

Revised July 2016

# **School Safety, Crisis Management, and Emergency Operation Plan**

**Faith Academy  
Mobile, Alabama**

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Mobile, Alabama**

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# Letter of Promulgation

## To All Recipients

Transmitted herewith is the Safety, Crisis Management, and Emergency Operation Plan for Faith Academy of Mobile under the jurisdiction of the Faith Academy Board of Trustees. This plan provides a framework in which the school can plan for and perform its respective emergency functions during school crisis situations and natural or nuclear disasters. Safety guidelines will be reviewed yearly and updated as needed.

## School Management Team for Safety and Crisis Emergency

The Headmaster is the overall director of the school safety management team. The school office staff and maintenance department are part of the safety team, but act only when assigned specific duties by the Headmaster. Each grade level supervisor or principal will be responsible for managing his/her own school team.

On the occasion of a crisis or emergency, the school management team is indispensable. The Headmaster is the chief leader of the team and is responsible for directing the school's management team and assigning staff to complete various tasks during an emergency or crisis.

## Helpful Phone Numbers

### Emergency

Fire, Police and Ambulance.....	911
Mobile Police Department.....	251-208-1300
Mobile Fire Department.....	251-208-1401
Sherriff's Office.....	251-574-8040
Mobile County Emergency Management Agency.....	251-460-8000
Toxic Spills.....	1-800-424-8802

## **Drug Treatment and Rehabilitation**

Drug Enforcement Administration (DEA)..... 251-441-5831  
Drug Helpline.....1-877-748-3971  
Poison Control.....1-800-222-1222  
Alcohol and Substance Abuse.....1-800-762-3790

## **Mental Health, Child Abuse, Neglect, and Sexual Assault**

Strickland Youth Center.....574-1450  
Department of Human Resource .....251-450-9100  
Youth Crisis Center.....251-574-3222  
Child Abuse Reporting .....251- 479-4616  
Rape Crisis Center.....251-473-7273  
Youth Center.....251-574-1450  
Mobile County Health Department.....251-634-9801  
Family Violence Shelter.....342-8994/1-800-650-6522

## **Birth Control and Pregnancy**

Family Planning Clinic/Sav-A-Life .....251-473-4000

## **Suicide Prevention**

Helpline.....251-431-5111  
National Suicide Prevention Lifeline.....1-800-273-8255/  
1-800-784-2433

## **Utility Company Contacts**

Mobile Water & Sewer (water)..... 251-694-3100  
South Alabama Utilities (gas)..... 251-649-4316  
Alabama Power (electric).....1-800-245-2244 / 911 (emergency)

## Emergency and First Aid Supply List

Emergency supplies and first aid supplies are necessary when a disaster of any nature occurs. Supplies are housed in the office area, as well as supply rooms.

The following lists contain suggested items that may be useful during a crisis or emergency:

### **Emergency**

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Flashlights	Paper Towels
Batteries	Wet Ones
Radio (battery operated)	Bottled Water

### **First Aid**

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Hydrogen Peroxide	Iodine
Alcohol	Aspirin
Tylenol	Assorted Band Aids
Gauze	Sterile Water (for burns)
Tape	Scissors
Tweezers	Bandages
Instant Ice Packs	Ace Bandages
Package of Sewing Needles	Slings
Anti-bacterial salve	Steri-strips or butterfly stitches
Disposable gloves	Face masks
CPR (disposable mouthpieces)	Current first aid book

### **How to Perform CPR**

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Here's advice from the American Heart Association:

1. **Untrained.** If you're not trained in CPR, then provide hands-only CPR. That means uninterrupted chest compressions of about 100 a minute until paramedics arrive (described in more detail below). You don't need to try rescue breathing.
2. **Trained and ready to go.** If you're well-trained and confident in your ability, begin with chest compressions instead of first checking the airway and doing rescue breathing. Start CPR with 30 chest compressions before checking the airway and giving rescue breaths.

3. **Trained but rusty.** If you've previously received CPR training but you're not confident in your abilities, then just do chest compressions at a rate of about 100 a minute. (Details described below.)

The above advice applies to adults, children and infants needing CPR, but not newborns.

CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm.

When the heart stops, the lack of oxygenated blood can cause brain damage in only a few minutes. A person may die within eight to 10 minutes.

To learn CPR properly, take an accredited first-aid training course, including CPR and how to use an automated external defibrillator (AED). If you are untrained and have immediate access to a phone, call 911 before beginning CPR. The dispatcher can instruct you in the proper procedures until help arrives.

### **Before you begin:**

Before starting CPR, check:

1. Is the person conscious or unconscious?
2. If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
3. If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911 or the local emergency number.
4. If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR.

Remember to spell **C-A-B**:

The American Heart Association uses the acronym of CAB — compressions, airway, breathing — to help people remember the order to perform the steps of CPR.

**Compressions:** Restore blood circulation

1. Put the person on his or her back on a firm surface.
2. Kneel next to the person's neck and shoulders.
3. Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.
4. Use your upper body weight (not just your arms) as you push straight down on (compress) the chest at least 2 inches (approximately 5 centimeters). Push hard at a rate of about 100 compressions a minute.
5. If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to checking the airway and rescue breathing.

**Airway:** Clear the airway

1. If you're trained in CPR and you've performed 30 chest compressions, open the person's airway using the head-tilt, chin-lift maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.
2. Check for normal breathing, taking no more than five or 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear. Gasping is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth breathing and continue chest compressions.

**Breathing:** Breathe for the person

Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.

1. With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.
2. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle.
3. Resume chest compressions to restore circulation.

4. If the person has not begun moving after five cycles (about two minutes) and an automated external defibrillator (AED) is available, apply it and follow the prompts. Administer one shock, then resume CPR — starting with chest compressions — for two more minutes before administering a second shock. If you're not trained to use an AED, a 911 or other emergency medical operator may be able to guide you in its use. If an AED isn't available, go to step 5 below.
5. Continue CPR until there are signs of movement or emergency medical personnel take over.

### **To perform CPR on a child:**

The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult. The differences are as follows:

1. If you're alone, perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling 911 or your local emergency number or using an AED.
2. Use only one hand to perform chest compressions.
3. Breathe more gently.
4. Use the same compression-breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths.
5. After five cycles (about two minutes) of CPR, if there is no response and an AED is available, apply it and follow the prompts. Use pediatric pads if available, for children ages 1 through 8. If pediatric pads aren't available, use adult pads. Do not use an AED for children younger than age 1. Administer one shock, then resume CPR — starting with chest compressions — for two more minutes before administering a second shock. If you're not trained to use an AED, a 911 or other emergency medical operator may be able to guide you in its use. Continue until the child moves or help arrives.

## **Classroom Emergencies**

### **General Safety Rules**

1. Think ahead, anticipate danger.
2. Always expect children to be curious.
3. Check your room for fire and burn dangers.
4. Be prepared for an emergency.

## **Abrasions/Cuts and Scrapes**

Wash the abrasion carefully under running water. Remove any dirt and swab gently with a gauze pad. Brush gently away from the center of the wound. Cover with a sterile dressing and fasten with a bandage.

## **Acid Burns**

Wash the acid off, apply a mild solution of sodium bicarbonate or another mild alkali such as lime water.

## **Anaphylaxis or Allergic Reaction**

If you are with someone having an allergic reaction with signs of anaphylaxis:

1. Immediately call 911 or your local medical emergency number.
2. Ask the person if he or she is carrying an epinephrine autoinjector to treat an allergic reaction (for example, EpiPen, Twinject).
3. If the person says he or she needs to use an autoinjector, ask whether you should help inject the medication. This is usually done by pressing the autoinjector against the person's thigh.
4. Have the person lie still on his or her back.
5. Loosen tight clothing and cover the person with a blanket. Don't give the person anything to drink.
6. If there is vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
7. If there are no signs of breathing, coughing or movement, begin CPR. Do uninterrupted chest presses – about 100 every minute – until paramedics arrive.
8. Get emergency treatment even if symptoms start to improve. After anaphylaxis, it's possible for symptoms to recur. Monitoring in a hospital setting for several hours is usually necessary.

Signs and symptoms of anaphylaxis include:

1. Skin reactions including hives, itching, and flushed or pale skin.
2. Swelling of the face, eyes, lips or throat.
3. Constriction of the airways, leading to wheezing and trouble breathing.
4. A weak and rapid pulse.
5. Nausea, vomiting or diarrhea.
6. Dizziness, fainting or unconsciousness.

## **Asthma Attack**

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Know ahead of time if they are receiving medical treatment. The victim should be reassured and sat down, leaning forward slightly. Have the person rest until the attack subsides. Take medication at once.

## **Bee Stings/Insect Bites**

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Remove the stinger as a splinter is removed. Do not grip at the tip but at the base. You can also use a plastic card (credit card) to remove the splinter.

Apply a cold compress to reduce the swelling.

Observe victim for allergic reaction.

## **Bleeding**

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Arterial blood is bright red and spurts rather than flows from the body, sometimes in very large amounts. Blood from a vein is dark red and flows steadily.

1. Use direct pressure on the wound. The pressure should be firm and constant. Use multiple layers of sterile gauze if available. If not available, use a clean handkerchief or a clean piece of material torn from a shirt, slip or sheet.
  - Maintain pressure until the bleeding stops, which may be 15 minutes or more.
  - Do not remove the soaked dressing. This may cause the victim to start bleeding again.
  - Keep covering the wound until the blood does not soak through the dressing.
  - Bandage the dressing to keep it in place.
  - If possible, raise the injured part above the level of the heart and keep it there.
  - Watch for signs of shock and get medical treatment as quickly as possible.
2. If direct pressure does not work, you need to use the pressure points.

## **Bruises**

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Elevate the injured area. Apply cold compress.

## **Burns**

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The severity of a burn depends on the temperature of whatever caused the burn and the length of exposure of the victim. Burns are classified as 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree.

Stop the burning by removing the victim from the source of the burn. Cool the burn with cool water but not ice. Cover the burn with sterile dressing.

At school, make sure the students know safe escape routes from their classroom. Also make sure they have a plan for their home.

## **Chemical Burns in the Eyes**

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Flush the eye with cold water for 15 minutes. Cover the eye and seek medical help.

## **Choking**

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The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

1. Inability to talk.
2. Difficulty breathing or noisy breathing.
3. Inability to cough forcefully.
4. Skin, lips and nails turning blue or dusky.
5. Loss of consciousness.

If choking is occurring, the Red Cross recommends a "five-and-five" approach to delivering first aid:

1. **Give 5 back blows.** First, deliver five back blows between the person's shoulder blades with the heel of your hand.
2. **Give 5 abdominal thrusts.** Perform five abdominal thrusts (also known as the Heimlich maneuver).
3. **Alternate between 5 blows and 5 thrusts** until the blockage is dislodged.

To perform abdominal thrusts (Heimlich maneuver) on someone else:

1. **Stand behind the person.** Wrap your arms around the waist. Tip the person forward slightly.
2. **Make a fist with one hand.** Position it slightly above the person's navel.
3. **Grasp the fist with the other hand.** Press hard into the abdomen with a quick, upward thrust – as if trying to lift the person up.
4. **Perform a total of 5 abdominal thrusts,** if needed. If the blockage still isn't dislodged, repeat the five-and five cycle.

## **Diabetic Coma**

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If possible test the victim's blood sugar. If the blood sugar is below 70 and he or she is still conscious, give them sugary drinks or candy to restore the proper sugar levels and they will recover quickly. If the victim's blood sugar is above 300, they need to take their recommended dosage of insulin. If unconscious, put in recovery position and get medical help immediately by calling 911.

Symptoms:

1. Confusion
2. Visual Disturbances
3. Shakiness
4. Anxiety

## **Electric Shock**

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A person who has been shocked may have only a small burn visible on the skin but a larger area of damage beneath the skin. The victim may be unconscious and his/her breathing and heart rate may be effected.

1. Call 911
2. Make sure that it is safe to touch the victim. Pull out the plug (if possible) or push the victim away from the source of the current. Make sure you are well insulated. Stand on a dry surface and push the victim clear with a piece of wood, plastic or cardboard.
3. Begin CPR if the victim is not breathing.
4. Place the victim on his/her back with head and shoulders raised if he/she is breathing but unconscious.
5. Treat the burns.
6. Look for shock and treat if necessary..

## **Epileptic Seizure**

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If possible, clear out a space around the victim so he/she does not incur injury. Do not try to restrain movement or try to open the mouth. Loosen tight clothing.

## **Fainting**

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Check to make sure the person is breathing. Recovery is quick if the victim can lie down with the feet raised about 12 inches. Do not give the person anything to drink or eat. Loosen belts and collars. If the person does not regain consciousness within one minute, call 911. Fainting can often be avoided by sitting down, leaning forward with the head between the knees. Loosen tight clothing.

## **Foreign Body in the Ear**

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A foreign object in the ear can cause pain and hearing loss. If an object becomes lodged in the ear, follow these steps:

1. **Try using gravity.** Tilt the head to the affected side to try to dislodge the object.
2. **Don't probe the ear with a tool.** Don't attempt to remove the foreign object by probing with a cotton swab, matchstick or any other tool. To do so is to risk pushing the object farther into the ear and damaging the fragile structures of the middle ear.
3. **Remove the object if possible.** If the object is clearly visible, pliable and can be grasped easily with tweezers, gently remove it.

If these methods fail or the person continues to experience pain in the ear, reduced hearing or a sensation of something lodged in the ear, seek medical assistance.

## **Foreign Object in the Eye**

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NEVER rub the eyes.

1. Have the victim sit down and tilt the head back.
2. Wash your hands.
3. Ask the victim to look up, then gently pull the lower eyelid down.
4. You may be able to see the object. Try to gently lift it off with the corner of a clean handkerchief.
5. If the object is under the upper lid, get the victim to look down. Pull the upper lid gently out and down over the lower lid.

## **Foreign Object in the Nose**

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If a foreign object becomes lodged in the nose:

1. **Don't probe at the object** with a cotton swab or other tool.
2. **Don't try to inhale the object** by forcefully breathing in. Instead, breathe through the mouth until the object is removed.
3. **Blow out of the nose gently** to try to free the object, but don't blow hard or repeatedly. If only one nostril is affected, close the opposite nostril by applying gentle pressure and then blow out gently through the affected nostril.
4. **Gently remove the object** if it's visible and can be easily grasped with tweezers. Don't try to remove an object that isn't visible or easily grasped.
5. **Call for emergency medical assistance** or go to your local emergency room if these methods fail.

## **Fractures**

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A fracture is a complete break, chip, or crack in a bone. It may be caused by a fall, a blow or a twisting movement.

A broken bone should be suspect if there is significant deformity or pain; bruising or swelling; the victim feels the bones grating or heard a snap or pop; or the area is cold or numb.

Treat a fracture by making the victim comfortable, applying ice and minimizing movement. The fracture should be immobilized. Watch for symptoms of shock.

## **Head Injuries**

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Symptoms – loss of consciousness, discharge of a watery or blood-tinged fluid from the ears, nose, or mouth, and a difference in size of the pupils of the eyes.

Place the victim in a supine position and raise the head and shoulders (if there is no neck injury). Watch carefully until the ambulance arrives.

## **Heat Exhaustion**

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Signs and symptoms of heat exhaustion resemble those of shock and may include:

1. Feeling faint or dizzy
2. Nausea
3. Heavy sweating
4. Rapid, weak heartbeat
5. Low blood pressure
6. Cool, moist, pale skin
7. Low-grade fever
8. Heat cramps
9. Headache
10. Fatigue
11. Dark-colored urine

If you suspect heat exhaustion:

1. Get the person out of the sun and into a shady or air-conditioned location.
2. Lay the person down and elevate the legs and feet slightly.
3. Loosen or remove the person's clothing.
4. Have the person drink cool water or other beverage without caffeine.
5. Cool the person by spraying or sponging with cool water and fanning.
6. Monitor the person carefully. Heat exhaustion can quickly become heatstroke.

## **Heatstroke**

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The main sign of heatstroke is a markedly elevated body temperature with changes in mental status ranging from personality changes to confusion and coma. Other signs and symptoms may include:

1. Rapid heartbeat
2. Rapid and shallow breathing
3. Elevated or lowered blood pressure
4. Cessation of sweating
5. Irritability, confusion or unconsciousness
6. Feeling dizzy or lightheaded
7. Headache
8. Nausea
9. Fainting, which may be the first sign in older adults

If you suspect heatstroke:

1. Move the person out of the sun and into a shady or air-conditioned space.
2. Call 911 or emergency medical help.
3. Cool the person by covering with damp sheets or by spraying with cool water. Direct air onto the person with a fan or newspaper.
4. Have the person drink cool water or other beverage without caffeine, if he or she is able.

## **Heart Attack**

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Someone having a heart attack may experience any or all of the following:

1. Uncomfortable pressure, fullness or squeezing pain in the center of the chest
2. Prolonged pain in the upper abdomen
3. Discomfort or pain spreading beyond the chest to the shoulders, neck, jaw, teeth, or one or both arms
4. Shortness of breath
5. Lightheadedness, dizziness, fainting
6. Sweating
7. Nausea

If you or someone else may be having a heart attack:

1. **Call 911 or your local emergency medical assistance number.** Don't tough out the symptoms of a heart attack for more than five minutes. If you don't have access to emergency medical services, have a neighbor or a friend drive you to the nearest hospital. Drive yourself only as a last resort, if there are absolutely no other options, and realize that it places you and others at risk when you drive under these circumstances.

2. **Chew and swallow an aspirin**, unless you're allergic to aspirin or have been told by your doctor never to take aspirin. But seek emergency help first, such as calling 911.
3. **Take nitroglycerin**, if prescribed. If you think you're having a heart attack and your doctor has previously prescribed nitroglycerin for you, take it as directed. Do not take anyone else's nitroglycerin, because that could put you in more danger.
4. **Begin CPR if the person is unconscious.** If you're with a person who might be having a heart attack and he or she is unconscious, tell the 911 dispatcher or another emergency medical specialist. You may be advised to begin CPR. If you haven't received CPR training, doctors recommend skipping mouth-to-mouth rescue breathing and perform only chest compressions (about 100 per minute). The dispatcher can instruct you in the proper procedures until help arrives.

## **Human Bites**

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For a human bite that breaks the skin:

1. **Stop the bleeding** by applying pressure with a clean, dry cloth.
2. **Wash the wound** thoroughly with soap and water.
3. **Apply an antibiotic cream** to prevent infection.
4. **Apply a clean bandage.** Cover the affected area with a nonstick bandage.
5. **Seek emergency medical care.**

If the victim has not had a tetanus shot within five years, the doctor may recommend a booster. In this case, the booster should be administered within 48 hours of the injury.

## **Nosebleeds**

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Have the victim sit down. The nostril should be pinched and the head tilted forward slightly. Do not have the victim tilt the head backwards because it allows the blood to travel down the throat and may cause nausea. It should stop in 10 to 20 minutes. Avoid blowing the nose for several hours.

## **Poisoning**

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1. Call the poison control center at 1-800-222-1222.
2. Take the poison container to the phone with you.
3. You will need to make an educated guess about the quantity ingested.

## **Shock**

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A serious condition in which the blood supply to the various organs and tissues fail or becomes insufficient, causing a state of general collapse.

Various signs and symptoms appear in a person experiencing shock:

1. **The skin is cool and clammy.** It may appear pale or gray
2. **The pulse is weak and rapid.** Breathing may be slow and shallow, or hyperventilation (rapid or deep breathing) may occur. Blood pressure is below normal.
3. **The person may be nauseated.** He or she may vomit.
4. **The eyes lack luster and may seem to stare.** Sometimes the pupils are dilated.
5. **The person may be conscious or unconscious.** If conscious, the person may feel faint or be very weak or confused. Shock sometimes causes a person to become overly excited and anxious.

If you suspect shock, even if the person seems normal after an injury:

1. **Have the person lie down** on his or her back with feet about a foot higher than the head. If raising the legs will cause pain or further injury, keep him or her flat. Keep the person still.
2. **Check for signs of circulation** (breathing, coughing or movement) and if absent, begin CPR.
3. **Keep the person warm and comfortable** by loosening any belts or tight clothing and covering the person with a blanket. Even if the person complains of thirst, give nothing by mouth.
4. **Turn the person on his or her side** to prevent choking if the person vomits or bleeds from the mouth.
5. **Seek medical treatment for injuries**, such as bleeding or broken bones.
6. **Call 911** or your local emergency number.

## **Splinters**

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Wash around the splinter with soap and water.

Sterilize a pair of tweezers by passing them through a flame, but do not wipe off the soot afterwards. Grip the splinter and pull out along the same path that it went in.

## **Sprains (a wrenching or twisting of the joint)**

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Apply a cold compress (a bag of ice, towel soaked in cold water, or even a package of frozen peas) and elevate the joint. Immobilize the joint by wrapping it firmly. Seek medical treatment to make sure there are no broken bones.

## **Stitches**

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It is not easy to decide if a wound needs stitches. If the edges of skin do not fall together or if the wound is over an inch long, it may require stitches.

The following major injuries often require stitches:

1. Bleeding from an artery or uncontrolled bleeding.
2. Deep or large puncture wounds.
3. Large or deeply embedded objects.
4. Animal or human bites.
5. Wounds that show muscle or bone, involve joints, gape widely, or involve hands or feet.
6. Wounds that could leave unsightly scars, such as those on the face.

## **Tick Bites**

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1. **Remove the tick promptly and carefully.** Use tweezers to grasp the tick near its head or mouth and pull gently to remove the whole tick without crushing it.
2. **If possible, seal the tick in a container.** Put the container in your freezer. Your doctor may want to see the tick if you develop signs or symptoms of illness after a tick bite.
3. **Use soap and water to wash your hands** and the area around the tick bite after handling the tick.

## **Tooth Loss**

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1. If the entire tooth is knocked out of the socket, you must recover the lost tooth. After making sure the tooth is clean, you should insert the tooth back into the socket. Take the victim to the dentist.
2. If injury prevents the tooth from being replaced, have the victim place the tooth under his/her tongue. Take the person to the dentist.
3. If it is not possible to replace the tooth or safely put it under the victim's tongue, place the tooth in milk. Take the person to the dentist.
4. If milk is not available, place the tooth on a moist, clean piece of material. Take the victim to the dentist.

## **Universal Precautions Packet**

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Universal precaution packets are available in all buildings in the maintenance closets. Packets are identified with a red cross and include the following:

1. Rubber gloves
2. Gauze bandage
3. Paper towels
4. Plastic bag for contaminants

### **Universal Precautions Packet Instructions**

Your packet should contain the following:

(if you use items in the packet please see the appropriate person to have it replaced)

The number one consideration is the containment of body fluids.

1. Put on gloves
2. Bandages or cover bleeding/body fluids by using pressure to the wound if necessary.
3. Cover all body fluid spills (i.e. blood, vomit, mucus, etc.) with paper towels
4. Call for assistance.
5. When removing gloves be careful to pull them off so that they are inside out (all of the contaminants will be inside and they will be safe for you to handle during disposal).
6. Put all of the contaminants in the plastic bag.

## **Guidelines for Handling the Media**

Whenever a natural disaster or an unfortunate situation occurs, media coverage is a certainty. In these instances, the media can become quite obtrusive due to the number of news agencies covering the incident and the methods used by some reporters. Having a prescribed plan as to how to handle the media lessens the anxiety level for all involved.

Develop a written statement for dissemination.

Appoint a spokesperson (usually the Headmaster).

Keep the staff informed through one person. This controls rumors.

Be proactive with the media.

1. Contact the media before they contact the school
2. Set geographic and time limits
3. Explain restrictions
4. Hold the press accountable
5. Create positive relations with the media before an emergency or 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.

Announce new changes made after the incident has passed.

Get the maximum amount of information out to the media – and thus the public – as rapidly as possible. Overall accuracy and completeness of media coverage depends to a large degree on “how fast” and “how much” info they receive.

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 a crisis or emergency situation and in explaining the efforts of the school.

# **Suggestions for Counselors, Principals, and Teachers**

## **School Counselor's Role**

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1. Be available by canceling other activities.
2. Locate counseling assistance by checking community resources.
3. Provide individual and group counseling.
4. Coordinate and greet support staff members and then take them to their assigned location.
5. Contact parents of affected students with suggestions for support and further referrals.
6. Support the faculty and provide counseling as needed.
7. Keep records of affected students and provide follow-up services.
8. Establish a self-referral procedure. Make referral forms available.
9. Review and distribute open-ended questions to assist teachers with classroom discussion.
10. Monitor grounds for students leaving the building without permission.
11. Arrange routine for the masses of parents who may pick up their children early in a crisis situation.

## **Principal's Role**

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1. Support response efforts, be available for consultation and defer to decisions of Team Director (Headmaster).
2. Be visible, available, and supportive to empower staff.
3. Provide direction for teachers to alter the curriculum. Specifically, consider testing, if postponement is necessary.
4. Vary the areas in the building to avoid during routine fire drills.
5. Consider an area on campus to land an emergency helicopter.

## **Teacher's Role**

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1. Provide accurate information to students which may dispel rumors.
2. Lead classroom discussions, when warranted, that focus on helping students cope.
3. Answer questions without providing unnecessary details.
4. Recognize and honor the various religious beliefs that may help the students cope.
5. Be understanding and receptive to students' expressions of various emotions.

6. Be careful of the use of TV broadcasts in the classroom. Live newscasts can be traumatizing.
7. Be responsible for the care of all students and administer first aid as needed.
8. Identify students who need counseling and refer to building support personnel.
9. Provide activities to reduce trauma, such as artwork, music, and writing.
10. Alter the curriculum as needed.
11. Discuss funeral procedures when appropriate.
12. Know how to get assistance from other professionals should the need arise.
13. Do not leave class unattended.
14. Refer all media to headmaster.

## Crisis Management

### **School Crisis**

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Unanticipated tragic events can quickly escalate into a school-wide catastrophe if not dealt with immediately and effectively. The exact nature of such tragic events varies. Knowing what to do when a crisis occurs can minimize the chaos, rumors, and the impact of the event on students and community.

When a disaster strikes, teachers and school staff members are torn between the need to deal with student reactions at the same time they are coping with their own reactions. This time often proves to be a time when they are least prepared to think quickly. With some advance planning, this process can be much smoother than when tragedy takes a school by surprise and no pre-formulated plan is in effect.

### **Definitions**

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**Crisis:** A sudden, generally unanticipated event that profoundly and negatively affects the school population and may involve serious injury or death. Students and staff may be affected. The psychological and emotional impact will be moderate to severe. Outside assistance will be needed.

**Crisis Team:** A group consisting of administrators, counselors, and other designated persons to handle media, traffic logistics and information. The Headmaster serves as the school's overall leader.

## **Crisis Management Team Response**

Should a tragic event occur, the site principal informs the headmaster immediately. The headmaster notifies the Board of Trustees. The site principal contacts emergency services as quickly as possible. **IMMEDIATE safety of the students is a must.**

After initial contacts are made by the building administrator, the following steps occur:

1. The school site administrator assembles the school team to plan response.
2. The team implements the process that best provides for the welfare of the students.
3. The team plans a follow-up and assesses the need for additional support.
4. The team evaluates the response to discern whether or not changes need to be made prior to a future crisis or emergency.

## **Bomb**

The principal will execute the following plan:

1. Initiate evacuation of the school by a signal of the fire alarm.
2. Call 911.
3. Notify the headmaster.

The teacher should follow these guidelines:

1. Usher the students out of the building according the school's fire escape plan. Leave through the nearest accessible door if the planned route is inaccessible.
2. Check roll to be sure all students have exited safely; notify the administration immediately if a student appears to be missing.

## **Bomb Threats and Harassing Calls**

The teacher, staff member, or principal should follow these guidelines:

1. Hang up as soon as the nature of the call is discerned.
2. Call the Police Department @ 251-208-1300
3. Notify the principal.
4. Notify the headmaster.
5. Follow through with Bomb evacuation.

## **Chemical Spill or Explosion**

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The principal or designee will follow these guidelines:

1. Initiate a warning by a signal given through the intercom.
2. Turn off air conditioning system.
3. Notify authorities.
4. Ensure all doors are closed.

The teacher will keep all students in the classroom unless notified otherwise.

## **Death of a Student or Teacher**

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1. After the initial response, administrators and counselors will meet immediately to review what has happened. Responding to the psychological needs of both staff and students as soon as possible is the best prevention for the development of post-traumatic stress.
2. Get as much information as possible from the family and ask their permission to share it with the students, faculty, and staff. Ask if they have any objections to students, faculty, and staff attending the funeral.
3. Relay the information to the students in a factual way, careful to avoid breaching the student's or family's privacy. The principal and counselor might consider moving from room to room to tell the students what has happened. They should tell the truth, allow for ventilation, and affirm any expressions or feelings the students have. Students need to be told that they may visit the counselor's office for special assistance if they need to talk.
4. If possible, allow a break after telling the students in order to give them an opportunity to ventilate and express their grief with other students.
5. Upon returning to school, students should be allowed to discuss their feelings, talk about the deceased, and discuss memories. Give students, faculty, and staff information about the funeral and allow them to attend, provided the family has granted permission.
6. Watch for trouble signs among the students. Be prepared to call in extra counselors if necessary.

## **Suicide**

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Every effort should be made within the school to develop each student's self-esteem. This can be better accomplished by positive reinforcement to the individual student, as well as the total student body. Approaches should be used to assure that students see their self-worth through character building programs, positive notes, and rewards. Part of the prevention is early detection of students who appear troubled.

If a student does commit suicide:

1. Don't dismiss school or encourage funeral attendance during hours.
2. Don't dedicate a memorial to the deceased without checking with parents and considering the emotional welfare of all students.
3. Don't have a large assembly.
4. Do give the facts to the students.
5. Do emphasize prevention and everyone's role.
6. Do provide individual and group counseling.
7. Do emphasize that help is available and that there are alternatives to suicide.
8. Do contact the family of the deceased immediately and offer support of the faculty and staff.

## **Explosion**

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The teacher will instruct students to move from the site immediately. The entire school will be evacuated according to the prescribed plan.

The principal or designee will notify emergency personnel and direct them to the site of the explosion to care for the injured.

A shower kit and eye kit are recommended as first aid supplies. Other items pertinent to an explosion should be considered when purchasing first aid supplies.

## **Fallen Aircraft**

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A fallen aircraft emergency occurs when an aircraft fall is near or on school grounds. In case of a jet aircraft fall, the minimum safe distance from the site is 440 yards in case of explosion.

The principal will follow these guidelines:

1. Call 911 immediately.
2. Notify the Board of Trustees.

The teacher will follow these guidelines:

1. Keep all students away from the fallen aircraft.
2. Evacuate the building if necessary. Follow the same procedure as for a fire drill.
3. Notify the office if any students are missing.
4. Render any first aid if possible.

## **Procedure for Stopping a Fight**

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The teacher (or principal) should follow these guidelines:

1. Send a reliable student to the office to summon assistance if a teacher in a classroom learns of a fight.
2. Speak loudly and let everyone know that the behavior should stop immediately if the teacher or principal is in sight of the altercation.
3. Obtain help from other teachers if at all possible.
4. If students are starting to gather, call out to any of the students whose names are known and start giving orders. Attempt to get students away from the commotion as quickly as possible.
5. Call out the names of the involved students (if known) and let them know they have been identified.
6. Get additional help if confronted with a serious fight, especially one that involves weapons; do not try to be a hero.
7. After separating the students, try to avoid using further confrontational behavior. Do not point at the students, make accusations, or corner them with their backs against the wall.
8. Remember that no one can “cool down” instantly; give the students time to talk in a calm setting and gradually change the climate of the situation.

## **Procedure for Handling a Riot/Disturbance Resulting From Fight**

The principal should follow these guidelines:

1. Encourage teachers and staff to be sensitive to the emotional climate of the campus and attempt to diffuse any tensions prior to the eruption of problems.
2. Notify law enforcement of the disturbance and meet at a pre-designated site to evaluate the situation.
3. Have a law enforcement officer evaluate and call for any necessary resources such as back-up help, emergency medical help, etc.
4. Activate needed emergency plans, which may include:
  - Instructing office staff to man communications and initiate lockdown orders
  - Assign staff a temporary detention facility, such as a gymnasium, to secure students and log information.
  - Direct a teacher or designee to initiate lockdown and immobilize the campus.
  - Assign staff to a pre-designated medical treatment facility.
5. Notify guidance counselor.

## **Hostage Situation**

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**See: *Securing the Classroom/Lockdown***

1. Signal for lockdown – “Teachers, please bring your emergency folders to faculty meeting this afternoon.”
2. Stay calm.
3. Follow instructions of captor.
4. Cooperate; be friendly if possible; don’t argue with or antagonize captor or other hostages.
5. Inform captors of medical or other need.
6. Be prepared to wait; elapsed time is a good sign.
7. Do not try to escape; do not try to resolve situation by force.
8. Be observant and remember everything that is seen or heard.
9. If a rescue takes place, lie on the floor and await instructions from rescuers.

The principal or office will be responsible for the following:

1. Immediately notify law enforcement.
2. If possible remove other students and teachers from building or away from those who are in the hostage situation.
3. Keep everyone as calm as possible.
4. Be prepared to answer questions from media or family.

## **Intruder or Individual with Deadly Weapon**

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**See: *Securing the Classroom/Lockdown***

The principal or designee should follow these guidelines:

1. Notify law enforcement immediately. Identify the student or gunman (if known), the student or gunman’s location, and the location of the weapon.
2. Have the on-site law enforcement officer or designee determine the level of threat.

If the level of threat is high, have the law enforcement officer call for additional backup, attempt to get the weapon from the gunman or student through negotiations, or take other appropriate law enforcement action. If the level of threat is low, call the student to the office and have the law enforcement officer take the appropriate action.

The staff should follow these guidelines:

1. Notify the school office immediately.
2. Avoid confronting the student or gunman.
3. Identify the student or gunman (if known), the student or gunman’s location, and the location of the weapon when notifying the office.

4. Remove the students from the building if you can do so safely.
5. If removal is not possible, Lock doors, turn off lights, spread out and hide students.

## **Earthquake**

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Since earthquakes can strike without warning, the immediate need is to protect lives by taking the best available cover.

The principal will follow these guidelines in so far as they are possible:

1. Give instructions to teachers.
2. Call 911.

The teacher will follow these guidelines:

1. Instruct the students to drop to the floor and secure protection beneath a desk or table.
2. After the tremor subsides, usher the students out of the building according to the established route for fire evacuation. Leave through the nearest accessible door if the planned route is inaccessible.
3. Check roll to be sure all students have exited safely; notify the administration if a student is missing.
4. Instruct students to stay clear of the buildings and power lines.

## **Fire**

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In the event of a fire in any school complex, the principal or designee will execute the following plan:

1. Call the Fire Department, 911, immediately.
2. Evacuate the school immediately by a signal of the fire alarm.
3. Notify the President of the Board of Trustees.

The teacher should follow these guidelines:

1. Usher the students out of the buildings according to the individual school's fire escape plan. Leave through the nearest accessible door if the planned route is inaccessible.
2. Check roll to be sure all students have exited safely; notify the administration immediately if a student is missing.
3. Stay well clear of the building.

## **Tornado**

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Principal:

- Signal the potential of a tornado through the intercom.

Should a tornado actually strike, students should go to the floor in aisles between their desks in a kneeling position, with their heads lowered toward their knees, eyes closed, and their hands crossed behind their heads. Students in the halls should assume the same position against interior walls. Students should be kept well away from windows.

1. Your calmness and reassurance can encourage them to stay in position even though they may hear falling debris.
2. When all clear, if you must move from your room, be alert to fallen wires.  
Do not touch.

## **Severe Weather**

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In the event of a severe weather warning, the headmaster will notify all supervisors, principals, and other department heads of the situation. Principals and other heads will initiate the emergency closing procedure. If a decision is made to suspend school before the school day begins, it will be made before 6:00 a.m., if possible. Radio and television stations will be notified immediately. In some instances, local television stations have neglected to announce the closing of non-public schools. If this were the case, our parents should be informed that we will be closed if the local public school system is closed due to severe weather.

The decision to close will be based on information provided by the weather bureau and the local law enforcement officers.

Announcements will be made only in the event of a suspension of school. If no announcement is issued, parents, students, and teachers may conclude that school will be in session.

If school is suspended, teachers, librarians, lunchroom workers will not report. Principals, assistant principals, counselors, supervisors, cafeteria manager, janitor and maids, and the athletic director will report as usual. As soon as the headmaster is satisfied that the building is secure, he may dismiss any of the above personnel.

Even if school is not suspended, when severe weather conditions prevail, the judgment of parents will be respected as far as the school attendance of the students.

## **Nuclear Attack (no warning time) Imminent**

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Fire extinguishers should be brought into shelter area, and buckets filled with sand, if available, for fire fighting. Canned goods (from cafeteria) and an extra water supply should be brought to shelter area, along with spoons and some utensils. Emergency supplies, which are not in the immediate vicinity of the shelter area, such as first aid, mops, battery-powered radios, flashlights, and garbage can (for waste) should be gathered. The above paragraph pertains to an attack on any portion of the United States when an increased readiness period was not provided for prior to the disaster.

## **Dispersal of Students**

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### **Emergency Dispersal of Students When Necessary**

1. Students will be sent home at the request of the parent.
2. Students will be kept at school under the following conditions:
  - Parents are not at home.
  - Students cannot be cared for at any other place, and school is the safest shelter.
  - There is not adequate time to send home.
  - The students cannot be transported home.

### **Assignments of Shelter for each Classroom**

Assignments:

1. Tornado – Sit in halls or under the desks. (See Tornado procedure).
2. Fire – Evacuate building.
3. Radioactive fallout – Go to nearest fallout shelter.
4. Hurricane – Send students home.
5. Earthquake – Execute the “drop” procedure; evacuate building.

Transportation of students to home or shelters:

1. Individual transportation
2. Parents pick up students

## **Securing the Classroom/Lockdown**

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The auditory warning to immediately secure your classroom will be announced by intercom. Teachers must secure their classrooms at this time.

To be used in the event of drugs or weapons discovered or suspected on campus, fights/disruptions, intruder, shooting, sexual assault, suicide on campus, vandalism, or as the administration deems appropriate.

When lockdown is necessary, an announcement will be made over the intercom for the teachers to **“Carry Out Lockdown Procedures”**.

### **Secure Classroom Procedure**

In the event students need to be detained in the classroom for their protection, this general procedure will be used.

1. Instruct students that whenever they hear that the teachers are to secure their classrooms to go quickly (without running) to the nearest classroom available to them.
2. Teachers should go to the door and instruct any student near the entrance to come inside their room immediately.
3. Teachers should lock the door, turn off lights, and hide/spread students out.
4. Teachers should close the blinds so that students are not distracted by events that may be going on outside. They are not to gather at the windows under any circumstances.
5. Teachers who are in a room with no windows should retrieve their flashlight so that they can assist students in the event of a loss of power.
6. Teachers should determine who is in the room and list any students who may potentially be in danger
7. Remind students to remain quiet and calm so that they can hear any instructions from the office.
8. Call the office only if emergency assistance is needed.

Students who are in the library should remain there and the doors should be secure.

Students in the cafeteria should remain there. The doors to the cafeteria should be locked.

Students in the gymnasium should remain there and those students in the locker room should be escorted to the gym. The gymnasium doors should be locked.

Students outside at the time should proceed away from the campus to a safe area and wait for instructions.

## **After Care**

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After any critical incident/crisis there will be a debriefing conducted by the principal or designee. As a part of that debriefing session there will be an assessment made to determine the after care needs.

1. Debriefing and follow up will include faculty/staff and students.
2. Counselors and others will provide an appropriate forum for ventilation and discussion.
3. At all times, individuals will be referred to those with the facts and discouraged from making a statement of speculation as though the statement is fact.

As the Faith Academy plan evolves, a list of local, state, and national support networks will be expanded.

- Immediate local support is listed on the telephone list.

Students who are at risk for delayed emotional response will be identified and referred to the school counselors.

1. Teachers will be provided information to aid them in identifying symptoms of post-traumatic syndrome.
2. Parents will be informed of the signs of stress.
3. School counselors will conduct guidance/counseling sessions for students and refer some students to other appropriate agencies.

Parents and the community will be kept informed by way of the media, parent newsletters, and school meetings.

## **EMERGENCY: Crisis Checklist**

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- \_\_\_\_\_ Call Law Enforcement First Response  
Contact 911; Mobile Sheriff – 574-8040; Police Dept. – 208-1300
- \_\_\_\_\_ Assess life/safety issues immediately.
- \_\_\_\_\_ Provide immediate emergency medical care.
- \_\_\_\_\_ Assess the situation and get the facts.
- \_\_\_\_\_ Ensure student's and staff's safety – follow the plan for where they need to be and who will supervise.
- \_\_\_\_\_ Alert school staff to the situation. Announce lockdown if necessary.
- \_\_\_\_\_ Headmaster supervises the crisis intervention activities.
- \_\_\_\_\_ Contact City/County officials.
- \_\_\_\_\_ Contact Parents.
- \_\_\_\_\_ Prepare media statement.
- \_\_\_\_\_ Media area is designated (Library).
- \_\_\_\_\_ Parent room/area is designated (rear of cafeteria).
- \_\_\_\_\_ Headmaster briefs Board of Trustees.
- \_\_\_\_\_ Debriefing activities begin.

# Crisis Assessment Sheet

In a crisis situation, providing accurate information to emergency officials is absolutely critical. This sheet provides the information the crisis response team will need.

**Brief Description of Crisis:** \_\_\_\_\_  
\_\_\_\_\_

**What has been done so far?** \_\_\_\_\_  
\_\_\_\_\_

## Assessment of Damage or Harm:

To people:

Number involved: \_\_\_\_\_

How many accounted for: \_\_\_\_\_

How many evacuated: \_\_\_\_\_

Injuries (include seriousness): \_\_\_\_\_  
\_\_\_\_\_

Where have they been sent? \_\_\_\_\_  
\_\_\_\_\_

## To buildings:

Damage: \_\_\_\_\_

Further damage potential: \_\_\_\_\_  
\_\_\_\_\_

**Projection of Events in next 2 hours:** \_\_\_\_\_  
\_\_\_\_\_

## Resources Needed:

\_\_\_\_\_ Law Enforcement

\_\_\_\_\_ Communications

\_\_\_\_\_ Counselors

\_\_\_\_\_ Media Relations

\_\_\_\_\_ Food Services

\_\_\_\_\_ Insurance Claims

\_\_\_\_\_ Legal

\_\_\_\_\_ Medical

\_\_\_\_\_ Fire Department

\_\_\_\_\_ Construction

\_\_\_\_\_ Transportation

\_\_\_\_\_ Clerical

\_\_\_\_\_ Clergy

\_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ (give copy to Headmaster)

## **Crisis Communication Tips**

1. Gather information.
2. Use a trained spokesperson at the scene, give an initial press briefing as soon as possible.
3. Be concise and precise.
4. Show concern and empathy.
5. Offer reassurance.
6. Monitor media reports and correct errors immediately.
7. Don't say "no comment" and don't go "off the record".
8. Avoid fixing blame.
9. Update frequently and regularly.
10. Tell the truth.
11. Remain calm and stay in control of the situation.
12. Avoid jargon, acronyms, and technical terms.
13. Arrange media access to the scene.
14. Treat all media equally.