Multnomah Education Service District

2016-2017

**CAMPUS EMERGENCY**

**PLAN**

|  |  |
| --- | --- |
| School Name: |  |
|  Administration: |  |
| Date: |  |

**CAMPUS EMERGENCY PLANNING TEAM**

Directions: Identify the names and positions of the planning team who prepared the plan. Obtain their signatures.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** |  | **Name** |  | **Signature** |
| Director |  |  |  |  |
| Principal |  |  |  |  |
| Person(s) in Charge of Developing/Updating Campus Emergency Plan |  |  |  |  |
| Assistant Principal |  |  |  |  |
| Teacher(s) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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**campus Incident Command TEAM**

Directions: Identify the Incident Command Team members, their positions, and their assigned roles and responsibilities. Consider including your principal, assistant principal, school psychologist, special education representative, school nurse, counselor, office staff and other key staff members who will fill Incident Command functions. Assign Incident Command functions with alternates to allow for coverage in case individuals are absent or off-site in emergencies.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** | **ICS Position** | **Incident Command Function****Roles and Responsibilities** |
|  |  | Incident Commander | Provide direction / decision maker |
|  |  |  |
|  |  |  |
|  |  | Incident Commander  | Communicate with community / district |
|  |  |  |
|  |  |  |
|  |  | Liaison Officer | Communicate with community / district and emergency personnel if needed |
|  |  |  |
|  |  |  |
|  |  | Operations Manager | Manage and ensure evacuation in orderly manner |
|  |  |  |
|  |  |  |
|  |  | Student Care | Cares for children provides social work and mental health assistance |
|  |  |  |
|  |  |  |
|  |  | Communications | Communicates with community members, families |
|  |  |  |
|  |  |  |
|  |  | Logistics | Ensures all main cut off valves and doors are secure and operating properly |
|  |  |  |
|  |  |  |
|  |  | Site Facility Check / Security | Ensures facility safety and  |
|  |  |  |
|  |  |  |
|  |  | Planning / Intelligence | Assist as needed within staging area and student release / communication |
|  |  |  |
|  |  |  |
|  |  | Documentation | Assist as needed within staging area and student release / communication and documentation of time and events |
|  |  |  |
|  |  |  |

Staff Name Light Search and Rescue Assist as needed to ensure child safety

 Medical Provide medical care as needed

 Student Release Release of children to guardians

 Situation Analysis Work w/ Incident Commander - analysis

 Supplies / Facilities Ensure supplies are available as need

 Staffing Ensure all employees are safe/orderly**CAMPUS INCIDENT COMMAND SYSTEM**

Directions: Identify the names and positions of staff within the Incident Command Team according to their availability, strengths, and day-to-day functions. Some functions may be served by district-level employees. Sample positions have been included in parentheses; however, **any staff member may be assigned to any position appropriate**.

|  |
| --- |
|  |
| Name of School/Building |

**CARDENAS EARLY CHILDHOOD CENTER**

**Incident Commander**

Employee Name

Principal or Director

**Public Information Officer**

Employee Name

Parent Educator / PIO

**Safety Officer**

Name/Position

(SRO)

**Liaison Officer**

Employee Name

Parent Educator

**Operations**

Employee Name

Instructional Facilitator

**Site Facility Check/Security**

Employee Name

**Light Search and Rescue**

Employee Name

Gross Motor Skills Teacher

**Medical**

Employee Name

R.N.

**Planning/Intelligence**

Employee Name

Secretary

**Documentation**

Employee Name

Secretary

**Situation Analysis**

Employee Name

Gross Motor Skills

**Logistics**

Employee Name

Custodian

**Supplies/Facilities**

Employee Name

Secretary

**Staffing**

Employee Name

Principal or Director

**Communications**

Employee Name

Parent Educator

**Finance/Administration**

Name/Position

(Central Office Clerk)

**Timekeeping**

Name/Position

(District HR Director)

**Purchasing**

Name/Position

(District Chief Financial Officer)

**Student Care**

Employee Name

Social Worker

**Student Release**

Employee Name

Secretary

**TEACHER BUDDY LIST**

Purpose: The teacher buddy system is designed to allow teachers to take over for one another if necessary.

Guidelines: Buddy teachers should be in adjacent or nearby rooms. During emergencies, buddy teachers should check to determine each other’s health or the need to remain with injured students. If necessary, one buddy teacher should evacuate both classrooms. If both buddy teachers are available for evacuation, one should lead and one should bring up the rear, checking to ensure that both rooms are empty and closing doors. Also, ensure that each classroom contains a GO-KIT with the class rosters of both buddy teachers. Inform substitute teachers who their buddies are.

Directions: Identify at least one buddy teacher for each teacher at your campus.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Teacher Name** | **Room** | **Buddy Teacher Name** | **Room** |
|  |  |  |  |
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**Note: Add additional rows as needed**.

**Summary of STAFF SKILLS**

### Directions: Based on the results of your staff skills survey, list individuals on your staff who possess the following emergency-related skills. You may or may not have any staff members with some of the skills listed. The survey and summary serve as a tool for your staff to know, prior to an emergency, which individuals might best perform specific emergency functions.

| **Name** | **Location** | **Radio/Cell #** | **School Ext.** | **Home #** |
| --- | --- | --- | --- | --- |
| FIRST AID 1.  2.  3.  |  |  |  |  |
| CPR 1.  2.  3.  |  |  |  |  |
| Heimlich  1.  2.  3.  |  |  |  |  |
| Triage 1.  2. 3. |  |  |  |  |
| Fire Suppression 1.  2. 3. |  |  |  |  |
| Evacuation Chair Training 1.  2.  3. |  |  |  |  |
| Incident Command System 1.  2.  3.  |  |  |  |  |
| Search& Rescue 1.  2. 3. |  |  |  |  |
| Running/Jogging 1. 2. 3. |  |  |  |  |
| Law Enforcement 1. 2. 3. |  |  |  |  |

### Note: A “Staff Skills Survey” is in your Campus Emergency Planning Toolkit.

**Summary of** **STAFF SKILLS (Continued)**

| **Name** | **Location** | **Radio/Cell #** | **School Ext.** | **Home #** |
| --- | --- | --- | --- | --- |
| Languages 1. 2.  3.  |  |  |  |  |
| Survival Training 1. 2. 3. |  |  |  |  |
| Ham Radio 1. 2. 3. |  |  |  |  |
| CB Radio 1. 2. 3. |  |  |  |  |
| Shelter Management 1. 2. 3. |  |  |  |  |
| Journalism 1. 2. 3. |  |  |  |  |
| Mechanical Ability 1. 2. 3. |  |  |  |  |
| Emergency Management 1.  2.  3. |  |  |  |  |
| Chaplain Training 1. 2. 3. |  |  |  |  |
| Psychological/Social Services 1. 2. 3. |  |  |  |  |
| AED Training 1.  2. 3. |  |  |  |  |

**SPECIAL NEEDS INDIVIDUALS**

Guidelines:

* 1. Establish a buddy system with at least one alternate for each student or staff member with additional emergency needs. The specific arrangements for assisting a disabled individual in the event of an evacuation should be discussed, along with training and drilling/exercising these arrangements.
	2. Attempt a rescue evacuation only if you have had rescue training. If you have not had rescue training, locate the individual in the safest area, away from the hazard, near an exit or stairwell and inform trained emergency responders of their location.
	3. Consider what emergency arrangements are needed for individuals with special needs involving communication difficulty—for example, whistles for speech impaired students, flashing alarms for hearing impaired.
	4. Note the medications, physician orders, student rosters, and nurse’s copy of enrollment forms needed in the nurse’s go-kit/evacuation transport cart for special needs students and/or staff—for example, asthma, diabetes, seizures, or heart medication.
	5. As you receive new students or staff with special needs in emergencies throughout the academic year, update this Campus Emergency Plan to reflect their needs within two weeks of their arrival.

Directions: Identify all special needs students and staff members. List the additional support needed in an emergency situation and the location(s) of that individual during the day. Identify the arrangements required to meet each individual’s additional needs during an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name, Last Initial of Individual** | **Additional Support Needed** | **Location****(Room/Schedule)** | **Arrangements to Meet Special Needs** |
|  | Example: Need to be carried if not in wheelchair | Example: 18  | Example: Wheel chair – carry if wheel chair is not available. Teacher assistant will assist the child as needed to evacuate and ensure safety. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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Note: Include a list and map with locations of students, staff, and others with special needs in the main office, nurse’s office, and in your school GO KIT.

**OFF-CAMPUS EVACUATION SITE**

Guidelines:

1. An off-campus evacuation site should ideally be within walking distance of the school, yet far enough away to be free of the hazard zone—for example, floods, chemical spill.
2. **If** at all possible, avoid selecting another school for your emergency evacuation site. In a traumatic situation, such as a school shooting, the arrival of distraught students and parents at another campus is inadvisable because instruction is interrupted and the traumatized population increases.
3. **Ideally**, a walk to the off-campus evacuation site will not require students (especially elementary-level) to cross a heavily trafficked street.
4. The evacuation site must be large enough to house your entire student body and faculty. Suggested sites include churches, recreation centers, civic buildings, etc.
5. The evacuation site must know and agree on an annual basis that they are, in fact, your evacuation facility.
6. The evacuation site should be handicapped accessible and have adequate bathroom facilities and climate control.
7. Contact your evacuation site at least once each semester to note any changes in contact persons, availability, etc. and modify this Campus Emergency Plan if necessary.
8. Inform parents at the beginning of each semester or more often as to the location of the evacuation facility. Include in your correspondence the requirements for reunification with their child—for example, identification, custodial information, facility parking, and child collection areas.
9. Include a diagram or map of the evacuation/walking route from your school to the evacuation site, along with at least one alternate route in the event that your chosen route is compromised.
10. Identify the area you intend to use for parent-student reunification at your off-campus site.

Directions: Identify the off-campus evacuation site for your campus. List the address, phone numbers, and contact persons of your off-campus evacuation site. List the dates the contact person was contacted each semester to ensure site availability.

|  |  |
| --- | --- |
| Evacuation Site: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
| Phone Number(s): |  |
|  |  |
| (Include cell #): |  |
|  |  |
| Contact Person(s): |  |
|  |  |
|  |  |
| Date(s) Contacted: |  |
|  | (Month) (Year) |
|  |  |
|  | (Month) (Year) |

**GENERAL CONSIDERATIONS**

Directions: Answer the following questions thoroughly. With your maintenance personnel, complete the table by identifying all utilities within your building, the location of each, and the person responsible for cutting off each. Identify any hazardous materials and the location of each. Check (✓) the box next to yes or no to answer the lower questions.

|  |  |
| --- | --- |
| Who will meet the emergency responders? | Principal or Director |

|  |  |
| --- | --- |
| Where are the current floor plans and/or room assignments? | XXX Office |
|  | *Central Location* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Utilities** | **Location of Cut-Off Mechanisms** | **Persons Responsible for Cutting off Utilities** | **\*Hazardous Materials** | **\*Locations of Hazardous Materials** |
| Water |  |  |  |  |
| Electricity |  |  |  |  |
| Gas |  |  |  |  |
| HVAC |  |  |  |  |
| Telephone |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | No | Have you developed provisions for modifying the schedule in case of an emergency (extended lunch periods, class schedules)? |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | No | Have you made arrangements to share your Campus Emergency Plan and emergency procedures with summer school staff? |
|  |

**MAP OF BUILDING AND GROUNDS**

Directions: Insert a map of the building and grounds. **NOTE:** This map is confidential and is not for general distribution, nor should it be posted; rather it is intended only for use by your staff with ICS functions.

The map must include the following.

1. Primary Evacuation Routes
2. Secondary Evacuation Routes
3. Handicap Evacuation Areas
4. Utility Access/Shut-off for Gas, Water, Electricity, HVAC, Telephone System
5. Staging Areas for Media, Parents, Volunteers
6. Temporary Morgue Locations
7. Incident Command Post (Indicate Various Options)
8. Parent-Student Reunification Areas (Indoor & Outdoor)
9. HAZMAT Storage Areas (Hazardous Materials)
10. Wheelchair Access
11. Emergency Counseling Room
12. School Bus Emergency Loading Area(s)
13. Any other relevant information

Note: Indicate the area(s) you will use for parent-student reunification purposes at your off-campus evacuation site(s).**COMMUNICATIONS**

Directions: Answer the following questions in the boxes provided.

1. What warning system will be used if there is an emergency during school hours?

|  |
| --- |
| Warning System (If the public address system, regular phones, and cell phones are inoperable, include method to be used). |
|  |

2. How will information be given to parents and the community?

|  |
| --- |
| Initial Contact (information about emergency) |
|  |
| During Emergency |
|  |
| Post Emergency |
|  |

3. What is the communication linkage between outlying or portable buildings and the main office and/or security personnel?

|  |
| --- |
| Communication Linkage |
|  |

**TRAINING**

Directions: Answer the following questions in the boxes provided.

1. What is the strategy to train the Campus Emergency Planning Team? (Objectives, participants, presenters, agenda, date, time, place.)

|  |
| --- |
| Objectives: |
| To train all pertinent personnel regarding the Campus Emergency Planning Team and their specific roles and responsibilities during an emergency situation. |
| Participants: |
| Director, Principal, Teachers, Education Assistants, Secretaries, Custodians  |
| Presenters: |
| Principal or Director |
| Agendas (Attach agendas and include date, time, location, etc.) |
|  |

2. How will the entire faculty, students, parents, collaborative partners and others receive orientation to the Campus Emergency Plan? What additional safety/security-related training sessions have been conducted?

|  |  |  |
| --- | --- | --- |
| Target Group | **Date(s)** | **Topics, Methods of Presentation** |
| Staff | Ongoing, 1 X per month (see fire drill and evacuation drill report. | Fire Drill, Evacuation |
| Students | Ongoing, 1 X per month (see fire drill and evacuation drill report. | Fire Drill, Evacuation |
| Parents | Ongoing, 1 X per month (see fire drill and evacuation drill report. | Fire Drill, Evacuation |
| Collaborative Partners | Ongoing, 1 X per month (see fire drill and evacuation drill report. | Fire Drill, Evacuation |
| Others |  |  |
|  |  |  |

**LOG OF CAMPUS EMERGENCY RESPONSE DRILLS AND EXERCISES**

***Directions****: Once you complete your emergency drills and exercises, fill in the table with the date of the drill, the type of drill conducted, and any after-action report comments. Keep a signed copy of this page in your printed copy of this plan. If you participate in any community tabletop exercises, identify the location, date, and name of the exercise. List the drill/exercise criteria for lockdown and all clear signals. Send to the MESD Superintendent’s office by June 20 of each year.*

**For Year Ending: June 30, \_\_\_\_\_\_\_**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Pupils: \_\_\_\_\_\_ Number of Rooms: \_\_\_\_\_\_

Number of Exits: \_\_\_\_\_\_ Number of Stories: \_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date/****Time** | **Duration****Of Drill****In****Minutes** | **Regular****Type****Drill** | **Blocked****Exit****Drill** | **Assembly****Or****Audi-torium** | **Café-****teria** | **Before****Or****After****School** | **During****Class****Change** | **Earth-****quake** | **Lock Down** |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |
| 9/\_\_\_\_\_\_\_\_\_\_\_\_am/pm |  |  |  |  |  |  |  |  |  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***(Due to superintendent’s office: June 20 of each school year)***

 **Emergency Contact Information**

Directions: This page has been completed for you, listing the district phone numbers for each contact.

**Key Responders**

In the event of an emergency, call the following offices in the order listed:

1. Police @ 911
2. Main Administration Building @ XXX-XXX-XXXX
3. Emergency Management Coordinator @ XXX-XXX-XXXX

**Supplemental Assistance**

For additional planning or specific incident support, call the following resources.

|  |  |
| --- | --- |
| **Area of Support** | **Phone Number** |
| Communications |  |
| 24 Hour Hotline |  |
| Special Education Services |  |
| SRO |  |
| Emergency Management |  |
| Health Services |  |
| Transportation |  |
| Human Resources |  |
| Psychological Services |  |
| Child Abuse Prevention |  |
| Maintenance |  |

**Emergency Contact Information (Continued)**

Directions: Identify parents, volunteers, or community leaders who are available to assist your campus in emergency mitigation, preparedness, response, and/or recovery.

**Additional Contacts:**

|  |  |
| --- | --- |
| **Contact Name** | **Contact Phone Number(s)** |
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Note: For technical assistance in completing your Campus Emergency Plan, please contact Don Hicks, Contracts & Risk Manager, dhicks@mesd.k12.or.us, (503) 257-1518

 **parent-Student reunification process**

The double-gated system to be utilized when laying out the Parent-Student Reunification Site is depicted below. The next page provides specific information on the entire system.

**ADULT**

**REPORT**

**POINT**

**STUDENT**

**HOLDING**

**AREA**

2+ Team Members

**![MCj02799100000[1]]()**

**![MCj03973700000[1]]()**

**![MCj02418850000[1]]()**

Runner or 2-Way Radio

2+ Team Members

**![MCj03981530000[1]]()**

**![MCj02799100000[1]]()**

**STUDENT**

**RELEASE**

**POINT**

**![MCj02418850000[1]]()**

Move parents to Notification Room if student is not available for release.

Runner

 +

 Student

2+ Team Members

![MCj03610040000[1]]()**![MCj02799100000[1]]()**

**FIRST AID STATION**

![MCj03590770000[1]]()

**NOTIFICATION ROOM**

Mental Health Team

**![MCj03973700000[1]]()**

**SECURITY**

**TEAM**

The parents or guardians picking up a student will report to the **Adult Report Point**. Signs will be posted by the Student/Family Reunification Team. Security Team Members will be stationed to assist parents or guardians in finding the **Adult Report Point**. The arriving parents or guardians will be greeted by 2 or more members of the Student/Family Reunification Team who are working the report point. The team members will provide the parents or guardians a copy of the Student Release Form asking the parents or guardians to complete the first section. A team member will then confirm the identity of the parents or guardians utilizing a government issued picture identification (driver’s license, military ID, passport, green card, etc.) and confirm that the parents or guardians are listed on the emergency data card for the student as being authorized to pick up the student. A team member will then complete the second section of the Student Release Form and hand it to a runner to be carried to the **Student Holding Area**. The parents or guardians will be asked to step around to the **Student Release Point** and wait for the runner to return. [NOTE: The **Adult Report Point** and the **Student Release Point** may be consolidated if there are too few Student/Family Reunification Team Members to run both locations.]

The runner will deliver the Student Release Form to the 2 or more members of the Student/Family Reunification Team who are working at the entrance to the **Student Holding Area**. The team members will have the requested student report to them if the requested student is present in the holding area. A team member will then record on a roster that the student has been released from the holding area, check off the “Sent with Runner” entry in the third section of the Student Release Form, and send the student with a runner to the **Student Release Point**. If, however, the student was never at school that day (absent), is being attended to at the **First Aid Station**, has been taken to the hospital, is not available for pickup due to some “other” situation, or is missing, the team member will make the appropriate entry in third section of the Student Release Form and enter comments to clarify the status. The runner will deliver the Student Release Form to the **Student Release Point**.

When the runner delivers the Student Release Form and the student (if available) to the 2 or more Student/Family Reunification Team Members at the **Student Release Point**, the team members will call for the parents or guardians picking up the student. The parent’s or guardian’s identification will again be confirmed utilizing a government issued picture identification. The parents or guardians will then sign for the student and depart the area with the student. If, however, the parents or guardians must be notified that the student is not available for pickup, a Student/Family Reunification Team Member will escort them to the **Notification Room**, where the notification will be made privately based on the information provided in the third section of the Student Release Form. The team members in the **Notification Room** will be responsible for helping the adult and finding answers to the resulting questions.