Developing a Continuity of Operations (COOP) Plan for Child Care Providers

Presentation, Trainer Outline and Notes

September 2009

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Table of Contents

	Page
Introduction	2
Trainer Outline and Notes	3

Appendices

Appendix A: PowerPoint Presentation
Appendix B: Sample PowerPoint Presentation for Pandemic Flu
Appendix C: Participant Handouts
Appendix D: Trainer Handouts

Introduction

This training is intended to give child care providers the tools and resources to develop a Continuity of Operations Plan (COOP) for emergency events, specifically a pandemic influenza. It can be utilized by local health departments and other community service organizations to help prepare the child care community. It is important that child care providers, like schools, are able to stay open during a pandemic flu for as long as possible in order to limit economic disruption and to ensure that critical service workers are able to go to work.

This training was field tested with child care providers (center and family based care) in Montgomery County, Maryland in September 2009. Child care providers and public health professionals contributed to the development of the training. This training is intended to be used after or in conjunction with basic pandemic influenza training. A basic understanding of the need for pandemic influenza planning was found necessary (see Appendix B for sample training).

Montgomery County, Maryland Advanced Practice Center would like to thank the Montgomery County Child Care Resource and Referral Center, the Montgomery County Employee Safe And Fun Experience (SAFE) Children's Committee, and Lindsey Allard of Allard and Associates for the development and field testing of this training curriculum.

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TITLE: Developing a Continuity of Operations (COOP) Plan
Trainer Outline and Notes

Note: The text highlighted in yellow are important for trainers outside the State of Maryland.

Core of Knowledge: Health, Safety and Nutrition

Level: 3 [Please note: it is recommended that this training coincide with a specific training related to Pandemic Flu to provide background information]

Hours: 2

Objectives:
As a result of this workshop, participants will be able to:

- Describe the purpose and components of a COOP Plan
- Recall response sequence for children or staff with pandemic flu symptoms
- Identify local, state, and national resources for keeping up-to-date on pandemic flu and other emergency information

Key Messages

The following key message, the importance of child care providers in both centers and homes being prepared for emergencies, especially an outbreak of pandemic influenza, is conveyed through the workshop activities and participant materials:

Agenda

Section	Time
1. Intros, pretest, icebreaker, housekeeping	15 min.
2. Presentation by trainer: ▪ Goals of training, overview of the purpose of a COOP and PHASE I	15 min.
3. Participant activities: ▪ Describing the components and process of a COOP	10 min.
4. Participant activities: ▪ PHASE II: Recall response sequences for children or staff with pandemic flu symptoms ▪ PHASE III: Identification of key personnel and chain of command ▪ PHASE IV: Identification of alternative facilities ▪ PHASE V: Identify communication systems and emergency contact information ▪ PHASE VI: Reinforce COOP trough education training and	55 min.

communication	
5. Participant activities: ▪ PHASE VII: Reviewing COOP annually and keeping up to date on local, state, and national resources.	10 min.
6. Summary and closing: post test, workshop evaluation	15 min.
Total	2 hours

Equipment and Supplies

Classroom Materials

PowerPoint projector, computer and screen

Easel board and/or whiteboard to write down key questions

Trainer handouts:

- *Trainer Handout #1- Phases in COOP Process*
- *Trainer Handout #2: Planning Scenarios*

Handouts (listed below)

Participant Materials: The trainers will have these materials.

Participant Handouts

1: PowerPoint slides summary (3 slides/ page)

2: Phases of COOP Graphic and Worksheet

3: "4Rs" Handout

4: Child Care and Preschool Pandemic Influenza Planning Checklist (U.S. Department of Health and Human Services, www.pandemicflu.gov)

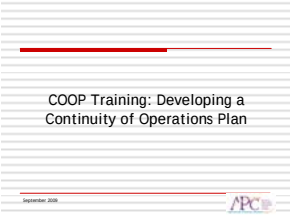
5: Pandemic Flu: A Planning Guide for Educators (www.pandemicflu.gov)

Section 1: *Objective:* Introductions, expectations, goals *Time: 15* min.

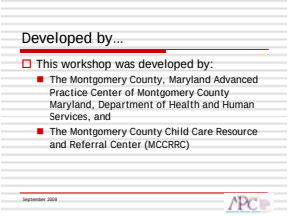
Trainer Notes	Process/ Activity	Power Point Slide	Handout
Give pretest, introduce trainers, credit the training organization, go over agenda and ground rules.	Welcome	1 - 3	*PowerPoint slide summary*
Objectives for today and Icebreaker	Icebreaker	4-5	

Introduction:

- Collect pre-test within 10 minutes. Remind participants that they do not need to answer every question correctly, that the purpose of a pre/post test is to assess their growth throughout the course of the training, so no need to be anxious!

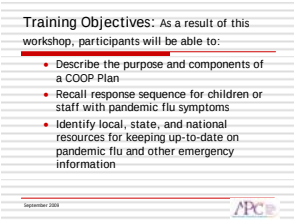


Introduce the training and distribute # 1: PowerPoint slides summary (3 slides/page). This training is sponsored by the Montgomery County, Maryland Advanced Practice Center of Montgomery County Maryland, Department of Health and Human Services, in partnership with the Montgomery County Child Care Resource and Referral Center. [This presentation and curricula is in the public domain. It may be reproduced in whole or in part by any individual or organization without permission, as long as the organizations listed are cited. If a part or all of the publication is reproduced, the Montgomery County APC would appreciate knowing how it is used. Please use the form at our website, www.montgomerycountymd.gov/apc.]



- Remind participants to sign in. All pre-tests should be collected at this point. Remind participants of housekeeping and ground rules (at trainer's discretion). Let participants know that everyone will get credit for two hours; if they receive 80% or better on the post-test, they will receive three Core of Knowledge (COK) hours in the health area [this is specific to the State of Maryland, please check with your local or state Child Care Resource and Referral Agency to see if this training meets any child care training requirements or accreditation standards]; if they do not, then they will get three clock hours for participating.

- The content will be focused on building a Continuity of Operations, or COOP plan. We will spend the next two hours learning about a COOP plan, and doing activities that will help you to understand why a COOP is important. Also, we will learn how to begin to go about creating one if you do not already have one, and strengthening what you have if you already have one. Read the objectives through with the participants.



- Remind them that this training is designed for child care centers AND family child care providers. Let participants know that you will specify if anything you say applies specifically to child care centers or family child care providers, and invite participants to ask questions that specifically apply to their setting.

- Introduce yourself. Talk briefly about your experience with this subject matter if desired.

Activity:

Trainer Note: There are three icebreaker/introduction activities below designed for different types of audiences. Please use your discretion and your knowledge of the audience to choose the most appropriate activity:

Version 1 (For large audiences over 30 people):

1) Ask participants to turn to the person sitting next to them and share:
    a. One thing they know about planning for continuity of operations or that they think about as they hear the term for the first time.
    b. One thing that they would like to learn about continuity of operations through this training session.

2) Allow 2-3 minutes for this exchange. Then ask a few participants share their responses to b and c with the large group.

3) Record the "know" and "want to know" responses on flipcharts (examples below):

Version 2 (For 30 or fewer people who ARE familiar with one another):

1) Ask all participants to close their eyes and imagine that you are presenting them with a round trip plane ticket anywhere in the world.

2) Have participants line up in the room alphabetically by their destination (example: if one is going to Algeria they would be first in line, if going to Zimbabwe they would be last in line). Tell participants that they are not allowed to use oral language to get in line. Participants can use body language, sign language, they can write the first letter of the destination with "skywriting" or on a post-it.

3) Once participants have lined up, ask them to turn to the person to the right, and share:
    a. where they are going
    b. one thing they know about planning for continuity of operations or that they think about as they hear the term for the first time.
    c. one thing that they would like to learn about continuity of operations through this training session.

4) Allow 3-4 minutes for this exchange. Then ask participants to return to their tables and share their responses to b and c.

5) Record the "know" and "want to know" responses on flipcharts (examples below):

Version 3 (For audiences who ARE NOT familiar with one another):

1) Ask participants to find someone whom they do not know, but who shares a similar characteristic (i.e. wears glasses, has a name with the same amount of syllables in it, has braids in her hair etc.)

2) Once they find that person, have them share:
   a) an introduction of themselves and one unique thing about their center or FCC home.
   b) one thing they know about planning for continuity of operations or that they think about as they hear the term for the first time.
   c) one thing that they would like to learn about continuity of operations through this training session.

3) Allow 4-5 minutes for this exchange. Then ask participants to come back and introduce each other. Remind them that they have to report what they had in common. (each pair introduces each other and can mention one thing they know or want to know).

4) Record the know and want to know responses on flipcharts (examples below):

What I know about continuity of operations…
- It is important to have a plan if we get swine flu in the fall.
- I have worked with my staff to establish roles during an emergency.

What I want know about continuity of operations…
- What is continuity of operations?
- Why do I have to do this if I already have an emergency preparedness plan?

Discussion:

- Make the point that there are many important experiences and pieces of knowledge that participants bring to the training, and many important questions that they have raised about the issue.

- Let participants know that anything that you are not able to cover in the two hour session can be answered at a later time, and let them know you will check in with the "want to know" chart again at the end of the training. Also let participants know that they can add ideas or questions to the "want to know" chart throughout the training (remind them that they have post-its on their table for this purpose).

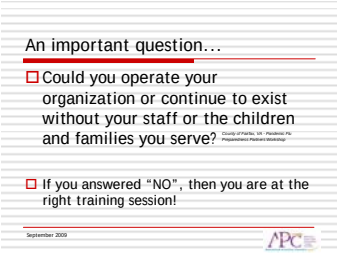
- We will now move into the content of our work together.

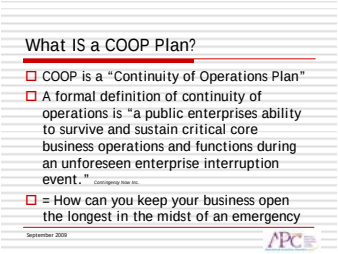
Section 2: *Objective: Define the purpose of a COOP plan* *Time:* 15 min.

Trainer Notes	Process/ Activity	Power Point Slide	Handout
What is a COOP and why is it important? (PHASE I)	Trainer presentation	6	
Brainstorm why a COOP may be helpful, and what may be challenging	Brainstorm activity	7	

Introduction:

- This training will provide you with an understanding of how to construct a plan for emergencies, in particular pandemic flu. A COOP is a plan for many different kinds of emergencies. For the purposes of this brief training we will be focusing on developing a COOP through the lens of planning for pandemic flu.





- Ask participants if they could operate their programs without staff or children and families? If not, then it is important for them to consider how a COOP could help them, and this training will begin to help them to understand how to move forward.

- A COOP is a "Continuity of Operations Plan".

- A formal definition of continuity of operations is "a public enterprise's ability to survive and sustain critical core business operations and functions during an unforeseen enterprise interruption event." *Contingency Now Inc.*

- In plain language, "How can you keep your business open in the midst of an emergency?"

- Many agencies and organizations have continuity of operations plans. This training is tailored to your specific organizations and the kinds of services you provide (i.e. child care in a center or at a home).

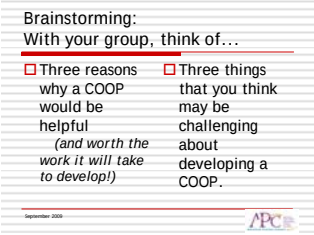
- A COOP is a plan for a child care center or family child care home in the case of an emergency, such as a pandemic flu outbreak. A COOP allows you to identify the most important (critical) services that would need to continue in an emergency, and to determine how personnel/staff would be moved from non-critical to critical functions in an emergency.

Trainer Note: The following activity may be best if the group is small and time allows. Feel free to do this activity in presentation format or as a large group brainstorm.

Activity:

1) Ask participants to work in small groups to brainstorm three reasons why a COOP may be helpful (and worth the work it will take to develop!) and three things that they think may be a challenge (they have three minutes for the brainstorm).

2) Have each group report out one or two of their ideas for each of the categories.



Discussion:

Mention that some of the benefits of COOP planning are:

- It is good business practice!

- Emergency Response Planning (ERP) is the law and it is expected to be introduced to Code of Maryland (COMAR) at some point. This will require child care programs and FCC homes to develop an emergency response plan. It is not yet clear if a COOP plan will satisfy this requirement, but it is always a good idea to be ahead of the "curve" on issues such as these. [This is specific to the State of Maryland, please check with your local or state Child Care Resource and Referral Agency to see if this applies to your locality.]

- It enables organizations to continue essential functions.

- It can be part of the fundamental mission of all agencies. *(FEMA)*

- Preparation dramatically increases your organization's ability to recover quickly. *(County of Fairfax, Virginia, Pandemic Flu Partners Workshop)*

- It can help leaders, staff and families know what will happen if there is an emergency.

- It can assure that leaders, staff and families know what their roles are if there is an emergency.

Mention that some of the challenges of developing a COOP may be:

- There is already A LOT to do!
- It seems like just another plan and it feels like programs are always creating plans.
- No one at my program knows much about this process, so who can or will lead it?
- If it is just me in my family child care home, then why do I need this?

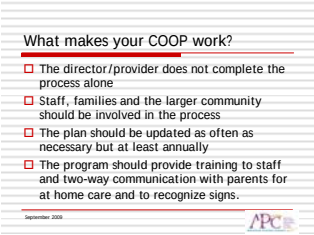
Reinforce for participants the importance of this process. Discuss PHASE I Create plans and procedures that address all hazards plan. Remind participants that the COOP process can address many different types of emergencies, although today the focus will be on responding to a pandemic flu outbreak. Ensure them that they will leave with tools and steps to be able to engage in the process of developing a COOP, and remind them that the benefits greatly outweigh the work involved in planning for COOP!

Section 3: *Objective: Describe the components and process of a COOP Plan* *Time:* 10 min.

Trainer Notes	Process/ Activity	Power Point Slide	Handout
What makes a COOP work?	Trainer presentation	8	
Learning the components of a COOP	Small group activity	10	

Introduction:

- Tell participants that there is evidence that some things make a COOP work in a setting like theirs (child care or family child care).

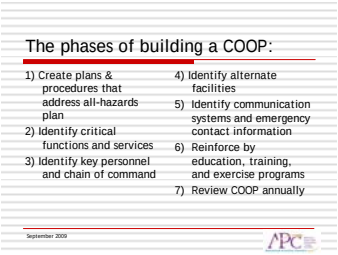


These elements include:

- The director or provider does not create the COOP plan alone as an administrative "to do".
- Staff, parents and community (including: child care health consultants, local emergency workers, local public health department representative, local school system representative, and translators if necessary) are involved in the process.
- Updates to the plan are made as often as necessary, but at least annually.
- Training is provided to staff and two-way communication is ongoing with families.

Introduction:

- Tell participants that you are now going to explore the seven phases we recommend in building a COOP plan in a child care center or home setting, and ensure that the group understands what all of the elements are.
- Let them know that each of these seven phases will be explored in depth by one team.



Activity:

1) Break training group up into eight teams (no more than 4-5 people per team). If group is larger than 30 people, hand out two sets of strips so that two or more teams receive the same strip.

2) Hand out one strip to each team from *Trainer Handout #1- Phases in COOP Process.* Next, hand out *Participant Handout # 2: Phases of COOP Graphic and Worksheet***.** Explain that as they complete this activity and throughout the training, they may want to make notes for themselves that will help them to remember key ideas and concepts that are covered in the training.

3) Tell participants that they will have to work to provide a description of their phase in three sentences or less. Tell them they will have five minutes to plan this.

4) Walk through the room and support the groups that are struggling with definitions etc.

5) Have participants go in order by phase and describe the phase that they were assigned.

Discussion:

- We have just gone over the seven phases of building a COOP plan. Now we will get more specific and focus on the rest of the specific PHASES of development of your COOP. We will begin by applying some of the strategies for identifying critical services (PHASE II), identifying key personnel (PHASE III), and responding with your plan if an emergency occurs, specifically pandemic flu.

Section 4: *Objective: Apply information and ideas from child care context to each of the steps in the COOP development process. Recall response sequence for children or staff with pandemic flu symptoms* *Time:* 55 min.

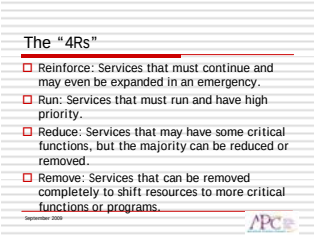
Trainer Notes	Process/ Activity	Power Point Slide	Handout
Phase II: Exploring the "4Rs" Recall response sequence as a strategy for identifying critical services	Poster walk about – 15 min.	11-12	
PHASE III: Identification of key personnel and orders of succession	Decision trees - 10 min.	13	
PHASE IV: Identification of alternative facilities, PHASE V: Identify communication systems and emergency contact information	Team activity - 25 min.	14-15	
PHASE VI: Reinforcing through education training and	Trainer	16	

communication	presentations - 5 min.		

Introduce:

- A helpful way to put phase II of a COOP planning process into action (which describes identification of critical or important services) is by using the "4Rs." The "4Rs" describes a process by which a center or a family child care home looks at day-to-day services that would need to continue to ensure that organization/business can continue to function.

- Walk through the slide with participants. Explain that the "4Rs" stand for: Reinforce, Run, Reduce, and Remove. Describe each. Let participants know that the activity that you are about to do will help them to generate examples of each R, and afterwards you will give them some additional suggestions.



Activity:

1) Have posters with each of the "4Rs" posted throughout the room
   a) Depending on the group size you may want to have more than one poster for each of the four-- plan an average of 5-8 people per station.
   b) If your audience is child care centers and family child care providers, you should have two sets of posters, one for center-based and one for family child care (ex. Poster labeled Reinforce- Center Based and Reinforce – Family Child Care).

2) Participants will spend two to three minutes at each station. Ask them to brainstorm what they would do if there was an outbreak of the pandemic flu and how would they do it?

3) Tell participants that they should add new answers or ideas to each chart *(it will become more difficult as they visit charts where two or three teams have already been).*

<u>List of some possible answers:</u>
reinforce: hand washing, daily health checks for children and staff, vaccinations
run: healthy meals and fresh foods, keep essential supplies stocked
reduce: visitors, volunteers, observers, substitutes, large groups of children
remove: water play, special activities and field trips

Discussion:

- Move around the room and point out some of the answers given by the participants *(if you have both center-based and family child care make sure to point out the similarities as well as the differences).*

- Ask participants how this activity helped them to think of concrete ways that they could identify critical services in the instance of a pandemic flu, and if they feel that they have a handle on Phase II of the COOP process.

- Distribute *Participant Handout # 3: "4Rs" Handout.* Ask if there are any surprises and invite participants to record any ideas/suggestions that were captured on flipcharts but are not within the handout.

- We are now going to discuss PHASE III, which covers identification of key personnel and chain of command.

Introduce:

- A very important part of the COOP process is the identification of key personnel and orders of succession. As presented in our earlier activity, this component or phase relates to making sure that everything does not rest on one person, and in the case of an emergency like a pandemic flu there are protocols in place so that important decisions can be made.

- For center-based participants, this may involve your staff and possible some families. For family child care owners, this may involve others who help you with your business, including family members of yours or enrolled families.

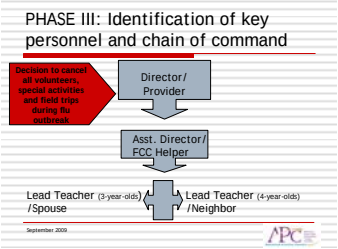
Activity:

- Think about some of the services or procedures that you put on your "4R's" posters. Now think about who would make those decisions in your program in the case of a pandemic flu outbreak. Would it be you? What if you are not available in this particular emergency? Developing a plan for key personnel and chain of command (who will back-up the decision makers) will create stability in the case of any emergency, and specifically in a pandemic flu outbreak. Remind family child care providers that substitutes, neighbors and other family members can be part of their chain of command planning.

- Show participants the slide and let them know that they will be plotting some of their key personnel (remind them, especially if they are family child care providers) that these personnel need to be adults they can count on as partners in an emergency, although they do not necessarily need to be paid staff. Tell them that chain of command plans are advised to be "three-deep" meaning that there are three people to back up each major decision or part of the plan.

- Ask them to develop a decision-making "tree" for a particular decision that would have to be made in the case of a pandemic flu outbreak. Remind participants that this is somewhat of a mock exercise, because they will have to return to their program and do this in a collaborative fashion (remember what makes a COOP work!). The purpose of this activity is to get them to think about using personnel as a resource and guaranteeing that in the instance of an emergency, specifically pandemic flu, there is a clear chain of decision-making.

- Give participants five minutes to draw and then two to three minutes to share their product with a colleague near them.



Discussion:

- Remind participants that a strong chain of command not only better prepares a program/organization for an emergency like the pandemic flu, but it also empowers the key personnel within a program to take the lead when necessary, as their roles and functions have been clearly defined.

- Ask if there are one or two comments or reflections from the activity.

- We are now going to move to talking about some of the other critical phases and steps of creating a plan to address an emergency such as a flu pandemic.

Introduce:

- There are many things that may happen in an emergency that are out of our control. Again, this is why it is so critical to have thought through a collaborative plan of action for your program or family child care home.

- We are going to break into groups and troubleshoot actual situations that may occur in the case of a flu pandemic.

Activity *(this activity adapted from Pandemic Flu and Child Care Training, DMCH-UNC 2007)*:

- Divide the participants into three teams. If the audience is center-based and family child care, divide them into three teams each, so that each care type has three of their own teams.

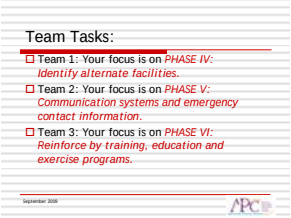
- Distribute *Trainer Handout #2: Planning Scenarios*

- Each team will share a strategy for setting up a response to the following PHASES and situations:
  - Team 1: Your focus is on *PHASE IV: Identify alternate facilities.* Scenario: Your program (either center or home based) had to be shut down because of pan flu but you still wanted to provide care in the interim.

  - Team 2 (for center based): Your focus is on *PHASE V: Communication systems and emergency contact information.* Scenario: You have major staff shortages and absenteeism due to pan flu, and need to be constantly in touch with staff and families to communicate regarding your ability to care for children.

- Team 2 (for family child care): Your focus is on *PHASE V: Communication systems and emergency contact information.* Scenario: Your ratio requires that you have a helper, but your helper comes down with the flu. You have to be constantly in touch with families to communicate regarding your ability to care for children.

- Team 3: Your focus is on *PHASE VI: Reinforce by training, education and exercise programs.* Scenario: You have recently completed the first five phases of your COOP, and you have heard that we will have a flu pandemic in a few months time. How do you provide the necessary training, education and opportunities to practice with your clients/community?



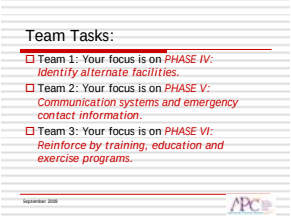
- Teams will have 7 minutes to discuss and prepare a poster with their main ideas and solutions to this situation. (Trainer should distribute flip chart paper and markers to each team once they have started discussion).

- Then, teams will have 2-3 minutes each to present their solutions. If there are center based and family child care teams, break them into two groups and have them present solutions (ex. All three FCC teams present to one another).

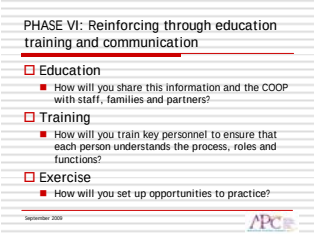
- Teams should comment on solutions and plans.

Discuss:

- Let teams know that each team was just assigned to specific phase of COOP planning through the lens of planning for a pandemic flu. Show slide and ask participants if they have any thoughts or ideas about these areas.



- Remind participants that a critical component of COOP is education, training and exercise (PHASE VI). Show the slide and ask them to reflect for a moment about how they will ensure that once their plan is developed, they will spend the time and resources necessary to educate, train and practice the plan with staff, families and other partners.



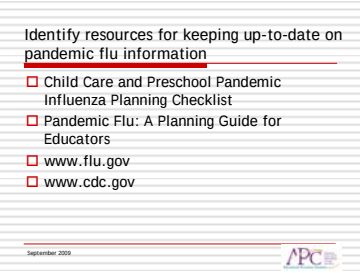
- Spend up to five minutes allowing participants to give suggestions and generate ideas about education, training and exercise. Record their ideas on a flip chart.

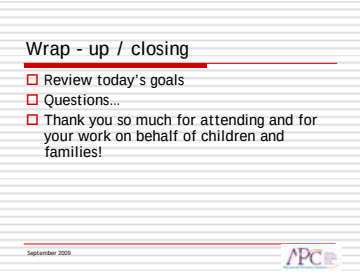
- Let participants know that you will now be moving on to the final element of the training, which will help them to identify local, state and national resources for keeping up-to-date on pandemic flu and other emergency information.

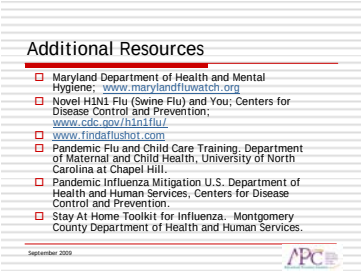
Section 5: *Objective: PHASE VII: Review COOP Annually and Identify local, state, and national resources for keeping up-to-date on pandemic flu information* *Time:* 10 min.

Trainer Notes	Process/ Activity	Power Point Slide	Handout
Review important national and local websites and phone numbers to keep up to date on pandemic flu and other emergency information	*Trainer Presentation*	16-17	
Summarize key points; answer remaining questions	Summary; Question and answer	19	

Check back in with the "I want to know" flip chart. Are there questions that were not answered? If so, collect them and let participants know that the answers will be emailed out by the training coordinator to all registered participants who provided an e-mail, and that there are the numbers for the local child care health consultant [Please include a contact person for your locality.] and the health line for them to call with additional questions. [The slide titled, "Additional Resources" specific resources in your community may need to be included.]







Discussion:

- Summarize the key concepts and objectives from the training session. We came together to explore the benefits of the COOP process, we learned about what the elements of constructing a COOP through the specific lens of a pandemic flu outbreak. We explored each

of the eight phases and now you will each have the tools you need to return to your center or family child care home and collaboratively develop a COOP with your stakeholders.

Section 6: *Objective:* Workshop Summary and Closing *Time:* 15 minutes

Trainer Notes	Process/ Activity	Power Point Slide	Handout
Administer post-test and evaluation form and collect.			*Post-test Evaluation*
Final housekeeping and thank you.			

- Administer the post-test and give participants the evaluation.
- Thank the participants for their time and for their commitment to training in order to improve the way that they do business on behalf of children and families.

ANNOTATED REFERENCES:

- **Building a Continuity of Operations Plan (COOP)** Montgomery County Advanced Practice Center for Public Health Emergency Preparedness & Response. *This document provides tips for local health departments on planning for continuity of operations.*
- **Child Care and Preschool Pandemic Influenza Planning Checklist** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). *This two-page checklist offers suggestions to help programs prepare for the effects of a flu pandemic.*
- **COOP: Integrating Pandemic Flu Elements Into Your Continuity of Operations Planning** Northern Virginia Training Center, DMHMRSAS. *This document discusses purposes and elements of a COOP Plan.*
- **Everybody Ready—Disaster Preparedness for Individuals and Families** Montgomery County Public Health Emergency Preparedness and Response Program. *This pamphlet offers resources for emergency planning for individuals and families, and lists local and national resources for more information.*
- **Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, Second Edition** Excerpt on Outbreaks, Epidemics, and Other Infectious Disease Emergencies American Academy of Pediatrics, 2009 http://aapredbook.aappublications.org/news/MIDCCSoutbreaks.pdf. *This excerpt begins with describing why young children are more vulnerable to infectious diseases (putting hands and objects into mouth, undeveloped immune systems, more likely to be in care with other children). The authors make recommendations for outbreaks, epidemics, pandemics, or bioterrorism.*
- **Novel H1N1 Flu (Swine Flu) and You.** Centers for Disease Control and Prevention http://www.cdc.gov/H1N1flu/qa.htm. *This FAQ sheet is an excellent resource for understanding H1N1 and how it is transmitted.*
- **Pandemic Flu: A Planning Guide for Educators** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) www.PandemicFlu.gov. *This guide begins by defining a flu pandemic. The document differentiates between the viruses that cause seasonal flu, mild to moderate pandemic, and severe pandemic and the impact on the community.*

- **Pandemic Flu & Child Care Training.** Department of Maternal and Child Health, UNC-CH. *This training helps child care providers to be prepared for an outbreak of pandemic flu.*
- **Pandemic Influenza Mitigation** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), PandemicFlu.gov. *This brief document describes non-pharmaceutical interventions for pandemic flu*
- **Stay at Home Toolkit for Influenza.** Montgomery County Department of Health and Human Services. *This document covers prevention and care for influenza.*
- **Update on School (K-12) and Child Care Programs: Interim CDC Guidance in Response to Human Infections with the Novel Influenza A (H1N1) Virus.** Centers for Disease Control and Prevention http://www.cdc.gov/h1n1flu/K12_dismissal.htm. *Updated on May 22, 2009, this document gives interim guidance for child care programs. Center closure is not recommended unless student or staff absenteeism interferes with program operation.*

Appendix A: PowerPoint Presentation
(with speaker notes)

COOP Training: Developing a Continuity of Operations Plan for Child Care Providers

September 2009

Advancing Public Health Preparedness Through Innovation

Advanced Practice Centers

Developed by…

- This workshop was developed by:
  - The Montgomery County, Maryland Advanced Practice Center of Montgomery County Maryland, Department of Health and Human Services, and
  - The Montgomery County Child Care Resource and Referral Center (MCCRRC)

Preliminaries…

- Have you signed in?
- Have you completed your pre-test?
- "Housekeeping"
  - Cell phones on silent, please!
  - Receiving credit

Training Objectives: As a result of this workshop, participants will be able to:

- Describe the purpose and components of a COOP Plan
- Recall response sequence for children or staff with pandemic flu symptoms
- Identify local, state, and national resources for keeping up-to-date on pandemic flu and other emergency information

Discuss the following with your partner:

- Share one thing you know about planning for continuity of operations or one thing that comes to your mind if you are hearing this term for the first time.

- Share one thing that you would like to learn about continuity of operations through this training session.

An important question…

- Could you operate your organization or continue to exist without your staff or the children and families you serve?

County of Fairfax, VA - Pandemic Flu Preparedness Partners Workshop

- If you answered "NO", then you are at the right training session!

What IS a COOP Plan?

- COOP is a "Continuity of Operations Plan"
- A formal definition of continuity of operations is "a public enterprises ability to survive and sustain critical core business operations and functions during an unforeseen enterprise interruption event." *Contingency Now Inc.*
- = How can you keep your business open the longest in the midst of an emergency

Brainstorming:
With your group, think of…

- Three reasons why a COOP would be helpful
  (and worth the work it will take to develop!)
- Three things that you think may be challenging about developing a COOP.

What makes your COOP work?

- The director/provider does not complete the process alone
- Staff, families and the larger community should be involved in the process
- The plan should be updated as often as necessary but at least annually
- The program should provide training to staff and two-way communication with parents for at home care and to recognize signs.

The phases of building a COOP:

1) Create plans & procedures that address all-hazards plan
2) Identify critical functions and services
3) Identify key personnel and chain of command
4) Identify alternate facilities
5) Identify communication systems and emergency contact information
6) Reinforce by education, training, and exercise programs
7) Review COOP annually

PHASE II: Identifying critical functions and services

Four step process in identifying and prioritizing critical services:

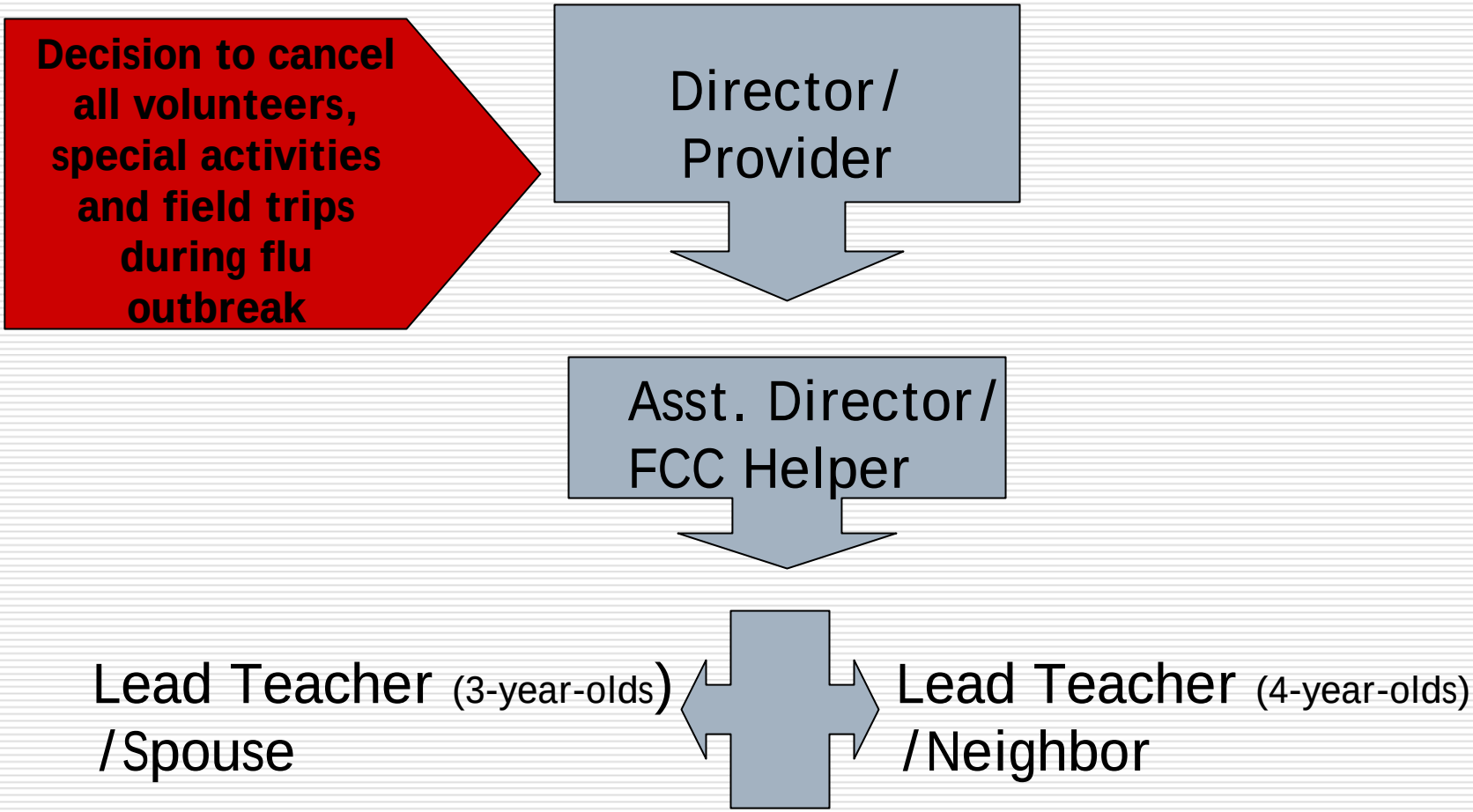
1. Identify the services each child care center or family child care provides.
2. Categorize each service under the "4Rs." Reinforce, Reduce, Run and Remove
3. Rank and prioritize services in order of importance.
4. Select the minimal number of staff needed to perform services necessary to continue in an emergency.

Building a Continuity of Operations Plan (COOP)
Montgomery County Advanced Practice Center for Public Health Emergency Preparedness & Response

The "4Rs"

- Reinforce: Services that must continue and may even be expanded in an emergency.
- Run: Services that must run and have high priority.
- Reduce: Services that may have some critical functions, but the majority can be reduced or removed.
- Remove: Services that can be removed completely to shift resources to more critical functions or programs.

PHASE III: Identification of key personnel and chain of command



APC Advancing Public Health Preparedness Through Innovation
Advanced Practice Centers

Team Tasks:

- Team 1: Your focus is on *PHASE IV: Identify alternate facilities.*
- Team 2: Your focus is on *PHASE V: Communication systems and emergency contact information.*
- Team 3: Your focus is on *PHASE VI: Reinforce by training, education and exercise programs.*

PHASE VI: Reinforcing through education training and communication

- Education
  - How will you share this information and the COOP with staff, families and partners?
- Training
  - How will you train key personnel to ensure that each person understands the process, roles and functions?
- Exercise
  - How will you set up opportunities to practice?

Identify resources for keeping up-to-date on pandemic flu information

- Child Care and Preschool Pandemic Influenza Planning Checklist
- Pandemic Flu: A Planning Guide for Educators
- www.flu.gov
- www.cdc.gov

Wrap - up / closing

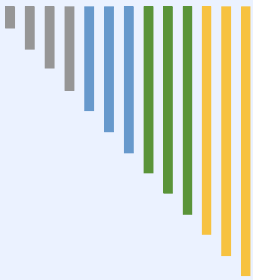
- Review today's goals
- Questions…
- Thank you so much for attending and for your work on behalf of children and families!

Additional Resources

- Maryland Department of Health and Mental Hygiene; www.marylandfluwatch.org
- Novel H1N1 Flu (Swine Flu) and You; Centers for Disease Control and Prevention; www.cdc.gov/h1n1flu/
- www.findaflushot.com
- Pandemic Flu and Child Care Training. Department of Maternal and Child Health, University of North Carolina at Chapel Hill.
- Pandemic Influenza Mitigation U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Stay At Home Toolkit for Influenza. Montgomery County Department of Health and Human Services.

Appendix B: Sample PowerPoint Presentation for Pandemic Influenza

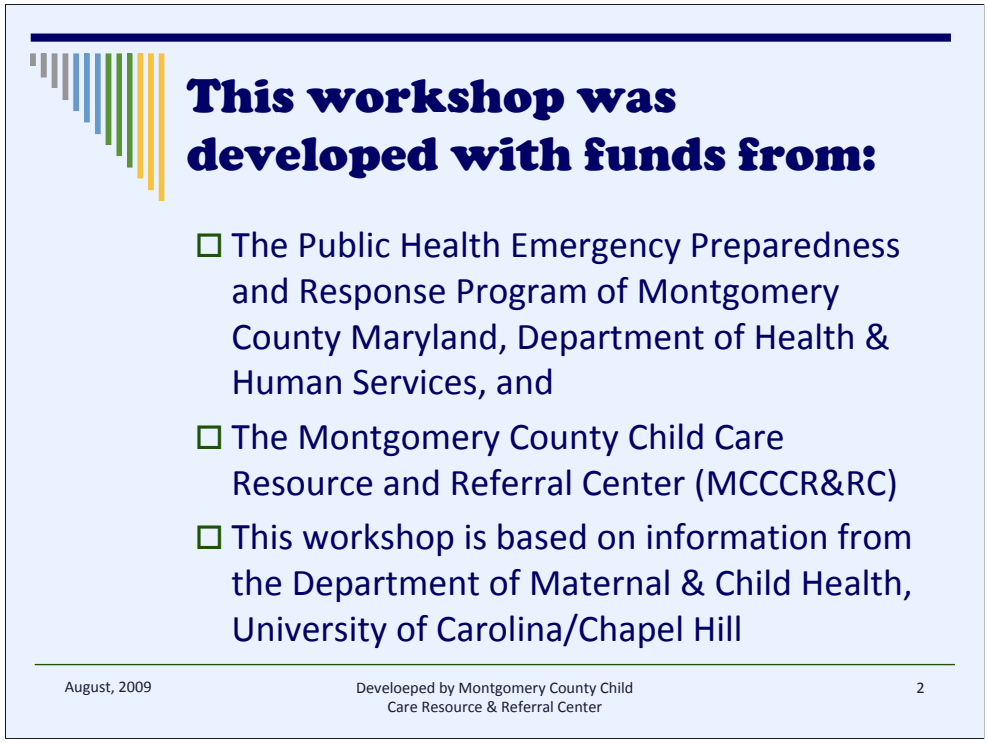
(with speaker notes)



Pandemic Flu & Child Care

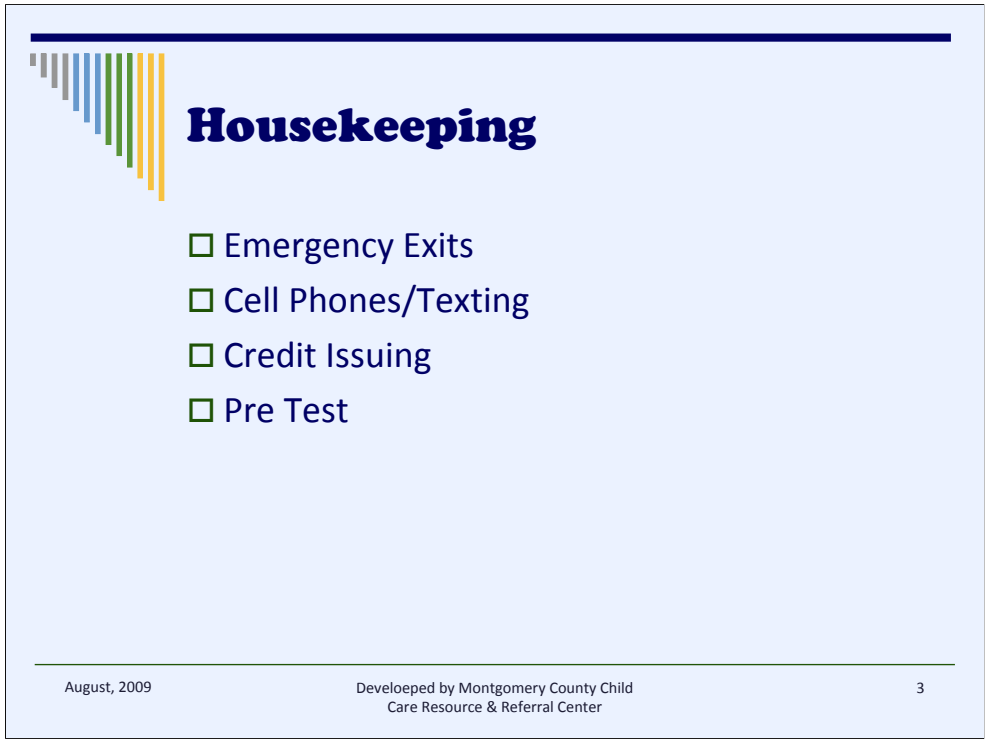
Authors:

Nancy Curtis, RN, BS, CCHC



Introduce the training. This training is sponsored by the Public Health Emergency Preparedness and Response Program of Montgomery County Maryland, Department of Health and Human Services, in partnership with the Montgomery County Child Care Resource and Referral Center.

Collect pre-test within 10 minutes. Remind participants that they do not need to answer every question correctly, that the purpose of a pre/post test is to assess their growth throughout the course of the training, so no need to be anxious!



Remind participants to sign-in and all pre-test should be collected at this point. Remind participants of housekeeping and ground rules at trainer discretion. Let participants know that everyone will get credit for three (3) hours, if they receive 75% or better on their post-test, credit will be issued under COK area of health/safety/nutrition; participants with scores of 74% or less will receive clock hours for participating only.

No sign ins allowed 10 minutes after official start of the workshop. Participants may sit in, but will not receive credit.

Pre-tests will not be given to participants arriving more than 10 minutes late.
No taking calls or text-messaging during the workshop.

Session is divided into two topics: understanding the clinical aspects of influenza and the considerations to make to continue operations of your program in the event of a pandemic outbreak.

Part 1: Pandemic Influenza

What We Will Learn:

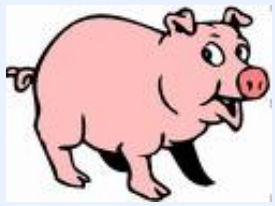
- State the definition of influenza (the "flu"), list the symptoms of flu and list two ways it spreads.
- Identify why the pandemic severity index is important.
- List the medical intervention to prevent the spread of the flu.
- List the 5 non-medical interventions to prevent the spread of the flu.
- Identify reliable resources to get updated information on the flu outbreak.

The information presented today is dependent upon the assumption that the H1N1 flu that will circulate this fall will basically resemble the flu we saw in the spring of 2009 in how it is spread, who is most vulnerable and affected and the severity of the associated illness. If the nature of the virus changes the challenges we will face will change and our recommended responses will change.

Group Activity: Instruct participants to look at the person next to them. Each is to tell the other one thing they know about pandemic flu and COOP and one thing they would like to learn about pan flu and COOP. Randomly ask several participants to tell the group what they had told their neighbor. Write the answers on the flip chart.

Sneaky Little Devil

We didn't see him coming!



August, 2009

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6

We have been diligently monitoring avian (bird) in Asia and this little piggy snuck right up on us. H1N1 contains 4 flu viruses, 2 swine, 1 avian and 1 human.

It is very important to understand that all information and recommendations about H1N1 is based on our limited knowledge of the virus and how it is effecting people.

Definition of the Flu

- The flu is a contagious **respiratory illness** caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Stress that the flu a a respiratory illness. Although some people may have some vomiting and diarrhea with the flu it is primarily a respiratory illness. What our mothers call the" stomach flu" is not influenza.

How Flu Spreads

Droplets:

- *Produced by coughing, sneezing, singing, or talking*
- *Large particle droplets which travel about 3 feet through the air*
- *Examples: close contact with person who is infected*

**Source: U.S. Department of Health & Human Services www.hhs.gov/pandemicflu*

Reinforce:

- Airborne droplets generally travel up to 3 feet and then fall to a surface.
- This is the reason the children's sleeping surfaces need to be at least three feet apart.
- The CDC has recommended that that distance be doubled to six feet when dealing with a ill person. This is not because it causes greater illness it is because most people have absolutely no immunity to this virus.
- You can inhale the droplets directly.

How Flu Spreads

Contact:

- *Caused by physical transfer of germs through skin-to-skin or skin-to-object contact*
- *Examples: Contact with contaminated hands, toys, doorknobs, handrails, etc*

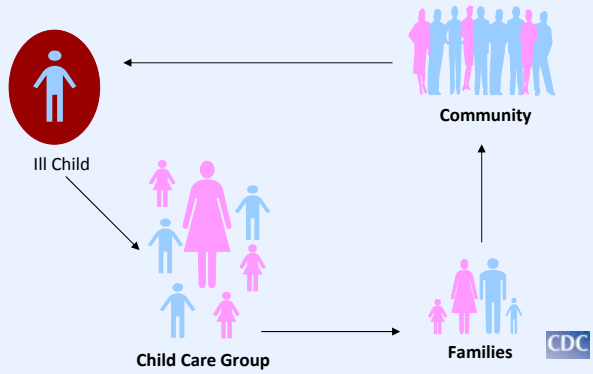
**Source: U.S. Department of Health & Human Services www.hhs.gov/pandemicflu*

You can pick up the germs from objects such as telephones, computer keyboards, toys, door knobs that have been contaminated by an infected person. The virus can live on a surface for up to 8 hours.

The germs can then be transferred on your hands or other objects to your month, nose or eyes leading to infection.

We self inoculate with our hands when we put our contaminated hands in our mouths, eyes or nose.

The Impact of Child Care Associated Illness



(Reprinted with permission from Cordell RL, Centers for Disease Control and Prevention. Sanitation issues in child care: practical approaches to solving tough problems in the child care environment. Keynote address to Healthy Child Care North Carolina Invitational Conference; March 12, 2002; Chapel Hill, NC.)

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We are all very aware that young children in group care have a considerably higher incidence of common infectious disease because of their age appropriate behaviors. Children frequently have the highest attack rate during a community outbreak of flu and serve as a major source of transmission with in the community.

This illustration depicts why child care is at the core of community outbreaks.

One ill child can be expected to infect 50% of his contact in the child care setting. Those infected children can be expected to infect 50% of their house hold contacts who in turn take the infection into the community.

Persons At High Risk For Getting The Seasonal Flu And Complications

- Infants, young children & people older than 65
- Anyone with a chronic disorder (e.g., diabetes; heart, kidney or lung disease; weakened immune system such as from medications, or HIV infection)
- Women who will be pregnant during flu season
- Health care workers
- Anyone in regular, close contact with infants or young children (e.g., child caregivers/ teachers)

Source: Centers for Disease Control and Prevention www.cdc.gov/flu

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This is true for the seasonal flu. With H1N1 we are seeing the greatest number of cases in the 4 to 24 year old group with an out of proportion number of deaths in pregnant women. Approximately 1% of our population is pregnant but 6% of the deaths attributed to H1N1 have been in pregnant women. The over 65 group, thus far, seems not to be getting the infection at the same rate as it is infected by the seasonal flu. The thought is that this age group may have some immunity from flu that circulated early in their lifetime.

Please note that even for seasonal flu child care providers are in the high risk category

Signs & Symptoms of the Flu

- Fever (as high as 103°F to 105°F in children)
- Cough
- Sore throat
- Headache
- Muscle ache
- Extreme tiredness
- Earache*
- Nausea and/or vomiting*
- Diarrhea*

**observed more often in children than adults*

Source: Centers for Disease Control and Prevention www.cdc.gov/flu

With H1N1 we are seeing more vomiting and diarrhea then we usually see.

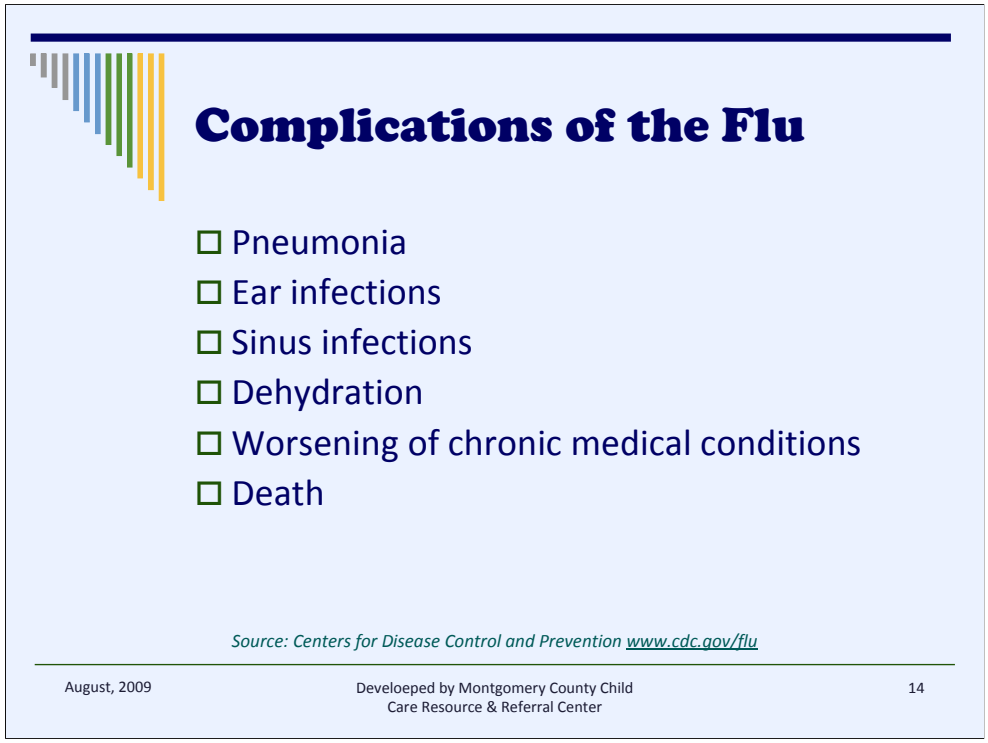
Is It a Cold, the Flu, or Allergies?

Symptoms	Cold	Flu	Allergies
Symptom Onset	*Gradual*	*Sudden*	*Varies*
Fever	*Rare*	*Characteristic,102-104*	*Never*
Body aches& pains	*Slight*	*Usual, often severe*	*Never*
Fatigue, weakness	*Mild*	*Can last 2-3 weeks*	*Sometimes*
Extreme Exhaustion	*Never*	*Early, prominent*	*Never*
Stuffy nose	*Common*	*Sometimes*	*Common*
Sneezing	*Usual*	*Sometimes*	*Usual*
Sore Throat	*Common*	*Sometimes*	*Sometimes*
Chest congestion, cough	*Mild to moderate, hacking*	*Common; can become severe*	*Sometimes*

Adapted from various documents: U.S. Department of Health and Human Services, NIH, N.I.A.I.D & FDA

The Centers for Disease Control define influenza like illness as a fever with a cough and/or a sore throat in absence of any other known cause. On the hand out you can also see a comparison of other common symptoms seen in the flu, a cold and an allergy.

Remember this is a new virus to us and these symptoms can change.



Handout: *Emergency Warning Signs in Children and Adults*

Point out that the majority of deaths related to H1N1 have occurred in persons with complicating medical conditions such as pregnancy, asthma, etc

Emergency Warning Signs

Seek emergency medical care for any of following warning signs discussed below.

In children:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Sudden dizziness
- Confusion
- Fever with a rash
- Severe or persistent vomiting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen

Please refer to your handout on Emergency warning signs.

These warning signs are true for the flu but they are also generally mean that an individual needs to seek medical care.

What Is The Difference Between Endemic, Epidemic And Pandemic?

- Endemic: A disease that is habitually present in the community, region or country.
- Epidemic: A disease occurring suddenly in a community, region or country in numbers clearly in excess of normal.
- Pandemic: An outbreak of an infectious disease which spreads through the human population across a large region e.g. a continent or even worldwide.

Lets just clarify some terms that you have been hearing since this pandemic began.

Endemic example is malaria in certain African regions .

Epidemic example could be seasonal influenza in Maryland.

Pandemic example is Spanish flu. plaque, smallpox and of course H1N1

Any infectious disease can present in any of these three ways and can move from category to another..

Antigenic Drift or Shift

- Antigenic Drift
  - *Occurs in both A and B Influenza Viruses*
  - *Small, gradual mutation*
- Antigenic Shift
  - *Abrupt major change which produces a novel influenza A*
  - *Results in a new human influenza A subtype*

Flu Viruses mutate (change) as they go through the susceptible population. They can change In two ways.

The antigenic drift is a small gradual change that occurs in both influenza A and Influenza B. It usually is not as severe because some of the populations will maintain some immunity to it. The drift is what makes it is necessary to get a flu shot every year.

The shift is a major which produces a new influenza A which results in a new human influenza A The problem here is that the vast majority of people will have no immunity to this virus so the attack rate is extremely high.
Shift is what we have experienced with H1N1

What Are The Differences Between Seasonal Flu And Pandemic Flu?

Seasonal influenza

- Occurs every year
- The type of flu people are accustomed to so they usually have some immunity build up from previous exposures
- Healthy adults usually not at risk for serious complications
- Vaccine available

Pandemic influenza

- Occurs rarely (only 3 in 20th century)
- Worldwide outbreak of a new human flu virus so people have little or no immunity
- Healthy people may be at increased risk for serious complications

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Normal seasonal flu outbreaks are caused by a specific flu viruses every year. This virus is typically more severe than the common cold and can sometimes lead to pneumonia or even death (especially in the elderly population and those with severely low immune systems). Typically, there are 200,000 to 300,000 cases of flu in a year with 30,000 to 40,000 deaths, most of these occur in the elderly or otherwise medically compromised. There aren't more cases or deaths because most healthy persons have built up some type of immunity from previous years of being exposed to the flu virus. For information on finding the seasonal flu vaccine, go to www.findaflushot.com or contact Montgomery County Immunization Program at 240-777-1050.

A pandemic influenza occurs rarely and is caused by a new virus to which humans have little or no immunity built up. Healthy young people may be at an increased risk for serious complications because this group must work, therefore they are out in the environment more, exposing themselves to more people, as well as, holding the belief that they aren't or won't get sick. They also fail to heed the warnings about not going to work when they are sick and spread the infection in the workplace.

Pandemic Flu Defined

"Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person."

Source: www.pandemicflu.gov/popup.html

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Note the word pandemic. A pandemic is a virulent infectious disease that causes a global out break of any particular infectious disease.

Large group activity:
Have participant name other historical pandemic outbreaks

- HIV/AIDES
- Plague
- Smallpox
- Yellow fever

Have participant name concerns about possible future pandemics

- Viral hemorrhagic fevers
- SARS
- Antibiotic resistance

WHO Pandemic Stages

PHASE 1	*No animal influenza virus circulating among animals has been reported to cause infection in humans.*
PHASE 2	*An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.*
PHASE 3	*An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.*
PHASE 4	*Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.*
PHASE 5	*The same indentified virus has caused sustained community level outbreaks in two or more countries in one WHO region.*
PHASE 6	*In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.*
POST PEAK PERIOD	*Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.*
POSSIBLE NEW WAVE	*Level of pandemic influenza activity in most countries with adequate surveillance rising again.*
POST PANDEMIC PERIOD	*Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.*

Source: World Health Organization (WHO)

World Health Organization's pandemic stage refers to how widely and infectious disease has spread and how may case have been confirmed in each of the regions of the world. It doe not refer the the severity of the illness.

Severity Index: Recommendation for Community Intervention

Category 4 & 5 →
- All Schools, Centers Closed

Category 2 & 3 →
- The closing of schools and child care centers is considered

Category 1 →
- Generally, closings are not recommended

Case Fatality Ratio		Projected Number of Deaths* US Population, 2006
≥ 2.0%	Category 5	≥ 1,800,000
1.0 - <2.0%	Category 4	900,000 - <1,800,000
0.5 - <1.0%	Category 3	450,000 - ,900,000
0.1 - <0.5%	Category 2	90,000 - <450,000
<0.1%	Category 1	<90,000

Source: Centers for Disease Control

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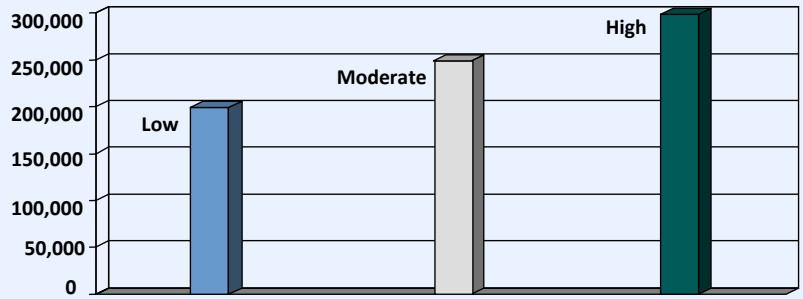
The severity index refers to the case fatality rate (the percentage of people with the illness who are dying0 It is the severity index that dictates community action

We are currently at between level one and two. To my knowledge at this time there is no thought of closing schools or child care.

The severity index is important because
- Estimates the severity of a pandemic
- Directs recommendations for non-medical community interventions to limit the spread of disease

How many people could be affected in Montgomery County?



	Low	Moderate	High
Illnesses	199, 235	249, 044	298, 853
Outpatients	106, 588	133, 235	159, 882
Hospitalizations	2, 193	2, 742	3, 290
Deaths	462	579	694

Source: Montgomery County, MD Dept. HHS, Public Health Services Emergency Preparedness and Response Program July, 2007

August, 2009 Developed by Montgomery County Child Care Resource & Referral Center 22

A pandemic could be very mild where only about 25% of the population may get the flu or it could be very severe where maybe 45% get the flu. This is how it could look in Montgomery County, Maryland. Guide for dealing with a pandemic:

Medical Strategies

- Vaccination
  - *H1N1-expected to be available October 2009.*
  - *Seasonal- absolutely paramount for those in contact with young children*
- Antivirals (oseltamivir [Tamaflu], zanamivir)
  - *May decrease the severity and duration of symptoms*

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Before we talk about strategies here it is important to now that CDC can only make recommendations. The CDC has no enforcement powers. That lies with the federal, state and local HHS

Why is it so important to get both vaccines this year?

Vaccination is our number one defense against the flu.

Anybody in close contact with infants less that 6months old has a responsibility to get protected from the flu to keep from bringing the flu to young infants who are not able to receive the vaccine.

•Increased morbidity and mortality

•Possible reallignment of the viruses to make a third virus.

See handout on vaccination recommendations.

All of the vaccination timing and recommendations are still not solid. However it appears that healthy adult are developing adequate anti bodies from one dose if H1N1 vaccine.

We seen limited resistance to Tamaflu in some cases.

H1N1 Vaccination Recommendations

1. Pregnant women
2. Caregivers of children less than 6 months of age
3. Health care and emergency medical personnel
4. Healthy children and young adults 6 months to 24 years
5. Person 25 through 64 at high risk (asthma, diabetes, Etc)

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Hand Out CDC Flu Vaccine Facts and Myths

These recommendations from ACIP are based on the following assumptions:

- Severity of illness is unchanged from what has been seen
- Risk groups affected by this virus do not change significantly
- Vaccine testing suggests safe and efficacious product
- Adequate supplies of vaccine can be produced
- No major antigenic changes are evident that would signal the lack of likely efficacy of the vaccines being produced

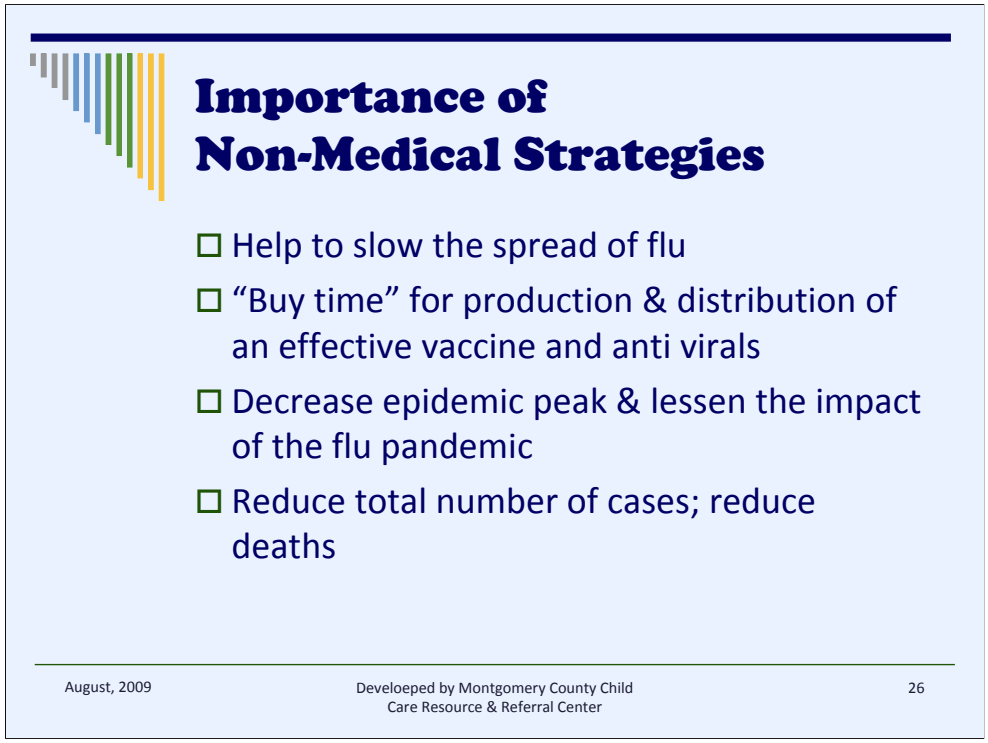
- Check www.earlychildhoodservices.org for information on where to get a vaccination.

Non-Medical Techniques to Reduce the Spread of Pandemic Flu

1. Respiratory hygiene
2. Hand hygiene
3. Clean environment
4. Exclusion/Isolation
5. Crowd reduction/Social distancing

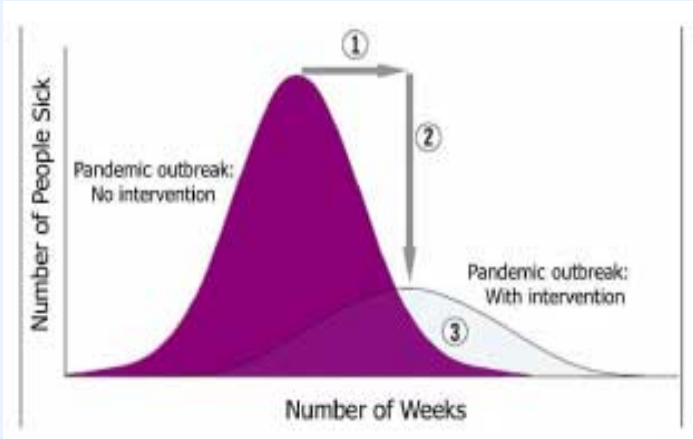
We cannot stop the spread of the flu but we hopefully can decrease it and slow it down

Handout the illness log and discuss it. It is not a requirement that you keep track of absentees or report H1N1 to the health department bu this log may help you keep track of what is happening in your program.



If the illness is non-stopable why take these actions?

Lifecycle Of An Outbreak



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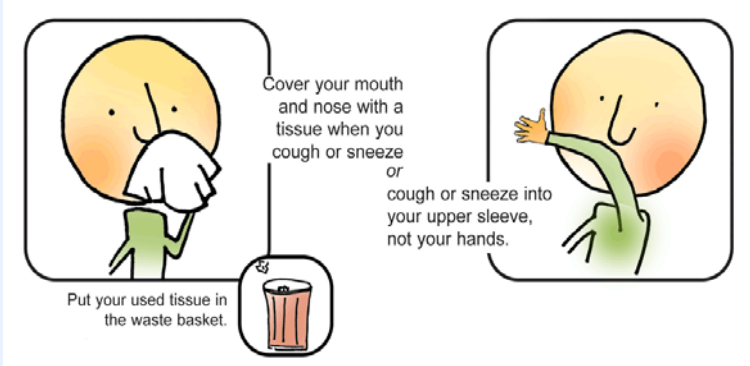
27

H1N1 is here and we will not be able to stop it so our emphasis is on managing it to lessen the impact. What we are aiming for is to avoid this high sudden peak and try to keep the cases a a lesser number over a longer period of time. This stretching out of cases will help to allow our medical infrastructure to keep up with the demand for example for ICU respiratory beds.

Cover Your Cough and Sneeze



After coughing or sneezing, wash your hands with soap and warm water for 20 seconds.

Hand out "Cover Your Cough"

Again we are back to the bare basics but this is where prevention takes place

Message for Child Care

- Have a box of tissue on every table
- Teach children how to use tissues properly
- Teach children the cough/sneeze etiquette
- Give rewards when a child properly sneezes or coughs into a tissue and then follows with proper hand hygiene

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Don't have to go across the room for tissue. If the cost is a problem you can do what the schools do and ask each family to donate a box of tissues.

Hand Hygiene

- Proper hand washing
- Keep hands away from eyes, nose and mouth.
- Everyone needs to be washing their hands immediately upon arrival for the day or when moving from one child care group to another

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We all inadvertently touch surfaces such as a door knob, a table , a telephone . Remember the virus can live on a surface for up to eight hours. Who coughed on it or handled it last with contaminated hands? By touching your eyes, nose mouth you self inoculate through your mucus membranes.

As always hand washing is your best defense. All children and providers should be washing their hands upon arrival before touching anything in the program and when they move from one group to another along with all of the other designated times..

Also those who are caring for infants absolutely must use a barrier between the infant and their shoulder when burping, comforting, or just holding an infant.

Proper Use of Alcohol-Based Hand Sanitizer

- Use only when soap and water are unavailable
- Use only alcohol-based products
- Use according to manufacturer instructions
- Oversee the use of alcohol-based hand rubs by children
- Keep hand sanitizers out of the reach of children
- Wash hands with soap and water when you re-enter the facility

If used in a child care setting, such as during field trips when running water is not available, the sanitizer must be kept out of the reach of the children.

Alcohol hand sanitizers do not replace hand washing but are an alternative when running water is unavailable.

Explain to participants: Different hand sanitizer have different directions so each bottle must be read and the product used according to the manufacturers instructions.

Clean Environment

Germs can stay alive up to 4 hours, even weeks, on …

- Door knobs
- Light switches
- Eating tables
- Soft and hard toys
- Floors
- Tables
- Phones
- Cots
- Chairs
- Bathroom
- Sinks
- Faucets
- Changing tables
- Telephones
- High chairs
- Keyboards, etc.

Handout the leaning and Sanitizing Chart

Remember that when an infected person coughs. sneezes, talks, sings the virus is put into the air in large airborne droplets that fall to a surface within about 3 feet. Keep your area clean and sanitized and your hands away from your face.

Proper Cleaning and Sanitizing

- **Clean** with soap/detergent and water. Remove all visible dirt. **Rinse.**
- **Sanitize** by spraying sanitizer until surface is glossy.
- **Leave** sanitizer on surface for **two minutes of contact**. Then air dry or wipe dry with a paper towel.

You all should be well aware of this by now.

To Exclude or Not to Exclude?

Who will make a decision about whether a **child** who is acutely ill can receive care in the child care program?

"The child care provider, not the child's family."

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Please see the handout "the Daily Health Check"

During this pandemic flu outbreak the exclusionary criteria may of necessity be stricter than at normal times and it may change in response to a change in circumstances such as the severity of the flu of the number of cases.
You, the provider, need to keep informed of what the recommendations currently are. Use the CDC, Maryland and Early Childhood Services Web site listed at the end of this presentation to keep informed. Major occurrences will be emailed to you, so keep your email current with us.

CDC is recommending, and the county is in agreement, that a member of the general population or a student diagnosed with H1N1 or with influenza like illness be excluded from the program for 24 hours after the cessation of the fever without fever reducing medications. This holds true with or without anti viral medications. The guidelines for child care are in the CDC toolkit *Preparing for the Flu (Including 2009 H1N1 Flu)* Please monitor your resources at the end of this presentation for changes. This may change so it is important to keep checking your resources that are provided in this presentation.

Remember that you are focusing on the symptoms of pandemic flu; largely respiratory symptoms. People with the flu usually feel pretty badly so it is rather obvious they need to go home. Prompt identification and separation are very important. Separate them from the group ASAP to limit contact with non-infected people.

Let's Discuss…

Should this person be excluded?

Why?

For how long?

Support your decision with your resources.

Divide participants into group of four or five

Pass out scenarios

Discuss

Crowd Reduction/Social Distancing

- Dismissal of students from school public private, and universities and colleges for up to 12 weeks
- Cancellation of school based activities
- Community distancing to include reduction in out-of-school and community mixing

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This is also known a community mitigation which refers to actions federal, state and local governments must take to prevent the spread of disease.

Social distancing is meant to minimize the kind of social contact that enables virus to transmit.

At this time closure is not highly probable but it is highly recommended that you have plan for that eventuality.

The dismal of school and child care can certainly lead to problems. If child care is closed parents should not bring their children to their workplace. Nor should children be left unattended. Now is the time to discuss with your parents that they need to have back plans in the event that the program needs to close.
A suggestion may be made for parents to arrange activities for their children at home possibly with the support of two or three other families.

Closure will depend on the severity of the outbreak. There is always the possibility that you or a family member (FCC) or (center) so many staff become ill and you cannot remain open. These measures may be only applied to large and small centers while FCC with 6 or less children may be able to continue operations.

All is situational
Much is dependent on the availability of vaccine

Crowd Reduction/Social Distancing (continued)

- Cancellation of large public gatherings
- Changing workplace environments and schedules
- Ensure work-leave policies align to facilitate outbreak policies

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This would include such things as a church, sport events, the “mall”, Target, grocery stores, etc

Because we are already seeing resistance to the antiviral and it will take time to immunize the entire country the infection control measure used by the public may be critical in slowing the spread of the virus.

Avoiding handshakes

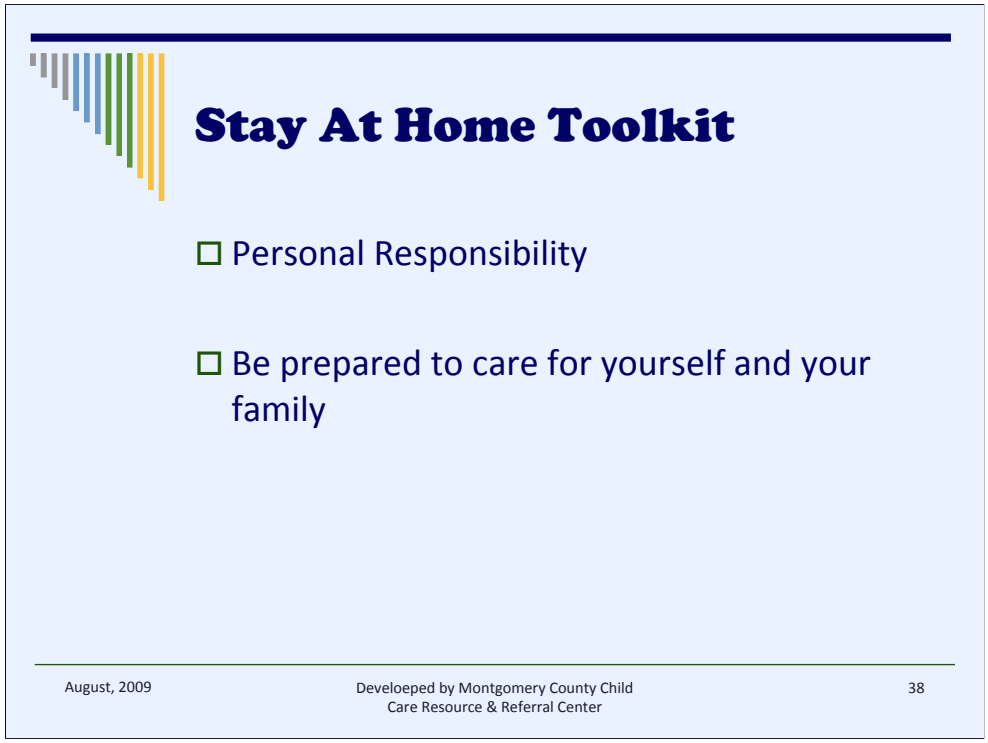
Child care may cohort children and staff. This entails keeping the same small group of children together with the same staff member.

Avoid lunchroom rush

Substitute tele-conferencing for face to face

Use larger conference rooms

Avoid using a communal computer, telephone, keyboard



Handout: *Stay At Home Toolkit* or refer the participants to the Montgomery County Md web site, type Stay at Home Toolkit in the search box.

Briefly review

Take away: I don't want to be standing next to you it CVS while you cough and spread the virus all over the place.

Discussion:

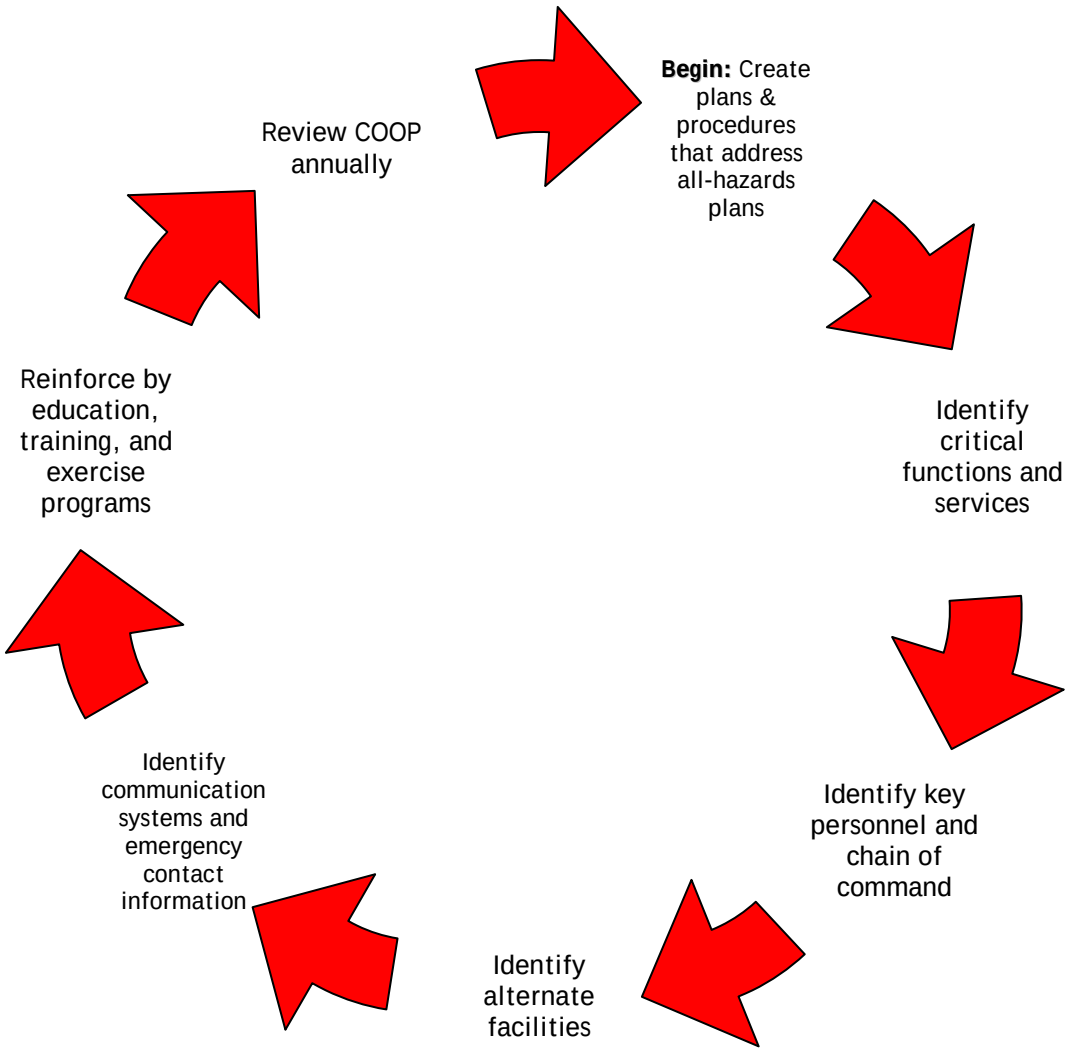
- Summarize the key concepts and objectives from the training session.
    - Explore the benefits of the COOP process
    - Learned about the elements of constructing a COOP, through the specific lens of a pandemic flu outbreak.
    - Explored each of the eight phases and now you will each have the tools you need to return to your center or family child care home and collaboratively develop a COOP with your stakeholders.
- Check back in with the "I want to know" flip chart. Are there questions that were not answered? If so, collect them and let participants know that the answers can be found and will be…
- Administer the post-test and give participants the evaluation.
- Thank the participants for their time and for their commitment to training in order to improve the way that they do business on behalf of children and families.

Additional Resources

- Maryland Department of Health and Mental Hygiene; www.marylandfluwatch.org
- Novel H1N1 Flu (Swine Flu) and You; Centers for Disease Control and Prevention; www.cdc.gov/h1n1flu/
- www.findaflushot.com
- Pandemic Flu and Child Care Training. Department of Maternal and Child Health, University of North Carolina at Chapel Hill.
- Pandemic Influenza Mitigation U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Stay At Home Toolkit for Influenza. Montgomery County Department of Health and Human Services.

Appendix C: Participant Handouts

Continuity of Operations Plan (COOP) Process:



Participant Handout # 2: Phases of COOP Graphic and Worksheet

1) Create plans & procedures that address all-hazards plans

_____

_____

_____

_____

2) Identify critical functions and services

_____

_____

_____

_____

3) Identify key personnel and chain of command

_____

_____

_____

_____

4) Identify alternate facilities

_____

_____

_____

_____

5) Identify communication systems and emergency contact information

_____

_____

_____

_____

6) Reinforce by education, training, and exercise programs

_____

_____

_____

_____

7) Review COOP annually

_____

_____

_____

_____

1) Reinforce: Services that must continue and may even be expanded in an emergency.

Ideas: hand-washing, daily health checks for children and staff, vaccinations, "safe" sneezing education
Additional Ideas:

2) Run: Services that must run and have high priority.

Ideas: healthy meals and fresh foods, keeping essential supplies stocked
Additional Ideas:

3) Reduce: Services that may have some critical functions, but the majority can be reduced or removed.

Ideas: visitors, volunteers, observers, substitutes, large groups of children

Additional Ideas:

4) Remove: Services that can be removed completely to shift resources to more critical functions or programs.

Ideas: water play, special activities and field trips

Additional Ideas:

Child Care and Preschool Pandemic Influenza Planning Checklist

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at **www.pandemicflu.gov**.

1. Planning and Coordination:

Completed	In Progress	Not Started	
❑	❑	❑	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
❑	❑	❑	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
❑	❑	❑	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
❑	❑	❑	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
❑	❑	❑	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
❑	❑	❑	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
❑	❑	❑	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
❑	❑	❑	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
❑	❑	❑	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
❑	❑	❑	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
❑	❑	❑	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
❑	❑	❑	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
❑	❑	❑	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
❑	❑	❑	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm.)
❑	❑	❑	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
❑	❑	❑	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm.)
❑	❑	❑	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm.)
❑	❑	❑	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.)
❑	❑	❑	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm.)
❑	❑	❑	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.)
❑	❑	❑	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
❑	❑	❑	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
❑	❑	❑	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
❑	❑	❑	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
❑	❑	❑	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. ❑ How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) ❑ How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) ❑ How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) ❑ How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

CDC
SAFER • HEALTHIER • PEOPLE™

PANDEMIC FLU

A PLANNING GUIDE FOR EDUCATORS

What is a **Flu Pandemic?**

An influenza (flu) pandemic is a global outbreak of disease that occurs when a new flu virus appears that can spread easily from person to person. Because people have not been exposed to this new virus before, they have little or no immunity to the virus; therefore serious illness or death is more likely to result than during seasonal flu.

It is difficult to predict when the next influenza pandemic will occur or how severe it will be. In addition, a pandemic may come and go in waves, each of which can last months at a time. The effects of a pandemic can be lessened if preparations are made ahead of time.

The illness rates for both seasonal and pandemic influenza are high among children, and schools are likely to be an important contributor to the spread of influenza in a community.

Scientific models support school closure as an effective means of reducing overall illness rates within communities and suggest that the value of this intervention is greatest if school closure occurs early in the course of a community outbreak.

"Educators must be integrally involved in state and local efforts to plan and prepare for a potential pandemic."

– Secretary Margaret Spellings, March 2006

We need to work together to plan and prepare for a pandemic response.

www.pandemicflu.gov

SEPTEMBER 2006
THE MATERIAL ABOUT HEALTH AND MEDICINE IN THIS BROCHURE WAS PROVIDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Differences between **seasonal flu** and **pandemic flu:**

Seasonal Flu

THE VIRUS

- Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it.
- Symptoms include fever, cough, runny nose, and muscle pain.
- Complications such as pneumonia are most common in the very young and very old and may result in death.
- Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness.

IMPACT ON THE COMMUNITY

- Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults.

Mild to Moderate Pandemic

THE VIRUS

- Caused by a new influenza virus that has not previously circulated among people and that can be easily spread.
- Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza.
- Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications.
- Healthy adults may be at increased risk for serious complications.

IMPACT ON THE COMMUNITY

- May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home).

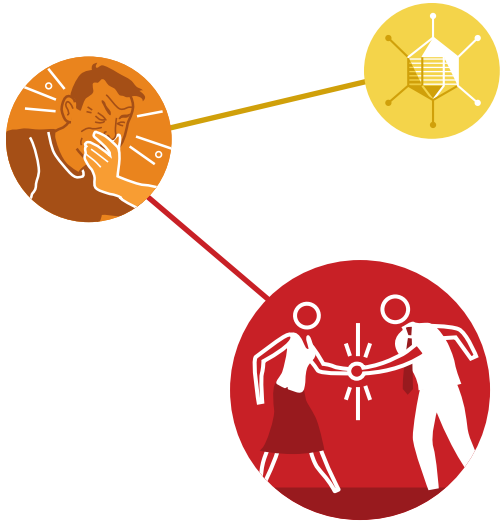
Severe Pandemic

THE VIRUS

- A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society.
- During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members.

IMPACT ON THE COMMUNITY

- Schools and day care/child care facilities may be closed.
- Public and social gatherings will be discouraged.
- The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.



How does influenza spread?

Human influenza virus is mainly transmitted from person to person when an infected person coughs or sneezes. A lesser mode of transmission occurs when a person touches something that has the flu viruses on it and then touches his or her mouth or nose. Some individuals who are infected may never show symptoms or have mild symptoms, but could still spread the virus to others.

When a pandemic begins, a virus-specific vaccine may not be available until 4-6 months after identification of a pandemic virus.

The supply of antiviral drugs will likely be limited throughout the pandemic. Moreover, scientists cannot be certain that antiviral drugs will be effective against a pandemic virus. For these reasons, infection control and social distancing measures will be the keys to limiting transmission, delaying the spread of the virus, and protecting people. Social distancing is a measure to decrease the frequency of contact among people in order to diminish the risk of spread of communicable diseases.

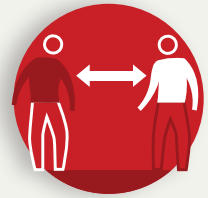
Measures to **limit the spread** of the flu:

Severe Pandemic:

All of the seasonal and
mild to moderate flu methods plus:

- Possible extended school closure, which could range from weeks to up to 3 months. Presently, the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Department of Education, and other agencies are conducting a comprehensive review of school closure and its feasibility and effects in mitigating a severe pandemic. The results of this study will be shared in the coming months.
- Promote social distancing of children and teens outside the school setting by reducing their social circulation and contacts to the greatest extent possible. This could include canceling extracurricular activities.

School Closure



Social Distancing

Assess Measures

Mild to Moderate Pandemic:

All of the seasonal flu methods
plus the following:

- Encourage the use of social distancing at the work place, at school and in the community.
- Possible school closure for a short amount of time (possibly days to a couple of weeks).
- Work with community flu-planning team to assess whether any additional measures should be taken.

Promote hygiene

Encourage vaccination

Stay at home

Seasonal Flu:

- Promote hand washing and cough hygiene via school-wide campaigns and modeling by school staff.
- Encourage vaccination of staff and students for whom the flu vaccine is recommended.
- Persons developing symptoms at school should be sent home as soon as possible and instructed by appropriate officials not to return until they are well.

Infection control

The primary strategies for preventing spread of pandemic influenza:

Persons with flu symptoms should:

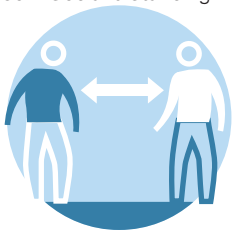
- Stay at home;
- Cover nose and mouth when coughing or sneezing;
- Wash hands with soap and water or use alcohol-based hand sanitizers frequently; and
- Try to maintain spatial separation of at least three feet from others if possible.

Hand, Cough and Sneeze Hygiene

- When sneezing or coughing, cover the nose and mouth with a tissue or upper arm if a tissue is not available.
- Dispose of used tissues in a wastebasket and wash hands after coughing, sneezing, or blowing nose.
- Use warm water and soap or alcohol-based hand sanitizers to clean hands.
- Wash hands before eating or touching eyes, nose, or mouth.

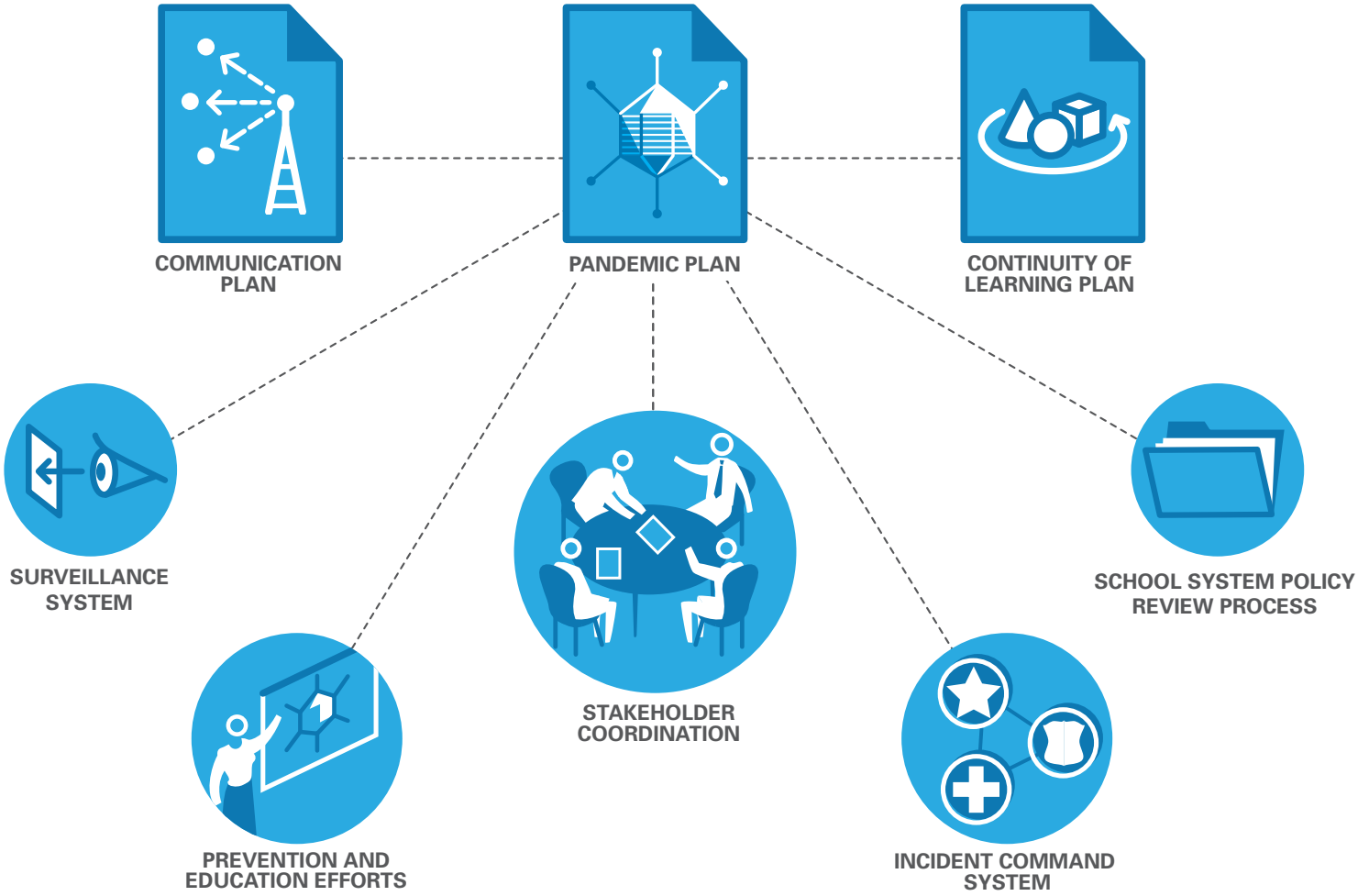
Social distancing

In a pandemic, the risk of getting the flu is greatest when one has close contact with an infected person. Social distancing measures such as school closure, telecommuting or staggered shifts for the workforce, and cancellation of public gatherings may be effective in reducing transmission risks.



Basic Components of Pandemic Planning

- Every district should have an Emergency Management Plan.
- The Plan should be flexible to encompass all hazards.
- Every district should develop a Pandemic Flu Plan.
- Plans should address four phases of emergency management planning: Mitigation and Prevention, Preparedness, Response and Recovery. For more information: www.ed.gov/emergencyplan.
- Plans should be practiced on a regular basis.
- Plans should be developed and communicated in an interactive manner with stakeholders, including parents, faculty, other community partners and first responders.
- Plans should be based on sound data and information; www.pandemicflu.gov should be the main resource for pandemic planning and information.
- Plans should be continually reviewed and updated as new information is available. The complete planning checklist can be viewed at www.pandemic.flu.gov.



Detailed information on each component along with sample plans can be viewed at www.ed.gov

Action Planning Template

For more information, go to
www.pandemicflu.gov

Action	Action Owner	Date of Completion	Next Step

Appendix D: Trainer Handouts

COOP Training

Pre-Test **Name: _____ Date: _____**

Multiple Choice *Circle the best answer to each question.*

1) A COOP is:
   a) A Caring and Operations Plan
   b) A Swine Flu Outbreak Directive
   c) A Continuity of Operations Plan
   d) A Cooperative Planning Process

2) The main purpose of a COOP is to:
   a) Make sure no one gets the flu
   b) Delegate decision making to staff
   c) Plan to keep your business open the longest in the midst of an emergency
   d) Practice fire drills so that you will be ready for an emergency

3) There are how many phases in building a COOP?:
   a) 3
   b) 8
   c) 6
   d) 5

4) What makes a COOP successful?:
   a) The Director does not complete the process alone
   b) The plan is updated annually
   c) Parents and community members are part of the process
   d) All of the above

5) A succession plan describes:
   a) Who is the most successful teacher in the center
   b) Who will be the next Director
   c) How many family child care owners are in a particular area
   d) Who will make decisions when the person usually responsible is unable

TURN THE PAGE OVER! MORE QUESTIONS ON THE BACK…

True/False: *Circle "T" or "F" before each statement to indicate whether it is true or false.*

T F 6. The COOP should be updated every three-six months.

T F 7. Identification of alternate facilities is one of the phases of developing a COOP.

T F 8. A COOP plan includes the development of education, training and exercise as the final phase before periodic review.

T F 9. If you think you have the flu, you should shut your center down immediately.

T F 10. Preparation for a pandemic flu dramatically increases your organization's ability to recover quickly

Fill in the Blank. *Complete each statement below.*

11. Two of the 4R's are _____ and _____

12. One community member that may be invited to help a center or family child care home prepare for a pandemic flu outbreak might be _____.

13. Name one benefit of having a COOP plan _____

14. A succession plan is how many "deep?" _____

15. A COOP should be reviewed how often? _____

Developed by Lindsey T. Allard, Allard and Associates

COOP Training

Post-Test **Name: _____ Date: _____**

Multiple Choice *Circle the best answer to each question.*

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COOP Training

ANSWER SHEET

Multiple Choice *Circle the best answer to each question.*

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T F 10. Preparation for a pandemic flu dramatically increases your organization's ability to recover quickly

Fill in the Blank. *Complete each statement below.*

11. Two of the 4R's are _____ and _____
[reinforce] [run] [reduce] [remove]

12. One community member that may be invited to help a center or family child care home prepare for a pandemic flu outbreak might be _____. **[child care health consultants, local emergency workers, local public health department representative, local school system representative, translators if necessary]**

13. Name one benefit of having a COOP plan _____
[It is good business practice/ Enables organizations to continue essential functions/ It can be part of the fundamental mission of all agencies/ Preparation dramatically increases your organization's ability to recover quickly/ It can help leaders, staff and families to know what will happen if there is an emergency/ It can assure that leaders, staff and families know what their roles are if there is an emergency.]

14. A succession plan is how many "deep?" _____ **[three]**

15. A COOP should be reviewed how often? _____ **[annually]**

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1) Create plans & procedures that address all-hazards plans

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2) Identify critical functions and services

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3) Identify key personnel and chain of command

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4) Identify alternate facilities

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5) Identify communication systems and emergency contact information

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6) Reinforce by education, training, and exercise programs

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7) Review COOP annually

Each team will share a strategy for setting up a response to the following PHASES and situations:

- Team 1: Your focus is on *PHASE IV: Identify alternate facilities.* **Scenario:** Your program (either center or home based had to be shut down because of pan flu but you still wanted to provide care in the interim.

- Team 2 (for center based): Your focus is on *PHASE V: Communication systems and emergency contact information.* **Scenario:** You have major staff shortages and absenteeism due to pan flu, and have to be constantly in touch with staff and families to communicate regarding your ability to care for children.

- Team 2 (for family child care): Your focus is on *PHASE V: Communication systems and emergency contact information.* **Scenario:** Your ratio requires that you have a helper, but your helper comes down with the flu. You have to be constantly in touch with families to communicate regarding your ability to care for children.

- Team 3: Your focus is on *PHASE VI: Reinforce by training, education and exercise programs.* **Scenario:** You have recently completed the first five phases of your COOP, and you have heard word that we will have a flu pandemic in a few months time. How do you provide the necessary training, education and opportunities to practice with your clients/community?