# Concho Valley Council of Governments Ozona Head Start

# **EMERGENCY RESPONSE PLAN**





1310 Ave G Ozona, TX 76943

**Updated August 2024** 

**For Official Use Only** 

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### II. INTRODUCTION

### A. Introduction:

- 1. Emergencies can occur anytime-anywhere. Violence can happen even in an environment dedicated to children and families. We must ensure that our staff, children and families are prepared to effectively handle a wide range of dangerous situations to continue to provide a safe environment where learning a can occur.
- 2. A comprehensive site Emergency Response Plan must be developed and all staff members trained in order to effectively respond during emergencies.

### B. Purpose:

- 1. This plan is designed to providing practical guidelines to enable staff to properly prepare and respond to a wide range of emergency and disaster situations. In any emergency situation, the Head Start / Early Head Start program's overriding mission is to:
  - a. Protect life.
  - b. Secure the facilities and infrastructure.
  - c. Resume program operations.
- 2. This plan will provide step-by-step guidelines to help deal with emergencies that may occur. Planning, preparation, and training will help staff personnel learn the proper courses of action to take during an emergency. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. This plan should address three key areas to ensure plan / response effectiveness:
  - a. Personnel--who is assigned to do what. Personnel will be assigned to one of Emergency Response Groups that make up the Emergency Response Team. Emergency Response Groups are identified in Appendix A.
  - b. Training--who is trained to do what. All personnel will be trained to accomplish their assigned duties. A training matrix listing all personnel and completed training will be identified in Appendix B.
  - c. Equipment--what equipment is needed for training and response. A list of equipment need for both training and response will be maintained. All equipment will be documented as on-hand or identified as a shortfall in Appendix C.
  - Drills will be conducted periodically to test the effectiveness of the plan. A debriefing shall be conducted after each drill to receive feedback from all participants on the effectiveness of the plan. Identified weaknesses will be addressed to strengthen the plan. Drills conducted shall be documented on the Drill Log in Appendix D.
  - Each classroom will be supplied with a classroom Emergency Response Procedures Guide; section IV of this plan that provides instructions on how to respond to specific events as determined by the site emergency planning committee.

### C. Plan Maintenance:

Health Manager

1. An emergency planning committee will be established consisting of site staff from the following disciplines. (Select as appropriate) Director Food Service staff Monitor / Safety personnel Office Staff Teachers / Caregivers Maintenance Parents / Volunteers 2. In addition to site personnel, the planning committee should also seek assistance from the following local agencies: Law Enforcement Fire / Emergency Medical County Health Department **Emergency Management** 3. This plan shall be reviewed and updated annually and when changes are deemed necessary because of a response drill or emergency. The update shall be documented in the Plan Review Appendix E. 4. The completed plan will be signed by the persons identified on the Approval Statement (next page). 5. A copy of this plan will be filed at the Concho Valley Council of Governments administrative office, with Health Manager. 6. The original plan will be kept at the Head Start Center. **D. Approval Statement:** The Center Safety Plan for Ozona Head Start has been reviewed and found to comply with the Head Start Act (other directives?). **Executive Director Agency Director** Date Date

State Collaborator

Date

Date

### **D. Approval Statement:**

| The Center Safety Plan for Ozona Head Start has been reviewed and found to comply with the Start Act (other directives?). |      |  |        |  |
|---|------|--|--------|--|
| Site Administrator  | Date | Law Enforcement                            | Date   |  |
|   |      |  |        |  |
| Fire / EMS (if applicable)  | Date | Local Emergency Management (if applicable) | Date   |  |
|   |      |  |        |  |
| County Health Department (if applicable)  | Date | [<br>other                                 | ] Date |  |

Head

### III. BASIC PLAN

### A. Situation:

- 1. The center sits on at [1310 Ave G]. The site consists of [1] buildings. There is an Average Daily Membership of [20 children] and [4] staff members. Hazards of the center grounds buildings and surrounding community includes Gas Facilities.
- 2. The Head Start Director / Executive Director have the primary responsibility for developing and implementing the site Emergency Response Plan and executing Head Start policies.
- 3. Site personnel and / or local fire and law enforcement agencies handle most site emergencies.

### B. Assumptions;

- a. During an emergency, centralized direction and control [i.e., senior staff] is the most effective approach to management of emergency operations.
- b. In case of an emergency that is beyond the capabilities of the site to handle, site personnel will coordinate with local emergency response agencies. This may include having a member or members act as liaison with responding agencies.

### C. Command and Communications:

- 1. The order of succession for the Head Start / Early Head Start emergency response program is:
  - The Head Start / Early Head Start Director
  - The Education Manager
  - Health Manager and Facilities Manager
  - Site Supervisor
  - \*If the director is unavailable, the next individual must assume incident command.
- **2**. When an emergency condition exists, Site Supervisor will notify the necessary personnel to respond to their area of assignment. The methods of <u>communication</u> listed below in descending order will be used with "a" being the primary mode of communication followed by alternative modes.
  - a. Telephone
  - b. Messenger

### D. Staff Response Roles:

- 1. How a program manages and responds to a crisis greatly affects the public's perception of the organization.
- 2. The Count Judge (Judge Frank Tambunga) may make a Declaration of a State or Local Emergency <u>for a disaster or potential disaster in Crockett County</u>. The declaration would be issued from the Emergency Operations Center.
- 3. Advisories <u>for internal disasters</u> would be issued by the Head Start / Early Head Start Director, Education Manager, or Health and Facilities Manager. If none of the preceding is present, the Site Supervisor in charge at any program site may declare an emergency and then promptly notify the appropriate Management Team member. The agencies Emergency Response Team will consist of three groups:
- <u>a. The Administrative Group</u> consists of the Director / Executive Director and office staff that provides the support framework for the Agency. This group is responsible for:
  - 1. Emergency Response Plan Oversight
  - 2. Incident Command
  - 3. Public Relations
  - 4. Human Resources
  - 5. Media / Information Release
  - 6. Finance
  - 7. Long Term Recovery
- <u>b. The Support Group</u> includes individuals that provide support to teachers and students such as food service, maintenance and safety personnel. This group may include parents and volunteers and is responsible for:
  - 1. Food Service
  - 2. Site Safety
  - 3. Building Operations
  - 4. Transportation
  - 5. Short Term Mitigation
- <u>c. The Teachers Group</u> consist of those whose daily duties involves direct care for the students. This group is responsible for:
  - 1. Providing / Receiving Information
  - 2. Student Accountability
  - 3. Classroom Security
  - 4. Classroom Evacuation

- 4. In the event of an emergency <u>all staff</u> persons are to assume responsibility for the following actions:
  - 1. Initiation of steps to safeguard the children, staff and property
  - 2. Notification of authorities and center staff
  - 3. Initiation of steps to mitigate or contain the situation
  - 4. Implementation of evacuation procedures
- 5. In addition, the Director / Executive Director of Head Start / Early Head Start (or designee) will assume the role of Site Supervisor for all emergencies and or disasters.

### E. Debriefing:

Because the demands of responding to a crisis are intense and place staff under a great deal of stress, it is advisable to engage staff in a "debriefing". This process should be undertaken with a trained professional. The debriefing allows staff an opportunity to express feelings and receive emotional support. For others, it provides the opportunity to learn and to become better prepared for crisis.

### F. Deactivation:

When emergency conditions are stabilized and normal program operations can resume, the Head Start / Early Head Start Director will deactivate the Crisis / Emergency Plan. A formal announcement will be disseminated. If the nature of the incident requires an extension of some emergency services, special work groups may be appointed to coordinate those continuing activities, which may include:

- 1. Ongoing repairs,
- 2. Space re-assignments or adjustments,
- 3. Support services for children, staff and parents,
- 4. Community relief efforts,
- 5. Cost recovery (develop cost and loss documentation forms).

Immediately following the end of an emergency or crisis, a survey of the Emergency Team members and involved staff will be conducted to evaluate the effectiveness of the response. Survey results will help determine whether portions of the Emergency Plan must be modified due to the crisis event. The Head Start / Early Head Start Director in conjunction with the Management Team will prepare a written "Crisis Summary Report" analyzing post-event observation, and will coordinate appropriate plan revisions (this also applies to weather related crisis situations).

### G. Recovery

After dealing with the stress and trauma involved in a crisis, it is important to note that the initial crisis may be resolved, but many ancillary issues may still exist. The recovery phase is an important time to deactivate the plan, reassess the effectiveness of the efforts, and evaluate the program's ability to conduct normal business.

# EMERGENCY PROCEDURES ANNEXES

### A. ANIMALS

| ч | Ensure the safety of students and staff first.   |
|---|--|
|   | Call 911, if necessary. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> )          |
|   | Call Animal Control {325-277-7733 / Crockett County Animal Control}.   |
|   | Notify CPR / first aid certified personnel of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B). |
|   | Notify Site Supervisor. Site Supervisors assembles Emergency Response Team Members.  |
|   | Seal off area if animal(s) still present.  |
|   | Site Supervisors notifies authorities and parents of students involved.  |
|   | Assess counseling needs of victim(s) or witness(s). Implement post-crisis procedures.  |

### **B. ASSAULT / FIGHT**

| Ensure the safety of students and staff first.   |
|--|
| Call 911, if necessary. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> )  |
| Notify CPR / first aid certified persons of medical emergencies (names of CPR / first aid certified persons are listed in Appendix B).   |
| Notify the Site Supervisor. Site Supervisor assembles Emergency Response Team Members  |
| Seal off area where assault took place.  |
| Defuse situation, if possible.   |
| Site Supervisor notifies police if weapon was used, victim has physical injury causing substantial pain or impairment of physical condition, or assault involved sexual contact (intentional touching of anus, breast, buttocks or genitalia of another person in a sexual manner without consent. This includes touching of those areas covered by clothing). |
| Site Supervisor notifies parents of students involved in assault.  |
| Document all activities. Ask victim(s) / witness (es) for their account of incident.   |
| Assess counseling needs of victim(s) / witness (es). Implement post-crisis procedures.   |

### **C. BOMB THREAT**

Upon receiving a message that a bomb has been planted in center:

|    | Use bomb threat checklist (next page).   |
|----|--|
|    | Ask where the bomb is located, when will the bomb go off, what materials are in the bomb, who is calling, why is caller doing this.  |
|    | Listen closely to caller's voice and speech patterns and to noises in background.  |
|    | Do NOT hang up, even if the caller does. (The police may be able to trace the call)  |
|    | Notify Site Supervisor or designee.  |
|    | Site Supervisor orders evacuation of all persons inside center building(s).  |
|    | Site Supervisor notifies police (call 911). Site Supervisor must report incident to police. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> )  |
| Εv | acuation procedures:   |
|    | Site Supervisor warns students and staff. Do not mention "Bomb Threat". Use standard fire drill procedures.  |
|    | Direct students to take their belongings.  |
|    | Students and staff must be evacuated to a safe distance outside of center building(s). Site Supervisor may move students to Crockett County Library, 1201 Ave G if weather is inclement or building is damaged.  Primary relocation center |
|    | (500 feet is general rule. Consult with local bomb disposal unit)  |
|    | Teachers take roll after being evacuated.  |
|    | No one may re-enter the building(s) until fire or police personnel declare them safe.  |
|    | Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.   |
|    |  |

### C. BOMB THREAT CHECKLIST

| Description Detail Report  |          | Callers Voice - Circle as applicable:   |  |  |
|--|----------|---|--|--|
| Questions to ask:  |          | • Calm  | • Nasal  |  |
| 1) When is the bomb going to e   | explode? | Angry     Excited   | <ul><li>Stutter</li><li>Lisp</li></ul>   |  |
| 2) Where is it right now?  |          | • Slow<br>• Rapid   | <ul><li>Raspy</li><li>Deep</li></ul>   |  |
| 3) What does it look like?   |          | • Soft • Loud • Laughter  | <ul><li>Ragged</li><li>Clearing Throat</li><li>Deep Breathing</li></ul>  |  |
| 4) What kind of bomb is it?  |          | Crying  | Cracked Voice  |  |
| 5) What will cause it to explode   | ?        | <ul><li>Normal</li><li>Distinct</li><li>Slurred</li></ul>   | <ul><li>Disguised</li><li>Accent</li><li>Familiar</li></ul>  |  |
| 6) Did you place the bomb?   |          |   |  |  |
| 7) Why?  |          | If voice is familiar, whom did it sound like?   |  |  |
| <ul><li>8) What is your address?</li><li>9) What is your name?</li></ul> |          | Background Sounds:  |  |  |
|  |          |   | Fastama Masakina ana   |  |
| Exact wording of the threat:   |          | <ul> <li>Street Noises</li> <li>Animal Noises</li> <li>Clear</li> <li>Static</li> <li>Music</li> <li>House Noises</li> <li>Motor</li> </ul> | <ul> <li>Factory Machinery</li> <li>Voices</li> <li>PA System</li> <li>Local Call</li> <li>Long Distance</li> <li>Phone Booth</li> <li>Office Machinery</li> </ul> |  |
| Sex of Caller:   | Race:    | • Other   |  |  |
| Length of call:  | Age:     |   |  |  |
| Date:  | Time:    | Threat Language:  |  |  |
| Number at which call was received:  Notes:                               |          | Well Spoken (educated)     Incoherent     Taped   |  |  |
|  |          | Foul     Irrational by threat r   | Message read maker   |  |
|  |          | Remarks:  |  |  |
|  |          |   |  |  |
|  |          |   |  |  |

### **D. BUS INCIDENT**

### **Bus Driver / Monitor**

Not Applicable

### **E. EVACUATION**

|          | Site Supervisor (SS) initiates evacuation procedures.  |
|----------|--|
|          | SS determines if students and staff should be evacuated outside of building or to Crockett     |
|          | County Library, 1201 Ave G location center.  |
|          | Site Supervisor notifies relocation center.  |
|          | Direct students and staff to follow evacuation drill procedures and route. Follow alternate    |
|          | route if normal route is too dangerous.  |
|          | Support Group secures the building (all windows, doors etc.).                                  |
|          | Support Group turns off lights, electrical equipment, gas, water faucets, air conditioning and |
| h        | eating system.   |
|          | Support Group personnel assist evacuation process.   |
|          | Child's teacher will be responsible for any disabled and non-English speaking students. Site   |
| S        | Supervisor will be responsible for any disabled staff.   |
| 1.       | Teachers / Teachers Assistances:   |
|          |  |
|          | Direct students to follow normal evacuation drill procedures unless SS alters route.           |
|          | Take classroom roster and emergency kit.   |
|          | Close classroom doors and turn out lights.   |
|          | When outside building, account for all students. Inform Site Supervisor immediately of         |
|          | missing student(s).  |
|          | If students are evacuated, stay with class unless relieved by buddy teacher. Take roll again   |
|          | when you arrive at the relocation center.  |
| 2        | Relocation Centers   |
| <b>-</b> | Notobulion vontors   |

List primary and secondary student relocation centers: (Site Supervisor, Teacher's & Teacher's Aides will transport children if necessary.)

Primary Relocation Center

**Secondary Relocation Center** 

Crockett County Library 1201 Ave G / 325-392-3565

Ozona Fire Station 905 Ave D / 325-392-2626

### F. FIRE

# In the event a fire or smoke from a fire has been detected: Activate fire alarm. Evacuate students and staff to a safe distance outside of building. Follow normal fire drill route. Follow alternate route if normal route is too dangerous. Teachers take class roster & emergency information. Site Supervisor notifies police / fire (call 911). (Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429) Teachers take roll after being evacuated. Site Supervisor may move students to Crockett County Library if weather is inclement or building is damaged. No one may re-enter building(s) until entire building(s) is declared safe by fire or police personnel. Site Supervisor notifies students and staff of termination of emergency. Resume normal operations.

### G. GAS LEAK

### If gas odor has been detected in the building: ■ Evacuate students and staff to a safe distance outside of building. ☐ Follow normal fire drill route. Follow alternate route if normal route is too dangerous. ☐ Teachers take class roster & emergency information. ☐ Site Supervisor notifies police and fire (call 911). (*Dial 911, Give Site Information: Ozona* Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429) ☐ Teachers take roll after being evacuated. ☐ Site Supervisor may move students to Crockett County Library, if weather is inclement or building is damaged. Primary relocation center □ No one may re-enter building(s) until fire or police personnel declare entire building(s) safe. □ Site Supervisor notifies students and staff of termination of emergency. Resume normal operations. If gas odor has been detected outside the building: ☐ Site Supervisor notifies police and fire department (call 911). ☐ Site Supervisor determines whether to shelter in place or evacuate. Fire personnel will assist with decision. ☐ Site Supervisor may move students to Crockett County Library, if weather is inclement or building is damaged. Primary relocation center □ No one may re-enter building(s) until fire or police personnel declare entire building(s) safe.

Site Supervisor notifies students and staff of termination of emergency. Resume normal

operations.

### H. GENERAL EMERGENCY

| Notify 911 (if necessary) and the Site Supervisor. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429)</i>               |  |  |
|---|--|--|
| Notify CPR / first aid certified persons in center building of medical emergencies, if necessary (Names of CPR / first aid certified persons are listed in Appendix B). |  |  |
| Seal off high-risk area.  |  |  |
| Take charge of area until incident is contained or relieved.  |  |  |
| Assemble Emergency Response Team.   |  |  |
| Preserve evidence. Keep detailed notes of incident.   |  |  |
| Refer media to <u>Head Start Director</u> <u>325-944-9666</u> Agency Spokesperson Telephone Numbers   |  |  |

### I. HAZARDOUS MATERIALS EVENT

### Incident occurred in center:

|     | Call 911. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> ) |
|-----|---|
|     | Notify Site Supervisor.   |
|     | Mitigate situation (if you safely do so) by sealing off area, utilizing shut of valve                             |
|     | Take charge of area until fire personnel contain incident.  |
|     | Fire officer in charge will recommend shelter or evacuation actions.  |
|     | Follow procedures for sheltering or evacuation  |
|     | Notify parents if students are evacuated. Post sign on entrance to alert others.                                  |
|     | Resume normal operations after consulting with fire officials.  |
| Inc | cident occurred near center property:   |
|     | Fire or police will notify Center.  |
|     | Fire officer in charge of scene will recommend shelter or evacuation actions.                                     |
|     | Follow procedures for sheltering or evacuation.   |
|     | Notify parents if students are evacuated.   |
|     | Resume normal operations after consulting with fire officials.  |

### J. INFECTION CONTROL ACTIONS

I.

|   | Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov / flu / school / and www.healthykids.us / cleanliness.htm.) |
|---|--|
|   | II.  |
|   | Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.  |
|   | · III.   |
|   | Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov / od / oc / media / pressrel / r060223.htm.)   |
|   | IV.  |
|   | Encourage staff to get flu shots each year. (See www.cdc.gov / flu / protect / preventing.htm.) V.   |
|   | Tell parents to let your program know if their children are sick. Keep accurate records of when children or staffs are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea / vomiting, coughing / breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter 3.xml.)   |
| _ | VI.  |
|   | Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us / chapters / sick_main.htm.)  VII.  |
|   | Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room.   |
|   | (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.) VIII.  |
|   | Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.   |
|   | IX.  |
|   | Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.   |

### K. INTRUDER / HOSTAGE

| Center property: |   | nostage. |   |  |
|------------------|---|----------|---|--|
|                  | Notify Site Supervisor.   |          | If hostage taker is unaware of your presence, do not intervene.   |  |
|                  | Ask another staff person to accompany you before approaching guest / intruder.  |          | Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage                               |  |
|                  | Politely greet guest / intruder and identify yourself.  |          | negotiation team. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> ) |  |
|                  | Ask guest / intruder the purpose of his / her visit.  |          | Seal off area near hostage scene.   |  |
|                  | Inform guest / intruder that all visitors must register at the Site Supervisor's office.  |          | Notify Site Supervisor.   |  |
|                  | ·   |          | Site Supervisor notifies Director.  |  |
|                  | If intruder's purpose is not legitimate, ask him / her to leave. Accompany intruder to exit.                                    |          | Give control of scene to police and hostage negotiation team.   |  |
| lf ii            | ntruder refuses to leave:   |          | Keep detailed notes of events.  |  |
|                  | Warn intruder of consequences for staying on center property.   |          | aken hostage:   |  |
|                  |   |          | Follow instructions of hostage taker.   |  |
|                  | intruder still refuses to leave. Give police full description of intruder. (Keep intruder unaware of call for help if possible) |          | Try not to panic. Calm students if they are present.  |  |
|                  | ,   |          | Treat the hostage taker as normally as possible.  |  |
|                  | potential for violence. Be aware of intruder's actions at this time (where he / she is located in                               |          | Be respectful to hostage taker.   |  |
|                  | center, whether he / she is carrying a weapon or package, etc).   |          | Ask permission to speak and do not argue or make suggestions.   |  |
|                  | Maintain visual contact with intruder from a safe distance.   |          |   |  |
|                  | Site Supervisor may issue lock-down procedures (see Lock-Down Procedures on next page).   |          |   |  |

### L. LOCKDOWN / SHELTER-IN-PLACE

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may

result in harm to persons inside center building.

| Site Supervisor will issue lock-down order by announcing a warning over Phone Intercom System, sending a messenger to each classroom or other alternate method. |
|---|
| Direct all students, staff and visitors into classrooms or secure rooms.  |
| Lock classroom doors.   |
| Cover windows of classrooms.  |
| Move all persons away from windows and doors.   |
| Have all persons get down on the floor.   |
| Allow no one outside of classrooms until the Site Supervisor gives the all-clear signal.  |
|   |

### \*Consider using a verification code to authenticate any all-clear signal\*

(This is a specific word or phrase that is used prior to giving the all clear signal that indicates to all staff that the person signaling the all clear is not being forced to do so by an intruder)

### M. MEDICAL EMERGENCY

### **Incident in center:**

|           | Call 911 (if necessary). ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> ) |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|
|           | Notify CPR / first aid certified persons in center building of medical emergencies (names of                                     |  |  |  |  |  |  |  |  |
|           | CPR / first aid certified persons are listed in Appendix B).   |  |  |  |  |  |  |  |  |
|           | Utilize blood borne pathogens precautions,   |  |  |  |  |  |  |  |  |
|           | If possible, isolate affected student / staff member.  |  |  |  |  |  |  |  |  |
|           | Notify Site Supervisor.  |  |  |  |  |  |  |  |  |
|           | Site Supervisor notifies Director.   |  |  |  |  |  |  |  |  |
|           | Activate center Emergency Response Team. Designate staff person to accompany injured / ill person to hospital.                   |  |  |  |  |  |  |  |  |
|           | Site Supervisor notifies parent(s) or guardian(s) of affected student.   |  |  |  |  |  |  |  |  |
|           | Direct witness (es) to center psychologist / counselor. Contact parents if students are sent to                                  |  |  |  |  |  |  |  |  |
|           | psychologist / counselor.  |  |  |  |  |  |  |  |  |
|           | Determine method of notifying students, staff and parents.   |  |  |  |  |  |  |  |  |
|           | Refer media to Head Start Director 325-944-9666  |  |  |  |  |  |  |  |  |
|           | Agency Spokesperson Telephone Numbers  |  |  |  |  |  |  |  |  |
| <u>In</u> | cident outside of center:  |  |  |  |  |  |  |  |  |
|           | Activate Emergency Response Team.  |  |  |  |  |  |  |  |  |
|           | Notify staff before normal operating hours.  |  |  |  |  |  |  |  |  |
|           | Determine method of notifying students and parents. Announce availability of counseling  |  |  |  |  |  |  |  |  |
|           | services for those who need assistance.  |  |  |  |  |  |  |  |  |
| ш         | Refer media to <u>Head Start Director</u> <u>325-944-9666</u> Agency Spokesperson Telephone Numbers                              |  |  |  |  |  |  |  |  |
|           | Agency oporcesperson receptions runibers   |  |  |  |  |  |  |  |  |
| <u>Pc</u> | est-crisis intervention:   |  |  |  |  |  |  |  |  |
|           | Meet with Mental Health Consultant and Mental Health Manger to determine level of  |  |  |  |  |  |  |  |  |
|           | intervention for staff and students.   |  |  |  |  |  |  |  |  |
|           | Designate rooms as private counseling areas.   |  |  |  |  |  |  |  |  |
| _         | Escort affected students, siblings, close friends, and other "highly stressed" students to                                       |  |  |  |  |  |  |  |  |
|           | counselors.  Debrief all students and staff.   |  |  |  |  |  |  |  |  |
|           | Assess stress level of all students and staff.   |  |  |  |  |  |  |  |  |
|           | Recommend counseling to overly stressed students and staff.  |  |  |  |  |  |  |  |  |
|           | Follow-up with students and staff who received counseling.   |  |  |  |  |  |  |  |  |
|           | Designate staff person(s) to attend funeral.   |  |  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |  |  |

# M. Incident / Illness Report Form 7239 Appendix O

- > Staff should notify parents /guardians as soon as feasibly possible in the event of an emergency or incident involving their child.
- "State Admission Information" form 2935 has information such as parents/guardians names and telephone numbers, names and numbers of contact persons to whom may pick up the child.
- When contacting parent/guardians or other emergency contact persons, it is important for staff to stay calm and relate all relevant information.
- An "Incident/ Illness Report" form 7239 will be completed as soon as possible and within 48 hours.
- Document what has happened to the child and what has been done to care for the child.
- ➤ Document that notification was made to parents/guardians and the parents /guardians response to the notification.
- ➤ If a child receives medical treatment report the "Incident/ Illness Report" to Day Care Licensing within 48 hours.
- ➤ If a child receives medical treatment a "Health & Developmental Follow-up Plan" will be initiated the day after the incident / illness to follow-up with parent/guardian on the status of the child.
- > Have parents/guardians sign the "Incident/ Illness Report" form 7239.

Note: 1 copy goes home with student 1 copy to Health Manager File original in the child's State File

### N. RADIOLOGICAL EVENT

Not Applicable: None within 10-mile

### O. SHELTERING PROCEDURES

Sheltering provides refuge for students, staff and public within center building during an emergency. Shelters are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.

| Identify safe areas in each center building.  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Site Supervisor warns students and staff to assemble in safe areas. Bring all persons inside building(s). |  |  |  |  |  |  |
| Teachers take class roster & emergency information.   |  |  |  |  |  |  |
| Support Staff closes all exterior doors and windows.  |  |  |  |  |  |  |
| Support Staff turns off any ventilation leading outdoors.   |  |  |  |  |  |  |
| Support Staff seals doors, windows, and vents with plastic sheets and duct tape.                          |  |  |  |  |  |  |
| Support Staff covers up food not in containers or put it in the refrigerator.                             |  |  |  |  |  |  |
| If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.                       |  |  |  |  |  |  |
| ☐ Teachers should account for all students after arriving in safe area.                                   |  |  |  |  |  |  |
| ☐ All persons must remain in safe areas until notified by Site Supervisor or emergency responders         |  |  |  |  |  |  |

### P. SUICIDE

| Su  | Suicide Attempt in Center:  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|
|     | Verify information.   |  |  |  |  |  |  |
|     | Call 911. (Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429)  |  |  |  |  |  |  |
|     | Notify center psychologist / counselor, Site Supervisor and  MHMR, 1501 Beauregard, San Angelo, TX, 325-658-7750  Child Mental Health Services (students under 18)  or                                |  |  |  |  |  |  |
|     | Crisis Intervention Center, 424 South Oakes St, San Angelo, TX 325-653-5933.  Other suicide intervention service  |  |  |  |  |  |  |
|     | Site Supervisor notifies parent(s) or guardian(s) if suicidal person is student. Site Supervisor may schedule meeting with parents and center psychologist / counselor to determine course of action. |  |  |  |  |  |  |
|     | Calm suicidal person.   |  |  |  |  |  |  |
|     | Try to isolate suicidal person from other students.   |  |  |  |  |  |  |
|     | Stay with person until Emergency Personnel arrive. Do not leave suicidal person alone.  |  |  |  |  |  |  |
|     | Determine method of notifying staff, students and parents. Hold daily staff debriefings before and after normal operating hours as needed.  |  |  |  |  |  |  |
|     | Activate center Emergency Response Team to implement post-crisis intervention. Determine level of intervention.   |  |  |  |  |  |  |
| Sui | cidal Death / Serious Injury:   |  |  |  |  |  |  |
|     | Verify information.   |  |  |  |  |  |  |
|     | Activate center Emergency Response Team.  |  |  |  |  |  |  |
|     | Notify staff in advance of next center day following suicide or attempted suicide.  |  |  |  |  |  |  |
|     | Determine method of notifying students and parents. Do not mention "suicide" or details about death in notification. Do not hold memorials or make death appear heroic. Protect privacy of family.    |  |  |  |  |  |  |
|     | Implement post-crisis intervention.   |  |  |  |  |  |  |
| Pos | st-crisis Intervention:   |  |  |  |  |  |  |
|     | Meet with Mental Health Consultant and Child Mental Health Manager to determine level of intervention for staff and students.   |  |  |  |  |  |  |
|     | Designate rooms as private counseling areas.  |  |  |  |  |  |  |
|     | Escort siblings, close friends, and other "highly stressed" students to counselors.   |  |  |  |  |  |  |
|     | Assess stress level of staff. Recommend counseling to overly stressed staff.  |  |  |  |  |  |  |
|     | Refer media to <u>Head Start Director 325-944-9666</u> . <b>Do not let media question students or staff.</b>  |  |  |  |  |  |  |
|     | Follow-up with students and staff who received counseling. Resume normal routines as soon as possible.  |  |  |  |  |  |  |

### **Q. TERRORIST EVENT**

Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: Nuclear, Biological, Chemical, and Conventional. The below outlined procedures will protect students and staff should such attacks occur.

**Nuclear:** 

|      | fense against nuclear weapons depends primarily on distance from the point of detonation. If time permits:   |
|------|--|
| ш    | Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate.   |
|      | Close all doors leading into hallways to minimize flying glass.  |
|      | All people assume the duck, cover and hold position on the ground.   |
|      | Shut down all utility systems to the building. (Gas and electricity are the priorities)  |
|      | Shelter in place to protect from fall out if attack is far enough away.  |
|      | Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities          |
| Bio  | ological:  |
|      | fense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The   |
|      | t signs may emerge as personnel notice a higher than usual incidence of various symptoms. Should an attack be  |
|      | covered while in progress the center should:   |
|      | Reverse-evacuate all people into center buildings.  Shelter in place. (Do not use basements or low lying areas)  |
|      | Close all doors and windows.   |
|      | Shut down the HVAC system. (Limit airflow from outside)  |
|      | Seal doors, windows, and vents with plastic and duct tape.   |
|      | Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once   |
|      | cleared to do so by public safety, emergency management, or military authorities.  |
| Ch   | emical:  |
|      | Reverse-evacuate all people into center buildings.   |
|      | Shelter in place. (Do not use basements or low lying areas)  |
|      | Close all doors and windows.   |
|      | Shut down the HVAC system. (Limit airflow from outside)  |
|      | Seal doors, windows, and vents with plastic and duct tape.   |
|      | Be prepared to treat students and staff who experience a reaction to the chemical agent.  The decision to evacuate should be made after consulting with public safety, emergency management, or military |
| _    | authorities.   |
|      |  |
|      | nventional:  e danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of  |
|      | vivability. If responding to the threat of a imminent blast nearby:  |
|      | Move students and staff to specifically identified basement or lower level rooms. Interior hallways may be used as   |
|      | an alternate.  |
|      | Close all doors leading into hallways to minimize flying glass.  |
|      | All people assume the <i>duck, cover, and hold</i> position on the ground.   |
|      | Shut down all utility systems to the building. (Gas and electricity are the priorities)  |
|      | Shelter in place to protect from fall out if attack is far enough away.  |
| _    | Keep students and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management or military authorities           |
| lf t | he center is the target:   |
|      |  |

☐ Evacuate to pre designated off site location(s)

### **R. WEAPONS**

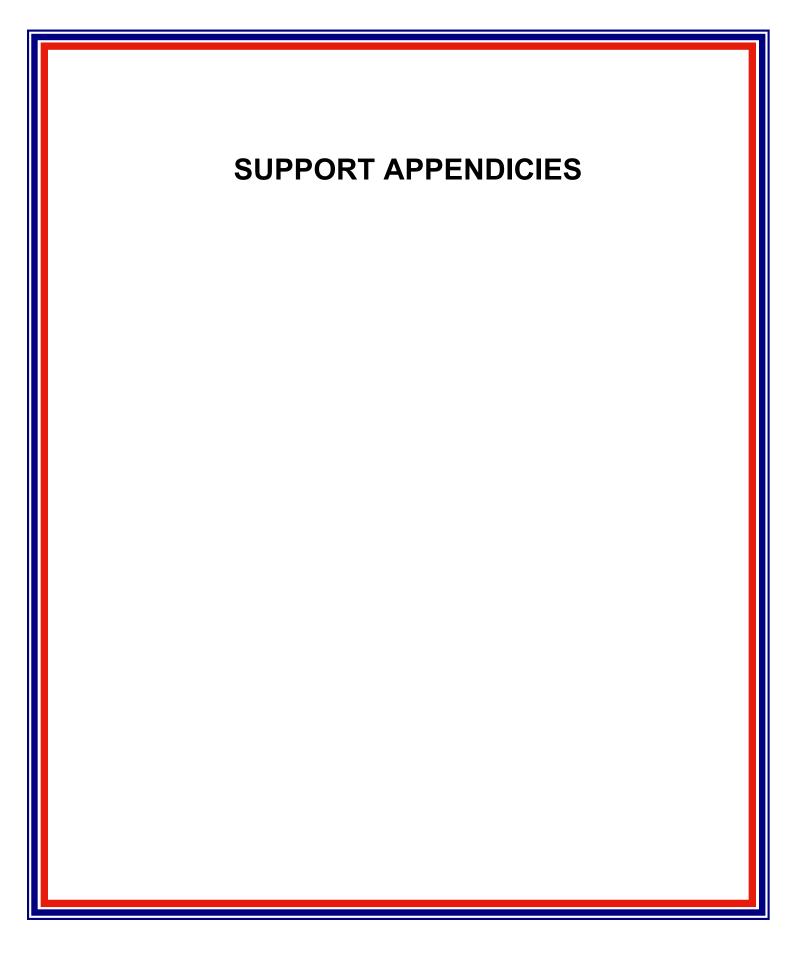
| Call police if a weapon is suspected to be in center. ( <i>Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G, Ozona, TX 76943, 325-392-3429</i> ) |
|---|
| Ask another administrator to join you in questioning suspected student or staff member.   |
| Accompany suspect to private office to wait for police.   |
| Conduct search with police.   |
| Keep detailed notes of all events and why search was conducted.   |
| Notify parent(s) or guardian(s) if suspect is a student. Explain why search was conducted and results of the search.  |
| If suspect threatens you with a weapon, do not try to disarm them. Back away with your arms up. Remain calm.  |

### S. WEATHER

# Severe Weather Watch has been issued in an area near center Monitor NOAA Weather Stations (National Weather Service, Weather Channel). Bring all persons inside building(s). Close windows and blinds. Review severe weather drill procedures and location of safe areas. Severe weather safe areas are under desks and in hallways away from windows and large rooms. Review "drop, cover and hold" procedures with students. Severe Weather Warning has been issued in an area near center or severe weather has been spotted near center Shut off gas (if applicable). Move students and staff to safe areas. Remind teachers to take class roster & emergency information. Ensure that students are in "drop, cover and hold" positions. Account for all students.

☐ Remain in safe area until warning expires or until emergency personnel have issued an all-

clear signal.



### **A. STAFF ASSIGNMENTS**

|        | Iministrative Group: Verify information.  |  |  |  |  |  |  |  |
|--------|---|--|--|--|--|--|--|--|
|        | Identify Site Supervisor.   |  |  |  |  |  |  |  |
|        | Call 911 (if necessary). (Dial 911, Give Site Information: Ozona Head Start, 1310 Ave G,  |  |  |  |  |  |  |  |
|        | Ozona, TX 76943, 325-392-3429)  |  |  |  |  |  |  |  |
|        | Seal off high-risk area.  |  |  |  |  |  |  |  |
|        | Convene Emergency Response Team and implement crisis response procedures.                 |  |  |  |  |  |  |  |
|        | Notify students and staff (depending on emergency; students may be notified by teachers). |  |  |  |  |  |  |  |
|        | Evacuate students and staff if necessary.   |  |  |  |  |  |  |  |
|        | Refer media to Agency spokesperson (or designee).   |  |  |  |  |  |  |  |
|        | Notify community agencies (if necessary).   |  |  |  |  |  |  |  |
|        | Implement post-crisis procedures.   |  |  |  |  |  |  |  |
|        | Keep detailed notes of crisis event.  |  |  |  |  |  |  |  |
|        | pport Group:<br>Secure building   |  |  |  |  |  |  |  |
|        | Maintain building operation   |  |  |  |  |  |  |  |
|        | Mitigate facility damage  |  |  |  |  |  |  |  |
|        | Assist in evacuation or sheltering operations   |  |  |  |  |  |  |  |
|        | achers Group: Verify information.   |  |  |  |  |  |  |  |
|        | Notify front office   |  |  |  |  |  |  |  |
|        | Lock classroom doors, unless evacuation orders are issued.                                |  |  |  |  |  |  |  |
|        | Warn students, if advised.  |  |  |  |  |  |  |  |
|        | Account for all students.   |  |  |  |  |  |  |  |
|        | Stay with students during an evacuation. Take class roster & emergency information.       |  |  |  |  |  |  |  |
|        | Refer media to Agency spokesperson (or designee).   |  |  |  |  |  |  |  |
| $\Box$ | Keen detailed notes of crisis event   |  |  |  |  |  |  |  |

### **B. TRAINING MATRIX**

| Title                     | First Aid | CPR | Security | Evacuation | Safety | First Aid<br>List |
|---------------------------|-----------|-----|----------|------------|--------|-------------------|
| Site<br>Supervisor        | X         | X   | X        | X          | X      | X                 |
| Teacher 1                 | Х         | X   | X        | X          | X      | X                 |
| Teacher's<br>Aide         | Х         | X   | X        | Х          | X      | X                 |
| Food Service<br>Personnel | X         |     | X        | X          | X      | X                 |

### **C. EQUIPMENT INVENTORY**

## -INSERT RESOURCE INVENTORY OF EMERGENCY EQUIPMENT-

### **INCLUDE:**

| Communications equipment |
|--------------------------|
| First aid supplies       |
| Fire fighting equipment  |
| Lighting                 |
| Classroom emergency kits |
| Food                     |
| Water                    |
| Blankets                 |
| Maintenance supplies     |
| Tools                    |

IDENTIFY ANY AND ALL AVAILABLE RESOURCES THAT MAY BE USED OR MAY BE NEEDED IN THE EVENT OF AN EMERGENCY

### D. DRILL LOG

Texas Dept of Family and Protective Services

### FIRE SAFETY PRACTICES

Form 7263 May 2011

| LC          |                                 | OF FIRE E        | XTINGUISHERS        |                | very 3 Mos.)               |                  |                        |      |
|-------------|---------------------------------|------------------|---------------------|----------------|----------------------------|------------------|------------------------|------|
|             |                                 |                  |                     | Date:          |                            | Date: _          |                        |      |
|             |                                 |                  |                     |                |                            | Time:            |                        |      |
|             |                                 |                  |                     |                | me:                        | Exit Time:       |                        |      |
|             |                                 |                  |                     | Staff Initial: |                            | Staff Initial:   |                        |      |
|             |                                 |                  | OR CHILDREN         |                |                            |                  |                        |      |
|             | ND STAF<br>PERATIC              |                  | /ACUATING           | Date:          |                            | Date:            |                        |      |
|             |                                 |                  |                     |                |                            | <br>Time:        |                        |      |
|             |                                 |                  |                     |                | me:                        | Exit Time:       |                        |      |
|             |                                 |                  |                     | Staff I        | nitial:                    |                  | itial:                 |      |
|             |                                 |                  |                     |                |                            |                  |                        |      |
| MONTHLY FIR | RE EXTINGUISHER CHECKS          |                  | FIRE DRILLS         |                | Smoke<br>Alarm<br>Detector |                  | CO<br>Detector<br>Test |      |
| Month       | Date                            | Staff<br>Initial | Person In<br>Charge | Date<br>& Time | Exit Time                  | Staff<br>Initial | Date                   | Date |
| January     |                                 |                  |                     |                |                            |                  |                        |      |
| February    |                                 |                  |                     |                |                            |                  |                        |      |
| March       |                                 |                  |                     |                |                            |                  |                        |      |
| April       |                                 |                  |                     |                |                            |                  |                        |      |
| May         |                                 |                  |                     |                |                            |                  |                        |      |
| June        |                                 |                  |                     |                |                            |                  |                        |      |
| July        |                                 |                  |                     |                |                            |                  |                        |      |
| August      |                                 |                  |                     |                |                            |                  |                        |      |
| September   |                                 |                  |                     |                |                            |                  |                        |      |
| October     |                                 |                  |                     |                |                            |                  |                        |      |
| November    |                                 |                  |                     |                |                            |                  |                        |      |
| December    |                                 |                  |                     |                |                            |                  |                        |      |
| FIRST AID K |                                 |                  |                     |                |                            |                  |                        |      |
| OPERATION   |                                 |                  | S LOCATED IN EA     |                | CARE ROOM                  |                  |                        |      |
| INSPECTION  | INSPECTIONS: FIRE: HEALTH: GAS: |                  |                     |                |                            |                  |                        |      |

# **E. SITE PLAN REVIEW**

Each center site emergency response plan must be reviewed at least once each year. It is recommended that this review be conducted prior to the start of each center year. Additionally, the plan must be reviewed anytime weaknesses in the plan are identified during a drill, exercise or an actual emergency event. Centers should include their local emergency response, emergency management and public health agencies in the review process.

|       | Review plan to deficiencies.   | for compliance with the Head Start, State and  | d local requirements. Identify and report |  |  |  |  |
|-------|--|--|---|--|--|--|--|
|       |  | ng emergency procedures. Are the procedulentify and report new hazards / threats develo    |   |  |  |  |  |
|       | Review Emer team shortfal  | gency Team Assignments and responsibilitiens.  | es, update as needed. Identify and report |  |  |  |  |
|       | Review Train shortfalls.   | ing matrix to ensure training of all assigned to   | asks. Identify and report all training    |  |  |  |  |
|       | Review Equipment List; verify on-hand equipment condition; identify and report all equipment shortfalls. |  |   |  |  |  |  |
|       |  | nd off site assignments and staging areas. Mensure permission to use those locations is st |   |  |  |  |  |
|       |  | agencies (Fire, Police, and Health etc.) revie<br>tions for inclusion into plan.           | ew plan if possible. Consider             |  |  |  |  |
|       | Sign / Date re   | eviewer block below.   |   |  |  |  |  |
|       | Provide comp   | pleted plan review to Director / Executive Dire  | ector.                                    |  |  |  |  |
| Notes | <b>5</b> :   |  |   |  |  |  |  |
|       |  |  |   |  |  |  |  |
|       |  |  |   |  |  |  |  |
|       |  |  |   |  |  |  |  |
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|       |  |  |   |  |  |  |  |
|       |  |  |   |  |  |  |  |
|       | -  |  |   |  |  |  |  |
| Date  | of Review:   | Reviewer:  | Reviewer:                                 |  |  |  |  |
|       |  | Poviower   | Poviower                                  |  |  |  |  |

# F. EMERGENCY CONTACT NUMBERS

| Administration                                 | Number         |
|--|----------------|
| Director / Executive Director                  | 325-944-9666   |
| Head Start Director                            | 325-944-9666   |
| Education, Mental Health, & Disability Manager | 325-944-9666   |
| Health, Nutrition & Parent Involvement Manager | 325-944-9666   |
| Facilities, ERSEA & Family & Community Manager | 325-944-9666   |
| Administrative Assistant                       | 325-944-9666   |
| Public Safety Agencies                         | Number         |
| General Emergency                              | 911            |
| Police / Sheriff / Fire                        | 911            |
| Poison Control                                 | 1-800-362-0101 |
| Local Hospital Emergency Rooms                 | 325-884-2561   |
| Health Department                              | 325-657-4214   |
| County Emergency Agency                        | 325-392-2661   |
| Other Contacts                                 | Number         |
| Agency Director / Executive Director           | 325-944-9666   |
| Gas Company                                    | 325-392-2201   |
| Water Company                                  | 325-392-2730   |
| Electric Company                               | 325-392-2683   |
| State Collaborator                             | 325-223-6892   |
|  |                |
|  |                |
|  |                |

# G. INFLUENZA PLANNING

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

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

# 1. Planning and Coordination:

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

# 2. Student Learning and Program Operations:

- Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
- Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
- Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

# 3. Communications Planning:

- Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and / or TV stations.) Test the contact methods often to be sure they work.
- Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
- Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
- How to help control the spread of flu by hand washing / cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov / flu / school / .)
- How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.)
- How to care for ill family members. (See www.hhs.gov / pandemic flu / plan / sup5.html#box4.)
- o How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov / plan / guide)

# H. Public Information Release

| Check (_) as appropriate: Agency / Agency-wide Center  Date: Time:  |
|---|
| NOTE: If this is used as a script, read only those items checked. Make no other comments.   |
| (Check off, fill in, and cross off as appropriate.)   |
| has just experienced a(n)   |
| The (students / employees) [(are being) or (have been)] accounted for.  |
| No further information is available at this time.   |
| Emergency medical services [(are here) or (are on the way) or (are not available to us)].   |
| Police [(are here) or (are on the way) or (are not available to us)].   |
| Fire Dept. / paramedics [(are here) or (are on the way) or (are not available to us)].  |
| [(are here) or (are on the way) or (are not available to us)  |
| _ Communication center(s) for parents (is / are) being set up at to answer questions about individual students.   |
| _ Communication center(s) for families (is / are) being set up at<br>to answer questions about individual employees.                                      |
| _ Injuries have been reported at and are being treated at the site by (Staff / professional medical responders). (#) reported injured.                    |
| _ Students have been taken to a safe area, , and are with [(classroom teachers / staff) or ()].   |
| (#) Students have been taken to the local emergency room for treatment of serious injury.  Parents of injured students should go to the emergency room at |
| _ (#) Confirmed deaths have been reported atNames cannot be released until families have been notified.   |
| Structural damage has been reported at the following sites:   |
| Release restrictions No Yes If yes, what?   |
| Released to the public as Public Information Release #<br>Date / Time:  |

# I. STAFF ROSTER

Staff rosters are posted on the parent board for each school. Rosters are liable to change frequently due to new staff. If you have any questions about the roster, please see the site supervisor at the center.

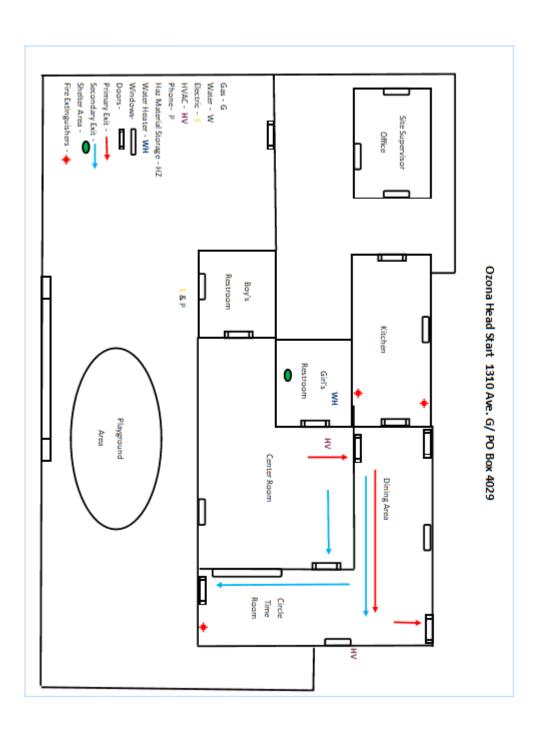
# J. CENTER MAPS

# AT MINIMUM INCLUDE THE FOLLOWING INFORMATION ON THE MAP: (Primary and Alternate evacuation route maps shall be placed in each room)

| Primary evacuation routes          |
|------------------------------------|
| Alternate evacuation routes        |
| Handicap evacuation areas          |
| Utility access / shut-off for      |
| ■ Gas                              |
| <ul><li>Water</li></ul>            |
| <ul><li>Electricity</li></ul>      |
| <ul><li>HVAC System</li></ul>      |
| <ul><li>Telephone system</li></ul> |
| Site assignments and Staging Areas |
| identified on page 9               |
| Haz Mat storage areas              |
| Heat plants / boilers              |
| Room numbers                       |
| Door / window locations            |
| Any other information deemed       |
| appropriate by your planning       |
| committee                          |

#### NOTE:

It is recommended that you develop a diagram of the entire center site and surrounding area and identify the locations and staging areas on the diagram. In an emergency a diagram may be easier to read than blue prints. Consult with local first responder agencies on what type of maps or diagrams they prefer. Blue prints of the site should be available in addition to the map or diagram. Blue prints may be necessary in certain fire or law enforcement situations.



# K. MEDIA

# All staff must refer media to site or Agency spokesperson.

The Center Agency, Law Enforcement and Fire assume responsibility for issuing public statements during an emergency. (This responsibility shall be pre-determined during the planning process)

|      | The Director / Executive Director serve as Agency spokesperson unless he / she designate a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.   |  |  |  |  |  |  |
|------|---|--|--|--|--|--|--|
| Age  | ency spokesperson Carolina Raymond <u>325-944-9666</u><br>Name Telephone Numbers  |  |  |  |  |  |  |
| Alte | ernate Agency spokesperson <u>John Austin Stokes</u> <u>325-944-9666</u> Name Telephone Numbers   |  |  |  |  |  |  |
|      | Center Public Information person acts as contact for emergency responders and assists Agency spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities. |  |  |  |  |  |  |
| Cei  | nter Public Information person Site Supervisor Title  |  |  |  |  |  |  |
| Alte | rnate Public Information person <u>Teacher</u><br>Title   |  |  |  |  |  |  |
| Du   | ring an emergency, adhere to the following procedures:  |  |  |  |  |  |  |
|      | Site Supervisor or designee relays all factual information to the director.   |  |  |  |  |  |  |
|      | The Director / Executive Director notify other centers in Agency and may ask center Public Information designee to prepare a written statement to media.  |  |  |  |  |  |  |
|      | Establish a media information center away from center.  |  |  |  |  |  |  |
|      | Update media regularly. Do not say "No comment".  |  |  |  |  |  |  |
|      | Do not argue with media.  |  |  |  |  |  |  |
|      | Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.   |  |  |  |  |  |  |
| Ме   | dia statement   |  |  |  |  |  |  |
|      | Create a general statement before an incident occurs. Adapt statement during crisis.  |  |  |  |  |  |  |
|      | Emphasize safety of students and staff first.   |  |  |  |  |  |  |
|      | Briefly describe center's plan for responding to emergency.   |  |  |  |  |  |  |
|      | Issue brief statement consisting only of the facts.   |  |  |  |  |  |  |
|      | Respect privacy of victim(s) and family of victim(s). Do not release names to media.  |  |  |  |  |  |  |
|      | Refrain from exaggerating or sensationalizing crisis.   |  |  |  |  |  |  |

# L. SITE STATUS REPORT

| TO:   | O: FROM: (name)           |         |                             |             | LOCATION:    |                                  | · · · · · · · · · · · · · · · · · · · |                       |
|---|---------------------------|---------|-----------------------------|-------------|--------------|----------------------------------|---------------------------------------|-----------------------|
| DATE: TIME: PERSON IN C   |                           |         |                             |             | N IN CHA     | RGE AT SITE:                     |                                       |                       |
| Message via: 2-way Radio Telephon   |                           |         | ne                          | _ Messenger | <del> </del> |                                  |                                       |                       |
| EMPLOY  | EMPLOYEE / STUDENT STATUS |         |                             |             |              |                                  |                                       |                       |
|   | Absent                    | Injured | # Sent to<br>Hosp. /<br>med | Dead        | Missing      | Unaccounted for (Away from site) | # Released<br>To parents              | # Being<br>supervised |
| Students  |                           |         |                             |             |              |                                  |                                       |                       |
| Site Staff  |                           |         |                             |             |              |                                  |                                       |                       |
| Others  |                           |         |                             |             |              |                                  |                                       |                       |
| <u>STRUCTURAL DAMAGE</u> Check damage / problem and indicate location(s). |                           |         |                             |             |              |                                  |                                       |                       |
| Check<br>✓  | Damage / Problem          |         |                             | Location(s) |              |                                  |                                       |                       |
|   | Gas leak                  |         |                             |             |              |                                  |                                       |                       |
|   | Water leak                |         |                             |             |              |                                  |                                       |                       |
|   | Fire                      |         |                             |             |              |                                  |                                       |                       |
|   | Electrical                |         |                             |             |              |                                  |                                       |                       |
|   | Communications            |         |                             |             |              |                                  |                                       |                       |
|   | Heating / cooling         |         |                             |             |              |                                  |                                       |                       |
|   | Other (list):             |         |                             |             |              |                                  |                                       |                       |
|   |                           |         |                             |             |              |                                  |                                       |                       |

<u>MESSAGE</u>: (include kind of immediate assistance required; can you hold out without assistance / how long? overall condition of campus, neighborhood & street conditions; outside agencies on campus & actions; names of injured, dead, missing and accounted for ASAP)

| Section III - Illness Requiring Hospita  | alization (Section not used for incidents, injurie          | es or notifications communicable disease.)     |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Child's Full Name:   |   | Child's Date of Birth:                         |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Was first aid provided?  Yes No What   |   |  |  |  |  |  |  |
| Was medication given?  OYes ONo Name of medication: Dosage:                        |   |  |  |  |  |  |  |
| Did the child have a fever?  OYes  No Temperature:                                 |   |  |  |  |  |  |  |
| Was medical treatment required? O Yes O  | No Date and time medical treatment received:                |  |  |  |  |  |  |
| Was EMS called? OYes ONo Time EMS  | was called:   |  |  |  |  |  |  |
| Was child transported to receive medical care? OYes ONo Who transported the child? |   |  |  |  |  |  |  |
| Was an allergy plan enacted?  Yes No   | ○N/A What was done?   |  |  |  |  |  |  |
| Was there an emergency anaphylaxis reaction the                                    | hat required administration of an unassigned epin           | ephrine auto-injector? OYes ONo                |  |  |  |  |  |
| Was use of an unassigned epinephrine auto-inje                                     | ector reported to Texas Department of State Healt           | h Services (DSHS)?  Yes  No N/A                |  |  |  |  |  |
| Date reported to DSHS:   |   |  |  |  |  |  |  |
| Was the child's doctor called by the operation?                                    | ○Yes ○No  |  |  |  |  |  |  |
| Doctor's Name:   | Doctor's Phone No.:   | ime doctor was called:                         |  |  |  |  |  |
| Doctor's recommendation(s):  |   |  |  |  |  |  |  |
| Did the child see his or her doctor?  Yes   Was hospitalization required?  Yes  No | -   |  |  |  |  |  |  |
| Section IV – Communicable Disease  | (Section <b>not</b> used for incidents, injuries or illness | other than communicable disease notification.) |  |  |  |  |  |
| Type of communicable disease contracted by ch                                      | nild or employee at this operation:                         |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Does the communicable disease require exclusion                                    | on? OYes ONo  |  |  |  |  |  |  |
| Was the Health Department notified?  Yes (   | No Date Health Department notified:                         |  |  |  |  |  |  |
| Section V – Employee or Caregiver C  | Sertification   |  |  |  |  |  |  |
| I verify that I, the director or person in charge, re                              | viewed the information in this report.                      |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Printed Name:  | Signature of Director or Person in Charge:                  | Date Signed:                                   |  |  |  |  |  |
| Section VI – Parent or Guardian Ackr   | nowledgment   |  |  |  |  |  |  |
| I verify that the operation appropriately relayed t                                | he information concerning the incident described            | in this report. I have received a copy of this |  |  |  |  |  |
| report. (If emailed or distributed electronically, ye                              | or Official Use Only  | 47   |  |  |  |  |  |
| Printed Name:  | Signature of Parent or Guardian:                            | Date Signed:                                   |  |  |  |  |  |

| Section III – Illness Requiring Hospitaliza  | tion (Section not used for incidents, injuries             | or notifications communicable disease.   | .)     |  |  |  |  |
|--|--|--|--------|--|--|--|--|
| Child's Full Name:   |  | Child's Date of Birth:                   |        |  |  |  |  |
| Was first aid provided? OYes ONo What type   |  |  |        |  |  |  |  |
| Was medication given? Yes No Name of m   | edication:   | Dosage:                                  |        |  |  |  |  |
| Did the child have a fever? Yes No Temper  | ature:   |  |        |  |  |  |  |
| Was medical treatment required? Yes No   |  |  |        |  |  |  |  |
| Was EMS called? OYes ONo Time EMS was called:  |  |  |        |  |  |  |  |
| Was child transported to receive medical care? OYe   | s No Who transported the child?                            |  |        |  |  |  |  |
| Was an allergy plan enacted? OYes ONo ON   | A What was done?   |  |        |  |  |  |  |
| Was there an emergency anaphylaxis reaction that re  |  |  |        |  |  |  |  |
| Was use of an unassigned epinephrine auto-injector r   | eported to Texas Department of State Health                | Services (DSHS)? OYes ONo O              | N/A    |  |  |  |  |
| Date reported to DSHS:   |  |  |        |  |  |  |  |
| Was the child's doctor called by the operation? OYe  | s ONo  |  |        |  |  |  |  |
| Doctor's Name: Doctor  | or's Phone No.:  | ne doctor was called:                    |        |  |  |  |  |
| Doctor's recommendation(s):  |  |  |        |  |  |  |  |
|  |  |  |        |  |  |  |  |
|  |  |  |        |  |  |  |  |
| Did the child see his or her doctor? OYes ONo  | Diagnosis or Outcome:                                      |  |        |  |  |  |  |
| Was hospitalization required? OYes ONo Add   | tional Details:  |  |        |  |  |  |  |
| Section IV – Communicable Disease (Sec   | tion <b>not</b> used for incidents, injuries or illness ot | ther than communicable disease notificat | tion.) |  |  |  |  |
| Type of communicable disease contracted by child or  | employee at this operation:                                |  |        |  |  |  |  |
| Don't a commission of the discount of the control o | OV OU-   |  |        |  |  |  |  |
| Does the communicable disease require exclusion?   |  |  |        |  |  |  |  |
| Was the Health Department notified? Yes No   | Date Health Department notified.                           |  |        |  |  |  |  |
| Section V – Employee or Caregiver Certif   | ication  |  |        |  |  |  |  |
| I verify that I, the director or person in charge, reviewed the information in this report.  |  |  |        |  |  |  |  |
|  |  |  |        |  |  |  |  |
| Printed Name:  | Signature of Director or Person in Charge:                 | Date Signed:                             |        |  |  |  |  |
| Section VI – Parent or Guardian Acknowledgment   |  |  |        |  |  |  |  |
| I verify that the operation appropriately relayed the information concerning the incident described in this report. I have received a copy of this report. (If emailed or distributed electronically, you may attach a copy of the method used.)   |  |  |        |  |  |  |  |
|  | ,  |  |        |  |  |  |  |
| Printed Name:  | Signature of Parent or Guardian:                           | Date Signed:                             |        |  |  |  |  |
| 1  |  | organion.                                |        |  |  |  |  |

# Concho Valley Council of Governments Head Start

# Appendix 1 Active Shooter Response Plan



**Updated July 2017** 

For Official Use Only

### **ACTIVE SHOOTER**

Upon recognizing the danger, as soon as it is safe to do so, staff or others must alert responders by contacting 911 with as clear and accurate information as possible. As the situation develops, it is possible that students and staff will need to use more than one option.

During an active shooter situation, staff will rarely have all of the information they need to make a fully informed decision about which option is best. While they should follow the plan and any instructions given during an incident, often they will have to rely on their own judgment to decide which option will best protect lives.

#### Run

If it is safe to do so for yourself and those in your care, the first course of action that should be taken is to run out of the building and far away until you are in a safe location.

- Leave personal belongings behind;
- Visualize possible escape routes, including physically accessible routes for students and staff with disabilities as well as persons with access and functional needs;
- Avoid escalators and elevators:
- Take others with you, but not to stay behind because others will not go;
- Call 911 when safe to do so

#### Hide

If running is not a safe option, hide in as safe a place as possible. In addition:

- Lock the doors;
- Barricade the doors with heavy furniture;
- Close and lock windows and close blinds or cover windows:
- Turn off lights;
- Silence all electronic devices;
- Hide along the wall closest to the exit but out of the view from the hallway (allowing for an ambush of the shooter and for possible escape if the shooter enters the room);
- Use strategies to silently communicate with first responders if possible; and
- Remain in place until given an all clear by identifiable law enforcement officers.

Students and staff should be trained to hide in a location where the walls might be thicker and have fewer windows.

#### **Fight**

If neither running nor hiding is a safe option, as a last resort when confronted by the shooter, adults in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, and chairs.

#### Sources:

https://rems.ed.gov/K12ActiveShooterSituations.aspx

http://rems.ed.gov/docs/REMS k-12 Guide 508.pdf

### NOTIFICATION

The primary consideration under any school related emergency shall be the safety, welfare and health of the students.

- 1. It is essential that parent/guardian inform staff of any contact information changes as soon as they occur. Information is required to be kept up-to-date in case of emergencies.
- 2. Under emergency situations, parent/guardian will be contacted as soon as practical and safe via messenger system or phone.
- 3. If the child is released to emergency personnel:
  - Staff will obtain the emergency personnel's information (name, agency they work for and vehicle number or license plate)
  - Where the child is being taken to
  - Notify parent/guardian listed on the child's emergency information
  - Complete Incident Report

## **Emergency Documents and Resources**

The teacher will have these items with him/her in every emergency situation or practice drill -- Evacuation, Shelter-in, and Lock-Down.

- > Daily sign-in sheet
- Up-to-date family contact information
- > Authorization for emergency care for each child.
- ➤ Medical information on children, as appropriate (e.g., special needs)
- Emergency Backpack

These items must be quickly available.