resuscitation section.

### D. Unconscious infants and small children who choke

1. Check mouth for obstruction and remove if visible.
2. Supporting the head, turn the **Infant** or **Child** face down. Support the head and neck when holding and turning. Place the **Infant’s** or **Child’s** head lower than trunk and give 5 back blows.



3. If the airway remains blocked: for an **Infant**, place 2 or 3 fingers on the breastbone between nipples. Give 5 light thrusts.

For a **Child**, use the heel of your hand and give up to 5 light thrusts.

4. Check the mouth for obstructions and remove if visible.
5. Attempt to ventilate.
6. Repeat steps 2 to 5 until successful and get medical attention.



*Infant – under year, Child 1- 8 years old. Adult 8 years and older*

## Unconsciousness

### A. Check for unconsciousness

1. Shout at victim.
2. Tap or gently shake shoulder.

### B. If no response

1. Call **911** or an ambulance.
2. Check for breathing:
  - look for chest movement
  - listen for breathing
  - feel for breath on your cheek

### C. Victim unconscious but breathing

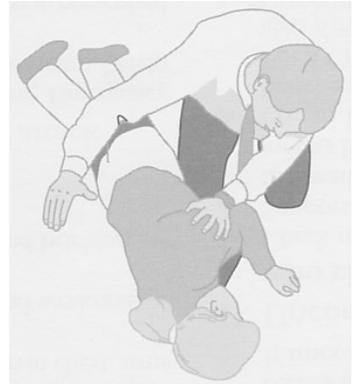
1. Place in recovery position if:
  - breathing is noisy (gurgling or snoring sounds)
  - victim starts to vomit, or is bleeding from mouth
  - you must briefly leave victim

### D. If breathing is easy but injuries apparent

1. DO NOT move victim, wait for ambulance.

### E. If victim is not breathing

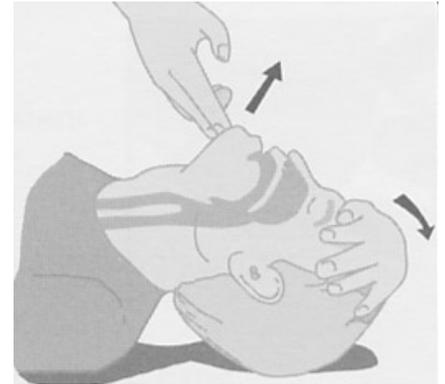
1. Start Resuscitation.



## Resuscitation

### A. Airway

1. If you suspect neck injury, do not move neck.
2. Place one hand on victim's forehead to tilt head back and fingers of other hand under chin to lift jaw.



### B. Breathing (Artificial Respiration)

1. Look for chest movement.
2. Listen for breathing.
3. Feel for breath on your cheek.
4. If not breathing, start artificial respiration immediately:
  - a) Keep head well back.
  - b) Pinch nostrils.
  - c) Place your mouth over victim's mouth.
  - d) Give two full breaths.
  - e) Continue with one breath every 5 seconds until victim breathes normally or help arrives. (Ventilation)
5. If on attempting artificial respiration air does not enter victim's chest:
  - a) Re-position head and attempt artificial respiration again.
  - b) If successful go to section "C" of Resuscitation.
  - c) To clear airway, place heel of one hand on top of heel of other hand just above the navel but well below the tip of breastbone. Press upper abdomen with 6 to 10 quick thrusts.
  - d) If this fails, open patient's mouth by grasping tongue and lower jaw between thumb and fingers and lift chin. Insert index finger of other hand deep into mouth and use finger sweep to dislodge and remove foreign body.
  - e) Attempt to ventilate.
  - f) If unsuccessful, repeat sequence (abdominal thrusts, finger sweeps and attempts to ventilate) until obstruction is cleared.



**C. Circulation - Cardiopulmonary Resuscitation (CPR)**

1. Feel neck pulse-carotid artery.
2. If neck pulse is felt, continue ventilations.
3. If neck pulse is not felt, do CPR.
  - a) Place heel of one hand on breastbone above its lower tip between nipples.
  - b) Place heel of other hand on first hand.
  - c) In Adult, press straight down to compress chest 1 ½" - 2" 100 times a minute. After every 15 compressions give 2 ventilations.
4. Continue until ambulance arrives.



**Resuscitation of Infants and Small Children**

1. Cover baby's mouth and nose with your mouth.
2. Use small breaths.
3. Begin chest compressions:
  - Infant (younger than 1 year): place 2 fingers on the infant's sternum below the nipples and compress the chest ½" - 1".
  - Child (age 1 through 8 years): place the heel of one hand above the sternum and compress the chest 1" - 1 ½".
4. After every 5 compressions give 1 ventilation.
5. Continue until ambulance arrives.



## Bleeding

Serious bleeding occurs with deep cuts and severed blood vessels.

### A. Initial assessment

1. Ensure no further danger to victim or yourself.
2. If injury looks serious, call **911** or an ambulance.

### B. Control bleeding

1. Apply direct pressure
  - a) Remove clothing to expose extent of wound.
  - b) Cover with sterile cloth.
  - c) Apply firm pressure with your hand directly over wound.
  - d) If no dressing available, use your bare hand.
2. Continue pressure until bleeding stops (may take up to 20 minutes)
  - a) Help victim to lie down.
  - b) Elevate bleeding part unless bone is broken.
  - c) When bleeding stops, apply further dressing on top of original dressing and bandage firmly.
  - d) If blood soaks through, apply additional dressings and bandage more firmly.
  - e) Take victim to hospital or medical clinic.



### C. Broken bone, glass or objects protruding through skin

1. Do not remove embedded objects.
2. Apply pressure close to wound but not pressing on broken bone or object.
3. Place sterile or clean dressing around area and cover wound.
4. Maintain pressure and prevent movement of object by applying bulky pads and bandaging in place.
5. Take victim to hospital

### D. Nose Bleeds

1. Seat victim with head tilted forward.
2. Pinch nostrils firmly for ten minutes.
3. Avoid nose blowing.
4. If bleeding persists, take victim to hospital or medical clinic.

## **Severe Burns and Scalds**

### **A. Initial assessment**

1. Ensure no further danger to victim or yourself.
2. If injury looks serious, call **911** or an ambulance.

### **B. Burns or scalds caused by fire, hot solids, hot liquids or sun:**

1. Cool affected part with cold water and ice to relieve pain. (This must be done within 5 minutes of the injury for a maximum of 10 minutes.)
2. Remove rings and bracelets before part starts to swell.
3. Cover with clean, moist cloth and secure lightly with bandage.
4. Ensure hospital treatment for deep burns and scalds of areas larger than a quarter.
5. Never breathe on, cough on, or touch burn.
6. Never open blisters.
7. Never tear away clothing (only remove clothing if the clothing continues to burn).
8. Never apply medications, ointment or greasy substances to burn area.

### **C. Burns with dry or liquid chemicals**

1. Brush off dry chemicals.
2. Flood with running water for 15 - 20 minutes or until pain stops, whichever is longer
3. Cover with clean dressings and bandage lightly. Seek medical attention.

### **D. Electrical burns**

1. Check for electrical hazards.
2. Before touching victim, turn off electricity.
3. If breathing and circulation stop, start CPR. (See Resuscitation).
4. Cover burns with dressing and bandage. Seek medical attention.

## **Bone and Joint Injuries**

### **A. Initial assessment**

1. Ensure no further danger to victim or yourself.
2. If injury looks serious, call **911** or an ambulance.
3. Ensure breathing is normal
4. Suspect a broken bone if injured area is painful or swollen or shows deformity.
5. When in doubt, treat as a broken bone.

### **B. Control bleeding, if required**

1. Apply pressure close to wound but not pressing on bone.
2. Place sterile or clean dressing around area and cover wound.
3. Maintain pressure and prevent movement of object by applying bulky pads and bandaging in place.

### **C. Immobilize injured part**

1. Hold injured limb with your hands or place pillows, sandbags or clothing on both sides to keep in position
2. For neck or back injuries, do not move, support head and neck, keep body still until ambulance arrives

### **D. Relieve pain**

1. Apply cold (not heat) to injuries of bones and joints

## **Heat Exposure**

### **A. Heat exhaustion**

1. Cause: Exposure to excessive heat with loss of body fluids and subsequent straining on circulatory system.
2. Treatment:
  - a) Remove victim to a cool area. If conscious, have victim drink lots of cool water, a little at a time.
  - b) If conscious, maintain airway with victim in recovery position.
  - c) If unconscious, seek medical attention.

### **B. Heat stroke**

1. Cause: High body temperature with inability to sweat, and poor blood circulation to brain. Serious, may be fatal.
2. Treatment:
  - a) Remove victim to cool area.
  - b) Decrease body temperature by sponging with cold water.
  - c) Take victim to hospital or medical clinic.

## **Cold Exposure (Hypothermia)**

1. Cause: Loss of body heat
2. Treatment:
  - a) Get out of cold.
  - b) Remove wet clothing.
  - c) Wrap in sleeping bag, blankets, or warm clothing.
  - d) Warm victim by using your own body heat. If isolated, use vehicle heater or make a fire.
  - e) If conscious, give victim warm drinks. (Non-alcoholic)
  - f) Get medical help.

## **Other Emergencies**

There are a variety of external emergency situations that may affect you. Preparing for the worst does not mean that you believe it will happen. Preparation will help protect you and the children in your care from the effects of a disaster and reduce personal injury, damage and discomfort.

Earthquakes, floods, forest fires, landslides, avalanches and severe storms are common occurrences in BC. Many of these will result in a power outage, the length of which cannot be easily determined in advance. Some situations may be more serious and you may be required to evacuate your home.

All families should be prepared to be self-sufficient for a minimum of 3 days.

### **Power Outage**

1. Remain calm and in place.
2. Turn off appliances.
3. If available turn on battery powered radio to find out what is happening in your area.
4. Determine whether the phone system is operational.
5. Report the power failure to BC Hydro.
6. Do not open your freezer or fridge unless it is absolutely necessary.
7. Do not use charcoal or gas barbecues, camping and heating equipment or home generators indoors. (They give off carbon monoxide).
8. Use battery-powered light sources. If you must use candles, use with proper candleholders and never leave unattended.

## **Earthquake Safety**

### **Before an Earthquake**

Because earthquakes occur without warning, it's important that you have a home earthquake preparedness plan:

- Identify safe spots in each room.
- Conduct home hazard hunts and take steps to correct these hazards. (Such as unsecured hot water tanks, hanging plants etc.)
- Beware of danger zones such as windows.

### **Preparing Children for an Earthquake**

- Talk with children in your care (or read them a book) about earthquakes to increase their awareness of what may happen.
- Teach children what they need to do to be safe during an earthquake.
- Practice by holding earthquake drills (duck and cover). Afterwards talk about what they did to be safe.
- Familiarize the children in your care with their school's earthquake response plan.
- Provide children in your care the name of a safe person who can care for them if you can not.

### **What happens during an Earthquake?**

Everything shakes and rattles. There is a lot of noise. Things may fall and break (such as ceiling tiles, bookcases, file cabinets, and other furniture that has not been anchored to walls or floors). The motion may be severe. If you are standing you may be thrown to the ground. Many things may stop working (lights, telephones, elevators, heat and air conditioning). Some exterior windows will probably break, causing shattered glass and strong drafts. There will be a mess.

### **How Long Will it Last**

The shaking may last for a few seconds or a minute or two. There may be a number of aftershocks following the main earthquake. These can be as dangerous and damaging as the main quake.

### **What are the Biggest Dangers?**

- Falling objects (pictures, things in cupboards and on shelves, ceiling tiles and fixtures, furniture, file cabinets and bookshelves).
- Swinging doors and broken windows.
- Possible fires (from broken natural gas lines, electrical short circuits, or other causes).
- Electrical shock hazards, be aware of potential damage to electrical equipment.

### **During an Earthquake**

1. Stay where you are.
2. Take cover underneath a table. Protect your head and neck. Hold onto the furniture leg.
3. Face away from windows and get away from them if possible.
4. Stay away from objects which could fall.
5. Do not run outside. Falling debris may cause injury.
6. Evacuate after one or two minutes if you observe major structural damage.
7. If outdoors, stay in an open area away from buildings. Do not enter a building.
8. Be prepared to help others.

### **What if you are in an elevator?**

If you are in an elevator, you are probably better protected than most people, the elevator will not fall. If the power fails, the elevators will stop, and the lights will remain off until emergency power is restored. Wait for assistance.

### **After the Earthquake**

1. Go to a predetermined safe area in your home, office or outside if it is safe to do so.
2. Replace telephone handsets that have been shaken off, but **Do Not Try to Use the Telephone** except to report fires or medical emergencies. (Even if they do still work, they will be needed for emergency communications).
3. Unplug electrical equipment (coffee makers, kettles, etc.)
4. **Do not turn off** the natural gas connection to your home unless there is a gas leak.
5. **Do not turn off** the main electricity connection to your home.
6. Turn on a radio to learn about what has happened.

### **Children after the Earthquake**

Fear is a normal reaction to danger. Be careful not to ignore the emotional needs of children in your care.

- Encourage children in your care to express their feelings. Have them draw pictures or tell you a story of what happened.
- Give lots of hugs and reassurance.
- Include them in the clean-up activities. It is comforting for them to have a role in restoring the household.
- Children may revert to immature behaviour. This is normal and probably won't last.
- Praise them for their help in cleaning up and for sharing their feelings.
- If sleeping problems or fears get worse or persist for more than two weeks, it is time to discuss the situation with the child's worker.
- Children in care may worry about the safety of their biological family.

## Caring for Children Following a Disaster

If your children are reacting to a recent disaster, it is likely that you have also been impacted by the experience. The way you respond to your children's reactions is essential in helping them heal. Before you can properly care for your children, it is critical that you recognize your own needs and care for yourself. If you are aware of how the events have affected you and how you are responding to them, you are in a better position to provide a safe and nurturing climate for your children.

### Self-Care Strategies

- Use positive self-talk - for example, "My feelings are a normal reaction to an abnormal situation."
- Make use of social supports; reach out to friends, family and colleagues.
- If you are uncomfortable talking about your feelings, find another form of expression such as journal writing, hobbies, sports or physical exercise.
- Use stress-management techniques, such as relaxation, meditation or imagery.
- Allow yourself time to grieve and cry if needed.
- Talk with others about your feelings and experiences, and don't be afraid to ask for support from family, friends, the church or community organizations.
- Be willing to listen to others who need to talk.
- When possible, resume normal routines.
- Eat healthy food and reduce your intake of caffeine, sugar, alcohol, or other stimulants.
- Take time for exercise and relaxation and make sure you get adequate sleep.
- Do things that make you feel good.

Remember, not all of these strategies are right for everyone. Choose only those that are comfortable for you. But do give yourself permission to care for yourself.

The most important challenge following a disaster is to reassure your children of their safety and security and to give them optimism that things will return to normal. Do not promise anything you cannot deliver. Let them know you will do everything you can to protect them. Restore normal and consistent routines as soon as possible at home, including reasonable homework, meal, and bed times. Schedule special times to discuss their questions and concerns about the traumatic event.

Whenever possible, anticipate with your children any upcoming reminders, such as memorials, anniversaries, and holidays that can trigger a recurrence of yours and their reactions. Your non-judgmental acceptance of their thoughts and feelings, your capacity to answer their questions calmly, your ability to correct misperceptions gently and to set limits on frightening or threatening talk and behaviour will reinforce their feelings of safety. Reminding them of times when they have successfully coped with new and scary situations will reassure them that they have the resources to do so again. Maintain communication with teachers and caretakers in order to monitor how your child is doing in school.

**Remember, emotional healing takes time for yourself as well as for your children. If you continue to feel overwhelmed after one month you may want to consult a counsellor or discuss things with your family doctor.**



## Helping Preschoolers (Ages 1 - 5) Cope With Disaster

Preschoolers are especially vulnerable to changes in routine and disruptions of their environment. Because they generally lack conceptual skills to understand what has happened, they are dependent on others for comfort.

They may be affected as much by the reactions of their foster parents as they are by the disaster itself. It is important for you to provide reassurance, comforting routines, and physical closeness.

The following are just some of the reactions preschoolers may experience after a disaster. These reactions are normal and usually last for less than a few weeks. They are a part of the child's healing process.

### Common Reactions

- Resumption of bedwetting
- Thumb-sucking
- Loss of appetite or overeating
- Stomach aches or nausea
- Diarrhoea or constipation
- Complaints of unexplainable pain
- Nervousness
- Irritability
- Withdrawal
- Sleep disturbances
- Nightmares
- Hyperactivity
- Shorter attention span
- Fear of separation from parents
- Fear of strangers, animals, or noises
- Whining, clinging behaviour

### Some Ways to Help

- Give additional verbal reassurance
- Give ample physical comfort such as holding and caressing
- Maintain comfortable and consistent bedtime routines
- Spend extra time with pre-bedtime activities such as reading or staying with your child until he/she falls asleep
- Provide warm beverages
- Provide opportunity and encouragement for child to express emotions, especially through play activities
- Maintain routines

Recognize that your child's reactions are normal. When the situation stabilizes your child should return to previous levels of achievement and control. If you do have concerns regarding your child's ability to cope, do not hesitate to contact the office of the child's Guardianship Worker.



## Helping Young Children (Ages 5 - 12) Cope With Disaster

Familiar routines and surroundings are very important for young children. When these are disrupted by events beyond a family's control, children's senses of security and safety are shaken. They feel an increased need to be comforted and protected, just when you may feel least able to provide that comfort and security.

Young children may particularly be affected by the loss of a prized possession or pet. At these times it is normal for children to regress to earlier levels of behaviour, to act younger than their age. This is one way they have of comforting themselves, similar to the kinds of younger behaviour they display when ill or over tired.

The following are just some of the reactions your young children may experience after a disaster. These reactions are normal and usually last for less than a few weeks. They are part of your child's healing process.

### Common Reactions

- Increased competition with younger siblings for attention
- Clinging, crying, or whimpering
- Thumb-sucking or wanting to be treated like a small child (being dressed, for example)
- Physical reactions such as headaches, skin rashes, or stomach aches
- Sleep disturbances or nightmares
- Shorter attention span
- Separation fears
- Fear of situational reminders (e.g., fear of wind following a hurricane)
- Disobedient or aggressive behaviour
- Repetitive talking about the experience
- Sadness

### Some Ways to Help

- Give reassurance to your child that they will adjust and that competency will return
- Encourage physical activity
- Maintain routines and assign your child structured chores
- Provide your child with opportunities to play with their friends and adults
- Provide play sessions with adults and other children
- Support your child's expressions of uneasiness by acknowledging your own concerns
- Allow your child to discuss feelings of sadness and loss
- Answer questions honestly and simply
- Avoid access to graphic television coverage of the event
- Maintain an aura of optimism that things will return to normal

Recognize that your child's reactions are normal. When the situation stabilizes your child should return to previous levels of achievement and control. If you do have concerns regarding your child's ability to cope, do not hesitate to contact the office of the child's Guardianship Worker.



## Helping Adolescents (Ages 13 - 18) Cope With Disaster

Peer relationships are very important to adolescents. They support the youth's growth towards independence. In disaster evacuations these relationships may be threatened or lost, giving youth a sense of vulnerability and isolation. It is normal for adolescents to become temporarily more dependent upon their families, acting less mature and more child-like.

Their sense of loss may be manifested by sadness, anger, or a sense of helplessness. They may fear their reactions are abnormal and a symptom of mental illness.

The following are just some of the reactions adolescents may experience after a disaster. These reactions are normal and usually last for less than a few weeks and are a part of the normal healing process.

### Common Reactions

- Competing with younger siblings for parental attention
- Failure to perform chores
- Decline in school performance
- Overeating or loss of appetite
- Sleep disorders, especially excessive sleeping
- Complaints of vague aches and pains
- Loss of interest in activities or hobbies
- Tiredness
- Resistance to authorities which may result in lying or stealing
- Sadness
- Withdrawal from others

### Some Ways to Help

- Encourage and support contact with peers
- Encourage physical activity
- Encourage taking part in home or community recovery efforts (e.g., sandbagging, clean-up)
- Give additional consideration and attention
- Reduce expectations for school or chore performance temporarily
- Stop aggressive or self-destructive behaviours quickly, firmly but not punitively
- Encourage verbal expression of feelings
- Give reassurance that reactions are normal and part of a healing process
- Express optimism the situation will improve

Recognize that your teen's reactions are normal. When the situation stabilizes your teen should return to previous levels of achievement and control. If you do have concerns regarding your teen's ability to cope, do not hesitate to contact the office of the child's Guardianship Worker.

