



Emergency Preparedness Plan Assessment

School Corporation: _____	School: _____
Completed by: _____	Date: _____
School Representatives: _____	

This assessment represents a one day review that may or may not be the total depiction of emergency preparedness at a particular school. The findings in this assessment are based on data provided and individual observations made during a one day time frame. Please be mindful that this assessment is merely a review to assist school officials in their quest to examine practices and procedures in an attempt to better serve their student population. It is therefore incumbent upon school corporation officials to consider this assessment and determine what they believe is critical to address when considering emergency preparedness issues.

Section One: Minimum Requirements per Board of Education Rule 511 IAC 6.1-2-2.5

Yes No **1. Plan developed in consultation with local public safety agencies**

Notes: _____

Resource(s) requested: _____

Yes No **2. Appropriate warning systems**

Yes No a. light and sound fire alarms

Yes No b. plain language notification via intercom

Notes: _____

Resource(s) requested: _____

Yes No **3. Procedures for notifying other agencies and organizations**

Yes No a. clear protocol outlining who can call 911/ immediate notification of office

Yes No b. dispatch test

Notes: _____

Resource(s) requested: _____

Yes No **4. Posting of evacuation routes**

Notes: _____

Resource(s) requested: _____

Yes No **5. Emergency preparedness instruction for staff and students**

Yes No a. flipcharts

Yes No b. procedure to inform substitute/temporary staff

Yes No c. substitute/temporary staff lockdown protocols

Yes No d. documentation that policies and procedures have been reviewed

Yes No e. CPR/AED instruction

Notes: _____

Resource(s) requested: _____

Yes No **6. Public information procedures**

Yes No a. media releases prepared

Yes No b. positive messages/utilize social networking

Yes No c. predetermined media staging area

Yes No d. spokesperson for corporation identified

Notes: _____

Resource(s) requested: _____

Section Two: Response Protocols per Board of Education Rule 511 IAC 6.1-2-2.5

- Yes No **1. Fire**
- Yes No a. evacuation routes reviewed with local fire department
- Yes No b. staff receive fire extinguisher training
- Yes No c. fire department participate in drills

Notes: _____

Resource(s) requested: _____

- Yes No **2. Natural Disasters/Adverse Weather**
- Yes No a. tornado (gas shutoff redundancy?)
- Yes No b. flood
- Yes No c. earthquake
- Yes No d. winter storm
- Yes No e. extreme heat

Notes: _____

Resource(s) requested: _____

- Yes No **3. Nuclear Contamination**

Notes: _____

Resource(s) requested: _____

- Yes No **4. Exposure to chemicals**

Notes: _____

Resource(s) requested: _____

- Yes No **5. Manmade occurrences**
- Yes No a. intruder/suspicious person
- Yes No b. disruptive/unruly person
- Yes No c. active shooter
- Yes No d. weapon on campus
- Yes No e. student search
- Yes No f. bomb threat/suspicious package
- Yes No staff members trained to take bomb threat phone call
- Yes No bomb threat protocol/checklist near main office phone
- Yes No g. hostage
- Yes No h. kidnapping

Notes: _____

Resource(s) requested: _____

Section Three: Additional Indiana Codes Regarding School Safety

- Yes No **1. Safe school committee**
 Yes No a. address unsafe conditions, crime prevention, school violence
 Yes No b. provide professional development
 Yes No c. methods to improve communications with community, staff, students

Notes: _____
 Resource(s) requested: _____

- Yes No **2. Drills**
 Yes No a. one tornado drill per semester (per state law)
 Yes No b. one manmade occurrence drill per semester (per state law)
 Yes No c. one fire drill per month (per state law)
 Yes No d. reverse evacuation
 Yes No e. tabletop drills
 Yes No f. functional and full scale exercises
 Yes No g. training with local first responders
 Yes No h. drills conducted between classes/at lunch/during arrival/dismissal

Notes: _____
 Resource(s) requested: _____

- Yes No **3. Provide floor plans to first responders**
 Yes No a. exits marked
 Yes No b. interior rooms and hallways marked
 Yes No c. location of hazardous materials
 Yes No d. utility valve shutoffs marked
 Yes No e. police/fire conduct walkthrough to familiarize themselves with buildings
 Yes No f. doors numbered (inside and out)

Notes: _____
 Resource(s) requested: _____

- Yes No **4. Special needs students/staff**
 Yes No a. special provision made for special needs students/staff
 Yes No b. accessibility of specialized equipment
 Yes No d. means of communication (ESL signs)
 Yes No e. autism training for school based police officers
 Yes No f. consideration for medical issues (nurse crash cart?)

Notes: _____
 Resource(s) requested: _____

- Yes No **5. Discipline rules prohibiting bullying**
 Yes No a. bullying prohibited
 Yes No b. provisions for education, parental involvement, reporting, investigation, and intervention
 Yes No c. implementation of policy (reporting, follow up, monitor hotspots)

Notes: _____
 Resource(s) requested: _____

Section Four: Additional Best Practices per School Safety Academy

Yes No

1. Threat Assessment

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. threat assessment protocol/team |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. online monitoring (Facebook, MySpace, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. familiar with sex offender registry |

Notes: _____

Resource(s) requested: _____

Yes No

2. Death of student/staff

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. notification process |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. crisis center established |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. counseling services available |

Notes: _____

Resource(s) requested: _____

Yes No

3. School as shelter

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. transportation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. memorandum of understanding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. access control |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. supplies (water/food/radios with extra batteries) |

Notes: _____

Resource(s) requested: _____

Yes No

4. Mobile Office/crisis kits

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. copy of safety plan |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. first aid kits |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. emergency contact information for staff/students |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. student release forms |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. emergency vests |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | f. paper/pens |

Notes: _____

Resource(s) requested: _____

Yes No

5. Relocation protocol

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. memorandum of understanding with offsite location |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. keys for access |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. transportation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. emergency contact information for staff/students |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. reunification process |

Notes: _____

Resource(s) requested: _____

Yes No

6. After school events involving community organizations and sporting events

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. clear posting of policies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. announcements |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. crowd management |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. concussion information |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. rental agreements with documented safe zones |

Notes: _____

Resource(s) requested: _____

Yes No

7. Access Control

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. exterior doors locked |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. visitors guided to main office |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. identification checked |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. name badges/visitor passes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. staff members trained to report unauthorized persons |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | f. first responders have access to building (knoxbox, keycard, fob) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | g. deliveries |

Notes: _____

Resource(s) requested: _____

Yes No

8. County Commission Established

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. information sharing among schools, courts and first responders |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. MOU's established |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. School/police liaison |

Notes: _____

Resource(s) requested: _____

Yes No

9. Cameras/Radios

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. appropriate locations |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. monitored |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. protecting people not things |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. law enforcement has access to live feed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. additional battery for radios |

Notes: _____

Resource(s) requested: _____

Yes No

10. NIMS/ICS

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. clear outline of Incident Command System |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. duplication of responsibilities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. key personnel trained in ICS 100/200 and IS 700/800 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. institutionalized ICS by using structure at all events (sporting events, prom, etc.) |

Notes: _____

Resource(s) requested: _____

Yes No

11. Safety Equipment

- | | | |
|------------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. AED's (removable?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. mass call system |

Notes: _____

Resource(s) requested: _____

Yes No

12. Morning/Afternoon Procedures

- | | | |
|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. continued access control |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. supervision |

Notes: _____

Resource(s) requested: _____

Yes No

13. School Climate

- | | | |
|------------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. anonymous reporting systems |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. other? |

Notes: _____

Resource(s) requested: _____

14. Other

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. collaboration with local health department |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. checklist for teachers/administration |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. cell phone policy? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. site survey |

Notes:

Resource(s) requested: _____

Training
Needs:

Best Practices
to Add:

Resources
Needed:

