

School-Based Emergency Preparedness: A National Analysis and Recommended Protocol

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Part I. Creation of a School-Based, All-Hazards Emergency Response Plan: Overview, Background, and Recommendations

Executive Summary

More than seven years after the disaster of September 11, 2001, the U.S. remains relatively unprepared for a large-scale disaster involving children. Despite important advances in our country's ability to respond effectively to chemical, biological, or nuclear terrorism, there continues to be inadequate development of pediatric protocols that could be implemented by the local, State, and Federal agencies charged with preparation and consequence management.

Emergency preparedness plans have evolved over recent years to include not only intentional (terrorist) disasters but also unintentional public health emergencies such as natural disasters (e.g., earthquakes or floods; chemical incidents such as hazardous materials releases; and emerging infections such as Severe Acute Respiratory Syndrome (SARS), West Nile virus, and pandemic influenza). Under principles of dual functionality, emergency response plans must now take the approach of creating response plans that integrate intentional and unintentional disasters.

Children differ from adults in many ways that are of great importance in building public health emergency response plans. Their greater susceptibilities result from differences in breathing rate, skin permeability, innate immunity, fluid reserve, communication skills, and self-preservation instincts. These differences and others require that disaster response plans be modified for such a priority population.

Children also spend as much as 70-80 percent of their waking hours away from their parents in school. Schools, therefore, have a vital role in assuring that children are cared for and proper interventions are delivered after a public health emergency. When this project was undertaken in 2004, there was no national model for school-based public health preparedness. Consequently, school districts across the Nation had rudimentary, fragmented, or non-existent emergency preparedness programs. Since 2006, there has been a marked increase in awareness of the vulnerability of schools and the challenging logistics involved in protecting children in schools during unexpected events. However, there continue to be obstacles for many school districts in creating a practical, comprehensive, and practiced school-based emergency response plan. Among these obstacles are evacuation, accommodations for children with special health care needs, and inclusion of after-school programs in emergency response plans.

Under a contract from AHRQ, the Center for Biopreparedness at Children's Hospital Boston conducted an analysis of emergency response plans from school districts in Massachusetts, Florida, Wisconsin, Colorado, and California. Using these findings in conjunction with existing recommendations on the development of school-based preparedness programs, we developed a template that provides an overview, including "best practices" for school districts to use in their development of a comprehensive emergency response plan. Finally, in cooperation with the Brookline, Massachusetts, public schools, we designed a roadmap for the development of

school-based plans for each of the eight elementary schools, high schools, preschools, and after-school programs in Brookline.

This monograph provides guidelines for use by school districts of all sizes. Our goal in creating this monograph is to describe to readers a practical approach to creating a school-based all-hazards emergency response plan from the national literature in combination with “lessons learned” in the field.

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Introduction

Terrorism and Disasters – An Overview

On September 11, 2001, the U.S. was victim of an unprecedented terrorist attack. This was followed within a month by the intentional release of anthrax spores placed in tainted letters. These two events permanently altered the American way of life. Among the lessons learned in these and subsequent terrorist events is that domestic terrorism exists as a new part of society; gone are the days when terrorism and the release of weapons of mass destruction were focused solely on the military theater.

Another important lesson of 9/11 and the subsequent years has been that there are five distinct forms of domestic terrorism:

- Biologic – exemplified by the release of anthrax spores, the threat of a smallpox release, and the discovery of ricin in contaminated letters
- Chemical – exemplified by the sarin incident in Japan in 1995
- Nuclear – as evidenced by new guidelines for community-wide distribution of potassium iodide (American Academy of Pediatrics Committee on Environmental Health, 2003)
- Explosive (Blast) – exemplified by the Oklahoma City disaster of 1995 and the World Trade Center disaster of 2001
- Incendiary – which accompanied explosive events (e.g., the World Trade Center disaster)

Prior to 9/11, there was relatively little planning around terrorist events, leaving the U.S. unprepared and vulnerable. This exposed weakness resulted in a massive post-event effort at Federal, State, and local levels to correct deficiencies and better prepare for terrorist acts. The formation of a new Cabinet office, The Department of Homeland Security, has been the most important and symbolic product of these efforts.

Initial terrorist response activities by public health agencies were reactive and fragmentary. This was quickly recognized as an inefficient use of resources and expenditures and led to expansion of the “all hazards” approach, a principle that had been created years before but was not initially used in terrorism response and planning. Emergency response planners began to appreciate the value of a “dual-functionality” infrastructure that could be employed in both terrorism response and public health emergencies (e.g., natural disasters).

Emergency preparedness plans around both terrorism and unintentional disasters (natural, such as hurricanes and floods, or manmade, such as plane crashes or hazardous materials releases) have now been created and promulgated by both homeland security and public health agencies. However, across the Nation, the needs of children remain largely unmet.

Natural disasters in the last few years have also demonstrated the consequences of inadequate emergency planning for children. Due to the rapid pace of evacuation for Hurricanes Katrina and Rita of 2005, over 5,000 children were displaced from their families. A nongovernmental agency, the National Center for Missing and Exploited Children, was asked to step in and help reunite families, a process that lasted for 18 months.

Many recent events have demonstrated not only the vulnerability of children in school but, more disturbingly, that children in school may become specific targets of terrorism. Such events include the school hostage disaster in Beslan, Russia, that resulted in more than 300 casualties, and numerous school shootings. Collectively, these acts of terrorism make clear the need to create mechanisms that assure the safety of children when disasters occur. School safety is among the most important of response mechanisms.

Unique Issues Facing Children

In its policy statement, *Chemical-Biological Terrorism and Its Impact on Children* (2000), the American Academy of Pediatrics (AAP) outlined the many ways in which children would be disproportionately affected after an act of terrorism. Another statement, *Radiation Disasters and Children*, added the dimension of radiologic events and their impact on children (AAP Committee on Environmental Health, 2003). Both statements, as well as the subsequent monographs created by the AAP and other organizations over the last 6 years, have emphasized specific factors that place children disproportionately at risk for exposure and disproportionately at risk for life-threatening consequences after terrorism or other public health emergencies (AAP Committee on Psychosocial Aspects of Child and Family Health, 1999; AAP Committee on Infectious Diseases, 2002; Henretig, et al., 2002; Fairbrother, et al., 2004; Laraque, et al., 2004; Committee on Psychosocial Aspects of Child and Family Health, et al., 2005). Aspects of pediatric pathology that lead to greater impact compared with adults include:

- A relatively faster respiratory rate.
- Less keratinized, more sensitive skin.
- A relatively larger body surface area.
- An immature immune system.
- Poorly developed self-preservation skills.
- Comparatively less fluid reserve.
- Greater risk of hyper- and hypothermia when exposed to the elements.
- A greater risk of long-term mental health consequences including post-traumatic stress disorder (PTSD).

Unique Issues Facing Schools

Among so-called child congregate facilities (schools, daycare centers, camps, athletic programs), schools constitute the largest group. More than 50 million children attend the Nation's 115,000 schools daily, spending more than 70-80 percent of their waking hours at school. Consequently, schools serve as surrogate parents, having primary responsibility for providing all of the needs of children, including their meals, education, treatment of illness, and protection from harm.

Despite the integral nature of school in the life, health, and protection of children, there has been remarkably little attention devoted to emergency preparedness in schools. While certain aspects of school-based emergency response (e.g., fire drills and evacuation) are universal, other equally important aspects of emergency response, including sheltering-in and lockdown protocols, exist in few schools and school districts across the Nation. Based on our review, no comprehensive national guidelines have been created with flexibility needed for any school—regardless of size—to adopt.

Recommendations

Development of a Comprehensive, District-Wide, School-Based All-Hazards Emergency Response Plan

All school-based emergency response plans should be based on the four phases of emergency management: mitigation, preparedness, response, and recovery.

Mitigation comprises actions that reduce or eliminate long-term risk to people and property from disasters, such as addressing the safety and integrity of school buildings, security, and culture and climate of schools to prevent violence.

Preparedness focuses on planning for natural disaster or terrorist events and involves understanding the local community emergency plans and developing evacuation protocols prior to any event.

Response is the actual steps taken to save lives and prevent further damage during a crisis.

Recovery entails methods to restore the learning and teaching environment after a crisis.

These are not four separate, distinct phases; instead all phases create the groundwork for a continuous process where the results of each phase help the next phase build a stronger emergency response plan.

While this document focuses on the mitigation and preparedness phases, a clear understanding of all the phases is needed to coordinate an effective, robust, and comprehensive emergency response plan.

The recommendations below are based on the practical experience of developing an all-hazards school emergency plan for a school district and are designed to provide a template rather than a specific action plan. What is most important in the development of school emergency plans is the understanding that a “one size fits all” plan will not serve every school equally; individual schools should instead adapt these guidelines for their own needs.

Laying the Groundwork

Fundamentals: support from leadership. Creation of a comprehensive school-based emergency response plan requires approval, commitment, and support from the highest levels of school leadership; the process must take a top-down approach. Key leaders in undertaking the project include: (a) the district superintendent, (b) the school committee, and (c) the local or regional public emergency response team (police, fire, and emergency medical services [EMS]). Inclusion of the latter is essential in establishing liaison with the group that is charged with consequence management. Communication with response teams also assures that emergency plans created by the school do not conflict with efforts already underway.

Planning team composition. The team creating the district-wide school plan should include, at a minimum, at least one representative from each of the following: school administrators, school principals, guidance counselors or school psychologists, teachers, nurses, secretarial staff,

custodial staff, and parents. At least one member of the team or a consultant should have experience in emergency management and the development of emergency response plans.

Each school crisis team should also be invited to participate in planning for their individual schools. The school crisis team is typically composed of staff members who are trained to recognize and respond to different types of crises that can arise at school.

Specific Steps to Create a School Plan

Step 1. Plan regular meetings. The team creating the plan should schedule regular meetings with school leaders, school committee leaders, town safety officers, and public health authorities.

Step 2. Perform a needs assessment. Schools should conduct surveys to evaluate the knowledge, opinions, and needs of their school as perceived by the school staff. (Appendix B. Needs Assessment Surveys)

Step 3. Conduct a structured interview with each school principal. The planning team should survey all principals using an instrument that permits a streamlined interview, identifies the specific needs of each school building, outlines structural vulnerabilities, and recognizes the needs of special populations. (Appendix C. Principal Interview Questions)

Step 4. Conduct a site survey of every school in the district. Knowledgeable members of the planning team should conduct a careful walkthrough of each school in order to:

- learn its structural nuances,
- identify any obstacles to a comprehensive plan,
- evaluate (or identify) lockdown and sheltering-in sites, and
- evaluate nearby hazards such as chemical industries or nuclear power plants.

Step 5. Create and plan education and training modules for the school staff. The planning team should provide specific training modules on key aspects of emergency response and pediatrics, including specific training and tabletop exercises. Tabletop disaster exercises are moderator-guided classroom exercises in emergency response. These exercises can help familiarize staff with general response procedures and resolve perceived logistics challenges. Such training is often available from local, State, or Federal emergency response programs. (Appendix E. Tabletop Exercise Resources)

Step 6. Create two documents – an all-hazards Emergency Response Manual and a school-specific Emergency Response Handbook. It is essential that two documents are created and the information within is practical and easily accessible.

All-Hazards Emergency Response Manual. Using the information obtained from the needs assessment surveys and borrowing from existing emergency response plans (both within the school district and from outside districts), the planning team should construct a comprehensive, easily accessed, and easy-to-use manual. This all-hazards

response manual, which specifies appropriate responses to particular emergencies, is a permanent document. Information provided in this manual should include:

- Articles and documents on general crisis management guidelines and checklists for crisis readiness.
- Forms that can be used to document various kinds of crises.
- Various scenarios for “tabletop” exercises.
- Articles related to trauma and grief in children.

If the manual is placed on the Internet, a paper copy should also be available in case the Web is not accessible.

School-Specific Emergency Response Handbook. Using information gained from school-specific surveys and site walkthroughs, the planning team, in conjunction with the school crisis team, should create a school-specific handbook with guidelines for the individual school and its staff. This document will have information and checklists that may change with each school year. Preferably, this handbook is unbound, in a three ring binder, so that pages can be inserted and removed as necessary. For quick access, the manual should be clearly indexed and specific to the roles of the various people who need to respond quickly and effectively. A vertical “flip format” with tabs identifying the plan for each type of crisis and specific job descriptions for teachers, principals/crisis management, nurses, and administration can be used. Information provided in the school-specific handbook should include:

- A comprehensive form delineating various aspects of preparedness, reviewed annually by the school principal. There should be spaces for the names of those personnel responsible for particular duties and lists of supplies needed in an emergency. (Appendix F. Annual School Emergency Preparedness Summary Form)
- Protocols for evacuation, lockdown, and sheltering-in-place.
- A document that details building-specific accommodations.
- A map of individual school buildings.
- Contact numbers for town emergency responders and local support resources.

Step 7. Create a timeline for accomplishing each of the above tasks. The timeline for creating an Emergency Response plan can be highly variable, although a reasonable goal is completion in one academic year. Implementation may take longer, depending on the degree of changes needed, available budget, and approval of all recommendations.

Step 8. Inform parents of the plan. Each school should have a series of parent-teacher meetings, informing the parents of the plan and providing them opportunities to ask questions, raise concerns, clarify information, and offer input.

Step 9. Implement the plan. As plan implementation begins, conduct staff meetings to inform staff members of the plan details. The entire staff must know where they can access key information about specific emergencies, their individual responsibilities, the names and roles of crisis team members, and the lockdown and sheltering-in-place sites.

Step 10. Conduct practice drills. Conduct practice drills, particularly those that would require deployment of evacuation, lockdown, or sheltering-in-place procedures. Consider using tabletop disaster drills. Afterwards, encourage practice drills in conjunction with local emergency response teams to evaluate practicality and effectiveness of emergency response plans.

Step 11. Re-evaluate the plan annually, and revise if necessary. At the beginning of each school year, the crisis team of each school should review the plan and revise if necessary, based on any significant changes in staffing, school structure, or student body.

Implementation of a School-Based Emergency Response Plan

Building security and safety. The steps essential to creating a safe and secure school environment are:

- Assure that access to school buildings is limited during the school day; a swipe-card or code key system is a practical means of building security.
- All adults in the building should be identified. All visitors should check in at the office and wear a visible visitor pass.
- Doors to the boiler room should always be locked.
- Each school should have a building site map with exits and HVAC/utility shut-offs clearly marked.
- Schools may be located near industry, including petroleum distilleries, manufacturing facilities, landfills, or power plants. In such cases, special arrangements must be made since a release from any of these sites may require immediate evacuation or, if evacuation is not possible, sheltering-in-place. In the case of proximity to nuclear power plants, current guidelines call for potassium iodide to be stockpiled at the school (AAP Committee on Environmental Health, 2003).

Preparation for large-scale emergencies. The following represent key steps in preparing school personnel for responding effectively to large-scale emergencies:

- The school central office administrators, principals, and local emergency responders should meet annually to update disaster preparedness and response plans.
- A mechanism for emergency communication should be established between each school and the school district and town emergency responders (e.g., preprogrammed cell phones with group page capability, group e-mail through Internet, or another type of mass notification system). Redundant means of communication should be in place in the event the primary means of communication, such as cell phones, are not available.
- Crisis team members at each school should be completely aware of their specific responsibilities after a disaster of any type. Each crisis team should establish a command post, or meeting place, in the event of an emergency evacuation. Each member of the crisis team should have access to a walkie-talkie or cell phone, which is programmed with the numbers of all the crisis team members. Crisis team members should also have ongoing training in mental health with special recognition of the

vulnerabilities of children post event and be prepared to provide ongoing counseling or mental health referral.

- Some schools use a code when using the public address (PA) system to inform staff of emergencies requiring lockdown or shelter-in-place. We recommend instead a straightforward announcement of an emergency over the PA system. If the PA system is missing in some parts of the school complex, plans should be made for alternate means of rapid communication among staff.
- Children with special health care needs, including technology dependent children, physically disabled children, and children with developmental delays, will require specialized plans that should include a means of rapid evacuation of physically disabled children from upper floors without use of elevators (which may be disabled or unavailable), efficient shepherding and evacuation of children with autism or other disorders of communication, and access to medication for children with chronic medical needs (e.g., asthma, diabetes).
- Preschools, alternative high school sites, and extended-day or other after-school programs should be included in all disaster planning.
- All schools should have an emergency kit readily available for immediate evacuation. This kit should contain the evacuation plan, a first aid kit, student medical alert lists, the personnel directory, a student directory, the daily attendance list, camera, flashlight, spare batteries, student emergency contact forms, teacher schedule list, and the emergency response manual.
- All classroom teachers should have an emergency folder, including contact numbers and emergency medical information that is easily accessible for immediate evacuation. They should also have a bag with distraction activities (e.g., coloring books) in the event of a prolonged relocation. Substitute-teacher folders should include all emergency protocols for that classroom.

Evacuation, relocation, sheltering-in-place, and lockdown. While virtually all schools have simple evacuation plans, activated for situations including fire, suspicious packages, a bomb threat, or a nearby hazardous material spill, few have comprehensive emergency response plans that include protocols for temporary relocation, sheltering-in-place, and lockdown. Each of these four key aspects of school-based emergency response should be well established, as outlined below. Additionally, there should be annual drills of each plan to assure that everyone in the building knows where to go and what to do. These drills can be done with staff only or with staff and students.

Evacuation. Each school should have a map of the surrounding area indicating a safe zone for evacuation. Such plans should be created with the assistance of local emergency response teams since they are likely to be key participants in a school evacuation. Plans for evacuation in inclement weather should be included. Evacuation during adverse weather conditions can be extremely difficult for a number of reasons: (1) a rapid school evacuation does not permit students to obtain their coats (in upper grades, these coats may be in their homeroom or locker); (2) during periods of active weather (e.g., snow, hail, or rain), students may become endangered by outdoor conditions; (3) snow removal efforts may produce barriers to rapid evacuation.

Rapid, efficient evacuation also requires that each school have a sufficient number of wheelchairs for children with mobility difficulties. Finally, when an emergency evacuation is required, the school fire alarm should be used to ensure that all staff and students in the building can hear the notice. (See Part II for a detailed protocol with job descriptions during an evacuation.)

Relocation. Relocation plans must be created in order to house students after events in which the school cannot be immediately reoccupied. Relocation sites can include neighboring churches, theaters, or auditoriums. Such sites should be identified and designated in advance; parents should be informed of the sites so that they will know where to find their children. As an alternative to fixed relocation sites, school buses or similar vehicles can be used to temporarily keep students warm and secure. Relocation protocols should also include plans to bring student medications from the nurse's office, along with emergency evacuation materials. There should be an annual relocation practice drill so that all personnel are familiar with the walking route, the relocation site, and the specific area to which each grade level will go. This can be done with staff only, or with staff and students. (See Part II for a detailed protocol with job descriptions during a relocation event.)

For schools that rely on the transport of students by parent or school bus because of the school's distance from homes or public transport, relocation plans may include the use of school buses rather than simply walking to the relocation site. Reliance on bus fleets presents two challenges that can impact on effective evacuation/relocation: (1) there must be a means of rapidly mobilizing the school bus fleet, bringing it to the site within minutes, and (2) the school bus fleet must be large enough to transport all students at once rather than sequentially.

Sheltering-in-place. When threats to school children occur outdoors, complete evacuation may not be safe, for example, after the sudden release of a chlorine gas cloud. In such cases, there must be well-established plans for sheltering-in-place. The sheltering-in-place site should have the following features: (1) it is ideally located as far into the center of the school as possible, away from windows; (2) where possible, it should be a large, single room (this facilitates communication and serves to "nest" students); (3) the sheltering-in-place site should ideally have HVAC units that can be turned off and/or vents that can be closed; (4) the school alarm for sheltering-in-place should be distinct from the evacuation (fire) alarm. (See Part II for a detailed protocol with job descriptions during a shelter-in-place event.)

Lockdown. Another form of school disaster, which has been witnessed multiple times over the last decade, is a threat within the school. This can take the form of an angry parent, a terrorist, or a sniper. In such cases, students are best protected by a school lockdown, in which locks and barricades are used. Rooms with doors that can be locked form the best lockdown site. If students are in a classroom that can't be locked when a lockdown situation occurs, they should either be moved to an area which can be locked, or barricades should be placed at the classroom door. Mechanisms for communication with outdoor emergency response teams should also be created; these may consist of signals that can be broadcast from the classroom window or cell phone/walkie-talkie communication with the central office or emergency response. (See Part II for a detailed protocol with job descriptions during a lockdown event.)

Communication. Communication remains the foundation of effective disaster response but also the component most likely to fail. One method of preventing such a failure is to ensure the use of the same vocabulary during all emergencies. The Incident Command System (ICS) is a management system used to organize emergency response and offers a common language. ICS permits a scalable response to an emergency (incident) of any magnitude and provides a common framework within which people can work together. ICS is used by all levels of government—Federal, State, and local—and by many private-sector and nongovernmental organizations.

In creating an effective school emergency response plan, the following elements are essential for **within-school communication**:

- Every school should be certain that its PA system is audible in every section of the school, or that alternate means of communication are created for those rooms not having a PA system.
- Schools should adopt a policy around student use of cell phones during emergencies. While most schools have a strict policy of no cell phone use during school, cell phones can be an effective means of communicating with parents during a school crisis. On the other hand, indiscriminate cell phone use during disasters can be deleterious by distracting students from important messages by school staff or by increasing student anxiety via unfiltered and inaccurate reporting. Rational but strict guidelines should therefore be established.
- A communication system and protocol should be provided to any school-based extended day or athletic program. Because the school's central office is likely to be closed, the emergency response protocol may require direct communication with local emergency response groups.

The following features are necessary for effective **out-of-school communication**:

- Each school should be equipped with at least two working walkie-talkies or radio phones for the principal and the custodian. These phones should be preprogrammed to contact the central office and town emergency responders after an emergency.
- Each school secretary should have an easily accessed, current list of all parent phone numbers, including cell phone numbers.
- In order to adapt to increasing use of parent cell phone numbers as the emergency contact, the school/school district parent database must have three telephone number fields (home, work, cell phone).
- Every school must develop a means of rapid communication with parents. A parent-based “telephone tree” is one simple, inexpensive means of creating such a communication network; voice mail or call forwarding systems are also useful options. Innovative Web-based communication systems and even automated “dialout” systems, which can communicate with hundreds of parents quickly, are extremely valuable.
- The principal should have a protocol for communicating with parents during or after a crisis. This could include creation of a communication command center or designation of a school spokesperson.
- There should be a designee to brief the media. Statements should be written in advance and then modified as events unfold.

Conclusions

These recommendations are designed to provide a template rather than specific action plans. What is most important in the development of school emergency plans is the understanding that a “one size fits all” plan will not work; schools should instead adapt basic guidelines for their own needs.

The creation of school-based emergency plans, along with their implementation, can be costly. The cost for implementation, though, should not be borne by the school/school district but rather by local, State, or Federal resources designated specifically for school-based disaster planning. Federal grants are available to school districts to help develop and implement all-hazards approach school emergency response plans.

The overwhelming majority of children remain critically vulnerable to the consequences of a large-scale disaster that occurs while they are in school. Our findings demonstrate many opportunities for improvement that will help to assure that students remain safe and that they will be quickly reunited with their families. The Nation’s schools completely carry this burden.

Resources

Resources include a search for Internet-based publications based on the assumption that the Internet has become the most effective means of information dissemination to both professionals and non-professionals. Additionally, we recognized the increasing use of the Web by governmental agencies, including the U.S. Department of Education and the U.S. Department of Health and Human Services.

General Information/Overview:

Web Sites

Department of Homeland Security School Safety Web page. Available at: http://www.dhs.gov/xprevprot/programs/gc_1183486267373.shtm. Accessed December 16, 2008.

U.S. Department of Education Web site. Available at: <http://www.ed.gov/index.jhtml>. Accessed December 16, 2008.

Other Resources

Office of Safe and Drug Free Schools, U.S. Department of Education. School Safety Webcast (November 15, 2006). Available at: <http://www.connectlive.com/events/edschoolsafety/#>. Accessed December 16, 2008.

Office of Safe and Drug-Free Schools, U.S. Department of Education, and the Federal Emergency Management Agency's National Preparedness Directorate. Virtual Town Hall: K-12 School Preparedness Webcast (September 27, 2007).

Practical Information on Crisis Planning. Office of Safe and Drug-Free Schools, U.S. Department of Education. 2007. Available at: <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>. Accessed December 16, 2008.

2005 Safe Schools Conference: Keeping our Children Safe: Strategies for Schools and Communities. Center for Schools and Communities. Available at: <http://www.safeschools.info/ss05/>. Accessed December 17, 2008.

School Preparedness for Natural Disasters Resource List. National Clearinghouse for Educational Facilities. Available at: http://www.edfacilities.org/rl/natural_disasters.cfm. Accessed December 16, 2008.

Schonfeld DJ, Lechtenstein R, Pruett MK, and Speese-Lineman D. How to prepare for and respond to a crisis. Alexandria, VA: Association for Supervision and Curriculum Development; 2002.

School Safety and Violence Prevention

Conference on School Safety (October 10, 2006). National 4-H Youth Conference Center in Chevy Chase, Maryland. Available at:

<http://www.ed.gov/admins/lead/safety/schoolsafety/index.html>. Accessed December 17, 2008.

FEMA 428: Primer to Design Safe School Projects in Case of Terrorist Attacks. Federal Emergency Management Agency. 2004. Available at:

<http://www.fema.gov/plan/prevent/rms/index.shtm>. Accessed December 17, 2008.

U.S. Secret Service and U.S. Department of Education. Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates. 2006, Available at: <http://www.ed.gov/admins/lead/safety/threatassessmentguide.doc>. Accessed December 17, 2008.

Training for School Professionals

Web Site

Emergency Management Institute School Program Web site. Federal Emergency Management Agency. Available at: <http://training.fema.gov/emiweb/emischool/>. Accessed December 17, 2008.

School Infrastructure Safety

FEMA 395: Incremental Seismic Rehabilitation of School Buildings (K-12): Providing Protection to People and Buildings. Federal Emergency Management Agency. 2003. Available at: <http://www.fema.gov/plan/prevent/rms/index.shtm>. Accessed December 17, 2008.

FEMA 424: Design Guide for School Safety Against Earthquakes, Floods, and High Winds. Federal Emergency Management Agency. 2004. Available at: <http://www.fema.gov/plan/prevent/rms/rmsp424.shtm>. Accessed December 17, 2008.

Mitigating Hazards in School Facilities (25 NCEF Assessment Guides). National Clearinghouse for Educational Facilities. Available at: http://www.ncef.org/pubs/pubs_html.cfm?abstract=mitigating2. Accessed December 17, 2008.

Medical Considerations for Children

Web Site

American Academy of Pediatrics Children and Disasters Web page. Available at: <http://www.aap.org/disasters/>. Accessed December 17, 2008.

Other Resources

American Academy of Pediatrics Committee on Environmental Health and Committee on Infectious Diseases. Chemical-biological terrorism and its impact on children: a subject review. *Pediatrics* 2000;105(3 pt 1):662-70.

American Academy of Pediatrics Committee on Environmental Health. Radiation disasters and children. *Pediatrics* 2003;111(6 pt 1):1455-66.

American Academy of Pediatrics Committee on Infectious Diseases. Smallpox vaccine. *Pediatrics* 2002;110(4):841-5.

Henretig FM, Cieslak TJ, Eitzen EM Jr. Biological and chemical terrorism. *J Pediatr* 2002;141(3):311-26.

Children and Mental Health

Web Site

American Academy of Child and Adolescent Psychiatry Disaster Resources Web page. Available at: http://www.aacap.org/cs/root/resources_for_families/disaster_resources. Accessed December 17, 2008.

Other Resources

Fairbrother G, Stuber J, Galea S, et al. Unmet need for counseling services by children in New York City after the September 11th attacks on the World Trade Center: implications for pediatricians. *Pediatrics* 2004;113(5):1367-74.

Hagan JF Jr; American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health; Task Force on Terrorism. Psychosocial implications of disaster or terrorism on children: a guide for the pediatrician. *Pediatrics* 2005;116(3):787-95.

Laraque D, Boscarino JA, Battista A, et al. Reactions and needs of tristate-area pediatricians after the events of September 11th: implications for children's mental health services. *Pediatrics* 2004;113(5):1357-66.

Wolraich ML, Aceves J, Fedlman HM, et al. How pediatricians can respond to the psychosocial implications of disasters. American Academy of Pediatrics. Committee on Psychosocial Aspects of Child and Family Health, 1998-1999. *Pediatrics* 1999;103(2):521-3.

Part II. The Brookline Schools Readiness Project: A Roadmap to Creating a Comprehensive School Emergency Response Plan

Simultaneous with the development of recommendations described in Part I, The Center for Biopreparedness at Children's Hospital Boston approached the Town of Brookline with an offer to create a comprehensive School Emergency Response Plan for the Brookline schools. Janice Balsam Danielson, a former Brookline teacher, was recruited as the primary project scientist overseeing the project.

Brookline School System Characteristics

The Town of Brookline, which is contiguous with the City of Boston, has approximately 55,000 citizens and its own government. The Brookline Public Schools (BPS) consist of eight elementary schools, one high school, several preschool and after-school programs, and a full range of after-school athletics. There are approximately 1,100 staff members, including teachers, administrators, and nurses. The BPS system services approximately 7,000 children. It is governed by an elected School Committee and administered by a Superintendent. The Superintendent, along with several Assistant Superintendents, is responsible for overseeing programming, budget, and other administrative tasks.

Each of the eight elementary schools serves children from kindergarten through eighth grade. One of the schools has a pre-kindergarten program; there is a preschool program for three- and four-year-olds in a separate facility. The elementary schools differ significantly from one another in size and physical structure. Some of the buildings are more than 50 years old, while others are recent constructions. The schools vary in size; one serves as few as 400 students while another serves more than 700. Each elementary school has an extended day program from 2:00 p.m. – 5:45 p.m. for students in kindergarten through grade three. The town high school has approximately 1,800 students. In addition, each of the elementary schools and the high school offer after-school enrichment programs with a variety of course offerings, as well as a homework center and after-school athletics.

National Review of School Emergency Response Plans

Before initiating the Brookline Schools Project, we contacted 20 school systems throughout the Nation requesting copies of their Emergency Response Plans in order to analyze protocols that were in place in 2004. While focusing primarily on Massachusetts schools, we also sought to obtain data that would be most generalizable by obtaining information from schools in each of the four U.S. regions as well as from both urban and suburban school systems.

We received responses from eight school districts. School personnel from these districts contributed their most current emergency response manuals, several of which were created directly from the U. S. Department of Education monograph, *Practical Information on Crisis*

Planning. Additionally, we spoke with safety officers from these school districts in an effort to determine their impressions of the effectiveness of these plans.

Manuals were content-analyzed for:

- thoroughness of implementing the four-phase approach to planning for a disaster,
- degree to which school emergency response plans provided an all-hazard approach,
- the specificity of instructions for response to particular emergency situations, and
- the clarity, practicality, and usability of the plans by crisis teams, teachers, nurses, and other school staff.

Results. Emergency response plans were received and reviewed from the following school systems:

- LA County Unified School District (CA)
- Milwaukee Public Schools (WI)
- Denver Public Schools (CO)
- Sarasota County Schools (FL)
- Brookline Public Schools (MA)
- Newton Public Schools (MA)
- Winchester Public Schools (MA)
- Martha’s Vineyard Public Schools (MA)

Principle Findings (Appendix A)

- While many of these school plans were comprehensive, representing hours of thoughtful work, they were not necessarily practical to implement in the particular school setting.
- Some of these plans contained all the elements recommended by the Department of Education (e.g., the four- phase approach to crisis management). To varying degrees, plans elaborated specific protocols for responding to specific crises (e.g., a school shooting). All contained a crisis notification/communication plan and recommendations for the development of crisis management teams.
- Some of the crisis manuals were voluminous and inadequately indexed, making rapid access to pertinent information difficult.
- Many manuals did not outline protocols for responding to some of the relatively common emergencies that occur in schools, such as suspected drugs/alcohol, or medical emergencies.
- While some of the information remained constant each year, several details changed based on important differences that occurred from one school year to the next. This approach of annual re-evaluation and alteration is designed to produce a “living document.”
- While every school had well-established evacuation plans, few had plans for relocation, fewer had lockdown plans, and virtually none had sheltering-in plans.
- Many plans omitted specific guidelines for communication between local emergency responders and the school.
- Some plans did not include specific recommendations for developing lines of communication among responders within school buildings.

- While most of the school plans had an assigned role for a crisis team member to communicate with the media, many did not include sufficiently detailed recommendations on communicating with parents during or after an emergency.
- There was no specific methodology for training crisis teams, school nurses, or other school personnel.
- In telephone conversations with school safety officers from two of the districts, they expressed frustration with the relative lack of universal plan implementation among all the schools, particularly in decentralized, larger school districts. In cases where the individual principal was given responsibility for developing the school-specific plan and training/preparing staff, other priorities often took precedence. In addition, they felt that money for developing preparedness was disproportionately spent on planning for large-scale disasters and that more emphasis should be spent preparing schools to respond to the more common emergencies (e.g., guns in schools and missing children).

Other findings are summarized and tabulated in Appendix A.

Introduction of the Project to Town Stakeholders

The Brookline Schools Readiness project began after an initial meeting with the school Superintendent, Assistant Superintendent, and School Medical Director. At that time, a verbal and written proposal to spend a year in the Brookline schools, assessing them for emergency readiness and providing a comprehensive emergency response plan, was presented. Following this, additional meetings were held with: (1) the Brookline School Committee, (2) the crisis teams (principals, assistant principals, nurses) of each school, and (3) town Safety Officers group (representatives from fire, police, EMS, Department of Public Works, Highway and Sanitation, Water and Sewer, and the Brookline Public Health Commissioner).

After these meetings, it became clear that there was inconsistent communication around emergency preparedness between the school department and the Safety Officers group. While town emergency responders, who had been meeting regularly for many months, had created mitigation and response plans to most emergencies, school administrators were uninformed; moreover, they were uncertain how thoroughly the town's emergency responders had considered the particular needs of each school. When the project proposal was presented to this group, there was general agreement that more work was needed to coordinate communication and effective response with schools in the event of a large-scale disaster.

Information Gathering, Findings

Survey Creation, Completion, and Analysis

Survey creation. In order to create an Emergency Response Plan for Brookline Public Schools, recognizing that each school in the system was unique, we began by conducting a series of written, anonymous, Likert-type surveys of key personnel. Our goal was to determine the levels of understanding and the perceived needs of the staff in each school. We designed three separate surveys, obtaining information from three distinct school groups: the crisis teams (including the principals), the school nurses, and the teaching staff. The response rate for each of these groups

ranged from 45-100 percent. We analyzed the surveys according to staff position, school building, and, in the teacher survey, by grade level. (Appendix B: Needs Assessment Surveys)

Main survey findings:

- Crisis teams reported feeling generally confident and competent to respond to crises. At the same time, they indicated a desire for further training in emergency response.
- When analyzed by school, staff varied widely in their familiarity with the town emergency response plan.
- All staff were better informed about evacuation/relocation procedures than about lockdown or sheltering-in-place procedures.
- All staff believed it would be beneficial to regularly have evacuation, lockdown, and shelter-in-place drills, particularly “tabletop” exercises.
- There was marked inconsistency in the amount of information provided to parents (e.g., the school’s relocation plan).
- Crisis teams, nurses, and teachers all felt relatively comfortable talking to students about disaster preparedness; uniformly, they felt more comfortable speaking with lower grade than upper grade students. Personnel also were more comfortable discussing evacuation plans than lockdown or shelter-in-place plans.
- All reported that there were a sufficient number of fire drills.
- Mental health services were reportedly readily available to the schools as needed.
- All crisis teams included the principal, assistant principal, guidance counselor, psychologist, and nurse. Some also included the custodian, office secretary, and building aide.
- The crisis teams for each school had their own configurations with varying degrees of readiness to mobilize in an emergency.
- Most crisis teams did not have explicit assigned roles for their members in the event of a major crisis.
- Only two schools had established an outdoor gathering area for the crisis team in the event of an emergency evacuation.
- While the crisis team in most schools met on a regular basis, the subject of their meetings generally related to daily incidents involving individual students in need rather than global issues such as emergency planning.
- Only two schools had conducted tabletop exercises to prepare for a large-scale crisis.

Interviews

School principals. Once the surveys were completed and analyzed, we met with each school principal to discuss our findings. We reviewed the results of the particular school survey with each principal, informing him/her of the staff’s readiness, knowledge, and concerns regarding emergency preparedness. We inquired about issues related to each specific school building and student body (e.g., number and type of special needs students). (Appendix C: Interview Questions for Principals)

Main findings in school principal interviews:

- We found significant variation in the degree to which each principal had considered emergency response in his/her building.

- All schools had created a crisis response team, though some met regularly and had annual training, and others did not meet on a regular basis and seemed inadequately prepared to respond effectively to a crisis.
- Teachers and other school personnel were not consistently trained in emergency response or informed of the emergency plan.
- Parents were not consistently informed of the emergency response plan, with many principals having a “need-to-know” approach, keeping this information secret until disclosure became necessary.

Site Visits

Following the interview with each principal, we toured the school complex with the custodian. The purpose of these site visits was to identify potential security risks, obstacles to rapid egress, and potential sheltering-in-place and lockdown spaces for each building. We evaluated the ease of access to the building during the school day, the locations of all exits, and the location of the boiler room and the school elevators.

Main findings during site visits:

Access to the school building

- There was a variable degree of building security and of mechanisms for identification of staff and visitors in the building. One of the elementary schools and the preschool building had developed a key card system which allowed only official personnel to enter the building after 8:30 and before 2:00.
- In some schools, administrators had trained staff on the appropriate response if an unidentified person is found in the hallway.

Evacuation and relocation protocols

- All Brookline schools had an evacuation plan. Staff knew paths of egress for individual classes.
- All schools had a relocation plan; however, these plans were not known to all staff. Only one school had practiced its relocation plan.
- All of the school nurses had emergency supplies and medications readily available for travel to an off-site location.
- Many schools did not have a complete, ready-to-go, emergency kit.
- Some schools did not have a sufficient number of wheelchairs to match the number of students with mobility difficulties.
- In some schools, staff had created easily accessible parent/student information to grab in the event of an evacuation.
- In one school, the staff was equipped with an emergency kit for each classroom, including parent contact numbers, a class list, and materials to keep children engaged.
- Schools with multiple relocation sites had the unsolved challenge of dispatching a nurse or first-aid-trained staff member to each site along with child-specific medications.

Sheltering-in plans

- No school had created a sheltering-in-place plan for each building. However, potential sites identified included the school cafeteria, auditorium, or library.

Lockdown plans

- Few schools had lockdown plans in place; none had practiced their protocol.
- Many schools had an inordinate number of rooms without locks, making it difficult to identify lockdown sites.

Extended Day Programs

We met with the directors of the Extended Day Programs from all of the Brookline Elementary Schools. We discussed their current crisis protocols and the effectiveness of their communication with each other, with parents, and with school administrators. (Appendix D: Interview Questions for Extended Day Directors Meeting/After-School Programs). One of the difficulties that became immediately apparent was the isolation of after-school programs. Staff reported there were no crisis response plans for events occurring when these programs are in session. Additionally, we found that each school's after-school program functioned independently of the others. Staff also reported a lack of central oversight to these programs and the lack of coordinated planning with either the school department or town emergency responders in the event of a crisis.

Main findings:

- In the after-school programs, which included Extended Day, enrichment activities, athletics, homework center, Brookline Music School, and After Hours U, there are more than 2,000 children in school buildings between the hours of 2:00 p.m. and 6:00 p.m.
- Apart from the Extended Day Programs, it was unclear who was ultimately responsible for the safety of children during these hours.
- It was unclear whether all staff supervising children in these programs would know where to go or what to do in an emergency.
- Extended Day staff reported that there had been little communication between the school principals, Brookline school administration, or town Emergency Response Team and the Extended Day directors around issues of emergency preparedness and response.
- All of the Extended Day Programs had staff trained in first aid and CPR.

Unresolved Challenges in the Brookline Emergency Response Plan

After-School Athletic Programs

In the Brookline Public Schools, there are approximately 1,500 athletes engaged in 3 sports seasons. An estimated 50 percent of the school system's students participate in at least one sport. However, emergency preparedness and response plans did not exist within the After-School Athletic Programs. The designated emergency leader was the school system's licensed athletic trainer, who was present at many games and available by cell phone to all coaches. In the event of an emergency in which the trainer is not available and an emergency response is required, coaches are instructed to dial 911.

Effective Liaison with Local Emergency Response Teams

School-based emergency response plans must be incorporated into those of the local public health authorities and emergency response teams. Although we had the opportunity to attend public health meetings and offer opinions/advice on school plans, there were no regular meetings between school authorities and the town. Moreover, although the Brookline Department of Public Health had established a liaison with the Brookline schools, many BPS personnel felt this relationship was ineffective.

Management of Special Populations

A comprehensive school-based emergency response plan must take into account special populations, including: (1) technology dependent children (e.g., those requiring respiratory support), (2) physically disabled children (e.g., those who require crutches or wheelchairs for mobility), and (3) children with severe developmental delays (e.g., autism). We found that none of the Brookline schools had planned effectively for the management of special populations.

Recommendations and Feedback

Upon completion of the project, we presented an evaluation of our findings. Summary reports and recommendations were provided to each of the school principals. In making the recommendations, we were mindful of keeping costs minimal and implementation practical. Specific guidelines are described below.

Evacuation/ relocation recommendations.

The principal will:

- make an announcement over the PA system while crisis team members deliver instructions to key staff.

The crisis team will:

- initiate the response,
- inspect the building and direct all students to exits and assembly areas,
- carry walkie-talkies and cell phones,
- communicate with town emergency response teams, and
- communicate regularly with staff regarding the status of the emergency.

The secretarial staff will:

- bring the attendance roster for students and staff to the alternate site, and
- take the crisis kit.

Teachers and other support staff will:

- assist children with mobility difficulties,
- take their classroom crisis kit,
- lead students through evacuation using designated routes,
- check lavatories and other areas of the building where students may be unsupervised in order to assure evacuation is complete,
- take attendance and report any missing students to a crisis team member,

- lead their students to the off-site location in the event of relocation following the designated route, and
- stay with their students until further instructions are given.

The school nurse will:

- bring the emergency medical kit and the first aid kit,
- bring student emergency cards and medical information, and
- monitor students with special medical needs and notify the administration of any urgent medical needs.

Custodians will:

- maintain communication with the administration who may assign specific tasks,
- inspect the building following an evacuation, and
- assume responsibility for building safety and carry a school floor plan, which includes the location of utility shut-off valves.

Shelter-in-place recommendations.

The principal will:

- make an announcement over the PA system and mobilize the crisis team, and
- designate staff who would take responsibility for “sweeping” the hallways and bathrooms to ensure that all children were in the proper places and were accounted for.

The crisis team will:

- inspect the building and playground and direct all staff and students to shelter area,
- communicate with town emergency responders, and
- maintain communication with the central office (or other incident command center) using walkie-talkies or cell phones.

The secretarial staff will:

- bring the attendance roster for students and staff and the substitute list.

Teachers and other support staff will:

- move all students indoors to the common area;
- assist children with mobility difficulties;
- take attendance and inform the crisis team of any children that are missing;
- close all windows and doors, and pull down shades prior to exiting the classroom;
- place a wet paper towel over the nose and mouth for temporary respiratory protection, inform the incident command center and, potentially, relocate to another part of the building if there appears to be contamination within the shelter; and
- remain with their students until an “all clear” is given.

The school nurse will:

- follow instructions for school staff if students are in the health room,
- bring the emergency medical kit and the first aid kit,
- bring student emergency cards and medical information, and

- monitor students with special medical needs, and notify the administration of any urgent medical needs.

Custodians will:

- shut down the classroom/building HVAC system,
- turn off local fans in the area, and
- close doors and windows.

Lockdown.

The principal will:

- initiate lockdown if a threatening, suspicious, or violent intruder is found in the building; trying to enter the building; or if their imminent presence is suspected;
- dial 911 and notify town emergency responders;
- make an announcement over the PA system; and
- mobilize the crisis team.

The crisis team will:

- attempt to identify the area of intrusion, and
- maintain communication using walkie-talkies or cell phones.

The secretarial staff will:

- dial 911 and contact the principal if they witness a violent situation,
- bring the attendance roster for students and staff and the substitute list, and
- bring the crisis kit to a safe location in the building.

Teachers and other support staff will:

- contact the central office immediately if they witness a violent or potentially violent situation;
- have all students in the hallway enter their classroom;
- check lavatories and have those students using the facilities enter the closest classroom;
- turn off lights, lock classroom doors and windows, and, if it is safe to do so, pull the shades;
- keep students away from windows and doors;
- take attendance and report missing and extra students to the office;
- have all students stop and drop to the floor if a gunshot or explosion is heard;
- maintain a calm environment and reassure students that everything is being done to return the situation to normal; and
- remain in the classroom until further instructions are given by the principal.

The school nurse will:

- dial 911 and contact the principal if they witness a violent situation,
- follow instructions for lockdown if students are in the health room, and
- communicate with other members of the crisis team.

Custodians will:

- lock all entrances to the building,

- maintain communication with administration, and
- carry school floor plan showing shut-off valves for all utilities.

The role of the PTO. Parent-teacher organizations have a poorly defined role in the construction of a school-based plan. On the one hand, the PTO can have a very valuable role in disseminating information and providing input on all aspects of the plan's creation and implementation. However, many families prefer not to have details of disaster preparedness plans, finding them anxiety-provoking. A useful approach would be for the principal to present an overview of plans at a PTO meeting, giving the group the option of being involved in all aspects of planning (e.g., discussions about stockpiling of potassium iodide or details of lockdown or sheltering-in plans). For those PTOs that request full participation, reports and feedback can be incorporated into the plan.

Tabletop Exercises

A tabletop exercise was conducted at the Brookline Public Schools in April 2004. The exercise was undertaken to evaluate the emergency response systems that the high school had developed over the previous years. The scenario given was the explosion of a chlorine gas tank that was attached to the nearby town swimming pool, adjacent to the high school. The scenario tested the school's response to a rapidly moving cloud plume of highly toxic chlorine gas. Participants of the drill included the school headmaster, crisis team, school nurse, and custodian, but also the supervisor of Brookline EMS, representatives from the Brookline Fire Department, the Brookline Police Department, and Brookline Department of Public Works. Subsequent tabletop drills have been increasingly effective. (Appendix E: Tabletop Exercise Resources)

Education and Training of School Nurses

As part of the Brookline Schools project, we provided 4 hours of continuing education to the 7 school nurses. Over the course of the year, didactic conferences that outlined principles of school-based emergency preparedness were given. Two hours were devoted to open forums/discussions where nurses would provide feedback on issues they were facing at each of their schools. Conferences were provided in a didactic format and included the topics:

- Principles of Terrorism and its Impact on Children
- Principles of Syndromic Surveillance

Creation of an Emergency Response Manual and Handbook

The Emergency Response Manual

It became apparent, after reviewing manuals from several school systems, that the information in the manual would be more useful if it were clearly indexed and specific to the roles of the various people who need to respond quickly and effectively. We critically reviewed the manuals we had received and incorporated parts of each of them into a Brookline Schools Emergency Response Manual. Articles in the manual include general crisis management guidelines and various examples of checklists for crisis readiness and examples of forms that can be used to

document various kinds of crises. Other sections in the manual provide various scenarios for “tabletop” exercises and articles related to trauma and grief in children.

The Emergency Preparedness Handbook

The Emergency Preparedness Handbook is unbound, in a three ring binder, so that pages can be inserted and removed as necessary. The first section of the handbook is comprised of two documents: a document noting building-specific accommodations, and a second document that is to be completed annually by the principal. We used a vertical “flip-book” format, with tabs identifying the plan for each type of crisis. Each crisis is written with specific appropriate responses for teachers, principals/crisis team members, nurses, custodians, and upper administration. We also included protocols for evacuation, lockdown, and sheltering-in-place. There are spaces for the names of those personnel responsible for particular duties, lists of supplies needed in an emergency, and lists contact numbers for town emergency responders and local support resources.

Creation of a Final Report to the Brookline Public Schools

Upon completion of the data analysis, training of the nurses, implementation of the Tabletop Exercise and creation of the Handbook and Manual, we met again with the Superintendent and School Committee of Brookline Public Schools to report our findings and present the handbook and manual.

Conclusion

Spending a complete academic year in the Brookline Public Schools, we were able to witness first-hand the challenges in creating a school emergency response plan. At the same time, we provided assistance to the district, leaving them an Emergency Response Manual and Handbook. The dedication of the staff to protecting their students was exemplary. The School Committee and Superintendent made a commitment to seek the funds and resources necessary to implement the plan. A followup visit is planned to examine the retention of these school initiatives.

Acknowledgements

This project would not have been possible without the support of the Brookline School Committee, Superintendent William H. Lupini, the teachers, custodians, and nurses of the school district.

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Appendix A.

National Analysis of School Emergency Response Plans.
A Comparative Analysis of Emergency Response Plans among School Districts in the U.S.
 Analysis of the Presence or Absence of Specific Protocols in Emergency Plans in Eight School Districts

	Brookline, MA.	Newton, MA.	Winchester MA.	Martha's Vineyard, MA.	Los Angeles CA.	Denver, CO.	Sarasota FL.	Milwaukee, WI.
Evacuation	+	+	+	+	+	+	+	+
Shelter in Place	+	+	+		+	+		
Lockdown	+		+		+	+	+	
Medical Emergency	+	+		+				
Biological or Chemical Hazard	+	+	+	+	+	+	+	
Bomb Threat	+	+	+	+	+	+	+	+
Death on Campus	+	+	+	+				+
Field Trip/ School Bus Incident	+	+	+	+	+	+		
Exposure to body fluids	+			+		+		
Food/Water Contamination	+				+			
Violence – fights/gangs	+	+	+	+	+	+		
Weapons on Campus	+	+		+	+	+		+
Shooting or	+	+			+	+		

stabbing								
Suspected Drugs or Alcohol	+			+				
Agitated Student	+	+		+	+	+		
Suicide Attempt	+	+	+	+		+		+
Sexual Assault	+		+	+		+		
Fire /Explosion	+	+	+	+	+	+	+	
Utilities Malfunction	+			+	+	+		
Missing Child	+	+	+	+		+		
Kidnapping	+		+	+		+		
Hostage situation	+	+						
Intruders in/outside Building	+	+		+		+	+	
Natural Disaster	+	+	+	+	+	+	+	+
Violence Threat			+	+				
Universal Precautions	+		+					

In addition to protocols outlined for all staff, some school districts have more comprehensive manuals to be used by the Crisis Incident Team.

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Appendix B1.

Nurses Survey:

The purpose of this survey is to gather information regarding your knowledge and concerns about disaster preparedness in your school. This survey will help construct a comprehensive and practical emergency plan. Your responses are confidential, and the compiled data will be shared with you. Thank you for taking the time to complete this survey.

Demographic Information:

School _____

Numbers of years as a nurse in schools _____

Gender _____

Age Range: _____ 30 or Under _____ 31-40 _____ 41-50 _____ Greater than 50

Are you a parent? _____

1. My school building is sufficiently secure and safe for staff and students.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

2. I know what to do and what to say if I encounter a person in the building who is unfamiliar to me and is not properly identified as a visitor.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

3. I am familiar with my town's Crisis Response Protocol.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

4. I know the key members of my town's Disaster Response system and how the town would mobilize resources to my school in a disaster.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

5. There is a competent Crisis Response Team in my building.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

6. The Crisis Response Team is sufficiently familiar with their specific responsibilities in the event of a disaster.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

7. I have multiple contact numbers for all families in the event of an emergency.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

8. I know what to say to other students in my clinic if one of their classmates is seriously injured or ill.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

9. In the event of a crisis in which there were mass casualties, I would know who to call for support.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

10. I have a system for the surveillance of communicable diseases so that I would recognize a trend in the school.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

11. I know who to notify if there is a cluster of children in my building with similar symptoms.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

12. I understand that there may be circumstances that would lead to an evacuation of the building to offsite locations.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

13. I know what my role would be if the building had to be evacuated.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

14. In the event of a school evacuation, I know what I need to have with me and how I would transport it.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

15. My building plan includes specific accommodations for children with special medical and physical needs.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

16. I know the offsite locations where children with special medical needs will be relocated.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

17. I think my building should have an annual evacuation drill.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

18. I think having an evacuation drill is potentially dangerous.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

19. I understand that there may be circumstances that would lead to a lockdown of the building (contain my students in a safe location within the school.)

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

20. I know where to go with the children in my care if we had to lockdown the building.

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree**

Comments: _____

21. I think my building should have an annual lockdown drill.

Comments:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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22. I do not believe students should be allowed to turn on cell phones in school, even if a local disaster has occurred.

Comments:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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23. I could recognize and comfort a child who is experiencing acute anxiety or post traumatic stress disorder.

Comments:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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24. If a parent were to ask me about my school's plan for responding to different types of emergencies, I would know what to say.

Comments:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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25. I would like more information and training related to my school's Emergency Response Plan.

Comments:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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Appendix B2.

Crisis Team/Administration Survey

To: Principals, Assistant Principals, and Members of the Crisis Response Teams:

The purpose of this survey is to gather information regarding the status of disaster preparedness in your school district. While we would all like to believe that we don't need to concern ourselves with these issues, today's reality belies that view. Our goal is to use the information that you and your staff provide to construct a comprehensive and practical Emergency Response Plan for your school. Your responses are confidential, and all data will be shared with you. Thank you for taking the time to complete this survey.

Demographic Information:

School _____

Position: ___Principal ___Assistant Principal ___Crisis Response Team

Number of years in your school district _____

Gender _____

Age Range: ___ 30 or Under ___ 31-40 ___ 41-50 ___ Over 50

Are you a parent? _____

1. I feel that my building is sufficiently safe and secure for staff and students.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

2. All adults in the building who are not staff are identified in some way.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

3. My staff know what to do if there is an unidentified adult in the building.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments : _____

4. I am familiar with my district's Crisis Response Protocol.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments : _____

5. I know the key members of my district's Disaster Response system and how the town would mobilize resources to my school in a disaster.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments : _____

6. We have formed a competent Crisis Response Team in my building.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

7. The Crisis Response Team is sufficiently familiar with their specific responsibilities in the event of a disaster.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

8. I would like support in training my Crisis Response Team.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

9. I have good communication with Town Safety Officers.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

10. My staff are familiar with my district's Crisis Response Protocol.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
11. My staff know where to go with their students if the building has to be evacuated.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
12. My staff know what they need to have with them if they have to evacuate the building with their students.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
13. My staff know where to go if there is a lockdown in the building.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
14. I would like some support in training my staff to respond appropriately to disasters.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
15. The parents in my school are familiar with our building's Emergency Response Protocol.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
16. I have multiple contact numbers for all families in the event of an emergency.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
17. I do not believe students should be allowed to turn on cell phones in school, even if a local disaster has occurred.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
18. We should have an annual evacuation drill in our schools.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
19. We should have an annual lockdown drill in our schools.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
20. We have a sufficient number of fire drills.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
21. My staff know what to say to their students about disaster preparedness.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
22. My building plan includes specific accommodations for children with special medical and physical needs.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
23. I know where I can get support to help children who express acute anxiety or post traumatic stress disorder.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____
24. The Extended Day Program in my building is familiar with my district's Crisis Response Protocol.
 Strongly agree Agree Neutral Disagree Strongly disagree
 Comments: _____

Appendix B3.

Staff Survey:

To the School Staff (Teachers, Administrative staff)

The purpose of this survey is to gather information regarding your knowledge and concerns about disaster preparedness in your school district. This survey will inform us in constructing a comprehensive and practical emergency plan. Your responses are confidential, and the compiled data will be shared with you. Thank you for taking the time to complete this survey.

Demographic Information:

School _____

Staff Position: _____Teacher _____Aide or Intern _____Support Staff

Grades I teach: _____K-2 _____3-5 _____6-8 _____9-12 (check all that apply)

Numbers of years as a staff person in your school district _____

Gender _____

Age Range: _____30 orUnder _____31-40 _____41-50 _____Greater than 50

Are you a parent? _____

1. I know which staff in my building are on the Crisis Response Team, and I know the Team's responsibilities.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

2. I would know what to do, where to go, and what to say to my students if there were an emergency in which I had to evacuate the building with my class.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

3. I would know what to do, where to go, and what to say to my students if there were an emergency in which I had to contain my students in the school building. (i.e., "shelter in" or "lockdown")

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

4. If a parent were to ask me about the school's plan if the building had to be evacuated or locked down, I would be able to explain the protocol.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

5. If a student in my class is seriously injured, I know what to do as a first responder and how to get help.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

6. I have access to student medications and parent contact numbers.

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

7. I think it would be useful to practice lockdown (containing the children in the classroom or in a predetermined location) and evacuation (leaving the building, with your class to a predetermined site.)

Strongly agree Agree Neutral Disagree Strongly disagree

Comments: _____

8. If my school were to have a lockdown drill, I would know what to say to my students to prepare them for it.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

9. If my school were to have an evacuation drill, I would know what to say to my students to prepare them for it.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

10. If children seem particularly frightened by a lockdown or evacuation drill, I could recognize it and would know what to say to attempt to alleviate the fear.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

11. I would know how to inform parents about these drills and how to help them talk to their children if necessary.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

12. My school building is sufficiently secure and safe for staff and students.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

13. I know what to do and what to say if I encounter a person in the building who is unfamiliar to me and is not properly identified as a visitor.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

14. I know how to contact the parents in my class in cases of emergency.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

15. I know where to go with the children in my care in a fire drill.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

16. I know what to say to my students about the need for fire drills.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

17. I think my building has a sufficient number of fire drills.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

18. I could recognize a child who is experiencing acute anxiety or post traumatic stress disorder.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

19. If a parent were to ask me about my school's plans for responding to different types of emergencies, I would know what to say.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

20. I would know what to say to the students in my class if one of their classmates or a family member died or had a serious illness.

Strongly agree Agree Neutral Disagree Strongly disagree
Comments: _____

Appendix C. Interview Questions for Principals

Demographics:

How many students are in the school?

How many staff?

How many students have mobility difficulty?

Do you have wheelchairs? How many?

Are there students with other disabilities that would warrant special attention in an evacuation of the building?

Physical Plant

How many buildings are there?

Describe the school the layout – how many floors, sections, etc.?

How many exits are there?

Evacuation:

What is your evacuation plan?

Where are the offsite locations?

Are members of the crisis team assigned to the various evacuation sites?

Is there a person who has first aid skill at each relocation site?

How would medications be distributed to the sites?

Have you had an evacuation drill with staff and/or with students?

Are parents aware of the plan?

Sheltering In:

Do you have a plan for sheltering in?

Are there any rooms large enough to shelter in all students and staff?

On what floor is the cafeteria? Gym? Auditorium? Library?

Have you practiced sheltering in with staff and/or with students?

Are there enough rooms with windows/doors that can be locked in order to effectively conduct a school lockdown?

What sort of ventilation system is in the building?

Crisis Team:

Do you have a crisis team?

How many members?

Who are they?

Do they have explicit responsibilities?

How often do you meet?

How do you communicate with one another? Radio? Telephones?

Have you had any practice drills?

To what kinds of crises have you had to respond?

Would you like more training?

Is there someone designated to communicate with the media?

School Nurse:

How are student medications organized?

If the building had to be evacuated, how would the medications be distributed?

How often do you record the daily log on the computer?

Parent Communication:

Are parents aware of your emergency plan?

How have you communicated about that?

In an emergency, how do you communicate with parents?

How would you communicate with parents if there were a schoolwide emergency?

Do you have cell phone numbers for parents?

Do you think it would be feasible to have out-of-town emergency contact numbers for students?

How do you feel about students using cell phones in an emergency?

Is there a procedure for releasing students to authorized adults?

Staff Preparation:

Do your staff have easy access to your emergency plan?

What do your staff have to take with them if they had to evacuate the building?

What are substitute teachers told about your emergency plan?

Town Support

Is there a school liaison safety officer?

Do you know how the town would respond if there were an emergency at your school?

Do you have access to counseling services?

Appendix D. Interview Questions for Extended Day Director's Meeting/After-School Programs

1. When you think about a major disaster in your school district while the children are in your care, what are some questions that come to mind?
2. In what ways do you feel prepared for a major disaster?
3. What has been the nature of your communication with the central office about emergency preparedness in Extended Day? In what ways would you like more support from the central office?
4. What communication have you had with town emergency responders? In what ways would you like more support from the town?
5. Is there anyone on the town EMT with whom you are in regular communication?
6. Have you talked about emergency preparedness with your boards? What kinds of support would you like from them?
7. Have you discussed your plans with the parents? How do you communicate with parents? Do you have cell phone numbers? Out-of-State numbers?
8. Do you have an offsite relocation area? Have you gone there with students? Are there any children in your care who need special assistance in the event of an evacuation?
9. If you had to shelter-in-place, do you know where you would go?
10. Can you lockdown a space if that were necessary?
11. Do you have a crisis team? How do you communicate? Do you meet to discuss preparedness?
12. Do you have an emergency kit for evacuations? What is in the kit?
13. Are people on your staff trained in first aid and CPR?
14. What sorts of emergencies have you had to deal with? What happened on 9/11? Do you have fire drills?
15. Do you have access to mental health support?

Appendix E. Tabletop Exercise Resources

School Tabletop Exercise Resources on the Internet:

Center for Safe Schools

<http://one.center-school.org/search-document-detail.php?ID=1138>

Minnesota Department of Health:

Pandemic Influenza Tabletop Exercise: K-12 School Closure as a Disease Containment Measure

<http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/scexercise/index.html>

Appendix F. Annual School Emergency Preparedness Summary Form

Make a copy of this blank form, as it will be needed for future years.

School: _____ **Date:** _____

Demographics

Number of students _____
 Number of staff _____
 Number of students with mobility difficulties _____
 Number of staff with mobility difficulties _____
 Number of wheelchairs _____ Is this sufficient? yes no

Physical Plant

School has floor plans with clearly marked exits and utility shut-offs posted throughout the building yes no
 School has an area map with safe evacuation zone shown yes no
 There is limited access to the school building yes no
 Which doors are open during the school day? _____
 Swipe cards are used yes no

Crisis Team (CT)

<u>Staff Position</u>	<u>Name</u>	<u>Contact Numbers</u> <u>Cell/Radio phone</u>
Principal	_____	_____
Assistant Principal	_____	_____
Guidance Counselor(s)	_____	_____
Psychologist	_____	_____
Nurse	_____	_____
Office Staff	_____	_____
Custodian	_____	_____
Extended Day Director	_____	_____
Others	_____	_____

CT contact numbers are pre-programmed for all members yes no
 CT has a regular meeting time yes no When is it? _____

Crisis Team meeting place (Command Post)

In the school _____

Away from the building _____

School has prepared an emergency kit (s) yes no

- Flash lights
- Radio
- Cell phone/Radio phone
- Parent contact numbers
- Other

Designated responsibilities in the event of Emergency:

<u>Responsibility</u>	<u>Person</u>
<input type="checkbox"/> Emergency kit(s)	_____
<input type="checkbox"/> Attendance (for students and staff)	_____
<input type="checkbox"/> First aid	_____
<input type="checkbox"/> Emergency medications	_____
<input type="checkbox"/> Parent notification	_____
<input type="checkbox"/> Media	_____
<input type="checkbox"/> HVAC and utilities shut-off	_____

Annual crisis simulation (tabletop) exercise: Date: _____

Emergency Medical Response Team (EMRT)

<u>Person</u>	<u>Contact Numbers (cell/radio phone/walkie-talkie)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Nurses

- Has sub folder which includes Emergency Plan
- Logs absences and illness daily
- Has portable first aid kit(s)
- Has portable emergency medical kit(s) with emergency medical cards
- Has cell phone/radio phone number (s) _____

Staff

All staff are identified in some way yes no How? _____

All visitors are identified in some way yes no How? _____

There is a policy regarding unidentified adults in the building yes no

Staff are informed of Emergency Plan yes no Date: _____

Staff know evacuation/relocation protocol yes no

Know route(s) to relocation sites yes no

(See Evacuation/Relocation plan for specific information)

Have practiced yes no Date: _____

Staff know shelter-in-place protocol yes no

Know designated area for particular grade level/class yes no

(See shelter-in-place plan for specific information)

Have practiced yes no Date:_____

Staff know lockdown protocol yes no

Staff in open areas knows to which lockable rooms to go yes no

(See Lockdown plan for specific information)

Have practiced yes no Date:_____

All classroom teachers have accessible emergency folders yes no, which include:

- Emergency Response Manual
- School evacuation/relocation plan
- Class list with multiple contact numbers for all families
- Emergency medical forms

Classroom teachers have a kit to bring to relocation site with activities for students yes no

Each classroom has room parents yes no

Each classroom has class phone trees which includes cell phone numbers yes no

Evacuation/Relocation Plan

Relocation site(s) is (are):

<u>Relocation site</u>	<u>Grade Levels</u>
_____	_____
_____	_____
_____	_____

Staff are informed of walking routes to each site yes no

✓ Attach walking routes to each relocation site

Responsibility for “sweeping” areas of the building:

<u>Person</u>	<u>Area</u>
---------------	-------------

Responsibilities at each site:

<u>Responsibility</u>	<u>Person</u>	<u>Site</u>
Emergency Kit	_____	_____
	_____	_____
	_____	_____
Attendance	_____	_____
	_____	_____
	_____	_____
First Aid (EMRT)	_____	_____
	_____	_____
	_____	_____
Emergency Medications	_____	_____
	_____	_____
	_____	_____
Communication	_____	_____
	_____	_____
	_____	_____
Parent contact	_____	_____
	_____	_____
	_____	_____
Distractions/Snacks	_____	_____
	_____	_____
	_____	_____

Communication between sites, with town EMTs, and central office:

Number of radio phones _____ Grouped? _____

Number of cell phones _____

Person responsible _____

System in place for communicating relocation to parents, e.g. voicemail message yes no

Plan has been communicated to parents yes no Date: _____

Relocation drill practiced with staff or staff and students: Date: _____

Shelter-in-Place Plan: Recommended shelter-in-place location: _____

Staff have been informed of shelter-in-place protocol yes no

Date: _____

Staff know specific areas to which to bring students yes no

✓ Attach map of shelter-in-place location with designated areas

CT and EMRT Responsibilities during Shelter-in-Place:

<u>Responsibility</u>	<u>Person</u>
Attendance	_____
Emergency Kit	_____
First Aid	_____
Emergency Medical Kit	_____
HVAC and Utility Shut-Off	_____
Parent Communication	_____
Communication with town and central office	_____
Other: _____	_____

Plan has been communicated to parents yes no Date: _____

Shelter-in-place drill practiced staff only staff and students:

Date: _____

Lockdown Plan

Staff have been informed of lockdown protocol yes no

Date: _____

Staff in open areas know of nearby lockable rooms yes no

✓ Attach plan or fill in below:

Open Areas

Rooms to go to

Plan has been communicated to parents yes no Date: _____

Lock-down drill practiced with staff only staff and students:

Date: _____

After-School and Extended Day Programs

The people responsible for making emergency response decisions in the after-school programs in your building are:

The particular needs of after-school programs are addressed in your school's Emergency Plan

yes no

The emergency protocols for your school, the evacuation/relocation, shelter-in-place, and lockdown plans, have been discussed with the Extended Day director and other administrators of after-school programs yes no

The Extended Day director has a copy of the School Emergency Response Manual yes no

The Extended Day program has a complete emergency response kit yes no

Extended Day staff are trained in first aid and CPR yes no

Staff in the Extended Day programs and other after-school programs have cell phones or walkie-talkies to communicate with each other in case of emergency yes no

The administrators of after-school programs know whom to contact in the town in case of a major emergency yes no

The Extended Day and other after-school programs have a plan for communicating with all parents in case of a major emergency yes no

All after-school staff have emergency contact numbers for all their students yes no

Communication with Town Emergency Management Team and Central Office

Met with town safety officer yes no Date: _____

Radio phones and cell phones are charged yes no

Radio phones are preprogrammed and grouped with town EMT yes no

Radio phones are grouped with central office yes no

Cell phones are preprogrammed to contact central office yes no

A copy of this summary has been sent to the central office yes no Date: _____

Issues that still need to be addressed:

Signature of Principal _____ Date: _____