



Safety Operations Plan 2016 - 2017

American River

**California Montessori Project
American River Campus
6838 Kermit Lane
Fair Oaks, CA 95628
Phone: (916) 864-0081
Fax: (916) 864-008**

Appendices

Appendices for Plan 1: Section 1: School Climate

- 1-1-1 Assessment of Current State of School Crime
- 1-1-2 Strategies

Appendices for Plan 1: Section 10: Campus Specific Drop off and Pick up procedures and/or map

- 1-10-1 Campus Specific Drop off and Pick up procedures and/or map

Appendices for Plan 2: Section 1: Risk Assessment

- 2-1-1 Risk Assessment Template
- 2-1-2 Risk Assessment Tool 1: Six Steps to Hazard Analysis
- 2-1-3 Risk Assessment Tool 2: Building Checklist
Identifying School-Based Hazards – Building Mitigation Checklist
- 2-1-4 Risk Assessment Tool 3: School Grounds Checklist
Identifying School-Based Hazards – School Grounds Mitigation Checklist
- 2-1-5 Risk Assessment Tool 4: Neighborhood Checklist
Identifying Potential Hazards in the Neighborhood and Community Checklist
- 2-1-6 Risk Assessment Tool 5: Possible Hazards
- 2-1-7 Risk Assessment Tool 6: Hazard & Risk Assessment Worksheet
- 2-1-8 Risk Assessment: Site Map of the Building
- 2-1-9 Risk Assessment Vicinity Map

Appendices for Plan 2: Section 2: ICS

- 2-2-1 ICS Template
- 2-2-2 Public Information Officer Actions and Communications Log
- 2-2-3 Scribe Actions and Communications Log
- 2-2-4 Status Board Example
- 2-2-5 Injury and Missing Persons Report Form
- 2-2-6 Injury Record Form
- 2-2-7 Damage Assessment Report Form
- 2-2-8 Student Release Log
- 2-2-9 Recommended Classroom Emergency Supplies
- 2-2-10 Recommended School Emergency Supplies
- 2-2-11 Financial Emergency Developments & Response Actions Log
- 2-2-12 Financial Expenditures Tracking

Appendices for Plan 2: Section 3: Emergency Situation Protocols

- 2-3-1 Biological and Chemical Release Response Checklist
- 2-3-2 Bomb Threat Report
- 2-3-3 Food or Water Contamination Report Form

Appendices for Plan 2: Section 4: Drills

2-4-1 Emergency Drill Record

Appendices for Plan 2: Section 5: Communication Plan

2-5-1 School Personnel Emergency Contact Numbers

2-5-2 External Emergency Phone Numbers

Appendices for Plan 2: Section 6: Procedures

2-6-1 Staff Training Log

2-6-2 Incident Summary Report

Confidential
Crime Assessment Cover Sheet

The Site Safety Committee will insert behind this page, except in any physically distributed versions of this document, an assessment of current status of school crime at the school campus or school-related functions.

The Site Safety Committee will review the following reports and statistics to assess possible crime rates at the school campus:

- a. Local Law Enforcement Crime Data
- b. Attendance Rates
- c. Suspension/Expulsion Data
- d. Property Damage Data

Strategies to Maintain a High Level of School Safety

The Site Safety Committee will identify appropriate strategies to maintain a high level of school safety and insert them here.

The following tables are a tool to help you identify your goals and strategies.

| | | | | |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Safe Physical Climate Goal: | To maintain a safe campus. | | | |
| Objectives | Action Steps | Resources | Project Lead/s | Outcomes |
| To maintain a safe campus from intruders | Encourage staff to report any incidents | Update at Staff Meetings/email/SJUSD | Safety Committee Self Staff | Information is shared via email and Staff Meetings. Incident is reported to appropriate authorities shedding more awareness to the situation. |
| | Encourage staff to report any suspicious activity | Update at Staff Meetings/email/SJUSD | | |
| | Be aware of lighting and its condition, especially at night. Upgrade lights to LED. | Update at Staff Meetings / email/SJUSD | | |
| | Consistent use of wireless radio communication to report potential strangers | Update at Staff Meetings / email/SJUSD | | Best Practices |
| | Keep restrooms closest to the parking lot locked during intercession | Update at Staff Meetings / email/SJUSD | | Best Practices |
| | Have everyone wear badges: • Have all Visitors and Guests Sign In/Out including interviews and were a Name Badge • All Employees will wear their badges at all times | Use current log sheet | Office Staff | Everyone is identified and accounted for |

| Safe Physical Climate Goal: | Safe Car Loop | | | |
|-----------------------------------|----------------------------------------------------|-------------|----------------|------------------------------------------------------------------------------------|
| Objectives | Action Steps | Resources | Project Lead/s | Outcomes |
| Create & maintain a safe car loop | Staffing both morning and afternoon loops | Staff | Admin | To have enough people to safely escort students into and out of the campus |
| | Parent education on safe ingress and egress | Staff/Admin | Admin | To mitigate potential accidents within our front loop, parking lot and city street |
| | Student education on safe ingress and egress | Staff/Admin | Admin | To mitigate potential accidents within our front loop, parking lot and city street |
| | Wear safety vests/use wireless radios at all times | Staff/Admin | Admin | To mitigate potential accidents within our front loop, parking lot and city street |
| | Systematic staff schedule for loops | Staff/Admin | Admin | To mitigate potential accidents within our front loop, parking lot and city street |

| Safe Social Climate Goal: | Playground Safety | | | |
|---------------------------------------|--------------------------------------------------------------------|-------------|----------------|-------------------------------------|
| Objectives | Action Steps | Resources | Project Lead/s | Outcomes |
| To keep and maintain safe playgrounds | Create and follow safe playground protocol for all play structures | Staff/Admin | Admin | To mitigate injury |
| | Create and follow boundary guidelines | Staff/Admin | Admin | To mitigate injury |
| | Staff to wear safety vests and have wireless radios at all time | Staff/Admin | Admin | To mitigate injury and/or incidents |

| Safe Physical Climate Goal: | Safe Storage of Chemicals | | | |
|------------------------------------------|--------------------------------------------------------------------------|------------------|----------------|------------------------------------------------------------------------------------|
| Objectives | Action Steps | Resources | Project Lead/s | Outcomes |
| Create safe storage of science materials | Create a list of chemicals to be posted in cabinet | MS Science Staff | Admin | To quickly know at a glance what chemicals are stored in the cabinet |
| | Educate students on emergency procedures if chemicals are involved | Staff | Admin | To mitigate potential accidents within the science classrooms |
| | Keep an MSDS fact sheets in a binder within the chemical storage cabinet | Staff/Admin | Admin | To mitigate potential accidents within our front loop, parking lot and city street |
| | Wear safety goggles and lab coats when handling chemicals | Staff/Admin | Admin | To mitigate potential accidents within the science classrooms |
| | Post Hazardous Chemicals signs on cabinet. | Staff/Admin | Admin | To mitigate potential accidents within the science classrooms |

| Safe Physical Climate Goal: | Minimize minor theft and intrusions | | | |
|----------------------------------------|---------------------------------------------------------|-------------|----------------|-------------------------------------------------------|
| Objectives | Action Steps | Resources | Project Lead/s | Outcomes |
| To minimize minor theft and intrusions | Campus visitors are required to sign in and have badges | Staff/Admin | Admin | To have a visual and physical ID for who is on campus |
| | Staff will monitor all visitors to campus | Staff/Admin | Admin | To mitigate potential intruders on campus |
| | Staff will wear ID badges while on campus | Staff/Admin | Admin | To mitigate potential intruders on campus |

Plan 1: Section 10: Procedures of Safe Ingress and Egress of Stakeholders
Drop off and Pick up procedures and/or map

Confidential

Campus Specific Drop-Off and Pick-Up Procedures and/or Map

Cover Sheet Only

The Site Safety Committee will insert Campus Specific drop-off and pick-up procedures and/or map behind this page, except in any publicly distributed versions of this document.

Confidential Risk Assessment Template

Cover Sheet Only

The Site Safety Committee will insert their Risk Assessment behind this page, except in any publically distributed versions of this document.

Specific information to include in your risk assessment is:

1. School Facility/Location

a. Location of School and Neighborhood

(Fill in information about where your school is located and describe the neighborhood your school is in. Example: CMP-AR's current enrollment is approximately 400 Tk-8th grade students located on the Little John Elementary School Site within the San Juan Unified School District in the community of Fair Oaks. The school site is situated in a neighborhood of family homes.)

b. Building Information

- i. [Each CMP Site will need to make this section specific to their campus. Example: CMP-AR is located on a 40-acre lot and includes four buildings (a multipurpose room, offices, and two wings of classrooms) a basketball court, a baseball field, and one staff parking lot. All classes take place in the two wings. Our school was built in [1969] by [San Juan unified school district] and is [brick and mortar, modular, etc].
- ii. Each CMP site will need to include a map of the building annotated with after hour's number, site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs and is reflected in Appendix 1-8. All staff members are required to know these locations as well as how to operate the utility shutoffs.

2. School Population

a. General Population

CMP-[AR's] current enrollment is approximately [] Tk-8th. These students are supported by a committed staff consisting of:

- X Teachers
- X Teacher Assistants
- X Administrators
- X Administrative Assistants
- X Outside Services
- X Maintenance and Custodial Staff
- X Club M Staff
- X Community Service Volunteers (ex: ROP)
- X After School Enrichment Teachers

A master schedule of where classes, grade levels, and staff are located during the day is provided to each classroom and is available in the main office. The master schedule is included with this Risk Assessment for reference.

b. Special Needs Population

CMP is committed to the safe evacuation of students and staff with special needs.

The special needs population includes students/staff with:

- Limited English Proficiency
- Blindness or Visual Disabilities
- Cognitive or Emotional Disabilities
- Deafness or Hearing Loss
- Mobility/Physical Disabilities (permanent and temporary)
- Medically Fragile Health (including asthma and severe allergies)

The school's current enrollment of students with special needs is approximately [X]; however, this number will fluctuate. Students and/or staff may require additional assistance if they are temporarily on crutches, wearing casts, etc.

CONFIDENTIAL
Site Map of the Building

Cover Sheet Only

Each CMP site will insert behind this page, except in any publically distributed versions of this document a map of the building annotated with afterhours number/s (i.e.: landlords or districts), site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs. All staff members are required to know these locations as well as how to operate the utility shutoffs. If you lease your property your landlords will need to be contacted for this.

CONFIDENTIAL
Vicinity Map

Cover Sheet Only

Each CMP site will need to include a Vicinity Map behind this page, except in any publically distributed versions of this document.

This will be a Google Image of your site and surrounding area including your offsite assembly area.

CONFIDENTIAL

Site Incident Command System Cover Sheet

Cover Sheet Only

Each Site will insert, behind this page, their Incident Command System except in any publically distributed versions of this document.

Public Information Officer Actions and Communications Log

Page: _____

Person filling out form: _____ Date: _____

Emergency: _____

Scribe
Planning and Intelligence Team
Actions and Communications Log

Page: _____

Person filling out form: _____

Date: _____

Emergency:

Log of Emergency Developments and Response Actions

- Record the actions taken during an emergency
- Monitor incident tracking, task completion and follow-up
- Provide for information exchange between departments/agencies
- Provide a chronology of activities
- Provide legal documentation of the situation and actions taken by the site.
- Provide a means for appropriate tracking of financial commitments and expenditures (Appendix 2-12).
- Provide information which may assist in reconciling issues such as staff schedules, injuries, etc.
- Assist in improving the SERP through recommendations and revisions.

Status Board Example

Date: _____
Name: _____

MANAGEMENT

- ICS: _____
- PIO: _____
- Safety Officer: _____
- Agency Liaison: _____

Incident Type _____
Level of Emergency _____
Public Statement needed/
given _____
Medical Needs _____
Injuries _____
Deaths _____

PLANNING & INTELLIGENCE

Officer: _____
Scribe: _____
Communications Officer: _____

OPERATIONS

Officer: _____

Assembly Team

- Leader: _____
- Notes: _____

First Aid Medical Team

- Location: _____
- Leader: _____
- Medical Needs: _____
- Injuries: _____
- Deaths: _____

Search and Rescue

- Leader: _____
- Location of injured _____
- Number of injured _____
- Condition of injured _____
- Gas Leaks/Fires/
Structural Damage _____

Fire Suppression/Hazmat

- Leader: _____
- Damage Assessment
Report Forms _____
- Fires: locations/
extinguished _____
- Gas Leaks: locations/
valve shut off _____
- Structural damage
report _____

Psychological First Aid

- Leader: _____
- Psychological needs _____

Request Gate

- Leader: _____
- Needs _____

Reunion Gate

- Leader: _____
- Support Needed _____
- Problems _____
- Status _____

LOGISTICS

Officer: _____

Supplies & Equipment

- Leader: _____
- Food and Water Status _____
- Sanitary Supplies _____
- Port-a-potties _____
- Special Needs _____
- Medicine _____

Security/ Utilities

- Leader: _____
- Air system shut down _____
- Gas shut off _____
- Power shut off _____
- Water main status _____
- External gates locked _____

FINANCE & ADMIN

Officer: _____

Note: be sure to note time
and locations and who
reported to you.

AR 2016-2017
Appendix 2-2-5

Plan 2: Section 2: Incident Command System
First Aid Medical Team: Injury and Missing Persons Report Form
Injury and Missing Persons Report Form

School _____

Room Number _____

Teacher's Name _____

Date _____

| INJURED | | |
|---------|----------------|----------|
| Name | Type of Injury | Location |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| MISSING PERSONS | | | | |
|-----------------|--------------------|-------|------|----------|
| Name | Last Seen Location | Found | Time | Location |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Deceased | | | |
|----------|----------------|------|----------|
| Name | Location Found | Time | Reported |
| | | | |
| | | | |

AR 2016-2017
Appendix 2-2-6
Plan 2: Section 2: Incident Command System
First Aid Medical Team: Injury Record Form

Injury Record Form

School _____ Room Number _____

Teacher's Name _____ Date _____

Name of Injured Person:

| | | |
|------------------------|-----------------|--------------|
| Type of Injury: | | |
| Actions Taken: | | |
| Action Taken: | By Whom: | Time: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Notes:

Plan 2: Section 2: Incident Command System
Fire Suppression/Hazmat: Damage Assessment Report Form

Damage Assessment Report Form

NOTE: Do not enter building unless the structural evaluation has been completed and the building is designated as safe to enter.

School/Site Name: _____

Location/Building Code: _____

District: _____

Date: ___/___/___

Time: ____:____ a.m. / p.m.

| Damage Category | No Damage | Slight Damage | Severe Damage | Hazardous Condition | Location / Room # / Note |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------|
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Natural Gas Lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Water Heater/ Boiler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sewer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hazardous Materials | | | | | |
| Custodial chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Chemical Type/Quantity spilled or leaking:</u> |
| Lab chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Chemical Type/Quantity spilled or leaking:</u> |
| Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Physical Hazards | | | | | |
| Sink Holes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Construction Areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Damaged Bldg. Material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Broken Glass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

AR 2016-2017
Appendix 2-2-7
Plan 2: Section 2: Incident Command System
Fire Suppression/Hazmat: Damage Assessment Report Form

Notes: (description of trouble, location, severity or hazardous materials):

Findings

- Building or room safe for re-occupancy Yes No
- Building or room closed due to hazardous condition Yes No
- The following corrective measures need to be completed prior to re-occupancy:

[Note: Send a copy of this form to Central Administration Office and maintain the original in the emergency document file.]

Student Release Log

School _____

Date _____ Page _____

| Student's Name | Release Time | Name of Person Released to | Signature |
|----------------|--------------|----------------------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Plan 2: Section 2: Incident Command System
Supply Equipment Team: Recommended Classroom Emergency Supplies

Recommended Classroom Emergency Supplies

School Site: _____ Classroom: _____

| Item | Recommended Quantity | Quantity at Hand |
|-------------------------------------|----------------------|------------------|
| Backpack | 1 | |
| Flashlight | 1 | |
| Batteries | 2 | |
| Pair of scissors | 1 | |
| First Aid instruction summary sheet | 1 | |
| Pad of paper (for name tags, etc.) | 1 | |
| Pen | 1 | |
| Pencil | 1 | |
| Light stick | 1 | |
| Whistle | 1 | |
| Sewing kit | 1 | |
| Package of safety pins | 1 package | |
| Solar blanket | 1 | |
| Package of 10 gums | 1 package | |
| Package of 10 life savers | 1 package | |
| Package of plastic trash bags | 6 packages | |
| Package of small paper bags | 2 packages | |
| Package of paper cups | 2 packages | |
| Package of pre-moistened towelettes | 1 package | |
| Bottle of hydrogen peroxide | 1 | |
| Small package of Tylenol | 2 packages | |
| Package of Tums | 1 package | |
| Ammonia inhalants | 4 | |
| Ziploc sandwich bags | 2 | |
| Box of Telfa pads | 1 | |
| Pair of tweezers | 1 | |
| Box of Band-Aids | 1 | |
| Cold packs | 2 | |
| 2" roller bandage | 1 | |
| 3" roller bandage | 1 | |
| Box of triangular bandages | 1 | |
| Roll of adhesive tape | 1 | |
| Pair of disposable gloves | 10 | |
| Container of waterproof matches | 1 | |
| Box of toilet tissue | 1 | |
| Box of sanitary napkins | 1 | |
| Bottle of saline solution | 1 | |

Location: Place these supplies next to primary evacuation doorway in each classroom

Plan 2: Section 2: Incident Command System
Supply/Equipment Team: Recommended School Emergency Supplies
Recommended School Emergency Supplies

*[Suggested quantities are for 100 people for a period of 72 hours.
Packaged food recommended i.e. power bars and nut free alternatives.]*

| Type | Item | Recommended Quantity | Quantity at Hand |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|------------------|
| Food | | | |
| Packaged food is recommended i.e. power bars and nut free alternatives. Classroom safety kits include a majority of what you will need. In addition to the kits see below: | | | |
| | Raisins – boxed and dated | 20 lbs. | |
| | Large canned beans – dated | 20 cans | |
| | Large mixed fruit or fruit – dated | 60 cans | |
| | Large peanut butter | 20 tubs | |
| | Crackers | 2 cases | |
| | Canned fruit juice | 2 cases | |
| | Sugar cubes | 4 boxes | |
| | Can opener | several | |
| Rescue Team Member | | | |
| | Back Pack | 1 | |
| | Gloves | 1 | |
| | Helmet | 1 | |
| | Orange Vest | 1 | |
| | Goggles | 1 | |
| | Boots | 1 | |
| | Heavy Clothing | 1 | |
| | Flashlight | 1 | |
| | Extra Batteries | 1 | |
| | Personal First Aid Kit | 1 | |
| | Water and Paper Cups | 1 | |
| | Whistle | 1 | |
| | Marker Pens | 1 | |
| | Fire Extinguisher 3-A:40-B:C | 1 | |
| | Pry Bars 36 and 66 Inches Long | 1 | |
| | Axes | 1 | |
| | Sledge Hammer 5-8 lb. | 1 | |
| | Pocket Knife | 1 | |
| | Duct Tape | 1 | |
| | Utility Shutoff Tools | 1 | |
| | Note Pad and Pen | 1 | |
| | Cyalume Sticks | 1 | |
| | Walkie-Talkie | 1 | |

Plan 2: Section 2: Incident Command System
Supply/Equipment Team: Recommended School Emergency Supplies

| Type | Item | Recommended Quantity | Quantity at Hand |
|------------------------------|---------------------------------------------------------------------------------------------------|----------------------|------------------|
| First Aid | First Aid Manual (Red Cross, up-to-date) | 1 | |
| | Alcohol | 4 bottles | |
| | Alcohol prep (100 count) | 4 boxes | |
| | Aluminum foil – 18 inches wide | 4 rolls | |
| | Antibiotic solution (betadyne) | 4 bottles | |
| | Aromatic spirits of ammonia (10 count) | 4 boxes | |
| | Band-Aids – assorted sizes | 8 boxes | |
| | Bandages: ACE wrap, Kerlix, Kling or other conforming bandage of several widths (2, 3, 4, 6 inch) | 4 boxes each | |
| | Bandage scissors – blunt nose type | 9 pairs | |
| | Bandage, triangular – 36 x 40 x 55 inch | 30 | |
| | Basin, emesis – disposable | 10 | |
| | Blankets – space or disposable | 150 | |
| | Blood pressure cuff with manometer | 6 | |
| | Burn sheets – sterile, disposable | 4 packages | |
| | Cervical collar – small, medium & large | 4 each | |
| | Cotton balls – unsterile | 4 large packages | |
| | Disinfectant – hand washing | 4 gallons | |
| | Dressings – 2x2's, 3x3's & 4x4's sterile | 4 boxes each | |
| | Dressings – 5x9's & 8x10's sterile | 4 boxes each | |
| | Dressings – eye pad, oval sterile | 15 boxes | |
| | Dressings – Vaseline gauze 3x36 inch sterile | 4 boxes | |
| | Ipecac | 4 bottles | |
| | Kleenex | 10 boxes | |
| | Marking pens – for all surfaces | 6 | |
| | Needles – for removing splinters & glass | 4 packages | |
| | Note pads | 20 | |
| | Pack – cold Temp-Aid | 1 case | |
| | Paper cups | 4 boxes | |
| | Pack – hot Temp-aid | 1 case | |
| | Paper bags | 4 boxes | |
| | Paper towels | 4 cases | |
| | Pencils or ball point pens | 4 packages | |
| | Petroleum jelly | 4 large jars | |
| | Pitcher or jar with cover – can be used as a measuring device | 4 one quart size | |
| Q-tip swabs | 6 packages | | |
| Safety pins – assorted sizes | 6 packages | | |
| Saline | 4 boxes | | |

Plan 2: Section 2: Incident Command System
Supply/Equipment Team: Recommended School Emergency Supplies

| Type | Item | Recommended Quantity | Quantity at Hand |
|------------------------------------|----------------------------------------------------------|----------------------|------------------|
| | 1 tsp. per quart sterile water = normal saline | | |
| | Sanitary napkins - can be used for heavy bleeding wounds | 2 cases | |
| | Spine board - long and short | 2 each | |
| | Splints - inflatable, boards, magazines or other | Several sets | |
| | Standard surgical gloves - medium and large | 4 boxes | |
| | Table | 4 | |
| | Thermometer - oral - Tempa-dot, disposable | 4 boxes each | |
| | Toilet tissue | 4 cases | |
| | Tongue depressors | 4 packages | |
| | Towelettes - moist | 15 boxes | |
| | Treatment log | 1 | |
| | Triage tags (from Office of Emergency Services) | 150 | |
| | Tweezers - large | 9 pairs | |
| | Tylenol (15 grains) | 6 bottles | |
| | Water purification tablets or | 4 bottles | |
| | Household bleach (6 drops in 1 gallon of water) | 2 gallons | |
| | | | |
| Other | | | |
| | Blankets | 100 | |
| | Large battery operated radio with batteries | 1 | |
| | Heavy duty flashlights with batteries & bulbs | 4 | |
| | Whistles (for communicating w/ stakeholders) | 4 | |
| | Clipboards | 4 | |
| | Ink pens | 6 | |
| | Medium garbage bags (40 count) | 4 packages | |
| | Large 3-ply garbage bags (20 count) | 4 packages | |
| | Plastic buckets - 5 gallon | 6 | |
| | Pads of paper | 4 | |
| | Scotch tape | 4 rolls | |
| | Bed sheet strips (use as optional bandages) | 4 | |
| | Plastic cups (100 count) | 6 packages | |
| | Paper plates (100 count) | 6 packages | |
| | Plastic spoons, knives and forks (100 count) | 6 packages | |
| | Can openers - manual | 5 | |
| | | | |
| Other - Site Specific Needs | | | |
| | | | |

Biological and Chemical Release Response Checklist

School _____

Date _____

| | Yes | No | Note |
|-------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Have students and staff been evacuated from area of contamination? | _____ | _____ | _____ |
| Have all students and staff been accounted for? | _____ | _____ | _____ |
| Has the area of contamination been cordoned off and secured? | _____ | _____ | _____ |
| Has the area of contamination been affixed with conspicuous signs reading: "DO NOT ENTER"? | _____ | _____ | _____ |
| Have the doors and windows to the area of contamination been closed and locked? | _____ | _____ | _____ |
| Have fans and ventilators serving the area of contamination been turned off? | _____ | _____ | _____ |
| Has staff, students, or other personnel who came in contact with the area of contamination cleaned their hands with soap and water? | _____ | _____ | _____ |

Other:

Completed by _____

Date _____

Bomb Threat Report

School _____

Date of Call _____ Time of Call _____ a.m. _____ p.m. _____

Call Received by _____

Location _____ (Phone Number) _____

The person answering the threat call should ask the following questions and record the answers below

When is the bomb going to explode? _____ a.m. _____ p.m. _____

Where is it? _____

What will cause it to explode? _____

What kind of bomb? _____

Why are you doing this? _____

Who are you? _____

What can we do for you to avoid the bomb from exploding? _____

How can you be contacted? _____

Record the exact language of the threat:

Voice on the Phone: Man () Woman () Child () Age _____
Intoxicated () Accent () Speech Impediment ()
Other () _____

Background Noise: Music () Talking () Children () Machines ()
Airplane () Typing () Traffic ()
Other () _____

Completed by _____

Date _____

[Note: Send a copy of this form to Local Sheriff and maintain the original in the emergency document file]

Food or Water Contamination Report Form

School _____ Date _____

Name of person filling out this form _____

| Name | Symptoms | Food or Water suspected to be contaminated | Quantity Consumed | Other Information |
|------|----------|--------------------------------------------|-------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Emergency Drill Record

School _____

| Type of Drill | Date of Drill | Time | | Remarks | Recorded by | Population |
|---------------|---------------|-------|-----|---------|-------------|------------|
| | | Start | End | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

CONFIDENTIAL
School Personnel Emergency Contact Numbers

Cover Sheet Only

Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

2.5.5: Contact Information: Emergency Phone Numbers Template

CONFIDENTIAL
External Emergency Phone Numbers Template

Cover Sheet Only

Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

| | | | |
|------------------------------------|-------------|----------------------|--|
| School Name | | | |
| School Address | | | |
| School Phone | | Location Code | |
| District | | | |
| | Name | Phone Numbers | |
| Principal | | | |
| Dean of Students | | | |
| | | | |
| Administrative Assistants | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| CMP Executive Director | | | |
| Office of School Operations | | | |
| Public Information Officer | | | |

| Emergency Numbers | | |
|------------------------------------------------------------|----------------------------|----------------------------------------------------------|
| Emergency (Sheriff, Fire & Medical Emergencies) | 911 | |
| Emergency for cell phone users | 916-874-5111 | |
| Sacramento Police Department | 911 or 916-732-0100 | |
| California Poison Control System | 800-222-1222 | www.calpoison.org |

Plan 2: Section 5: Communication Plan

2.5.5: Contact Information: Emergency Phone Numbers Template

| Non-Emergency Numbers | | |
|-------------------------------|--------------------------------|---------------------------------------------------------------------------|
| Sheriff: Sacramento County | 916-874-5115 | |
| Sheriff: Yolo County | 530-666-8282 | |
| California Highway Patrol | 916-861-1300 | 800-835-5247 |
| Sac Metro Fire Department | 916-859-4300 | |
| City of Sacramento Fire Dept. | 916-808-1300 | |
| | | |
| | Fire | Police |
| Elk Grove | 916-405-7100 (Cosumnes CSD) | 916-714-5115 |
| Rancho Cordova | 916-859-4300 (Sac Metro) | 916-362-5115 (Sheriff) |
| Sacramento | 916-808-1300 | 916-264-5471 |
| West Sacramento | 916-617-4600 | 916-372-3375 |
| Citrus Heights | | Emergency: 916-726-3015 Non-Emergency: 916-726-2499 916-727-5500 |

Plan 2: Section 5: Communication Plan

2.5.5: Contact Information: Emergency Phone Numbers Template

| City/County Information | | |
|-----------------------------------------------------------------------------|--------------|------------------------------------------------------------------------|
| City of Sacramento | | |
| Animal Control – Front Street | 916-808-7387 | www.saccountyshelter.net |
| Animal Control – Florin-Perkins Rd | 916-383-7387 | www.cityofsacramento.org |
| Animal Control – Citrus Heights | 916-727-4708 | |
| Storm Drains – Sac County | 916-875-7246 | |
| Storm Drains – Sac County After Hours | 916-875-5000 | |
| Automobiles: Abandoned Vehicle Complaints | 311 or | 916-264-5011 |
| Fire Department | 916-228-3000 | |
| Fire – Fire Response Requested | 916-228-3035 | |
| Office of Emergency Services | 916-808-1300 | |
| Community Emergency Response Team | 916-808-1363 | |
| Police – Police Response Requested | 916-264-5471 | |
| Police Departments – North Area | 916-808-6402 | |
| Police Departments – South Area | 916-808-6001 | |
| Utilities Department Emergencies (Evening, Weekends, & Holidays) | 311 | or 916-264-5011 |
| Flood Control or Flooding | 311 | or 916-264-5011 |
| Leaks or broken pipes | 311 | or 916-264-5011 |
| Sewers | 311 | or 916-264-5011 |
| Storm Drains | 311 | or 916-264-5011 |
| Water | 311 | or 916-264-5011 |
| City of West Sacramento | | |
| Police: Non-Emergency Dispatch | 916-372-3375 | |
| Public Works Department: Road, Sewer & Water Emergency | 916-617-4850 | 916-372-3375 |
| Public Works Department: Water Quality Concerns | 916-617-4860 | |
| Sacramento County | | |
| Animal Control – Front Street | 916-808-7387 | www.saccountyshelter.net |
| Animal Care & Regulation | 311 | 916-368-7387 |
| Stray, loose, dead or nuisance animals | 916-875-4311 | |
| Child Protective Services 24 Hour line | 916-875-5437 | |
| Emergency Services Sacramento Office of Disaster: Planning and Coordination | 916-874-4670 | |
| Environmental Management Department: Hazardous Materials General Info | 916-875-8550 | 916-875-5000 (Emergency #) |
| Fire Department: Sac Metro (24 hour non emergency) | 916-228-3035 | |
| Flooding | 916-875-7246 | |
| Health & Human Services: | 916-875-6091 | |
| Child Protective Services 24 Hour Line | 916-875-5437 | |
| Sacramento Area Flood Control Agency | 916-874-7606 | |
| Sacramento Area Sewer District 24 Hour line | 916-875-6730 | |

Plan 2: Section 5: Communication Plan

2.5.5: Contact Information: Emergency Phone Numbers Template

| Utilities / Other | | |
|-------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------|
| Air Quality Management District | 916-874-4800 | http://www.airquality.org/ |
| Pacific Gas and Electric | | |
| 24 Hour Emergency Service | 800-743-5000 | |
| 24 Hour Information on Electric Outages | 800-743-5002 | |
| Road Conditions (Cal Trans) | 800-427-7623 | |
| Sacramento Suburban Water District | 916-972-7171 | |
| SMUD (Sacramento Municipal Utility District) No Power – Service Problems – 24 Hours | 888-456-7683 | |

| Hospitals / Medical Facilities | | |
|------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| Facility | Address | Telephone Number |
| Kaiser Roseville | 1600 Eureka Road Roseville, CA 95661 | General Info: 916-784-4000 |
| Kaiser Sacramento | 2025 Morse Ave Sacramento, CA 95825 | General Info: 916-973-5000 |
| Kaiser South Sacramento | 6600 Bruceville Road Sacramento, CA 95823 | General Info: 916-688-2000 |
| Med 7 Urgent Care | 4156 Manzanita Ave, Carmichael, CA 95608 | General Info: 916-426-4962 |
| Mercy General Hospital | 4001 J Street Sacramento, CA 95819 | General Info: 916-453-4545 Emergency: 916-453-4424 |
| Mercy Hospital of Folsom | 1650 Creekside Drive Folsom, CA 95630 | General Info: 916-983-7400 Emergency: 916-983-7470 |
| Mercy San Juan | 6501 Coyle Avenue Carmichael, CA 95608 | General Info: 916-537-5000 Emergency: 916-537-5120 |
| Methodist Hospital of Sacramento | 7500 Hospital Drive Elk Grove, CA 95823 | General Info: 916-689-9000 |
| Sutter General Hospital | 2820 L Street Sacramento, CA 95816 | General Info: 916-454-2222 Emergency: 916-733-3003 |
| Sutter Memorial Hospital | 52 nd and F Street Sacramento, CA 95819 | General Info: 916-454-3333 Emergency: 916-733-1000 |
| Sutter Roseville Medical Center (Level 2 Trauma Center) | 1 Medical Plaza Drive Roseville, CA 95661 | General Info: 916-781-1000 Emergency: 916-781-1533 Other: 916-781-4042 |
| Sutter Health 24 Hour Crisis Response Line | | 800-801-3077 |
| UC Davis Medical Center | 2315 Stockton Blvd. Sacramento, CA 95817 | General Info: 916-734-2011 |

Staff Training Log

Campus _____

Type of Training _____ Presenter _____

| Attendee's Name | Date | Time | | Attendee's Signature |
|-----------------|------|------|-----|----------------------|
| | | In | Out | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Incident Summary Report

Page # _____

The following items should be included in an Incident Summary Report and submitted to the CMP Safety Coordinator within 7 days of the incident.

- Compile a brief description of facts caused by the emergency.
- Provide an explanation of the site's approach to addressing the emergency.
- Create a timeline of when events occurred, individuals/agencies were informed, aid was provided, and information was delivered to stakeholders.
- Assess the extent of the damage caused by the emergency and compose a statement about the site's profile after the emergency.
- Include minutes and notes taken from any meetings that were help in relation to the incident.
- Include a copy of all documentation recorded on the incident.

Person filling out form: _____

Date: _____

Emergency: _____

Team: _____

Names: _____
