

# SCHOOL EMERGENCY PLAN

Department of Systemwide Safety and Emergency Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland



**School Year 2020–2021**

<p><b>School Name:</b></p> <p>Main Office Phone #:</p> <p>FAX #:</p> <p>Emergency Cell Phone #:</p> <p>Emergency Kit Cell Phone #:</p> <p>High School Cluster:</p>	<p><b>Principal:</b></p> <p>Cell Phone #:</p> <p>Address of School:</p> <p>Student Start Time ___:___ a.m.</p> <p>Student Dismissal Time ___:___ p.m.</p> <p><b>Name of the person who completed this plan:</b></p> <p>Date plan was submitted to DSSEM for review/approval:</p> <p>___/___/___</p>
<p><b>OSSI, Director of Learning, Achievement, and Administration (DLAA):</b></p> <p>Office Phone #:</p> <p>Cell Phone#:</p>	<p><b>Cluster Security Coordinator:</b></p> <p>Cell Phone #:</p>
<p>Number of students:</p>	<p>Number of staff:</p>
<p>Campus size in acres:</p>	<p>Building square footage:</p>
<p>Reviewed and approved by:</p>	<p>Approval date:</p>

**ICS CHAIN OF COMMAND, COMMAND TEAM, AND OSET POSITIONS**

The **Incident Command System (ICS)** is a nationally recognized organizational and management tool that is utilized by MCPS when responding to an emergency that identifies an incident commander and **on-site emergency team (OSET)** members who are assigned specific duties/responsibilities to respond to an emergency. **Command team** members will follow the structure of the ICS and coordinate emergency efforts with OSET members. Staff must be identified in advance due to the critical nature of these positions.

Assignment	Full Name of Team Member	Full Name of Back-Up Team Member(s)
Incident Commander (principal/designee)	1. Name _____ Cell Phone #: _____-_____-_____	2. Name _____ Cell Phone #: _____-_____-_____
Operations Team Leader	1. Name _____	2. Name _____
Planning Team Leader	1. Name _____	2. Name _____
Logistics Team Leader	1. Name _____	2. Name _____
Finance/Administration Team Leader	1. Name _____	2. Name _____
Recorder/Tracking Coordinator	1. Name _____	2. Name _____
Student/Staff Accountability Coordinator	1. Name _____	2. Name _____
Parent/Child Reunification Coordinator	1. Name _____	2. Name _____

**SCHOOL SAFETY/EMERGENCY PREPAREDNESS ASSURANCES**

- This school has a Behavior Threat Assessment Team as required under Regulation COA-RA *Behavior Threat Assessment*.
- This school's OSET team has been trained in emergency preparedness, planning, management and response options.

**COMMAND POST**

Indoor and outdoor command post locations must be determined. The indoor command post is a securable location/room from which the command function/incident management will operate during the emergency. Access to computer(s), printer, phone(s), fax, and emergency kit is recommended. Also, it is imperative that the school's emergency cell phones, emergency kit, and a laptop computer, if available, are brought to the outdoor command post.

**Indoor Command Post Locations** (i.e., main office, workroom, principal's office):

**Primary Location** \_\_\_\_\_ **Alternate Location** \_\_\_\_\_

**Outdoor Command Post Location** (i.e., parking lot, athletic field, stadium):

\_\_\_\_\_

**MULTI-HAZARD ASSESSMENT**

Multi-hazards in and around the school must be identified. Identify factors that may put students, staff, and/or visitors at risk. These areas may include, but are not limited to, railroad tracks, highways that transport hazardous materials, large underground gas lines or storage tanks.

Hazard (i.e. Route 495)	Location (i.e. north side of school)	Description (i.e. transport of hazardous materials)

**TASKS TO BE CONSIDERED BEFORE, DURING, AND AFTER AN EMERGENCY**

During the school year, a staff member will be responsible for the following:

Responsibility	Names of Responsible Staff Members
Maintain emergency kit.	
Maintain emergency cell phones.	
Maintain the NOAA weather radio.	
Bring the emergency kit, the school's emergency cell phones, and the emergency kit phone when the school evacuates.	

**Location of Emergency Kit** \_\_\_\_\_

**Location(s) of First Aid Kit(s)** \_\_\_\_\_

**TYPES OF EVACUATION**

**Fire:** Evacuate at least **50 feet** from the building.

**Bomb Threat or Multi-hazard Threats:** Evacuate at least **300 feet** from the building. Do not evacuate to one central location, i.e. the stadium.

**EVACUATION SITES**

**On-Campus Multi-hazard Evacuation Locations** (i.e., athletic field, stadium, parking lot, playgrounds)

<b>Primary Location</b>	
<b>Alternate Location</b>	

**Off-Campus Multi-hazard Evacuation Locations** (i.e., church parking lot, shopping center, another school, vacant field, cul-de-sac). During inclement weather, OSSI should be contacted regarding special needs.

<b>Primary Location</b> <i>(location/address/phone)</i>	
<b>Alternate Location</b> <i>(location/address/phone)</i>	

**STUDENT/STAFF ACCOUNTABILITY**

Students/staff must be accounted for during an emergency. Staff with computer access should use the Outlook private folder. If there is no access to a computer, other means should be employed to report attendance.

For high schools only: Open Lunch?  No  Yes Start Time \_\_\_:\_\_\_  a.m.  p.m. End Time \_\_\_:\_\_\_  a.m.  p.m.

**SAFE LOCATIONS**

If outdoor activities are in progress when a Lockdown is activated in the school building, students and staff who are outdoors should be notified by public address system or portable radio and move away from the threat to a predetermined safe location(s). Staff should first visually scan, if practical, the safe locations for potential danger. Staff should, if possible, notify the school of their location. Depending on the circumstances of the emergency, the safe location(s) may need to be reconsidered. Please identify at least one and up to three safe locations for use by students and staff who are outdoors when a Lockdown is activated.

1.
2.
3.

**MEDIA STAGING AREA**

This area must be separate from any multi-hazard evacuation location or parent/child reunification area.

<b>Off Campus</b> (i.e., nearby street, park, open area, commercial area) <i>location/address</i>	
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**SCHOOL FLOOR PLAN (8½" x 11"—one page per floor)**

Each emergency plan must include the building's floor plan indicating the following information: classroom numbers; weather-safe areas; gas; **main** electric, water, and HVAC emergency cut-off locations. Please ensure all maps are clear, legible, and include designated room numbers with no staff names, all exit door numbers, and label all ACS doors with "ACS."

Have there been any **physical changes** in your building and/or relocatable classrooms since last school year?  Yes  No

If yes, submit an updated floor plan with this year's emergency plan.

Does your school have an emergency generator?  Yes  No If yes, location? \_\_\_\_\_

**PARENT/CHILD REUNIFICATION (PCR) PROCESS**

Your school's **parent/child reunification process** should include the details of reuniting children with their parents/guardians. The methods of communicating the PCR process to parents/guardians also should be included in the emergency plan (i.e., principal's newsletter, school web page). The parent/child reunification process is an integral part of the emergency plan. Procedures for completing the PCR process are included in the attached instructions. Parents/guardians should provide emergency contact information in the Student Information System, or manually update the information on MCPS Form 565-1, *Student Emergency Information*, for schools to input in the Student Information System.

**Name of Parent/Child Reunification Coordinator** \_\_\_\_\_

**Method(s) to Inform Parents/Guardians About the PCR Process** \_\_\_\_\_

**Name of Staff Person Who is Responsible for the PCR Box** \_\_\_\_\_

The PCR box is a file box, paper box, or similar container that can be easily recognized and labeled and should be kept near the school's emergency kit. The contents should include student schedules, MCPS Form 565-1, *Student Emergency Information*, (parent/child reunification information is now found in the Student Information System), preprinted PCR process logs (copies of this form are found in the Emergency Management Manual), clipboards, pens, pencils, directional signs, and tape for hanging the signs. Additional materials may be needed for reunification, such as portable two-way radios, tables, and chairs.

**Guidelines for Implementing the Parent/Child Reunification Process**

1. Post signs on entrance doors and hallways to direct parents/guardians to the PCR area.
2. Use available staff members to assist with the implementation.
3. Assign available staff members and OSET members to locate and release students.
4. Implement the *three-step approach*:
  - Step 1:* Use a parent/child reunification process log to sign in parents/guardians and check identification. If necessary, refer to the child's MCPS Form 565-1, *Student Emergency Information*.
  - Step 2:* Use the current student database/schedule cards to locate the student's current teacher and room number.  
 Give the assisting staff member the student's name, current teacher, and location.  
 Staff member will retrieve the student and direct/escort him/her to the PCR area.
  - Step 3:* Release student to the authorized guardian.
5. The Student Information System will have information for students with custody concerns.

**Location of Indoor, On-campus PCR Area** \_\_\_\_\_

**Location of Outdoor, On-campus PCR Area** \_\_\_\_\_

**Location of Off-campus PCR Area** \_\_\_\_\_

Name of Contact at Off-campus PCR Area \_\_\_\_\_ Phone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

<b>Step 1: Assignments/Tasks</b>	
<b>Name</b>	<b>Assignment</b>
1.	
2.	
3.	

<b>Step 2: Assignments/Tasks</b>	
<b>Name</b>	<b>Assignment</b>
1.	
2.	
3.	

<b>Step 3: Assignments/Tasks</b>	
<b>Name</b>	<b>Assignment</b>
1.	
2.	
3.	







**MONTGOMERY  
 COUNTY  
 PUBLIC  
 SCHOOLS**  
 Maryland

## Joint Occupancy Users

MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland

This page must be attached to the school's emergency plan.

**School Name** \_\_\_\_\_

<b>Organization's Name</b>	
Name of Person in Charge	
Phone Number	
Location in Building	
Days/Times on Site	
<b>Organization's Name</b>	
Name of Person in Charge	
Phone Number	
Location in Building	
Days/Times on Site	
<b>Organization's Name</b>	
Name of Person in Charge	
Phone Number	
Location in Building	
Days/Times on Site	
<b>Organization's Name</b>	
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Name of Person in Charge	
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Location in Building	
Days/Times on Site	



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**Additional PCR Instructions/Concerns/Details**

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**School Name** \_\_\_\_\_