ANNEX A: COMMAND & CONTROL

The Incident Command System (ICS) is the standard system used for command and control in emergency operations. Because our school district is on a single campus, with buildings in close proximity for mutual support, we are able to plan for a consolidated ICS. Because our school campus is utilizing ICS, we are better able to assist the professional emergency responders when they do arrive on the scene and they know what to expect from us.

Concepts associated with ICS:
- Modular/expandable organization
- One person in charge (incident commander)
- Manageable span of control (3 to 7)
- Succession of command at least 3 deep
- Comprehensive resource management
- Common terminology

The five basic priorities of ICS are:
- Life safety
- Incident stabilization
- Property conservation
- Environmental protection
- Evidence preservation

The duties of the Incident Commander during the emergency operation are:
- Responsible for all emergency response duties until someone with more capability assumes this authority
- Set incident objectives
- Assign human and other resources
- Monitor and respond to problems that arise
- Act in accordance with school district policies

The composition of the ICS for the Cardinal Campus is outlined in the Primary and Support Responsibilities Chart (Appendix 1 to the Basic Plan) and the accompanying diagram. The roles and responsibilities of the Operations, Personnel, and Logistics sections is presented in the subsequent annexes. To help the Incident Commander in his role, the Command Staff consists of the Safety Officer, the Public Information Officer (Annex C), and liaison personnel. The role of the Safety Officer is to:
- Monitor all emergency operations and intervene in unsafe acts
- Ensure personnel are wearing appropriate vests and safety equipment correctly
- Ensure all hazardous areas are marked and secured

The primary liaison personnel will be those members of the district staff who have established relationships with emergency service providers based on their routine duty position and interactions.

Because these individuals initially play key leadership roles as part of the Incident Command System, other staff members, based on their availability, may be designated by the Incident Commander to assist in the liaison function with emergency service providers as well as the school district central office. These designees will be part of the Command Group. Selected high school seniors and juniors are trained in liaison and runner duties each year.

For incidents confined to a single building, the Superintendent of Schools may keep the Central Office in routine operations in support of the building level incident command. If the Cardinal Campus incident command system is activated, the Campus Command Post location is as follows:

- Primary—superintendent's office, Telephone aaa-aaa-aaaa
- First Alternate—Cardinal High School office, Telephone bbb-bbb-bbbb
- Second Alternate—under football stadium, Telephone ccc-ccc-cccc

The Incident Commander and the Command Group operate out of the Campus Command Post, along with the Communications Team of the Logistics section. The Campus Command Post is the nerve center for the emergency operations. The section leaders report to the Campus Command Post regarding the status of their personnel and operations. The district-level Incident Commander will either be located at the Campus Command Post or be in direct communication with the Command Post at all times.

Emergency Response Teams will initially meet at their designated staging areas. After sizing up the emergency situation, Emergency Response Teams will relocate to staging areas for emergency operations. Staging areas are located just outside danger areas.

Appendix 1 to Annex A—Transition to the Incident Command System

The roles under the Incident Command System are designated in the Primary and Support Responsibilities Chart (Appendix 1 to the Emergency Management Plan, page 8).

If there is advanced notice regarding the emergency, the transition to the incident command system will take place upon notice from the school principal, or the assistant principal in his absence.

If there is not advanced notice, the transition to the incident command system is initiated by the sounding of the alarm (Annex B).

The steps followed in the transition are:

1. Personnel are moved to safety in buddy room teams (evacuation, shelter in place, storm shelter, etc.).
2. Personnel are accounted for. Student and staff rolls are taken. The whereabouts of missing personnel is determined and reported to the Building Command Post, as designated by the Incident Commander.
3. Emergency response team members turn over responsibility for student supervision to their buddy room colleagues. Student rolls and accountability are passed along.
4. Emergency response team members report to assembly points as directed with team equipment.
5. Team leaders report to the chain of command (Operations, Personnel, and Logistics Officers) on their team status as soon as they are operational. Due to the size of our staff, the Operations Officer doubles as the Search & Rescue Leader, the Personnel Officer doubles as the Family Reunification Team Leader, and the Logistics Officer directly oversees all aspects of logistics support except utilities.
6. The Operations, Personnel, and Logistics officers submit their consolidated reports for the teams under their supervision to the Incident Commander at the Building Command Post.
7. A course of action is decided on by the command group and the frequency of periodic status reports (mission status and personnel status) is established.

Appendix 2 to Annex A—Personnel and Property Status Report

The school's command post will maintain the current status of personnel and property throughout the emergency using the form on the next page. The school will periodically report to the School District Command Post utilizing the form.

PERSONNEL AND PROPERTY STATUS REPORT

School:________________ **As of time/date:______________**

PERSONNEL STATUS

Family Reunification

# Students Present	# Students Released	# Students Missing	# Staff Present	# Staff Released

Injured/Sick

Triage Status	# Students Injured/Sick	# Staff Injured/Sick	# Others (specify)	# On Site	# Evacuated
Dead					
Immediate					
Delayed					

PROPERTY STATUS

Building Status

Building	Damage/Condition

Equipment Status

Equipment Type	Quantity	Condition

Appendix 3 to Annex A—Buddy Room Assignments

During emergencies two or more classrooms will be buddied together. One buddy room teacher will typically move at the front of the students from the buddy rooms as they move to evacuate the building or to the designated storm shelter. Another buddy room teacher will trail the students in their movement, making sure that everyone gets to the destination, doors are closed and lights are turned off. In the outdoor assembly area or the storm shelter area, one of the buddy room teachers will assume responsibility for all the students from the buddy rooms, releasing the other teacher to serve as a member of an emergency response team.

Buddy room assignments are as follows:

031-012
010-011
033-013
119-118, 120
127-128
230-231
241-240
244-243
336-337
357-358

NOTE: The bold type indicates those staff members who are to turn over responsibility for their students, once their students are safe, to the other buddy room teacher and assume their emergency response team responsibilities.

Appendix 4 to Annex A—After Hours Phone Tree

(Sensitive Information: Withdrawn and Secured)

Appendix 5 Annex A (Abbreviated School Incident Action Plan)

The next page contains a form adapted from the Federal ICS 2002 Incident Action Plan form for use in school settings.

When the Incident Command System is activated, this form can be used by the Incident Commander to help organize a plan and to provide briefings on the incident as appropriate.

Adapted from ICS 202

Abbreviated School Incident Action Plan

Incident Name:	Date Prepared:	Time Prepared:

General Control Objectives For The Incident (Include Alternatives)

____

____

____

____

____

Communications Plan

____

____

Resources Activated

❐ Command Post	❐ Family Reunification Team	❐ Security Team
❐ PIO	❐ First Aid Team	❐ Search & Rescue/HAZMAT Team
❐ Safety Officer	❐ Mental Health Team	❐ ______________________

Map Sketch

Prepared By: (Name/Title)	Approved by Incident Cdr:

Appendix 6 to Annex A (Trained School Personnel: Emergency Related)

Incident Command System Training:

First Aid Team:

Bart Splint Red Cross CPR certification 12/11/04
Bart Splint Red Cross First Aid certification 12/11/04
Bart Splint trained on triage by ambulance service 3/14/04
Coach Blunt Red Cross CPR certification 12/11/04
Coach Blunt Red Cross First Aid certification 12/11/04

Mental Health Team:

Tender Heart trained by the National Child Traumatic Stress Network 10/24/04

Search & Rescue and HAZMAT Teams:

Coach Blunt CERT qualified 11/9-10/04
Monkey Wrench CERT qualified 11/9-10/04

Security Team:

True Blue trained in active shooter procedures by MO Highway Patrol 9/15/03

Family Reunification Team:

Carol Willing trained in disaster site operations, American Red Cross 4/10/02

Appendix 7 to Annex A—Transition of the Incident Command System

During emergency operations, emergency service professionals will displace school personnel in their emergency response team roles. School personnel in those capacities initially will support the emergency responders, especially in the areas of first aid and security, and then be reassigned by the principal to other support roles within Personnel and Logistics. As appropriate, the role of school personnel will shift from emergency operations to recovery.

Other situations that would result in the transition of leadership during the operation include the loss of personnel due to casualties, release of personnel due to emergencies within their families, or transfer of team leaders/members to other emergency locations within the school district or community.

The steps followed in the transition of duties to emergency responders during emergency operations are:

1. Identification of the new incident commander or team leader.
2. Agreement between the new leader and the displaced leader regarding the time of transition and the role of the displaced leader.
3. Notification of the principal and the school superintendent regarding the time of transition and any impact on their current operations (status report schedule, etc.).
4. Complete transfer of information from the outgoing leader to the incoming leader.

If the primary leader as designated in the Primary and Support Responsibilities Chart is lost as a casualty, is released, or reassigned, then the first alternate will assume the leadership responsibility immediately. Notifications of the transfer of responsibility should be made immediately to superior and subordinate leaders. Since it is the duty of the alternates to stay informed regarding the role of the primary, the impact on the operation should be minimal.

Appendix 8 to Annex A—Transition from Incident Command

When the emergency is behind us and the functions of the various emergency response teams have been completed, the teams will be stood down and the school staff will return to routine operations as part of recovery.

The steps followed in the transition from incident command operations to normal school chain of command operations will be:

5. Determination by the team leader or the principal that the team functions have been finalized.
6. Inventory and preparation of all team equipment for storage. Completion of paperwork requesting replacement of expended supplies.
7. Conduct and record an after action review:
    a. What happened?
    b. What went well?
    c. What do we need to change in order to do better next time?
8. Assemble all records and turn them in to the Incident Commander.
9. Request permission from the Incident Commander (and school principal) to stand down.
10. Upon approval of the stand down, release team members to report to their normal duty assignment.
    d. For those who released responsibility for students to a buddy room teacher, contact the buddy room teacher and reassume those responsibilities.
    e. Determine the status of assigned students and property. Submit a status report to the normal chain of command.

ANNEX B: COMMUNICATIONS AND WARNING

The school will make use of any and all available communications resources during emergency situations.

a. Local, State, and National Communications Resources

- **National Warning System (NAWAS).** Cardinal receives initial warning information over NAWAS. NAWAS is a special purpose telephone system that provides a voice communications capability suited for disseminating warnings to Federal, State and local government agencies and selected military organizations. The NAWAS messages originate from the Federal Emergency Management Agency Operations Center (FOC) or Alternate Operations Center (FAOC).

  Emergency Alerting System (EAS). In general, Cardinal relies on the media, the Emergency Alerting System (EAS), and National Oceanic and Atmospheric Administration (NOAA) to inform the public. Information about the Emergency Alerting System is available on the website of the Missouri Broadcasters Association (http://www.mbaseb.org/eas/).
  - The LP-1 station for Cardinal is KXXX-AM 999 and the LP-2 station is KYYY-AM 1111. Schools should tune to those stations for reliable information.

  - Cable television service is available to the residents of Cardinal through Time Warner Cable. This service provides the civil Emergency Alerting System with cable-interrupt, which is a show-screen with a voice over-ride capability. This system is tested monthly to ensure readiness.

  - The Fire Department Dispatch Center will monitor the Metropolitan Emergency Radio System (MERS), the local EAS system, and activate the Outdoor Warning System sirens when appropriate. The 20-siren outdoor warning system uses a steady blast to indicate a tornado alert. Take cover immediately. A wavering tone on the siren (series of short blasts) indicates an attack warning or a HAZMAT situation. Commence shelter-in-place procedures. The sirens are tested at 10:00 a.m. the first Monday of each month.

- **National Oceanic and Atmospheric Administration (NOAA).** The principal's office at each school is equipped with a NOAA radio. The EAS digital signal is the same signal the National Weather Service uses on NOAA radios. This has allowed broadcast stations and cable systems equipped for EAS to also decode and transmit weather warning messages.

- **Missouri Alert Network.** The purpose of the Missouri Alert Network is to enhance school safety be ensuring that in every public and nonpublic school district in Missouri there is at least one person who can receive a message from state officials

within a few minutes if an extraordinary situation occurs impacting security and safety. The message will be delivered simultaneously to local school district officials statewide or regionally by telephone (landline or cellular), text and/or email. The decision to activate the network in an emergency is made by officials of the Missouri Department of Public Safety. There is no cost to a school district for one contact to receive messages from the network. For a school district to be part of the Missouri Alert Network, it is necessary that the appropriate form be completed and returned to the Missouri School Boards' Association, available at http://www.msbanet.org/programs_services/safety_security/missouri_alert_network/. The network is tested monthly.

- **911** - Local telephone/cellular providers (Southwestern Bell, Nextel, T-Mobile, Virgin and Sprint) route all 911 calls to the Police Department E-911 Communication Center, which is staffed 24-hours a day.

b. District Communications Resources

The following District Communications resources are available:

- **Voice**
  - District-wide PBX Phone System (Divided into three hub sites, if one goes down the others remain up and running)
  - 871 pre-fix emergency phone numbers at the office of each school (not dependent on the District PBX)
  - Building Radios (some buildings)
  - Building Intercoms
  - Security Department Radios
  - Sleeper Nextel click-to-talk Phones (12 available for emergency use for only)
  - Nextel click-to-talk Phones (Technology Department and Facilities/Maintenance Department)
  - Cell Phones (Various District and Private)
  - 2 Phone master calling systems (each contains 24 phone lines for automated mass calling)
  - Voice Mail

- **Fax**
  - Fax Machines are located in each school building and department

- **Internet**
  - The District Intranet site is available for internal communications.
  - The District Website is available for both external and internal communications.

- **Email**
  - Centralized from the Board of Education Building

- **Other Communications Resources**

- Television/Cable available at each school building
- NOAA radio (weather radio) available at each school building
- Runners (Individuals assigned to provide information if other communications forms are not available from the command center)

Appendix 1 to Annex B—Emergency Service Contact Numbers

[Information Withdrawn From This Copy]

ANNEX C: EMERGENCY PUBLIC INFORMATION

The Public Information Officer (PIO) is located at the Command Post. The PIO reports directly to the Incident Commander and must be well-informed about the situation. The PIO must be a trusted, well-trained individual to coordinate information being released to the press and make public announcements.

- Give the public accurate, timely, and useful information and instructions throughout the emergency period.
- Dissemination of information and instructions to the people at risk in the community.
- The schedule for press briefings, during which questions will be answered, will be based on the status of the emergency and the availability of an authorized spokesperson to provide updated information.
- Answer calls from the public: Desire to help, seeking information, find out about loved ones, how to send donations, etc.

The Public Information Officer for the Cardinal School District is the Director of Administrative Services. The School District Emergency Public Information plan is Annex C of the Emergency Management Plan of the St. Joseph School District.

The Public Information Office for the City Emergency Operations Center is the Human Resource Director or his designee. The City Emergency Public Information plan is Annex C of the Emergency Disaster Operations Plan for the City of Cardinal, Missouri. The following media outlets are listed in that annex:

- Radio
  - KXXX-AM and KYYY-AM, 4305 Frederick, 666-XXXX
  - KWWW-AM, 2414 Leonard, 777-XXXX
- Television
  - KZZZ-TV, Channel 2 (ABC), 40th & Flint, 666-XXXX
  - KVVV-TV, Channel 4 (NBC), 3030 Summit, 777-XXXX
- Cable Television Service
  - Cardinal Cable Vision, 102 Woodbine, 666-XXXX
- Newspapers
  - County Farmer, P.O. Box 248, 666-XXXX
  - Cardinal Gazette, 9th & Edmond, 666-XXXX
  - Cardinal Telegraph, 620 Francis, 666-XXXX

Tips for dealing with the media.

- Develop a written statement for dissemination – News Release
  - Use plain white 8 ½ -by –11-inch paper
  - Type in upper and lower case
  - Identify the sender in upper left corner
    - ✓ Name of the organization
    - ✓ Address

        - ✓ Telephone number
        - ✓ Contact person
    - o News Release FORMAT
        - ✓ Release date/time
            - For immediate release
            - For release at (time) (date)
        - ✓ One inch margins
        - ✓ Double-space the copy
        - ✓ Type on one side of the paper only
    - o Rules for Content
        - ✓ Have a news peg
        - ✓ Tightly written summary lead
        - ✓ State the fundamentals and avoid the adjectives
        - ✓ Be concise
        - ✓ Use short sentences, simple words and uncluttered phrases

- ➢ Keep the staff informed through one person

- ➢ Be proactive with the media.
    - o Contact the media before they contact the school
    - o Get the maximum amount of information out to the media – and thus the public – as rapidly as possible.
    - o Set geographic and time limits. (Consider an off-site media center; consider media contact before and after school hours only.)
    - o Hold the press accountable
    - o Create positive relations with the media before an emergency crisis occurs.

- ➢ Stress Positive actions taken by the school.
- ➢ Do not refuse to speak to the media; they will turn to less reliable sources.
- ➢ Do not disclaim responsibility until all facts are known.

All staff members should refer questions to the PIO. Emphasize to parents, students, and staff that they can say “NO” to interviews.

The goal is to ally the media as an educational and informational tool in communicating the efforts of the district during a crisis or emergency situation.

Appendix 1 to Annex C—Example Annual Letter to Parents

Dear Parent/Guardian:

We want you to be aware that this school has made many preparations to deal effectively with emergency situations that could occur in or around the school, both during the school day and during after hours activities. While we hope that a natural disaster or other serious incident never occurs, our goal is to be prepared for any potential emergency. At all times, our first priority is to protect all students, staff, and guests from harm.

In order for our emergency response plans to be effective, we depend on the cooperation and assistance of many people, such as the police and the fire department. We also depend on you, as parents, to support our disaster-response efforts. Your cooperation is vital to helping us protect the safety and welfare of all children and school employees. Therefore, we ask parents to observe the following procedures:

1. Do not telephone the school. We understand and respect your concern, but it is essential that the telephone system is available for emergency communications.
2. Make sure that we have emergency contact information for each of your children at all times. We must be able to contact you or your designated representative in an emergency.
3. Tune your radio to _____ for emergency announcements and status reports. You also will receive instructions on where you should go and how/when you may be able to pick up your children. Our school emergency plan includes evacuation procedures with several alternative destinations. When appropriate and safe, students may be released to their parents/guardians from these shelter locations. Under those circumstances, we will be prepared to implement procedures for confirming the identity of individuals who arrive to pick-up each child. When arriving to pick up your children, please make sure that you have with you your driver's license or government issued picture identification.
4. Do not come to the school until instructed to do so. It may be necessary to keep the streets and parking lot clear for emergency vehicles. If evacuation is required, students may be transported to a location away from school. You will be notified of this through the media bulletins.
5. Talk to your children and emphasize how important it is for them to follow instructions from their teachers and school officials during any emergency.
6. Parents and other adults must stay calm and focused in an emergency, mindful that their actions and comments will be the example that, to a great extent, determines the children's response.
7. Carefully read all information you receive from the school. You may receive updates about our safety procedures from time to time.
8. When your child is at home following an emergency, try to keep your child away from news being broadcast over the various media. Have an emergency plan at home (see the Ready In 3 materials, www.dhss.mo.gov). Decide on a telephone number to call outside our community or a place to rendezvous if separated.

Keep a "disaster supplies kit" containing drinking water, nonperishable food, batteries, flashlight, radio, medication, toothbrushes, etc. (www.redcross.org).

We are proud that ours is a safe school, and we are doing everything possible to keep it that way. We appreciate your cooperation and support. If you have any questions about this letter or other aspects of our safety procedures, please contact me at _____________.

Sincerely,

___________, Principal

[Adapted from a letter to parents produced by Central Middle School, Kansas City, Missouri School District, and from information gathered from parents in New York City following 9/11 by the Healthy Schools Network (http://www. healthyschool.org/)]

Appendix 2 to Annex C—First 48 Hours Checklist

Checklist: First 48 Hours
Critical First Steps After Verification

Notification:	**Done**
1. Use your crisis plan's notification list to ensure all of the communication chain of command is aware and know you are involved.	
2. Ensure your leadership is aware (especially if it comes from the media and not the EOC) of the emergency and that they know you are involved.	
3. Give leadership your first assessment of the emergency from a communication perspective and inform them of the next steps you are taking. *Remember: Be first, be right, be credible.*	

Coordination:	**Done**
1. Contact local, state, federal partners now.	
2. If potential criminal investigation, contact FBI counterpart now.	
3. Secure spokesperson as designated in the plan.	
4. Initiate alert notification and call in extra communication staff, per the plan.	
5. Connect with the EOC–make your presence known.	

Media:	**Done**
1. Be first: Provide a statement that your agency is aware of the emergency and is involved in the response. (Use the "Template for Prescripted, Immediate Response to Media Inquires".)	
2. Be credible: Give directions to media about when and where to get updates from your agency.	
3. Be right: Start media monitoring for misinformation that must be corrected now.	

Public:	**Done**
1. Trigger your public information toll-free number operation now if you anticipate the public will be seeking reassurance or information directly from your organization. (You can adjust hours of operation and number of call managers as needed.)	
2. Use your initial media statement as first message to the public.	
3. Ensure your statement expresses empathy and acknowledges their concern about the uncertainty.	
4. Give the pre-cleared facts you have and refer them to other information sites as appropriate.	
5. Remind them that your agency has a process in place to mitigate the crisis.	
6. Start public call monitoring to catch trends or rumors now.	

Partner/Stakeholders:	**Done**
1. Send basic statement to partners (same as media) to let them know you are thinking about them.	
2. Use pre-arranged notification systems (preferably email listserv).	
3. Engage leadership to make important first phone calls, based on your plan, to partners and key stakeholders to let them know your agency is responding.	
4. Use the internal communication system (email) to notify employees that their agency is involved in the response and that updates will follow. Ask for their support.	

Resources:	**Done**
1. Conduct the crisis risk assessment and implement assignments and hours of operation accordingly. (Use the "ERC Needs Assessment Checklist".)	
2. Stake out your pre-planned place in the EOC or adjoining area.	

Appendix 3 to Annex C—Template for Prescripted, Immediate Response

Template for Prescripted, Immediate Response to Media Inquires

Use this template if the media is "at your door" and you need time to assemble the facts for the initial press release statement. Getting the facts is a priority. It is important that your organization not give in to pressure to confirm or release information before you have confirmation from your scientists, emergency operations center, etc. The following are responses which give you the necessary time to collect the facts. Use "Template for Press Statement" for providing an initial press release statement after the facts are gathered.

NOTE: Be sure you are first authorized to give out the following information.

Date: _________ Time: __________ Approved by: ____

If on phone to media:

- **"We've just learned about the situation and are trying to get more complete information now. How can I reach you when I have more information?"**
- **"All our efforts are directed at bringing the situation under control, so I'm not going to speculate about the cause of the incident." How can I reach you when I have more information?"**
- **"I'm not the authority on this subject. Let me have** (name) **call you right back."**
- **"We're preparing a statement on that now. Can I fax it to you in about two hours?"**
- **"You may check our web site for background information and I will fax/e-mail you with the time of our next update."**

If in person at incident site or in front of press meeting:

This is an evolving emergency and I know that, just like we do, you want as much information as possible right now. While we work to get your questions answered as quickly as possible, I want to tell you what we can confirm right now:

At approximately (time) **, a** (brief description of what happened)**.**

At this point, we do not know the number of (persons ill, persons exposed, injuries, deaths, etc.) **.**

We have a (system, plan, procedure, operation) **in place for just such an emergency and we are being assisted by** (police, FBI, EOC) **as part of that plan.**

The situation is (under) (not yet under) **control and we are working with** (local, State, Federal) **authorities to** (contain this situation, determine how this happened, determine what actions may be needed by individuals and the community to prevent this from happening again)**.**

We will continue to gather information and release it to you as soon as possible. I will be back to you within (amount of time, 2 hours or less) **to give you an update. As soon as we have more confirmed information, it will be provided.**

We ask for your patience as we respond to this emergency.

Source: CDC Public Health Training Network satellite and web broadcast CDC Responds: Risk Communication and Bioterrorism December 6, 2001, Barbara Reynolds, CDC Crisis Communication Plan, Draft 1999.

Appendix 4 to Annex C—Message Development Worksheet

Message Development Worksheet

Step 1: Determine Audience, Message Purpose, and Delivery Method by checking each that applies:

Audience:	**Purpose of Message:**	**Method of delivery:**
❑ Relationship to event ❑ Demographics (age, language, education, culture) ❑ Level of outrage (based on risk principles)	❑ Give facts/update ❑ Rally to action ❑ Clarify event status ❑ Address rumors ❑ Satisfy media requests	❑ Print media release ❑ Web release ❑ Through spokesperson (TV or in-person appearance) ❑ Radio ❑ Other (e.g., recorded phone message

Step 2: Construct message using Six Basic Emergency Message Components:

1. Expression of empathy:

____

____

2. Clarifying facts/Call for Action:

Who____

What____

Where____

When____

Why____

How____

3. What we don't know:

____

____

4. Process to get answers:

____

____

5. Statement of commitment:

____

____

6. Referrals:
For more information
____
Next scheduled
update____

Step 3: Check your message for the following:

Does your message use…	Yes	No
positive action steps?		
an honest/open tone?		
risk communication principles?		
simple words, short sentences?		
Does your message avoid…		
jargon?		
judgmental phrases?		
humor?		
extreme speculation?		

Appendix 5 to Annex C—Pandemic Influenza

The evolving and wide-scale nature of an influenza pandemic presents a different public information challenge than the more common instantaneous emergencies. The kinds of media questions that can be anticipated include:

1. Why have you not yet closed schools?
2. Why did you close schools?
3. Did you close them too late?
4. When will schools reopen?
5. Are you reopening schools too soon?

Most media questions should be responded to only after coordination with the Joint Information Center. Pass along questions to the appropriate authority when it is not school business.

The local health authority or the Director of the Missouri Department of Health and Senior Services (DHSS) (or their designated representative) are both empowered to close schools in order to protect the public health (19CSR 20-20.050). In most circumstances the local health authority would take the initial action to close schools and the decision should be made jointly between the state and locals. However, if the local health authority does not take adequate control measures to protect public health the Director of DHSS may do so (19CSR 20-20.040 (3) (C)) (including the closure of schools) and assume control of regional outbreaks or those representing emergencies (19CSR 20-20.040 (2) (J).

It is likely that young people will be more susceptible to new forms of influenza. If the community suffers casualties among the student population, it is likely that the media will look for ways to place blame on school officials. It will be important to preface the response to any question with a heartfelt statement of concern for the families of victims. For example: “The loss of our young people who fell victim to this pandemic is devastating to their families, their classmates, their teachers, and their communities.” If asked for numbers of victims, only give numbers when you are sure. Otherwise try this response which has been used by Rudy Juliani, Winston Churchill, and Abraham Lincoln: “Whatever the number, it will be more than we can bear.”

For prolonged school shutdowns as a result of a pandemic, the media may be a resource for providing support to the education of young people confined to their homes. The Internet and all other forms of media could become the mechanism for delivering instruction.

ANNEX D: SEARCH & RESCUE

Each building will have a Search & Rescue Team trained utilizing the State Emergency Management Agency sponsored Community Emergency Response Team (CERT) training program.

Prior to reporting to the designated assembly point, the team members will secure the following equipment items from their cars:

- ✓ Backpack
- ✓ Boots
- ✓ Building Floor Plan
- ✓ Cord
- ✓ Duct Tape
- ✓ Dust Mask
- ✓ Emergency Blanket
- ✓ First Aid Kit (25 pr Nitrile gloves, 10 rolls crinkle gauze 4"X4.1 yds, 100 4"X4" surgical sponge, 4 triangle bandages, 500 ml bottle of saline)
- ✓ Flashlight (affixes to helmet)
- ✓ Gloves
- ✓ Goggles
- ✓ Hard Hat
- ✓ Markers
- ✓ Masking Tape
- ✓ Note Pad and Pencil
- ✓ Tarp (6'X8')

At the assembly point the team leader will provide 2-way radios (as available) and assign tasks, always starting with a "sizing up" to detect danger areas. Team members will normally work in pairs. No one should operate individually in an area designated dangerous.

There are five steps to the initial size up:

Step 1. Gather facts (bystander, time of day, construction type, weather, hazards)

Step 2. Assess the damage to the building and act accordingly

If structural damage is . . .	Then the CERT mission is . . .
Light: superficial or cosmetic damage, broken windows, fallen plaster, damage to contents	To locate, triage, and prioritize removal of victims to designated treatment areas by the medical operation teams
Moderate: questionable structural stability; fractures, tilting, foundation movement	To locate, stabilize, and immediately evacuate victims to a safe area while minimizing the number of rescuers inside the building
Heavy: obvious structural instability; partial or total wall collapse, ceiling failures	To secure the building perimeter and control access into the structure by untrained but well-intentioned volunteers

Step 3. Identify your resources

Step 4. Establish rescue priorities (identify the staging area)

Step 5. Develop a rescue plan

Following the initial size-up the search operation will begin. The team conducts mini-size-ups as we go, taking a lap around each sector to be searched and working in teams. It may be necessary to connect team members with a cord if visibility is poor.

- Check the normal exit routes.
- Systematically inspect the area bottom-up in the building and top-down in each room while working around the wall (the wall is the rescuer's lifeline).
- Before entering a building and before entering each room make a slash mark next to the door (/) on the external wall. Mark at the lower left of the slash mark the initials of the team leader. Mark at the top left of the slash mark the time of entry.
- Before opening the door, feel the door for heat with the back of the hand, starting at the bottom of the door and working up. If the door is hot, do not enter.
- Before entering each room, ask in a loud voice if anyone is in the room. Tell individuals who respond to move toward the sound of your voice if they can. Frequently stop and listen for tapping sounds, movement, or voices. Triangulate noises to locate victims. Find the voids where people may be entrapped.
- When exiting the room mark the door again by completing an "X" with the following entries in each quadrant: add time search of room completed in top quadrant, enter the number of victims still inside in bottom quadrant and their status (i.e. 1 Immediate, 1 Dead), and enter hazards in the room in the right quadrant. Put a box around the "X" if the room is too dangerous to enter.
- Keep complete records of removed victims, victims who remain trapped or dead.

If victims are located during the search, conduct rescue operations.

- Create a safe rescue environment
    - move objects, shore up walls, remove debris, etc.
    - lift by bending knees and squatting, use leverage and cribbing as appropriate, push up with your legs, keep the load close to your body, keep your back straight)
- Triage or stabilize the victim(s)—mark the victim(s) with name, blood type, allergies, if known
- Remove victims from moderately damaged buildings to a safe zone using self-removal or assisted removal.
    - lifts (army carry, pack-strap carry, 2-person carry, chair carry)
    - drags
    - victims with possible injuries to the head or spine should be stabilized on a backboard before removal

Triage is a French word meaning "to sort." Victims are evaluated and sorted by the immediacy of treatment needed. Victims are sorted/tagged into three categories:

- Immediate (I). The victim has life-threatening injuries requiring rapid treatment
- Delayed (D). The injuries do not jeopardize the victim's life if treatment is delayed
- Dead (DEAD). No respiration after two attempts to open the airway. (CPR is not normally performed in the disaster environment because

resuscitation of a person in full cardiorespiratory arrest takes a tremendous amount of time and human resources.)

The mission of the search and rescue team is to do the greatest good for the greatest number of victims possible. If it is possible to perform life-saving first aid for some victims, the top priorities are restoring breathing, controlling severe bleeding, and ensuring adequate circulation while treating for shock.

- Restore Breathing. Time is critical when dealing with an obstructed airway. Brain damage is possible after 4 minutes without oxygen. The most common airway obstruction is the tongue; use the head-tilt/chin-lift to open the airway.
- Control Severe Bleeding. Use direct pressure, elevating, and/or pressure points (brachial and femoral). Tourniquets are a last resort (only a physician should remove a tourniquet; leave the tourniquet in plain sight; label the forehead of the victim with the time the tourniquet was applied).
- Treat For Shock. Check circulation using the blanch test (should be less than 2 seconds). Treat for shock by laying the victim on his/her back, elevating the feet 6-10 inches, and maintaining body temperature (cover with a blanket).
- ith a blanket).

Appendix 1 to Annex D—Fire Suppression

The Search & Rescue Team may have to suppress small fires. All team members are trained in fire extinguisher operations. The team puts out small fires and prevents additional fires, assisting as necessary with evacuations.

When a fire is detected (visible flames, visible smoke, or the smell of smoke), sound the fire alarm (continuous bell) using one of the pull stations located in each hallway.

The Search & Rescue Team will fight the fire with a portable fire extinguisher only if the following are true:

- The evacuation of the building has been initiated and no one is dependent on you to assist in their evacuation.
- The fire department has been called.
- The fire is small and confined to the immediate area where it started.
- You can always keep your back to a safe escape route while fighting the fire.
- The portable fire extinguisher you have available is in good working order and is the proper type for the fire you are fighting:
    - A: Ordinary combustibles
    - B: Flammable liquids
    - C: Electrical equipment
    - D: Combustible metals

Fire suppression will be performed by a team of two individuals. One is the extinguisher operator and the other is safety back-up. Both will wear the following equipment:

- Hard hat
- Gloves
- Goggles
- Boots
- Dust mask

The operator uses PASS procedures:

- Pull the pin
- Aim at the base of the fire moving slowly toward the fire
- Squeeze the handle when you can feel the heat of the fire
- Sweep back and forth across the base of the fire

The safety back-up will be positioned behind the extinguisher operator and will have a hold on the belt of the operator. The safety back-up will be observing for hazards and will pull the operator out of the situation if a hazard is observed.

A back-up extinguisher should be immediately available.

Have injured personnel escorted to the designated first aid station. If the injured parties cannot or should not be moved, send someone to the first aid station to request assistance.

ANNEX E: SECURITY

Each building will have a Security Team. The building Security Team includes District Security personnel routinely assigned to the building, but augments full-time security personnel with other specially trained staff members as required in an emergency situation.

The security team is responsible for:

- Monitoring all entrances/exits
- Directing emergency responders (fire, police, medical, etc.) to the area of need
- Keeping people out of unsafe areas
- Keeping a record of people arriving and departing
- Send media representatives to designated media reporting areas
- Intervening in assaults/fights
- Keeping the Command Post informed of actions
- Serving as liaison with the police and transitioning security responsibilities to the police as they arrive

Equipment bag for 3-person team:

- Caution tape* (1 roll per team)
- Clipboards
- Diagram of school
- Equipment bag* (1 for the 3-person team)
- Flashlights with direction wands and batteries* 3 (1 per team member)
- Glow sticks (1 box per team)
- Hard Hats (yellow)* 3 (1 per team member) ["Security" marked in black on each side]
- Identification badge
- Markers
- Master Keys (1 set per team)
- Megaphone (1 per team)
- Paper
- Pens
- Reflective Vests (yellow)* for 3 (1 per team member) ["Security" marked in black on the back]
- Rosters of school students and staff
- Shelter plans and procedures
- Signs to Post (1 set per team)
- Two-way communications (battery-operated radio, cell phone, pagers etc.) as available
- Whistles* 3 (1 per team member)

NOTE: Asterisk (*) indicates issued items

Appendix 2 of the Basic Plan (School Hazard Analysis) identifies the various hazards that may be faced by a school within the district. Relevant hazards are listed below along with the associated responsibilities of the Security Team. Delayed police support should be anticipated for some of these hazards as part of an area-wide disaster, including: earthquake, fire, flooding, HAZMAT spill, terrorism, etc. Delays may be 3 or more hours, resulting in lengthy deployments by the Building Security Team. For other hazards (bomb threat, intruder, suicide, etc.), the police can be expected to arrive within minutes of the incident. Whenever the police arrive, the Security Team should provide the police a situation report, summarizing the who/what/when/where of the situation, along with the status of the school personnel. The Security Team will then serve to augment/support the police as necessary.

Bomb Threat—The security team will have the responsibility of controlling movement within the building. Specifically the team members should:

- ✓ Secure the exterior doors to prevent or limit persons entering and exiting the building
- ✓ Assist in a controlled evacuation of the building, or monitor hallways limiting movement if an evacuation is not warranted
- ✓ Complete a building check for persons remaining behind after an evacuation
- ✓ Maintain an exterior perimeter while law enforcement checks the building for explosives
- ✓ Assist in a controlled re-occupation of the building after police functions are completed

Bus Accident—A bus accident occurring on school property will require the security team to respond. Their responsibilities will include:

- ✓ Set up a perimeter around the scene to keep onlookers away from hazards
- ✓ Assist in evacuation of uninjured bus occupants, removing them to an isolated area away from observers/onlookers
- ✓ Assist, at the request of the First Aid Team, in the movement or removal of injured parties from the scene
- ✓ If the police have not yet arrived, get the names, addresses, and telephone numbers of all occupants of the bus and any witnesses to the accident

Civil Disturbance—Civil disturbances may occur for a variety of reasons and may take on varying characteristics, from passive to violent. If a disturbance involving several subjects occurs within the school the security team should:

- ✓ Control persons entering and exiting the building
- ✓ Attempt to direct passive participants to a controlled area, such as a cafeteria or gymnasium
- ✓ Initiate a lockdown if the disturbance escalates
- ✓ Monitor hallways when possible

If the disturbance occurs outside of the building the security team should:

- ✓ Control persons entering and exiting the building
- ✓ Initiate a lockdown

- ✓ Monitor hallways

Fights, the most common violence-related civil disturbance in schools, must be dealt with quickly and effectively. The following tips may be helpful in breaking up a fight:

- ✓ **Verbal Intervention.** In a calm but firm voice verbally intervene by identifying yourself and directing the students to stop fighting. Use the students' names, if known. Do not invade the personal space of the combatants. Direct each of them to move to a specific location in order to separate them. If the students stop fighting and separate themselves, escort them to the office. Never send fighting students to the office without being escorted by a supervisor.
- ✓ **Send for Help.** If the combatants do not follow your directions and continue to fight, send a responsible student on-looker for other members of the security team. Direct the other students to move out of the area. Assess the situation while continuing to calmly talk to the fighting students and while moving any dangerous objects out of their way (items that they could bump their heads on or which could be used as a weapon). If this is a situation in which one student is on the attack and the other student seems to be acting in self-defense, focus your remarks on the attacking student. If the attacking student lets up, direct the defending student to go to the office by himself and keep the attacking student with you.
- ✓ **Physical Intervention as Necessary.** When other members of the security team arrive, report to them with the names of the students and how they have responded to your directions. The team leader will take over. The team continues to give verbal direction to the combatants. Additional team members may arrive. It takes a minimum of four adults, and desirably six adults (three per combatant), to safely separate two fighting students and physically restrain them until they regain self-control or until law enforcement arrives. The restraint team must be well trained in approved procedures for safeguarding the students and the staff members. They should not be wearing glasses, wrist watches, rings or other jewelry. Members of the team with long hair should have their hair tied back. The security team must know where they will take the restrained combatants while awaiting law enforcement. These separate holding areas should be private rooms free of any objects which could be used as weapons. Members of the mental health team are capable of conducting a post-trauma debriefing with the combatants. Members of the first aid team know how to obtain any necessary medical assistance for combatants or team members.

Establishing a Security Perimeter — Under most emergency circumstances, the security team will have the responsibility of controlling movement until the police arrive. This will involve establish perimeters to keep people out of restricted and to keep students in while accountability is established. These procedures will be followed for perimeter establishment:

- ✓ Select entry points that must be manned by team members. Have a sign-in/sign-out form, pen, and clip board present for recording authorized arrivals and departures.
- ✓ Use caution tape to mark the perimeter except at designated entry/exit points

- ✓ Establish security posts within line of sight between supporting team members. Establish buddy teams within the security team and identify the buddy team leaders.
- ✓ Establish procedures for directing people who approach the perimeter to someone who can assist them.
- ✓ Establish procedures for responding to and reporting intruders, including:
    - Ask: "Can I help you find what you are looking for?"
    - Do give them a clear verbal notice: "You are prohibited from entering this secured area. Entry is a criminal trespassing offense and charges will be brought against intruders."
    - Do not attempt to apprehend intruders
    - Report the intrusion immediately by blowing your whistle and summoning the Security Team Leader
    - Keep a detailed record of the intrusion: name or description of intruder, time, situation, etc.
    - The safety of the Security Team member is the first priority. Be prepared to implement personal safety measures if attacked.
    - Be prepared to participate in a team intervention to restrain an assaultive intruder.

Evacuation of Building (as part of an Earthquake, Fire, or Tornado)—In the event of a building evacuation as a result of an earthquake, a fire, or damage resulting from a tornado, the security team should:

- ✓ Assist in a controlled evacuation of the school. As students evacuate the building, confirm that outside assembly areas are safe. Make sure students and staff are able to quickly reenter the building (reverse evacuation) if conditions outside the building are more dangerous than conditions inside the building.
- ✓ Establish a perimeter around the dangerous building to keep people out
- ✓ Help maintain order at the evacuation site
- ✓ Secure the reunification site if students will be released to parents/guardians
- ✓ Assist in a controlled re-occupation of the building, when possible

Flooding—A few buildings within the school district may be affected by flooding. In the event of a flood in the area of a school building, the security team should:

- ✓ Control persons entering and exiting the building
- ✓ Assist in relocating students within the building
- ✓ Assist in the controlled evacuation of the building, if necessary
- ✓ Maintain order at the evacuation site
- ✓ Secure the reunification site if students will be released to parents/guardians

Hazardous Materials Spill—A hazardous materials spill may occur at or near any of the buildings within the school district. The security team will act at the direction of the Hazmat Team, which will analyze the situation and determine a best course of action. The security team should initially:

- ✓ Control persons entering and exiting the building or spill site
- ✓ Assist in relocating students within the building for a "Shelter in Place" exercise

- ✓ Assist in the evacuation of the building, when practicable
- ✓ Maintain order at the evacuation or "Shelter in Place" site
- ✓ Secure the reunification site if students will be released to parents/guardians
- ✓ Assist in the controlled re-occupation of the building

Intruder/Hostage Situation—An intruder in a building, whether armed or unarmed, presents a threat to the school and should be handled in the same manner. A weapon may not be visible but may be hidden or readily accessible. The building principal, upon learning of an intruder, should initiate a lockdown with a total evacuation of hallways and common areas.

Hostage situations are dangerous to all persons within the building, not just the hostage. The perpetrator may have grabbed an innocent bystander while attempting to locate a particular victim. He/she may move throughout the school with the bystander while looking for the intended victim. Persons coming in contact with the perpetrator will be in danger. The hostage taker may also think his/her bargaining strength will increase with more hostages so other bystanders may be taken hostage. No one is safe. The security team should:

- ✓ Initiate a lockdown of the school, completely evacuating the hallways and common areas
- ✓ Evacuation of the building should not be done until law enforcement has arrived

Medical Emergency/Bio-terrorism—Large-scale medical emergencies may occur within any school. Food poison would be the most likely to occur. The security team would assist the First Aid and Hazmat Teams by:

- ✓ Controlling persons entering and exiting the building
- ✓ Controlling entry into the triage area
- ✓ Assisting in the removal of affected persons
- ✓ Evacuating remaining students, if necessary

Suicide—In the event of a suicide or suicide attempt occurring within a school, the security team should:

- ✓ Control entry into the "**Crime Scene**"
- ✓ Initiate a lockdown of the school
- ✓ Control persons entering and exiting the building
- ✓ Monitor hallways for non-essential personnel

Utility Failure—In the event of a school wide power failure the security team should:

- ✓ Control persons entering and exiting the building
- ✓ Initiate a lockdown of the building
- ✓ Monitor hallways for unnecessary traffic

REPORTING REQUIREMENT UNDER THE SAFE SCHOOLS ACT

Any fight will constitute some degree of assault and must be reported to law enforcement under the Safe Schools Act. School districts may, however, enter into a third degree assault agreement with law enforcement under a 1997 amendment to the Safe Schools Act. This agreement may set out circumstances under which a district will not have to report certain third degree assaults to law enforcement. Whether a particular fight between students constitutes a first, second, or third degree assault is a legal issue, however, which will probably have to be determined by law enforcement. The willful neglect or refusal of educators to report assaults to law enforcement constitutes a misdemeanor. An educator will not face civil liability for making a good faith report to law enforcement. Therefore, educators should ensure that they report fights to law enforcement.

The Missouri Safe Schools Act imposes specific reporting requirements on teachers and administrators. Teachers must report first, second, and third degree assaults to their principals. Principals must report first, second, and third degree assaults to their superintendents and law enforcement. Superintendents must report first and second degree assaults to law enforcement. A fight between students will constitute either a first, second, or third degree assault, depending upon the severity of the fight.

First Degree Assault (§565.050 RSMo. 2000):

If the intent of the fight is to attempt to kill or cause serious physical injury to another person, it qualifies as a first degree assault.

Second Degree Assault (§565.060 RSMo. 2000):

A person commits a second degree assault if he (1) attempts to kill or knowingly causes or attempts to cause serious physical injury to another person while under the influence of sudden passion arising out of adequate cause (for example, a student who attempts to seriously injure another student immediately after he sees that student making out with his girlfriend might argue he was under the influence of sudden passion); (2) attempts to cause or knowingly causes physical injury to another student using a dangerous weapon; (3) recklessly causes physical injury to another person; (4) is criminally negligent in the operation of a motor vehicle while under the influence of alcohol or other drugs; (5) or recklessly causes physical injury to another person by discharge of a firearm (for example, shoots a gun into the ceiling of a building with no intent to shoot another person, but the bullet ricochets and hits another person).

Third Degree Assault (§565.070 RSMo. 2000):

A third degree assault is committed if a person (1) attempts to cause or recklessly causes physical injury to another person; (2) is criminally negligent in causing physical injury to

another person by means of a deadly weapon; (3) purposely places another person in fear of immediate physical injury (a threat can constitute a third degree assault!); (4) acts recklessly resulting in the grave risk of death or serious physical injury to another; (5) knowingly causes physical contact with another person knowing the other person will regard the conduct as offensive or provocative; or (6) knowingly causes offensive or provocative physical contact with an incapacitated person.

REFERENCES

1. Scott Poland and Jami S. McCormick (1999), Coping With Crisis: Lessons Learned, Sopris West, Longmont, Colorado.

2. Michael Thakrey, Ph.D. (1987), Therapeutics For Aggression: Psychological/Physical Crisis Intervention, Human Services Press, Inc., New York.

3. Missouri Revised Statutes accessible at http://www.moga.state.mo.us/statutes.

ANNEX F: FIRST AID

Each building will have a first aid team. Members will be Red Cross certified in first aid and CPR to provide triage and immediate first aid care to injured staff, students and community volunteers. Specific activities include ensuring the safety of those providing care, conducting triage of the injured, and providing and documenting first aid care.

First aid Team duties are:

- Maintain adequate first aid supplies for emergencies
- Protect vital health and medical records
- Establish triage location and assign a triage team leader
- Establish four treatment areas and a treatment team leader:
    - Red area (Immediate) for victims with life-threatening injuries
    - Yellow area (Delayed) for victims without immediate life-threatening injuries
    - Green area (Non-Emergency) for victims with minor injuries (away from other areas)
    - Black area for the dead or mortally wounded (away from other areas)

Triage is a French word meaning "to sort." Victims are evaluated and sorted by the immediacy of treatment needed. The primary function of the initial assessment is to identify and treat victims who have critical but sustainable injuries. A color-coded tagging system will be used to provide a visual aid in clarifying the status of victims of a disaster. Victims are sorted/tagged into the four treatment areas listed above.

Triage tags will be prepared for each casualty and a log completed with the following information:

- Category (as listed above)
- Name
- Address
- Age
- Sex
- Major injuries
- Medications
- Allergies

Start triage by asking those who can walk to get up and go to a collection point. Since those who are able to comply with this command are breathing, have a pulse, are conscious, able to follow commands and able to walk, these patients will all get green tags. As time allows you will later go back and re-triage the patients in the green category to make sure they have not deteriorated.

Then spend about 30 seconds each with the remaining patients assessing their category in the following sequence:

1. Assess respiration. If the patient is not breathing and two attempts to open the airway do not start breathing, the patient is tagged black and you move on to the

next patient. If the patient is breathing more than 30 times a minute the patient is given a red tag, control bleeding, control for shock, and move on to the next patient. If the patient is breathing under 30 times a minute, the patient is possible category yellow. Go to the next step in the assessment process.

2. Assess for radial pulse. If the patient is breathing but has no palpable radial pulse, check for brachial pulse or femoral pulse. If there is no palpable pulse, tag the patient category red, control for bleeding, control for shock, and move on to the next patient. If the patient has a pulse, the patient is possible category yellow. Go to the next step in the assessment process.
3. Assess for level of consciousness. If there is any altered mental status, tag the patient red, control for shock, and move on to the next patient. If the patient is alert and can respond to simple commands, tag the patient yellow and move on to the next patient.

When triage is complete give treatment and evacuation priority to the category red patients, followed by yellow.

As the patient is evacuated from the school grounds by emergency responders, the log entry (using the Triage Accountability Form at Appendix 1 to this annex) for the patient will be annotated with the departure time and destination.

The mission of the first aid team is to do the greatest good for the greatest number of victims possible. If it is possible to perform life-saving first aid for some victims, the top priorities are restoring breathing, controlling severe bleeding, and ensuring adequate circulation while treating for shock. Obtain consent from conscious victims before giving care. Avoid contact with blood and other body fluids. Use protective equipment (gloves, breathing barriers, etc.). Follow infection control guidelines in Appendix 3 to this annex.

- Time is critical when dealing with an obstructed airway. Brain damage is possible after 4 minutes without oxygen. The most common airway obstruction is the tongue; use the head-tilt/chin-lift to open the airway. Follow the procedures for Cardiopulmonary Resuscitation (CPR) or Rescue Breathing as outlined below:

    - Rescue Breathing when there is circulation but no breathing
        - Tilt the head back, lift the chin, pinch the nose shut and breathe slowly into the victim until the chest clearly rises
        - Continue to give 1 rescue breath about every 5 seconds, repeat 12 times
        - Recheck for signs of circulation; if there are signs of circulation but no breathing, continue rescue breathing; if there is no sign of circulation, go to CPR/AED

    - CPR when there is neither breathing nor signs of circulation
        - Find the hand position above the notch in the breastbone
        - Give 15 compressions 2 inches deep

- Tilt the head back, lift the chin, pinch the nose shut and give 2 rescue breaths
- Repeat for 3 more cycles
- Check for signs of circulation
- Go to rescue breathing if circulation has been restored or continue CPR until the AED is ready to use

- Control bleeding by direct pressure, elevating, and/or pressure points (brachial and femoral); tourniquets are a last resort (only a physician should remove a tourniquet; leave the tourniquet in plain sight; label the forehead of the victim with the time the tourniquet was applied)
- Check circulation using the blanch test (should be less than 2 seconds). Treat for shock by laying the victim on his/her back, elevating the feet 6-10 inches, and maintaining body temperature (cover with a blanket)
- Chemical eye injuries: Flush eye immediately with large amount of eye irrigation solution or saline

The First Aid Team maintains the following supplies in portable containers:

Quantity	Item
24 rolls	Cloth tape, 2”
10	Antiseptic skin wipes, individually wrapped
2	Bottles skin antiseptic spray
2	Bags, biohazard waste, 3.5-gallon capacity
1 box	Bags, resealable plastic, quart-size
1 box	Band-Aids, assorted
2	Blankets
2	Cold packs, instant, squeezable
1 package	Cups for drinking
2 bottles	Disinfecting cleansing agent (10% bleach solution)
12	Elastic bandages, 2” ankle wrap
12	Elastic bandages, 4" ankle wrap
2 bottles	Eye irrigating solution (Liter bottles)
2 Bags	Saline solution (1 Liter) w/tubing
50	Eye Patches
2 books	First aid books: 1 standard and 1 advanced
1	Flashlights, with batteries
3	Forceps, splinter
6 rolls	Gauze, 2” X 5 yards
5 packages	Gauze pads, 4X4 (1000 per 500 students)
6 packages	Surgi/pad dressing, 8 x 10 inch (150 per 500 students)
1 box	Gloves, medical examining, non-latex
1 box	Gloves, latex
4	Mouth-to-mouth barrier devices
6 each	Pads of paper with pens
6 boxes	Sanitary napkins
4	Scissors, medical

2 boxes	Tissue
1 box	Tongue depressors (finger splints)
50	Triage tags (50 per 500 students)
24	Triangle bandages, muslin
1 bottle	Tylenol
1 gallon	Water for drinking

The First Aid Team will operate in the Nurse's office if the building can be occupied or at the designated first aid site if the building must be evacuated.

The Missouri Regional Poison Center at 800-222-1222 (staffed by nurses, pharmacists, and physicians 24 hours a day, 7 days a week) assists with information on action to take for poison exposures in all age groups.

Prepare the Notice of First Aid Care (Appendix 2 to this annex) for each student treated during the emergency. Provide the completed form to the Family Reunification Team during the emergency for conveying to the parent. After the emergency, send the notice to the parent by mail.

4 appendices:
1. Triage Accountability Form
2. Notice of First Aid Care Form
3. Infection Control Guidelines in First Aid Situations
4. Influenza Epidemic
5. Symptoms Biologic, Nuclear, Incendiary, and Chemical Agents

Triage Accountability Form

Date	Name / Triage Tag Number	Time Arrived in Triage	Triage Color	Time Transported	Transporting Agency and Unit #	Destination

Notice of First Aid Care

DATE: ______________________

SCHOOL: ___________________

Dear Parent:

____ was injured at school and has been given first aid. If you feel further care is necessary, please consult your family physician.

Destination: (If not presently on site) ____

Transporting Agency: (if not presently on site) ____

Time: ___________________

Remarks:

Please sign and return one copy to school. Retain a copy for your records.

________________________________	____________________________________
PARENT'S SIGNATURE	SCHOOL REPRESENTATIVE'S SIGNATURE

Note: 1 copy goes home with student
1 copy stays with teacher or medical treatment team records

INFECTION CONTROL GUIDELINES IN FIRST AID SITUATIONS

I. Hand washing

Hand washing is the single most effective means of preventing the spread of infection. Hand washing procedures should be followed even if gloves have been worn. **If an emergency situation precludes proper hand washing, the hands should be washed as soon as possible after exposure.**

Any skin surface that comes into contact with blood or other body fluids should be cleansed using the same procedures used for hands. Hands should be washed:

- Before and after contact with a patient.
- Before and after touching open wounds (even if gloves are worn).
- Before eating.
- After any direct exposure to blood or other body fluids.
- After removing gloves.
- After handling soiled or contaminated items and equipment.
- After using the toilet.

The correct method used for hand cleaning and decontamination is with soap and water:

1. Wet hands.
2. Lather hands with either bar soap or liquid soap.
3. Rub repeatedly for at least 15 seconds.
4. Rinse.
5. Turn faucets off using a dry paper towel.
6. Dry hands properly and dispose of used paper towel in plastic bag.

In areas where running water is not readily available:

1. Remove obvious soil with a wet towelette.
2. Use waterless foams or rinses to clean skin.

II. Barrier Precautions

A medical history and examination cannot readily identify all patients infected with HIV or other blood-borne organisms. Therefore, blood and other body fluid precautions should be consistently used for all patients. These include patients at first aid stations where the risk of exposure by blood is possible and where the infectious status of the patient is usually unknown.

All health care workers should use the following barrier precautions to prevent exposure of skin and mucous membranes when contact with blood or any other body fluids of any patient is anticipated.

- Disposable latex gloves (which do not have to be sterile) should be worn for touching blood or other body fluids (urine, stool, semen, infected wounds, vomit), mucous membranes, or non-intact skin of all patients.
- Gloves should be worn for handling items or surfaces soiled with blood or other body fluids.
- Gloves should be changed between each patient.
- Hands and other skin surfaces should be washed immediately and thoroughly on contact with blood or other body fluids.
- Hands should be washed immediately after gloves are removed.
- Masks and protective eyewear or face shields should be worn during procedures that are likely to disperse droplets of blood or other body fluids, so that exposure of mucous membranes of the mouth, nose, and eyes is prevented.
- Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

III. Rescue Breathing

There is no evidence that the HIV/AIDS virus has been transmitted through contact with saliva. However, pocket masks for all age groups should be available to first aid stations for use whenever CPR is administered. To use the pocket mask, the first aid responder must have had previous instructions.

After resuscitation is complete, pocket masks, if used, should be correctly cleaned and disinfected, or discarded if disposable.

IV. Eye Rinse

If the eye is splattered with blood or any other body fluid, it should be flushed immediately with saline or water rinses. Goggles should be available for use in those situations where splattering of blood is anticipated.

V. Precautions to Prevent Injuries From Needles, Scissors, and Other Sharp Instruments

All health care workers should take precautions to prevent injuries caused by scissors, needles, lancets, and other sharp instruments during use and during handling, cleaning, or disposal. Used needles and pointed instruments are the medical instruments most frequently implicated in accidental exposure to blood-borne diseases. Health care workers should:

- Be extremely careful in handling all scissors, needles, and sharp instruments.
- Minimize handling of such instruments.
- Not attempt to recap used needles or sharp instruments.
- Discard disposable needles, syringes, lancets, and sharp instruments as soon after use as possible in an impervious, closed container (hard plastic or metal can).

Appendix 4 to Annex F—Influenza Epidemic

During a declared regional influenza epidemics several precautions should be taken in addition to the normal Infection Control Guidelines listed in the previous appendix. This information was taken from www.flu.gov on August 26, 2009:

1. Basic influenza precautions:
    a. Cover your nose and mouth with a tissue when you cough or sneeze. Have tissues available in all instructional areas. Throw the tissue in the trash after you use it. If no tissue is available, use your sleeve to cover the cough, not your hand.
    b. Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners (60%+ alcohol) are also effective.
    c. Avoid touching your eyes, nose or mouth. Germs spread this way.
    d. Try to avoid close contact with sick people.
    e. If you are sick with **flu-like illness (FLI)**, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick. Inform parents that they are not to return the student to school until they have been fever free without medications for more than 24 hours.

2. Handling students with symptoms of a FLI (headache, muscle aches, runny nose, fever, cough, and in some cases diarrhea):
    a. Separate them from other students and staff by.
    b. In the holding area for students with these symptoms, keep them separated by 6 or more feet. Have them wear a surgical mask if they are coughing.
    c. Call parents to come get them.
    d. To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.
    e. Clean and ventilate the classroom space they vacated, following the procedures in section 4 below.
    f. Inform parents that they are not to return the student to school until they have been fever free without medications for more than 24 hours.

3. Handling staff with symptoms of a FLI:
    a. Staff should stay home if feeling these symptoms. Follow normal notification procedures with the school administration.
    b. Update the administration daily on their medical condition.
    c. Return to duty after they have been fever free without medications for more than 24 hours.

4. Custodial services during an influenza epidemic:
    a. Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time.

b. In addition to daily general cleaning for classrooms, institute these additional sanitation measures:
    i. Wipe down all hard surfaces with a disinfectant solution and disposable towels. This includes, but may not be limited to: desk tops, table tops, counter tops, chairs, door and sink handles, keyboards, toys, athletic equipment, etc.
    ii. Mist the room with a disinfectant spray as a final step before leaving the room.
    iii. All towels used to disinfect a room are to be disposed of before leaving the room. Disposable towels will not be used to disinfect more than one room.
    iv. Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
        - ✓ Linens (such as mop heads) should be washed following each use by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry.
        - ✓ Eating utensils should be washed either in a dishwasher or by hand with water and soap.

5. Pandemic Influenza or other epidemic conditions could necessitate the closing of schools to help break the spread of disease. Schools are required to report specified communicable diseases to their local public health agencies in accordance with Code of State Regulations 19 CSR 20-20.020 (8). Schools are also required to report the decision to shut down temporarily because of disease among students or staff. A form developed by Missouri Department of Health and Senior Services (DHSS) for making that report is on the last page of this appendix. Consult with the local health officials to answer these questions before advising the superintendent on the decision to close, or subsequently reopen, schools:
    a. Can someone spread the disease without showing symptoms?
    b. What is the incubation period for the disease?
    c. Is there a vaccine available for the disease?
    d. Are the numbers of students and staff getting sick increasing day-to-day?

6. The local health authority or the Director of the Missouri Department of Health and Senior Services (DHSS) (or their designated representative) are both empowered to close schools in order to protect the public health (19CSR 20-20.050). If the Director of DHSS determines that the local health authority does not take adequate control measures to protect public health, including the closure of schools, the Director may do so [19CSR 20-20.040 (2) (J) and (3) (C)].

NOTE: Part of the problem associated with developing immunity to a new strain of virus is that the markings by which the immune system recognizes the virus (called antigens) are not yet recognizable. Just as the virus is mutating, the antigens associated with the virus are changing (a process referred to as antigen drift). After a new strain of influenza has been acquired, specialized white cells (called 'memory T cells') and antibodies that bind to the antigen remain in the body. If an invader carrying the same antigen attacks again, the immune system responds far more quickly than the first time, but when antigen drift occurs, the virus can gain a foothold even in people whose immune system has loaded itself with antibodies that bind to the older shapes (p. 109, *The Great Influenza: The Epic Story of the Deadliest Plague in History*, by John M. Barry, 2005). It is because of the continued mutation of the influenza virus and the antigen drift that pandemic influenza strikes in waves. The same areas that experienced the influenza several weeks to several months earlier will experience it again in the new form (Barry, p. 391).

Missouri Department of Health and Senior Services
Division of Community and Public Health
Bureau of Communicable Disease Control and Prevention
Influenza Outbreak/School Closure Information Form

School Name: ____ **City:**

______________________________ **Zip Code:** ________________ **County:**

____ **Date(s)**

Closed: ____ **Date School**

is projected to re-open (if known): ______________________________ **Enrollment:**

____ **Number Absent:**

_________________ **OR Percent Absent** _________________ **Grades/Buildings**

Involved: ____ **Symptoms:** (Check

symptom manifestation of illness)

Fever_____ **Headache**_____ **Cough**_____

Runny Nose_____ **Sore Throat**_____ **Muscle Aches**_____

Other: ____

Submit by fax to: (573) 526-0235
If fax not available, call the information to: (573) 751-6113

Revised 08/2009

Biologic, Nuclear, Incendiary and Chemical Agents

Key findings associated with biologic and chemical agents include:
1. Respiratory problems (pharyngitis, severe congestion, dyspnea, stridor, flulike symptoms)
2. Gastrointestinal disturbances (nausea, vomiting, diarrhea)
3. Indications of cardiovascular collapse (weakness, shock, irregular pulse)
4. Neurologic dysfunction (loss of consciousness, seizures, fasciculations, disorientation, apathy, hypotonia)
5. Skin changes (rash petechiae, purpura)

Characteristics of Biologic, Nuclear, Incendiary, and Chemical Agents

Biologic Agent Characteristics

Disease	Transmitted Man to Man	Incubation Period	Duration of Illness	Lethality (approx case-fatality rates)	Persistence of Organism
Inhalation anthrax	No	1–6 days	3–5 days (usually fatal if untreated)	High	Very stable: spores remain viable >40 years in soil
Brucellosis	No	5–60 days (usually 1–2 m)	Weeks to months	<5% if untreated	Very stable
Pneumonic plague	High	2–3 days	1–6 days (usually fatal)	High unless treated within 12–24 h	Up to 1 year in soil; 270 days in live tissue
Tularemia	No	2–10 days (average 3–5)	≥2 weeks	Moderate if untreated	Months (in moist soil/other media)
Q Fever	Rare	10–40 days	2–14 days	Very low	Months (on wood and sand)
Smallpox	High	7–17 days (average 12)	4 weeks	High to moderate	Very stable
Venezuelan equine encephalitis	Low	2–6 days	Days to weeks	Low	Relatively unstable
Viral hemorrhagic fevers	Moderate	4–21 days	Death in 7–16 days	Zaire strain: high Sudan strain: moderate	Relatively unstable (depends on agent)
Botulism	No	1–5 days	Death in 24–72 hours; non-lethal illness lasts months	High unless respiratory support is provided	Weeks (in nonmoving water and food)
Staph enterotoxin B	No	3–12 hours after inhalation	Hours	<1%	Resistant to freezing
Ricin	No	18–24 hours	Days (death within 10–12 days for ingestion)	High	Stable
T-2 mycotoxins	No	2–4 hours	Days to months	Moderate	Years (at room temperature)

Source: Adapted from USAMRIID's *Medical Management of Biological Casualties Handbook* (www.usamriid.army.mil).

Taken from the *School Nurse Emergency Course*, Missouri Department of Health and Senior Services.

Biologic Agent Matrix

Signs/Symptoms by System		Anthrax	Plague	Tularemia	Brucellosis	Q Fever	Bacterial Diarrhea	Smallpox	Viral Encephalitides	Viral Hemor-rhagic Fevers	Botulinum	Enterotoxins	Ricin	Mycotoxins
Respiratory	Nonproductive cough	X	X	X	X	X		X				X		
	Cough with bloody sputum		X											
	Chest discomfort	X	X	X	X	X				X				X
	Shortness of breath	X	X	X								X	X	X
	Respiratory failure/distress	X									X	X	X	X
Circulatory	Abdominal pain	X	X	X			X	X		X		X		X
	Hypotension									X		X	X	X
	Shock	X								X		X		
	Hemorrhage			X						X				X
GI	Nausea		X			X	X			X		X	X	
	Vomiting		X	X			X	X	X	X	X	X	X	X
	Diarrhea		X	X			X		X	X	X	X		X
Skin	Skin lesions	X	X	X				X						X
	Skin inflammation							X		X				X
Neuromuscular	Drowsiness								X					
	Weakness/prostration		X	X	X	X		X			X		X	
	Progressive weakness of extremities										X			
	Muscular pain		X	X	X	X				X		X		
	Muscle rigidity							X						
	Flaccid paralysis, usually neck										X			
General	Chills		X	X	X	X		X		X		X		
	Fever	X	X	X	X	X	X	X	X	X		X	X	
	Fatigue	X			X									
	Headaches		X	X	X	X	X	X	X	X		X		
	Sore throat		X	X		X			X	X				
	Swollen lymph nodes	X	X	X									X	

X indicates signs/symptoms present.

Nuclear, Incendiary, and Chemical Agent Matrix

System	Signs/Symptoms by System	Nuclear Agent	Incendiary Agent	Nerve Agent	Blister Agent	Lewisite Agent	Blood Agents	Choking Agents	Irritant Agents
ENT	Pinpoint pupils			X					
	Involuntary closing of eyes								X
	Immediate eye pain								X
	Runny nose			X					
Respiratory	Nonproductive cough							X	X
	Shortness of breath					X	X		X
	Difficulty breathing			X					
	Choking							X	
	Increased respirations					X	X		
	Temporary respiratory cessation			X					
	Respiratory failure				X				
CV	Chest tightness							X	
	Cardiac symptoms					X	X		
GI	Nausea	X		X				X	
	Vomiting			X		X	X	X	
Skin	Blistering				X				
	Burns	X	X						
	Immediate skin pain								X
	Stinging sensation on moist skin								X
	Sweating			X					
Neuro	Dizziness					X	X		
	Loss of consciousness			X					
	Seizures			X					
	Convulsions			X	X	X	X		
General	Weakness			X		X	X		
	Sluggishness				X				
	Lethargy				X				
	Apathy				X				
	Headaches					X	X		
	Copious secretions			X					
	Fever				X				
Odor	Odor of bleach/chlorine/pool							X	
	Odor of burnt almonds					X	X		
	Odor of hair spray								X
	Odor of newly mown hay/grass							X	
	Odor of peach kernels					X	X		
	Odor of pepper								X

ENT indicates ears/nose/throat; CV, cardiovascular; GI, gastrointestinal; neuro, neurologic. X indicates signs/symptoms.

ANNEX G: MENTAL HEALTH

Each building will have a Crisis Intervention Team. The Crisis Intervention Team addresses the emotional needs of the student and staff. In that capacity, the team must be able to make rapid assessments of student and staff needs, provide family outreach, plan and carry out appropriate interventions, use individual and group strategies, and make referrals to mental health resources as appropriate. The team is also a key component of the school threat assessment process (Appendix 3 to the Basic Plan), helping to identify those who pose a threat to themselves/others, then helping to develop appropriate interventions and responses. Desirable characteristics of Crisis Intervention Team members are:

The objectives of Crisis Management are:

- Before the disaster:
  - Build community at school
  - Identify, monitor, and support at-risk students and staff
  - Develop ties with mental health and other community resources that support the emotional well-being of children
- During the disaster:
  - Triage for signs of stress that jeopardize safety
  - Segregate survivors based on exposure level
  - As appropriate, activate the Regional Homeland Security Mental Health Response System
  - Begin psychological first aid, including the work to reestablish the perception of security and sense of power
- After the disaster:
  - Reunite the students with caregivers as soon as possible
  - Reestablish a calm routine
  - Restore the learning environment
  - Continue with psychological first aid
  - Provide crisis and grief counseling
  - Initiate referrals to mental health professionals
  - Provide outreach to homes
- Before, during, and after the disaster:
  - Provide ongoing support
  - Teach stress management
  - Provide empowering activities

Before the Disaster

The Crisis Intervention Team is involved in on-going mitigation by working to develop resilient students and staff. Resilient individuals are better able to cope with disaster and their recovery is expedited. Conduct on-going screening of students for symptoms of post traumatic stress disorder, anxiety disorder, or depression. Address these baseline conditions to improve the response to future events. Students who have been exposed to life threatening violence in their day-to-day lives will generally have:

- Lower grade point averages
- More negative comments in their school records
- More absences

The mitigation work can be preventative of violence against self and others.

The Team will also develop ties with professional mental health resources in the area through the Red Cross.

During the Disaster

The job of the Crisis Intervention Team is to pay attention to students, staff, and parents, watching for signs of distress that jeopardize safety, and to activate mental health resources to intervene as appropriate in support of students, staff, and parents.

Psychological symptoms of survivors may include:

- Irritability, anger
- Self-blame, blaming others
- Isolation, withdrawal
- Fear of recurrence
- Feeling stunned, numb, or overwhelmed
- Feeling helpless
- Mood swings
- Sadness, depression, grief
- Denial
- Concentration and memory problems

Physiological symptoms of survivors may include:

- Change in appetite
- Headaches, chest pain
- Diarrhea, stomach pain, nausea
- Hyperactivity
- Nightmares
- Change in sleep patterns
- Fatigue, low energy

These symptoms are common initial reactions to a critical incident. For some survivors the symptoms persist for weeks and months, resulting in chronic problems [including Post Traumatic Stress Disorder (PTSD)] if not dealt with effectively. While it is the job of the mental health professionals to whom we refer our needy students and staff members to diagnose mental health conditions like PTSD, it may be useful for the Crisis Intervention Team members to know the diagnostic criteria (Diagnostic and Statistic Manual-IV, American Psychological Association) for PTSD:

- The person has been exposed to a traumatic event
    - Threat to physical integrity of self or others

    - Response of intense fear, helplessness or horror
        - Children may show disorganized or agitated behavior
- The traumatic event is re-experienced (1 or more)
    - Intrusive recollection of the event
        - Young children may engage in repetitive, trauma-linked play
    - Dreams of the event
        - Children may report frightening dreams without recognizable content or dreams of monsters
    - Acting as if or feeling that the event is recurring
        - Young children may show trauma-specific reenactment
    - Intense psychological distress to exposure to trauma cues
    - Physiological reaction to exposure to trauma cues
- There is avoidance of trauma cues and numbing of responsiveness (3 or more)
    - Avoid threats, feelings, conversations of trauma
    - Avoid activities, places, people linked to trauma
    - Can't recall important aspects of trauma
    - Less interest or participation in important activities
    - Feeling of detachment/estrangement from others
    - Restricted range of feelings
    - Sense of foreshortened future
- Persistent increased arousal (2 or more)
    - Difficulty sleeping
    - Irritability or outbursts of anger
    - Difficulty concentrating
    - Hypervigilance
    - Exaggerated startle response
- Disturbance lasts longer than one month
- Distress causes significant distress or impairment

As stated elsewhere in this plan, it is possible that an area-wide disaster would overwhelm our professional emergency response services and delay the availability of mental health professionals for 3 or more hours. Our Crisis Intervention Teams must be prepared to do the right things in those first few hours following a disaster to limit the emotional damage. Initially the priority must be given to reestablishing a feeling of security. The perception of security and a sense of power must be restored before the trauma can be addressed through appropriate intervention:

- Provide adequate site security
- Control the flow of information to protect against unnecessary re-exposure to the trauma
- Work together to mitigate future recurrences

Guided classroom discussion in a supportive environment (sometimes referred to at Group Crisis Intervention) is the simplest and most natural group intervention following a crisis (USDE p. 6-46 and Johnson p. 62). Prior to any discussion, triage students for exposure to violence and separate out those most exposed. The classroom discussions follow these steps:

1. Introduction—state purpose; set rules so that the process is confidential, voluntary, and safe
2. Explorations—ask students to describe their initial reactions to what they saw, heard, and felt
3. Information—summarize perceptions, clarify misconceptions, dispel rumors, normalize experiences and reactions, provide appropriate information, suggest stress management strategies

The classroom discussions should be facilitated by mental health professionals if they are available. The school counselor will normally make these arrangements and may serve as the facilitator. Under some circumstances, when professional mental health resources are not available, each classroom teacher may need to facilitate the discussion on their own. The students will initiate discussion when they are ready. This is most likely to occur in grade 3 on up during the period 24 to 72 hours after the traumatic event. A Classroom Discussion Worksheet (Appendix 2) is provided to assist the classroom teacher in facilitating the discussion. The worksheet is completed by the classroom teacher and submitted to the school counselor immediately after the discussion.

Some staff and students may need the help of a mental health professional in coping with the disaster. Ask the teachers to utilize the Mental Health Referral Form (Appendix 1) to inform the school counselor regarding the students who need help. When the building Crisis Intervention Team (CIT) needs help, they should first request support from the district CIT.

After the Disaster

Critical Incident Stress Debriefing is an intervention that has suffered a recent decline in popularity due to conflicting research studies about its effectiveness and findings that it may, in certain cases, inhibit individual's recovery from trauma. At this time there is not enough evidence to support its use with children. An alternative intervention supported by the National Child Traumatic Stress Network is Psychological First Aid. A summary of techniques (taken from the Psychological First Aid presentation at http://www.nctsnet.org/nccts/nav.do?pid=ctr_tool_present) follows. Additional information about children's responses to traumatic events can be accessed at the NCTSN website: www.NCTSNet.org.

Preschool Through Second Grade:

- Provide support, rest, comfort, food, opportunity to play or draw
- Reestablish adult protective shield by providing reassurance that adults will keep them safe and take care of their needs
- Help clarify or correct any misconceptions that they might have regarding the event
- Help children label their feelings (e.g., sad, mad, scared, confused) and identify what is bothering them
- Help to verbalize general feelings and complaints (so they will not feel alone with their feelings)

- Separate what happened from physical reminders (e.g., monkey-bars, parking lot) to counter children attributing magical qualities to traumatic reminders
- Encourage them to let their parents and teachers know when thoughts and feelings interfere with learning
- Provide consistent caretaking (e.g. assurance of being picked up from school, knowledge of caretaker's whereabouts)
- Tolerate regressive symptoms for the first several days, then utilize supportive intervention and referral
- Give explanations about the physical reality of death

Third Through Fifth Grade

- Support all students. For those who want to discuss the event, facilitate their discussion. Utilize the worksheet at Appendix 2. Address any preoccupations with their own actions during the event or feelings of responsibility and guilt.
- Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize
- Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions
- Encourage expression of fear, anger, sadness, in your supportive presence
- Encourage them to let teachers know when thoughts and feelings interfere with learning
- Support them in reporting dreams, provide information about why we have bad dreams
- Help to share worries; reassurance with realistic information
- Help to cope with the challenge to their own impulse control (e.g. acknowledge "It must be hard to feel so angry")
- Offer to meet with children and parent(s) to help children let parents know how they are feeling
- Encourage constructive activities on behalf of the injured or deceased
- Help to retain positive memories as they work through the more intrusive traumatic memories so that they will not feel overwhelmed by their grief responses

Sixth Grade and Up:

- Support all students. For those who want to discuss the event, facilitate their discussion. Utilize the worksheet at Appendix 2. Address feelings about the event, and realistic expectations of what could have been done.
- Help them understand the adult nature of these feelings; encourage peer understanding and support
- Help to understand their acting out behavior as an effort to numb their responses to, or to voice their anger over, the event
- Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to impulse control associated with violence
- Discuss the expectable strain on relationships with family and peers

- Elicit their actual plans of revenge; address the realistic consequences of these actions; encourage constructive alternatives that lessen the traumatic sense of helplessness
- Link attitude changes to the event's impact
- Encourage postponing radical decisions in order to allow time to work through their responses to the event and to grieve

Parents

The Crisis Intervention Team members will do death notifications to parents and spouses of staff members until the Red Cross, medical responders, or mental health professionals assume that responsibility. The notification should be made in person following these parameters whenever possible (NOVA pages 6-90 and 91):

- Make the notification in pairs
- Do not take personal items of the deceased with you to do the notification
- If you or your partner were involved at the scene of the death, try to make sure that your clothes (or appearance) are not disheveled or bloody.
- Introduce yourself and your partner, and be prepared to present credible identification, if appropriate.
- Confirm that the person you are talking to is the appropriate person to be notified.
- If you visit the home of a survivor, ask to enter the home before making notification.
- Encourage survivors to sit, and sit down with them when you talk to them.
- The person making the actual notification should take the lead in all of the discussion. The person assisting the notifier should monitor the survivors for danger signs to themselves or others, and be prepared to care for any children.
- The notifier should tell the survivors simply and directly. For most people, your appearance, your demeanor, and the ritual involved will give them clues that something horrible has happened. Do not prolong natural anxiety. Leave no room for doubt or false hope: "We have come to tell you your son was killed when a man opened fire on a bus as your son was going to school. I am so sorry."
- Be prepared to present confirming evidence in a convincing fashion in the face of denial.
- Focus on immediate needs of survivors. If survivors want, help them notify others.
- Do not leave survivors alone. Leave them with someone and with a "safety net."

Keep the parents of surviving students involved. Strategies for preventing secondary stress and mitigating primary stress reaction to critical incident can include information sent home to assist parents in observing their children and helping them cope. Notify parents of staff concerns, stay in close communications with them, and elicit their help in monitoring the students. (Johnson, p. 21)

School interventions following a crisis are normally affective educational experiences designed to encourage learning about one's own and others' perceptions and feelings following critical incidents. However, when the intervention following an incident is intended to be counseling, parent permission is normally required. Provide the parents a permission form as follows:

I hereby give permission for my son/daughter ____________________ to participate

in a group discussion regarding the _________________ incident that occurred on

________ at school. I understand that the discussion will be lead by

_______________. (Johnson, p. 104)

During the first days following the disaster the Crisis Intervention Team, with the support available from mental health professionals, will survey the survivors for traumatic exposure. Keep the students' varying levels of exposure (i.e., some who saw injuries/death and others who were absent or not exposed to the event) in mind when organizing a group discussion. Consider breaking the class into smaller groups by degree of exposure for the discussion. If some students avoided exposure to the traumatic event, you do not want to subject them to full details of their classmates' exposure.

Call upon a Missouri NOVA (National Organization for Victim Assistance) Community Crisis Team for assistance as necessary. Their contact information is yramy@webound.com or 417-832-8252. Contact information for the national NOVA headquarters in Washington, D.C. is nova@try-nova.org or 202-232-6682. NOVA services include:

- Immediate assistance within 24 hours
- Planning coordination with emergency responders
- On-site, one-to-one companioning
- On-site community group crisis intervention

In major catastrophes, it is normal practice to establish a family assistance center where friends and families of loved ones can go to receive continuing updates on what is happening with rescue or recovery efforts, as well as to receive other information and obtain resources, including: family companioning, assistance in visiting the disaster site, crisis intervention, mental health referrals, assistance in filing for victim compensation, assistance with emergency financial needs, assistance with filling out forms for expedited death certification, and so forth (NOVA page 12-20).

The school Crisis Intervention Team will be involved with long-term recovery for the students, staff, and family. Some considerations are memorials and anniversaries.

Suicide

Suicide is preventable. Suicide intervention requires the knowledge of suicide warning signs and risk factors, as well as the willingness to accept heavy responsibility. Appendix 6 to the annex provides helpful information and protocols for suicide intervention and postvention.

References:

a. APA (American Psychological Association), *Diagnostic and Statistic Manual-IV*

b. Kendall Johnson, *School Crisis Management: A Hands-on Guide to Training Crisis Response Teams*. Alameda, CA: Hunter House Publishers, Second Edition 1993, 2000.

c. NASP (National Association of School Psychologists), *Best Practices in School Crisis Prevention and Intervention*. Bethesda, MD: NASP Publications, 2002

d. NCTSN (National Child Traumatic Stress Network), *The 3R's of School Crises and Disasters*, undated

e. NOVA (National Organization for Victim Assistance), *The Community Crisis Response Team*, 2002

f. Pynoos, R. S., & Nader, K. (1987). Psychological first aid and treatment approach to children exposed to community violence: Research implications. *Journal of Traumatic Stress, 1,* 445-473.

g. USDE (U.S. Department of Education), *Practical Information on Crisis Planning: A Guide for Schools and Communities*, May 2003

Appendix 1 to Annex G—Mental Health Referral Form

Mental Health Referral Form

To: School Counselor, ________________________________
(name of school)

Name of referred student: ____________________________ Grade: ______

Preferred language of student if not English: _________________

Referred by: ______________________ Date/time referral submitted: _____________

Check all that apply:

☐ The student approached me for help
☐ The student's parent or guardian has contacted me with concerns about the student's behavior or attitude. What the parent/guardian said: ________________

____

The student demonstrates the checked psychological symptoms:

☐ Irritability, anger
☐ Self-blame, blaming others
☐ Isolation, withdrawal
☐ Fear of recurrence
☐ Feeling stunned, numb, or overwhelmed
☐ Feeling helpless
☐ Mood swings
☐ Sadness, depression, grief
☐ Denial
☐ Concentration and memory problems

The student demonstrates the checked physiological symptoms:

☐ Loss of appetite
☐ Headaches, chest pain
☐ Diarrhea, stomach pain, nausea
☐ Hyperactivity
☐ Nightmares
☐ Inability to sleep
☐ Fatigue, low energy

Additional information that may be helpful in determining the cause of the mental health concern:

____

____

Appendix 2 to Annex G—Classroom Discussion Worksheet

Classroom Discussion Worksheet

TO: Classroom Teacher

When the threat to physical safety is gone, children may benefit from discussing what happened and their feelings. If a counselor is not available to facilitate the discussion, use this worksheet as a guide and to report to the counselor when the discussion is completed.

Date and Time Discussion Conducted: ________________________

Point to Consider:
If you have students in the group with varying levels of exposure (i.e., some who saw injuries/death and others who were absent or not exposed to the event), consider breaking into smaller groups by degree of exposure for the discussion. Alternatively, you may want to gently redirect extensive talk about gory or frightening details. If some students were lucky enough to avoid exposure to the traumatic event, you do not want to expose them to full details of their classmates' exposure.

Introduction:
Share with students the following purpose statement: "We are about to discuss the _____________ (i.e. fire, tornado, etc.) we just experienced. We will talk about what you saw and what your heard. We will discuss feelings people may have. We will also talk about ways we can cope and feel better. Before we get started I want to agree upon a few rules:

1. Listen when others are speaking
2. Raise your hand if you have something to say
3. You don't have to speak if you don't want to
4. Whatever you say should not be discussed with other students in the school by any of us."

Exploration:

1. Ask students to briefly describe what they experienced. Do not move on to the next part until everyone (who wants to) has contributed his/her perception. You may use these questions to guide this part of the discussion:
    a. Where were you when the event occurred? Who were you with?
    b. What did you see and hear (or what were you told about the event)?
    c. What were your thoughts and feelings before and during the event?

2. Ask students to share their initial reactions. You may use these questions to guide this part of the discussion (Chemtob, 2001)*:
    a. What happened after the event (to people, the building, feelings)?
    b. How do you feel now?
    c. What makes you feel better?

d. What did you learn from the event (e.g., learning about people who can help you, learning about the bravery/strength of self and others)?
e. What can be done to help you right now?

Information:

1. This is your chance to share information with the students that will help them cope with the disaster just experienced. Begin by summarizing their perceptions
2. Clarify misconceptions and dispel rumors.
3. Normalize their reactions by explaining that the following reactions to an experience like this are normal:

   Normal psychological reactions may include:
   - Irritability, anger
   - Self-blame, blaming others
   - Isolation, withdrawal
   - Fear of recurrence
   - Feeling stunned, numb, or overwhelmed
   - Feeling helpless
   - Mood swings
   - Sadness, depression, grief
   - Denial
   - Concentration and memory problems

   Normal physiological reactions may include:
   - Changes in appetite
   - Headaches, chest pain
   - Diarrhea, stomach pain, nausea
   - Hyperactivity
   - Nightmares
   - Changes in sleep patterns
   - Fatigue, low energy

4. Provide the following information as appropriate:
   a. What ideas do you have for managing their stress? *Share with them more ideas as appropriate:*
      i. Exercise
      ii. Eat good food
      iii. Get enough sleep
      iv. Listen to relaxing music
   b. Who is your adult support group? Those are the adults you can talk to when you are having problems.
   c. While the reactions we discussed are normal right after a situation like the one we experienced, it is not normal for those emotions and behaviors to be problems for long periods of time. If you continue to have problems with eating, sleeping, and getting along with others, or any of the other reactions we discussed, you should ask members of your adult support group for help.
   d. Tell teachers or parents if your thoughts and feelings related to the event interfere with your learning.

Name of Teacher facilitating the discussion: ____________________________

[NOTE: Use the Mental Health Referral Form (Appendix 1 to Annex G) to notify the School Counselor regarding any students who you believe may need additional assistance. Return this worksheet along with referral forms to the School Counselor immediately after the discussion.]

* Chemtob, C. (2001, September). Pointers for teachers. Retrieved from http://www.aapdistrictii.org/ptsd.htm

Appendix 3 to Annex G—Initial Interview Protocol

During the first days following the disaster the Crisis Intervention Team, with the support available from mental health professionals, will survey the survivors for traumatic exposure. As appropriate, the Crisis Intervention Team should arrange for the implementation of the following "Initial Interview Protocol" by mental health professionals with individual students or groups of students. Each interview will last around 45 minutes. (This protocol is from pages 48-49 of *3R's of School Crises and Disasters*, National Child Traumatic Stress Network.)

I. Factual Information
- Where was s/he when the event occurred?
- What was seen, heard and/or told to the child of the event?
- How does s/he know the victims and others involved?
- Has s/he had any previous experience with violent trauma, serious illness, or sudden unexpected loss?

II. Subjective Response to the Event
- How was s/he feeling just before the event? What does s/he recall about the day?
- What was the most disturbing moment?
- What was the scariest moment?
- What keeps coming back to mind the most about what was seen, heard, and/or told?
- Does s/he have bad dreams?
- What kinds of things most remind him/her about what happened?
- What kinds of things cause him/her to think it will happen again?

III. New Behaviors
What new fears does s/he have? (i.e. being alone, going to certain places, going to sleep, going to the bathroom alone, etc.)
Ask parents/guardians:
- *Are there any new regressive behaviors?*
- *Does s/he worry that something bad will happen to parents, siblings or self? (i.e. won't let them out of sight, asks when they are coming back, talks about steps to protect them)*
- *Are there avoidant behaviors? (i.e. won't go near certain places or things)*
- *Are there unusual aggressive behavior or misconduct?*
- *Is there traumatic play? (repetition of event or rescue theme)*

IV. New Concerns
- What feeling does the child say is the toughest to handle?
- What concerns does the child have about how the parents or siblings are reacting?
- Is the child afraid to let the parents know how s/he is feeling for fear it would upset or anger them?
- Have there been changes in the child's life or daily routine because of the event?

V. Type of Grief Response
- What thought or dreams does s/he have involving the victims?

- If sad, what does the sadness make him/her think of?
- If angry, what makes him/her angry?
- What is his/her understanding of the physical reality of death?

VI. Exploring Crying Responses

- What thought or memories help him/her feel better?
- What would help him/her feel better or safer right now?
- Who are the people (friends, family members, teacher, clergy, etc.) s/he can turn to when feeling badly?
- What constructive action or activity have they taken or been involved in since the tragic event?

VII. Closing the Interview

- Briefly review what the student has told you. ("Tell me if I've heard you correctly.")
- Give the student your admiration and praise ("I really admire your for being able to share your experience with me. You are a very courageous person. You've been through something that all people, adults and children, would find difficult.")
- Share your professional experience about expectable outcomes. (Describe the range of normal somatic, cognitive and emotional responses to trauma, the course of strength and duration of symptoms, the need for professional assistance if symptoms persist in strength over time. Today was a hard day. Tomorrow won't be quite as hard. An important part of remembering is to forgive.)
- Identify helping professionals in the school, should the student have questions or want counseling. Share your schedule of availability, if appropriate.

Thank the student for his/her time and for permitting you to understand more about what s/he has gone through in the aftermath of tragedy.

Appendix 4 to Annex G—Principal's Letter to Students

This is an example of a letter that could be sent by the school principal to students the day following a traumatic incident at school. The example letter was taken from material developed for the National Center for Child Traumatic Stress, UCLA, by Marlene Wong.

Yesterday was one of the most difficult days that we, as a school family, have ever experienced. The loss of ____________ has been one of the most disturbing experiences of my career as an educator and I'm sure that it has had a great impact on you.

Today I am writing to every student on campus. I am very concerned about each and every one of you and I want each of you to write me a letter in return. In your letter, I want you to tell me about your personal experience by answering the following questions:

- *Where were you when this incident occurred?*
- *What were your thoughts when you realized what happened or where told about what happened?*
- *What have been the most difficult emotions your have had to deal with?*
- *How has this changed your daily life?*
- *Have you had thoughts of hurting yourself?*
- *Are you worried about any of your friends hurting themselves or others?*

Sign your name and grade at the bottom of the letter.

Please be open and honest about your feelings. I promise that every one of your letters will be read. If you are worried about yourself or one of your friends, I want to know their names, not because you will get "in trouble" but because this is a time when we should reach out to the people we care about who may need extra help and support.

This is a time when we can all turn to our friends and family for help, including the school family of teachers and counselors.

I look forward to hearing from each and every one of you and to beginning the process of healing in our school.

Sincerely,

Principal

Appendix 5 to Annex G—Suicide Intervention

"Effective school suicide intervention plans need to ensure that students, parents, and school personnel are knowledgeable of warning signs and instructed on how to refer the individual for appropriate assessment." (Brock, Lazarus, and Jimerson editors (2002), NASP, *Best Practices in School Crisis Prevention and Intervention*, p. 532) Some common warning signs are:

- Suicide threats
- Suicide plan, method, and means
- Previous attempts (around 30% of adolescent suicide victims have made previous attempts)
- Making final arrangements
- Symptoms of depression

Some common risk factors for suicide are:

- Psychopathological disorders (most often an emotional disorder and substance abuse)
- Family history of suicide
- Gay and lesbian youths are 200-300% more likely to attempt suicide than other young people
- Presence of a firearm in the household
- Precipitating event (traumatic death of a significant other, parental divorce, family moves, incarceration, trouble at school, sexual abuse, exposure to suicidality of others)

Legal issues:
"It is negligent on the part of the school not to notify parents or guardians when students are known to be suicidal. . . . The courts hold that school personnel are in a position to make referrals and have a duty to secure assistance from others, with parental involvement, when a child is at risk." (Brock et al, p. 535).

School suicide intervention responsibilities:

- Detecting suicidal students
- Assessing suicide threat severity
    - What warning signs initiated the referral?
    - Has the student thought about suicide?
    - Has the student tried to hurt himself before?
    - Doe s the student have a plan to hurt himself?
    - Does the student have access to the means for carrying out the plan?
    - What is the student's support system (parents, etc.)?
- Notifying parents
- Attaining needed mental health services
- Supervising the suicidal student
- Providing follow-up at school

If a suicide is completed, the mental health team should:

1. Confirm information about the death
2. Contact the family of the suicide victim to express sympathy and offer postvention assistance
3. Assess the number of students affected by the death and the proximity to other traumatic events
4. Assess the impact of the suicide on members of the school staff and notify the most effected appropriately
5. Notify other schools impacted by the death
6. Once the death is officially ruled a suicide, the crisis response team should directly acknowledge this fact, while exercising discretion regarding the kind of information shared (no details)
7. Meet separately with individuals emotionally proximal to the suicide victim
8. Deliver the information about the death simultaneously in classrooms with a prepared message
9. A crisis response team member should walk through the suicide victim's class schedule to help students in those rooms who are affected by the empty chair
10. Report the death to parents in a letter written by the school principal
11. Provide on-going crisis intervention services for individuals as needed

There is concern regarding suicide clusters and suicide contagion. The objectives of the suicide postvention efforts should be:

- Provide students with the facts about the suicide without going into excessive detail.
- State that the only one ultimately responsible for the suicide is the victim.
- Acknowledge that the suicide was avoidable.
- Help survivors to dis-identify with the suicide victim without abusing the victim's character.
- Provide information about the warning signs of suicidal behavior and available mental health resources.
- As appropriate, prepare students for the funeral. Whether students wish to attend a funeral should be up to the students and their parents. Memorial services should not be held at school. School should not be cancelled for memorial services. For memorials, support the development of living memorials, such as student assistance programs that will help others cope with feelings and problems.

Reference: NASP (National Association of School Psychologists), *Best Practices in School Crisis Prevention and Intervention*. Bethesda, MD: NASP Publications, 2002, chapters 26-27.

ANNEX H: HAZMAT

Each building will have a Hazardous Material (HAZMAT) Team, responsible for supervising all emergency operations involving hazardous materials. We define hazardous material as any product that corrodes other materials, explodes or is easily ignited, reacts strongly with water, is unstable when exposed to heat or shock, or is otherwise toxic to humans, animals, or the environment.

The HAZMAT Team must know the persons within the school staff who are responsible for the purchase or use of hazardous materials. Ensure those individuals conduct an annual inventory of hazardous materials stored within their area of responsibility and provide the HAZMAT Team a copy of the inventory. The inventory should include: name of material, Chemical Abstract Service (CAS) identification, concentration, container size, volume or weight.

The HAZMAT Team will explore ways to reduce the presence of hazardous materials by finding safer alternatives to serve the same purpose.

The HAZMAT Team has the on-going responsibility for ensuring that all hazardous materials are properly stored and secured, with a copy of the material safety data sheet (MSDS) displayed in the storage area. MSDS provide a summary of the important health, safety, and toxicological information on the chemical or the mixture. The MSDS includes information such as health effects, toxicity, first aid, physical data (boiling point, flash point, etc.), storage, disposal, personal protective equipment, and spill procedures. The HAZMAT Team maintains a consolidated sets of MSDS for the building in the nurse's office. The nurse will carry her consolidated set out of the building in the event of an emergency evacuation. The consolidated set contains floor plans of the building indicating where the items are stored.

The HAZMAT Team arranges for training on precautions associated with the hazardous materials in the school. The HAZMAT Team will include the nurse, the Search & Rescue Team, and others as appropriate in the training opportunities.

Training will address the safe clean-up of hazardous material spills. Spill kits will be maintained by the HAZMAT Team as appropriate. The first precaution to take for spill control is spill prevention. Chemicals should be stored and dispensed in unbreakable bottles. Highly toxic materials should be stored in a secondary containment device. Proper spill control includes fire blankets. A 100% wool fire blanket is an excellent spill control device because it will contain and control a spill and its vapors. Remember, acid spilled on a tile floor will become very slippery and the potential for slipping and falling into the acid spill is a real concern.

Every building should have spill control materials in addition to the fire blankets. We will utilize three 5-gallon plastic buckets: one containing 30 pounds of clean dry sand, one containing a 20-lb bag of unodorized kitty litter or oil absorbent, and one containing 30 lbs of sodium carbonate, anhydrous, also known as soda ash. Label each bucket with

the contents. Along with these buckets, have available a plastic broom, plastic dustpan, and several large heavy-duty plastic garbage bags.

Spill control procedures on the MSDS should be followed. When and MSDS is not available, the procedures are:

1. Quickly assess the spill, its hazards and the danger to yourself and others. If the spilled chemicals are unknown, assume the worst and evacuate.
2. Notify other HAZMAT Team personnel of the accident, and if necessary, evacuate the area. The safety of personnel is always the top priority. Call the Fire Department as appropriate.
3. Tend to any injured or contaminated person and if necessary request help. If the chemical is splashed into an eye or onto skin, immediately irrigate using an eyewash or shower. Remember, if you use a safety shower near a chemical spill, the water will expand the spill area. If the chemical is splashed on clothing, consider removing the clothing,
4. Take steps to contain and limit the spill if this can be done without risk of injury or contamination. Pour sand around the spill and onto the spill to prevent it from spreading. This also provides traction. Next, pour the absorbent material (kitty litter or oil absorbent) around the spill and onto the spill. This will absorb the liquid and also begin to contain any vapors. Lastly, if the spill is an inorganic acid or base, apply the appropriate neutralizer (see the Material Safety Data Sheet) around the spill and onto the spill. The neutralizer must be mixed well with the sand and absorbent to come in contact with all of the spilled chemical—use a plastic broom to mix well.
5. Clean up the spill using appropriate procedure. If the material is warm or still giving off vapors, ventilate the room and wait before cleaning up. Us a plastic dustpan and plastic broom to sweep up the now solid mess and place it into large, heavy-duty garbage or leaf bags for disposal. Leave the material in place under supervision until someone from KCMSD Environmental Services or another qualified HAZMAT waste manager removes it.
6. Report all spills, even minor ones, to the building principal.

The HAZMAT Team will be familiar with the building ventilation system, including which zones are shut off by various dampers in the system. The HAZMAT Team will work with Utilities Team to control ventilation when a vapor hazard is involved.

During emergency operations, the HAZMAT Team will work alongside the Search & Rescue Team, playing the lead when the area searched or the fire being suppressed involves hazardous materials.

The HAZMAT Team will be responsible for safely and legally disposing of any hazardous wastes resulting from an emergency situation.

Appendix 1 to Annex H—NFPA Placards

In compliance with local codes, National Fire Protection Association (NFPA) 704 diamond system placards have been posted at the entrances to the building and next to the entrance of each storage area where hazardous materials are stored. The diamond is divided into four colored quadrants, each with a rating number inside as follows:

Red (top) Quadrant—Flammable:

- 0 will not burn
- 1 must be preheated to burn
- 2 ignites when moderately heated
- 3 ignites at normal temperatures
- 4 extremely flammable

Blue (left) Quadrant—Health:

- 0 like ordinary material
- 1 slightly hazardous
- 2 hazardous—using breathing apparatus
- 3 extremely dangerous—use full protective clothing
- 4 too dangerous to enter vapor or liquid

Yellow (right) Quadrant—Reactive:

- 0 normally stable
- 1 unstable if heated—use normal precautions
- 2 violent chemical change possible—use hose streams from distance
- 3 strong shock or heat may detonate—use monitors from behind explosion resistant barriers
- 4 may detonate—vacate area if materials are exposed to fire

White (lower) Quadrant—Special Hazards

- The letter W with a bar across the letter indicates reactivity with water.
- The letters OX indicate the presence of materials with oxidizing properties.

Appendix 2 to Annex H—Children and Hazardous Materials

Children are physiologically more vulnerable to biological, chemical, and radiological agents than adults:

1. Aerosolized biological and chemical agents, as well as radioactive fallout, settle at ground level. Children are typically shorter than adults and have faster respiratory rates, so they receive a larger, more lethal dose of such agents.
2. Children have thinner skin and a greater surface-to-mass ratio, so agents that are absorbed through or act on the skin (such as blistering agents) pose a greater threat.
3. Because children's organs are still developing, exposure to radiation is more likely to lead to cancer.
4. Agents that produce vomiting or diarrhea cause more rapid dehydration in children.
5. A child has a smaller circulating volume than an adult, increasing vulnerability to even small amounts of blood loss. Profound shock can develop quickly.
6. A child's ability to escape from a threat depends on developmental level:
   a. Can the child identify and flee from danger?
   b. Is the child able to walk?
7. Decontamination procedures must be modified for children; for example, decontaminant showers pose a risk of hypothermia.

Taken from the *School Nurse Emergency Course*, Missouri Department of Health and Senior Services.

Appendix 3 to Annex H— Mercury Spill Procedures

This is a mercury safe school. All mercury thermometers and known mercury-containing instruments (thermostats, etc.) have been removed. There are currently no mercury-free fluorescent light bulbs manufactured, but “low mercury” bulbs are available. We only use ecologic fluorescent lamps (marked “ECO”) that are certified as passing the Environmental Protection Agency’s Target Compound List (TCL) test and which are considered non-hazardous waste. The Missouri Department of Natural Resources recommends that all fluorescent bulbs be recycled. For a list of recycling locations, see the fact sheet “Fluorescent Bulb Recyclers” at http://www.dnr.mo.gov/pubs/pub451.pdf.

While no mercury is allowed in this school, it is possible that a mercury spill could occur in the school because an unauthorized container of mercury or a mercury-containing device (thermometer, thermostat, fluorescent light bulb, etc.) which has been carried into the school breaks. These procedures will apply to any mercury spill that occurs on school property.

Never use a vacuum cleaner or broom in a mercury cleanup.

If the amount of mercury spilled is less than or similar to the amount in a thermometer:

1. Have everyone else leave the area; don’t let anyone walk through the mercury on their way out. Do not allow children to help clean up the spill. Leave all shoes, clothing and other articles that were splashed with mercury at the spill site.
2. Wash skin exposed to mercury with soap and water.
3. Shut off the central air system. (Turn down the temperature for heating systems other than central air.)
4. Open all windows and doors to the outside; shut all doors to other parts of the school.
5. Assemble cleanup supplies. If a mercury spill kit is not readily available, use the following items:
   - Rubber, nitrile, or vinyl gloves,
   - Safety glasses,
   - Eye dropper or syringe without a needle,
   - Playing cards,
   - Rubber squeegee,
   - Duct tape or other heavy duty tape,
   - Plastic container with lid or heavy duty ziplock bags and
   - Flashlight.

   NEVER USE A VACUUM CLEANER OR BROOM TO CLEAN UP A MERCURY SPILL. A vacuum cleaner will vaporize mercury and disperse it to the air, creating a worse hazard. A broom will break mercury into smaller beads, making it more difficult to clean up.
6. Dress appropriately. Remove jewelry from hands and wrists so the mercury does not combine (amalgamate) with other metals. Put on protective gloves and safety glasses. Wear old clothes that can be discarded if they become contaminated.

7. If there are any broken pieces of glass or sharp objects, pick them up with care. Place all broken objects on a paper towel. Fold the paper towel and place in a zip lock bag. Secure the bag and label it as directed by the local health or fire department.
8. Mercury can be cleaned up easily from the following surfaces: wood, linoleum, tile and any similarly smooth surfaces. Locate visible mercury beads. Use a squeegee or cardboard to gather mercury beads. Use slow sweeping motions to keep mercury from becoming uncontrollable. Take a flashlight, hold it at a low angle close to the floor in a darkened room and look for additional glistening beads of mercury that may be sticking to the surface or in small cracked areas of the surface. Inspect the entire room.
9. Use an eyedropper to collect or draw up the mercury beads. Slowly and carefully squeeze mercury onto a damp paper towel. Place the paper towel in a ziplock bag and secure.
10. OPTIONAL STEP: Commercially available powdered sulfur may be used to absorb the beads that are too small to see. The sulfur does two things: (1) it makes the mercury easier to see since there may be a color change from yellow to brown and (2) it binds the mercury so that it can be easily removed and suppresses the vapor of any missing mercury. When using powdered sulfur, do not breathe in the powder as it can be moderately toxic.
11. If a spill occurs on carpet, curtains, upholstery or other absorbent surfaces, these contaminated items should be thrown away by cutting away the affected portion of the material, inserting it in a ziplock-type bag.
12. Double bag all mercury-contaminated materials using heavy-duty ziplock bags or plastic containers with an airtight lid. Contact your local health department, municipal waste authority or fire department for proper labeling and disposal of the mercury-containing ziplock bag(s).
13. Call the Missouri Department of Natural Resource's Environmental Emergency Response 24-hour hotline at **(573) 634-2436** for technical assistance with any cleanup or disposal questions.

If the amount of mercury spilled is more than would be in a thermometer follow these steps:

1. Have everyone else leave the area; don't let anyone walk through the mercury on their way out.
2. Shut off the central air system. (Turn down the temperature for heating systems other than central air.)
3. Open all windows and doors to the outside; shut all doors to other parts of the school and leave the area.
4. Call your local or state health or environmental agency.
5. Any time one pound (2 tablespoons) or more of mercury is released to the environment, it is mandatory to call the National Response Center hotline (24 hours a day 7 days a week) at (800) 424-8802.

Fluorescent light bulbs contain a very small amount of mercury (mercury-containing calcium phosphate powder) sealed within the glass tubing. Even though only ecologic

fluorescent lamps are used in this school, the following precautions are followed with each spent fluorescent light tube:

1. Care is taken during the handling and packaging of the spent tube to protect against breakage.
2. It is packaged in a cardboard box specifically designed for an individual tube, usually the box vacated by the replacement tube.
3. The boxed tube is then recycled or disposed of in accordance with locally determined solid waste management procedures. (The procedure may be to put ecologic lamps in dumpster with normal waste.)
4. If a fluorescent tube is broken:
5. Have people vacate the room and don't let anyone walk through the breakage area on their way out.
6. Open a window and leave the room for 15 minutes or more.
7. Shut off the central forced-air heating or air conditioning system.
8. Carefully scoop up glass fragments and powder using stiff paper or cardboard and place them in a glass jar with metal lid or a ziplock bag.
9. Use sticky tape, such as duct tape, to pick up any remaining small glass fragments and powder.
10. Wipe the area clean with damp paper towels or disposable wet wipes and place them in the glass jar or plastic bag.
11. If the breakage occurs on a carpet or rug and vacuuming is needed to after all visible material has been removed, vacuum the area where the bulb was broken, then remove the vacuum bag or empty and wipe the canister, putting the vacuum bag or debris in a sealed plastic bag.
12. Immediately place all cleanup materials outside the school in a trash container.
13. Wash your hands after disposing of the materials.
14. The next several times you vacuum, shut off the central forced-air heating/air-conditioning system and open a window prior to vacuuming. Keep the central air system shut off and the window open for at least 15 minutes after vacuuming is completed.

References:

- "Mercury Risks—What Missouri Schools Can Do: General Guidance" from Missouri Department of Natural Resources, Spring 2008
- http://www.epa.gov/mercury/spills/index.htm: "Spills, Disposal and Site Cleanup"
- http://www.epa.gov/bulbrecycling/: "Mercury-Containing Light Bulb (Lamp) Recycling"
- http://www.p2000.umich.edu/mercury_reduction/mr2.htm: "Fluorescent Light Tube Recycling:

ANNEX I: Utilities

The utilities team is responsible for checking utilities and do whatever is necessary to minimize any danger, while determining which utilities still work and which don't and report findings to the Command Post.

- Check and turn-off gas, if gas can be smelled or other damage is evident.
- Check and turn-off electricity, if electrical damage is evident. Make sure emergency generator is functional and emergency power is on.
- Check and turn-off water, if pipes are broken or leaking.
- Equipment needs:
    - Gloves
    - Radios/pagers
    - Tools to turnoff utilities (tools are located in the custodial closet on the ground floor nearest the exit)
    - School Diagrams (exits and utility turnoffs)

Power failures are reported to Light and Power Company at 800-XXX-XXXX.

Waterline breaks are reported to the Water Company at 666-XXXX (666-XXXX after hours).

Gas line breaks are reported by moving out of the danger area, then dialing 911. Do not use telephones, public address systems, bells, or light switches where there is the odor of a gas leak. Missouri Gas Energy is at 800-xxx-XXXX.

ANNEX J: LOGISTICS

The logistics section is responsible for making available and maintaining the following resources throughout the emergency operations:

- Communication (radio, telephone, etc.)
- Emergency supplies (batteries, blankets, flashlights, rope, tape, etc.)
- Food and drinking water
- Medical supplies
- Morgue operations
- Office supplies
- Shelter
- Transportation
- Utilities
- Waste disposal

The minimum essential supplies are prestocked in all cases. Inventories of prestocked supplies are updated annually for each of the emergency response teams. Prestocked food and water is rotated through regular cafeteria operation on at least an annual basis.

Bus service for the district is contracted (3-year contract) with Buddy's Buses (telephone 666-XXXX). There are 52 buses operating under the contract. Buddy's Buses is prepared to respond to requests for supporting early releases with enough notification. For emergency response, the district owns and operates 17 buses for students with special needs (1 62-passenger bus modified for wheelchairs and 16 22-passenger buses modified for disabled). These buses can be quickly mobilized for moving occupants of a school to safety.

If the City Emergency Operations Center is activated, the District Transportation Officer will be positioned as the District Liaison Officer at the EOC.

The Logistics Officer maintains a current list of area vendors (name, address, telephone number) for all emergency supplies and will restock during an emergency as possible.

The inventory and receipt of emergency response team equipment and supplies is managed on an annual basis by the logistics section using the forms provided appendices 1 through 4 of this annex.

Appendix 1—Search and Rescue Team Equipment Inventory and Receipt
Appendix 2—Security Team Equipment Inventory and Receipt
Appendix 3—First Aid Team Equipment Inventory and Receipt
Appendix 4—Family Reunification Team Equipment Inventory and Receipt

Appendix 1 to Annex J (Search & Rescue Team Equipment Inventory and Receipt)

School: ________________________________

Name of Team Leader who inventoried and is signing for the equipment:

____

Date: ___________________________

Item Description	Quantity on Hand
Backpack	
Building Floor Plan	
Cord	
Duct Tape	
Dust Mask	
Emergency Blanket	
First Aid Kit (25 pr Nitrile gloves, 10 rolls crinkle gauze 4” X 4.1 yards, 100 4” X 4” surgical sponge, 4 triangle badges, 500 ml bottle of saline)	
Flashlight (affixes to helmet) with batteries	
Gloves	
Goggles	
Hard Hat	
Markers	
Masking Tape	

This equipment should be provided for each team member.

Sign below to confirm accuracy of the inventory and to assume responsibility for the security of the equipment items.

____

Appendix 2 to Annex J (Security Team Equipment Inventory and Receipt)

School: ________________________________

Name of Team Leader who inventoried and is signing for the equipment:

____

Date: ___________________________

Item Description	Quantity on Hand
Caution tape (1 roll per team)	
Clipboard (1 per team member)	
Diagram of school	
Equipment bag (1 per team)	
Flashlights with direction wands and batteries (1 per team member)	
Glow sticks (1 box per team)	
Hard hats (yellow) (1 per team member)	
Markers, pens, paper	
Master keys (1 set per team)	
Megaphone (1 per team)	
Reflective vest (yellow) (1 per team mbr)	
Roster of school students and staff	
Whistle (1 per team member)	
2-way radio	

This equipment can be consolidated in one team bag.

Sign below to confirm accuracy of the inventory and to assume responsibility for the security of the equipment items.

____

Appendix 3 to Annex J (First Aid Team Equipment Inventory and Receipt)

School: ________________________________
Name of Team Leader who inventoried and is signing for the equipment:

____

Date: ___________________________

Item Description	Quantity on Hand
Reflective vest (white) 1 per team member	
Equipment container on rollers, 1 per set	
24 rolls cloth tape, 2" per set	
10 antiseptic skin wipes per set	
2 bottles of skin antiseptic spray per set	
2 X 3.5-gallon biohazard waste bags per set	
1 box of resealable quart plastic bags per set	
1 box assorted band-aids per set	
2 blankets per set	
2 instant squeezable cold packs per set	
1 package cups for drinking per set	
2 bottles disinfecting cleanser per set	
12 elastic 2" ankle wrap bandages per set	
12 elastic 4" ankle wrap bandages per set	
2 bottles eye irrigating solution per set	
2 bags saline solution (1 liter) with tubing	
50 eye patches per set	
1 set first aid books	
1 flashlight with batteries per set	
3 forceps, splinter, per set	
6 rolls 2" X 5 yards gauze per set	
5 packages gauze pads 4X4 per set	
6 packages surgi pad dressing 8 X 10 per set	
1 box gloves, medical examining per set	
4 mouth-to-mouth barrier devices per set	
6 boxes sanitary napkins per set	
4 medical scissors per set	
2 boxes tissue per set	
1 box tongue depressors per set	
50 triage tags per set	
24 triangle bandages, muslin, per set	
1 gallon drinking water per set	

The First Aid Team maintains one set of these supplies in portable containers for every 300 students.

Sign below to confirm accuracy of the inventory and to assume responsibility for the security of the equipment items.

Appendix 4 to Annex J (Family Reunification Team Equipment Inventory and Receipt)

School: ___________________________________

Name of Team Leader who inventoried and is signing for the equipment:

____

Date: ______________________________

Item Description	Quantity on Hand
Clipboards	
Duct Tape	
Equipment Bag	
Markers	
Masking Tape	
Paper and Reunification Forms	
Pens	
Reflective vest (blue) (1 per team member)	
Roster of students and staff	
Signs	
Yellow caution tape	

Sign below to confirm accuracy of the inventory and to assume responsibility for the security of the equipment items.

____

ANNEX K: STUDENT/FAMILY REUNIFICATION

The Student/Family Reunification Team is responsible for supervising the reunification site and the releasing of students to their parents/guardians.

- Oversee location where students assemble.
- Attend to student needs when providing shelter.
- Reunite students with their parents or guardians in an efficient and orderly manner.
- Materials needed:
  - Radios/pagers
  - Cell phones
  - Clipboards
  - Paper
  - Pens
  - Markers
  - Rosters of school students and staff
  - Student Emergency Medical Cards
  - Yellow Caution tape or portable plastic construction fencing

Double Gate System. The reunification team will be using the double gate system. Staff will be located in two areas. The first area, the "holding area," will be where students can wait for their parents. The second area, will include both the "report point" and the "student release point" where adult care givers will report and wait for their students to join them. These will be two distinctly separate areas, but they will be in close proximity to one another. Red Cross assistance, if available, will be utilized to increase staffing, to improve the communications capabilities and the conditions at both areas, and to make available refreshments at both areas.

Holding Area Operation. Designated classroom teachers will remain with their assigned students in the holding area. Each will have the list of the students assigned to their supervision, including the exact name of their parents/guardians. Anyone who was absent at the start of the school day or who departed prior to the incident will be noted. At the end of the day, teachers will call all those parents/guardians who have not yet picked up their child(ren). If the parent cannot be reached, the student will be transported to his or her home by school district personnel.

Release Point Operation. When a parent/guardian arrives at the release point, s/he will be asked for the name of the student(s) being picked up. The parent/guardian will then be required to show proof of their identification (driver's license or other government issued photo identification). When the staff member confirms the parent's/guardian's identity and authority to pick up the student, the staff member will use a runner or a radio/cellular telephone to notify the staging area that the designated student(s) are to be escorted to the release point. When the student(s) reports to the release point, the staff member will have the parent/guardian sign for the student(s) on Student Release Form (Appendix 2) and the student(s) are released to the adult care giver.

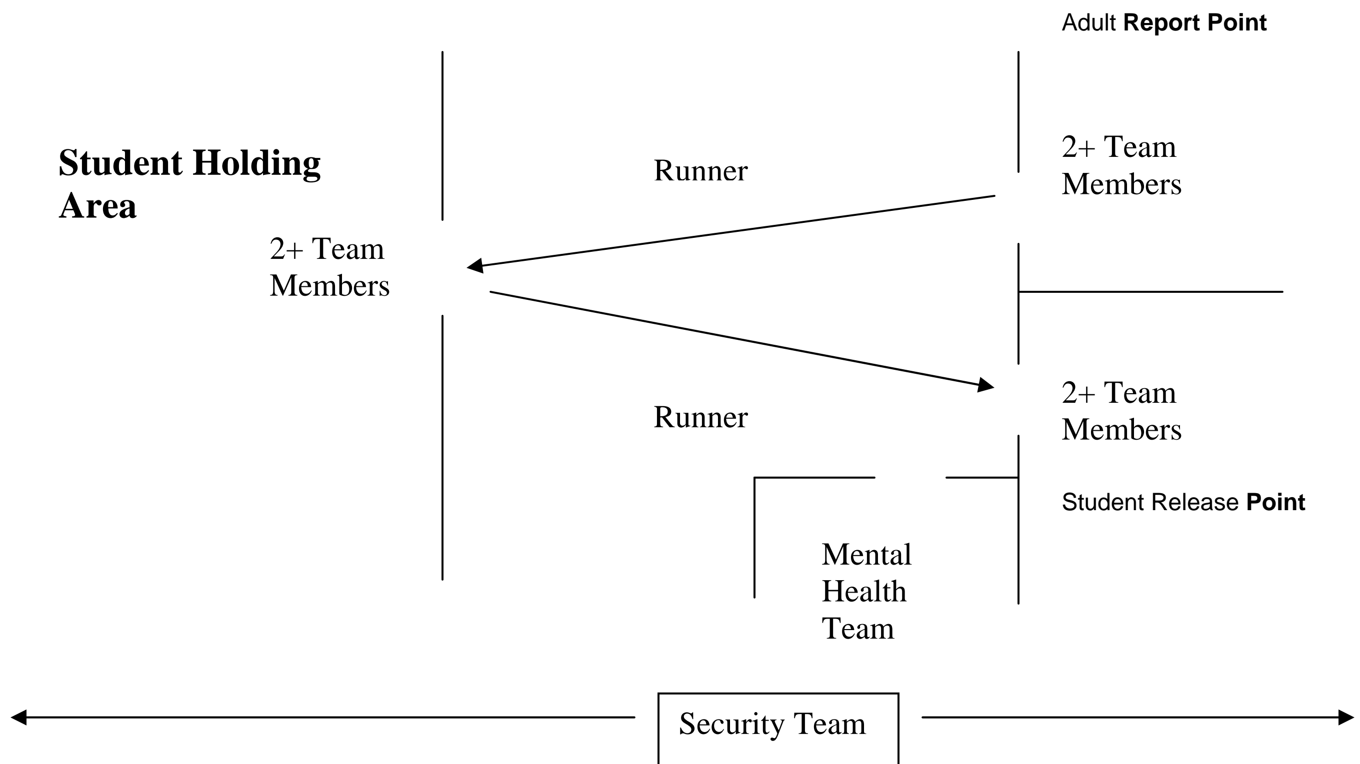
If the parent/guardian must be notified that their child(ren) have been injured or for some other reason are not available for release to them, the staff member at the release point will not indicate the status of the child but will ask the parent to report to a nearby room for further processing. The "notification room(s)" will be manned by members of the Mental Health Team.

Notification Room Operation. Members of the Mental Health Team (school counselors, chaplains, or other mental health professionals) will be responsible for notify parents that their child is not available for pick-up for any of the following reasons: injured, dead, arrested, witness, etc. The staff member will:

- Provide available information regarding the child(ren) in a sensitive way.
- Will assure the parent/guardian that everything possible is being done to safeguard their child or their child's remains.
- Will inform the parent/guardian where they are to await further information about how they will be reunited with their child(ren) or the remains of their child(ren).
- Will assist the parent/guardian with their trauma.
- Will make available to the parent/guardian means for communicating with other family members and supporters.
- Will shelter the parent/guardian from media representatives.

Note: *Parents and students have been informed of the this procedure in a letter from the principal that is part of the registration package distributed at the start of each school year or whenever the student is registered. The procedure is also discussed during "Back to School Night" and through the building PTA/PTSA units.*

Appendix 1 to Annex K: Student/Family Reunification Site Layout



The double-gated system to be utilized when laying out the Student/Family Reunification Site is depicted above. The adult picking up a student will report to the "Adult Report Point" at the upper right. Signs will be posted by the Student/Family Reunification Team and Security Team Members will be stationed to assist adults find there way to the "Adult Report Point." The arriving adults will be greeted by 2 or more members of the Student/Family Reunification Team who are working the report point. The Team Members will provide the adult a copy of the "Student Release Form" in Appendix 2, asking the adult to complete the first section. A Team Member will then confirm the identity of the adult utilizing a government issued picture identification (driver's license, military ID, passport, etc.) and confirm that the adult is listed on the emergency data card (or SASI report) for the student as being authorized to pick up the student. A Team Member will then complete the second section of the "Student Release Form" and hand it to a Runner to be carried to the Student Holding Area. The adult will be asked to step around to the "Student Release Point" and wait for the Runner to return. [NOTE: The "Adult Reporting Point" and the "Student Release Point" may be consolidated if there are too few Student/Family Reunification Team Members to run both locations.]

The Runner will deliver the "Student Release Form" to the 2 or more members of the Student/Family Reunification Team who are working at the entrance to the "Student Holding Area." The Team Members will have the requested student report to them, if the

requested student is present in the holding area. A Team Member will then record on a roster they maintain that the student has been released from the holding area, check off the "Sent with Runner" entry in the third section of the "Student Release Form" and send the student with a Runner to the "Student Release Point." If, however, the student was never at school that day (absent), is being attended to at the First Aid station, has been taken to the hospital, is not available for pickup due to some "other" situation, or is missing, the Team Member will make the appropriate entry in third section of the "Student Release Form" and enter comments to clarify the status. The Runner will deliver the "Student Release Form" to the "Student Release Point."

When the Runner delivers the "Student Release Form" and the student (if available) to the 2 or more Student/Family Reunification Team Members at the "Student Release Point," the Team Members will call for the adult picking up the student. The adult's identification will again be confirmed utilizing a government issued picture identification. The adult will then sign for the student and depart the area with the student. If, however, the adult must be notified that the student is not available for pickup, a Student/Family Reunification Team Member will link the adult with a Mental Health Team Member, who will make the notification privately based on the information provided in the third section of the "Student Release Form." The Mental Health Team will be responsible for helping the adult and finding answers to the resulting questions.

Appendix 2 to Annex K—Student Release Form

STUDENT RELEASE FORM

First section completed by the adult picking up a student

Please Print

Student's Name ____

Teacher ______________________________ Grade ________________________

Name of Adult Picking Up the Student ______________________________________

- -

To be filled in by Reporting Point staff

Proof of I.D. Yes ______ No ______

Emergency card gives permission for pickup by this adult Yes ______ No ______

To be taken by Runner

- -

Student's Status
To be filled in by Holding Area staff

Sent with Runner ☐

Not Available for Release: ☐ Absent ☐ First Aid ☐ Hospital

☐ Missing ☐ Other

Comments:

- -

To be filled in by Release Point staff

Confirm the student is being matched with the correct adult. Have the requesting adult sign for the student.

Parent/Guardian/Care Giver Signature ______________________________________

Date ____________________ Time ______________________

Form adapted from *Multi-Hazard Emergency Planning for Schools* Participant Handbook, FEMA, p