



# Section D

## *Start-Up Guide*

### **Emergencies**

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- D-1 After School Emergency Requirements
- D-2 Guidelines To Develop Emergency Plans
- D-3 All Hours Emergency Response List
- D-4 Conducting Emergency Drills
- D-5 Emergency Response Organizational Chart Sample
- D-6 \*Emergency Response Organizational Chart Template
- D-7 \* Important City Numbers
- D-8 Emergency Phone Numbers
- D-9 \*SFUSD-SHPD Emergency Care Plans
  - Asthma
  - Allergy
  - Diabetic
  - Seizure
  - Medication
- D-19 \*SFUSD Student Injury Report
- D-20 \*SFUSD Incident Report
- D-21 Best Practices and Quick Tips for Emergencies

**\*Template forms are on the Start-up Disk and on the website at [www.healthierdsf.org/afterschool](http://www.healthierdsf.org/afterschool)**



## AFTER SCHOOL PROGRAM EMERGENCY REQUIREMENTS

In partnership with the SFUSD Emergency Planning Department, SHPD ExCEL ASP supports aligning After School Program Emergency Requirements with SFUSD procedures. **It is critical that each After School Program have detailed Emergency Procedures**, which all staff and volunteers should know and have posted in every classroom where the program will take place. SHPD ExCEL ASP also requires that each after school site become familiar with the Crisis Response Manual and be aware of location within the after school program.

### **SITE COORDINATOR SHOULD HAVE COPIES OF:**

- After School Program Schedule
- SFUSD SHPD Crisis Manual
- SFUSD Student & Parent/Guardian Handbook
- Completed After School Emergency Card
  - Students (with complete Parent Contact information)
  - Staff
- School Map
  - Identified ASP Space (Classrooms and other designated areas)
  - Identified Emergency exits and meeting zones (including alternatives)

### **CLASSROOMS MUST HAVE:**

- Updated After School Emergency Plan that is clearly visible and posted (see guidelines on p. D-2)
- SFUSD Emergency Procedure flip chart
- SFUSD Guidelines for School First Aid Procedures flip chart
- Bilingual CPR Posters



### **STAFF MUST KNOW:**

Location of:

- Backpack Emergency Kit
- Emergency Cards (Staff and Students)
- Crisis Response Manual
- How to use SFUSD Emergency flip charts, SHPD ExCEL Resource Book, and Site Emergency Plan
- Staff Emergency Communication system (code for lock down or walkie talkies)
- Participant sign in-sign out procedure
- After School Emergency/Crisis Response Team (who they are and what they do)

## GUIDELINES TO DEVELOP EMERGENCY PLANS

You are required to:

- Draft an After School Emergency Plan that aligns with:
  -  Emergency Plan procedures used during the regular school day
  -  Your school's Crisis Response & Emergency Procedure Team
- Make several emergency kits that will include first aid kits, flashlights, and student and staff emergency cards
- Have Emergency practice drills with the participants in the after school program (see Conducting an Emergency Drill Tip Sheet on p. D-3)
- Inform the regular school day staff of the After School Emergency Procedures
- Give the Principal, School Office, your ExCEL District Coordinator, and CBO Partner (if applicable) a copy of the After School Emergency Plans

**SHPD ExCEL AFTER SCHOOL Program Name**

**All Hours Emergency Response List\***

Contact Person	Title	Ext.	Mobile Phone	Home Phone	E-mail
	Principal				
	Site Coordinator				
	CBO Partners				
	Assistant Site Coordinator				
	Lead Teacher				
	Lead Program Leader				
	ExCEL District Coordinator				

**If the contacts above cannot be reached, then call:**

Contact Person	Title	Ext.	Mobile Phone	Home Phone	E-mail

Building(s) & Rooms:

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Special Instructions and Program Description:

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## CONDUCTING EMERGENCY DRILLS

ALTERNATE SIGNALS: manual ringing of bells, bull horn, messenger, intercom

EVENT: FIRE DRILL

SIGNAL: Varies from school to school

ACTION: Evacuate to outside assembly area.

ALL CLEAR: One long (10 second) bell or oral notification that drill is over.

FREQUENCY: Elementary, Middle and summer schools once per month.  
High schools once per semester.

EVENT: EARTHQUAKE DROP / COVER / HOLD

SIGNAL: Command of DROP given by teacher or staff member.

ACTION: Drop to knees; take cover under desk; hold onto leg of furniture.

ALL CLEAR: Given by teacher or staff member.

FREQUENCY: Once per month.

EVENT: DROP / TAKE COVER ( Used for explosions, shooting incident, etc.)

SIGNAL: Alternating long and short bells; command of DROP given by teacher or staff member.

ACTION: Take immediate cover. Drop, facing away from windows or hazard. Bury face in arms to protect head. Close eyes tightly. Remain in position until directed to evacuate or until emergency is over.

ALL CLEAR: One long bell (10 seconds) or oral notification by staff member that drill is over.

FREQUENCY: Review/discuss once per semester and summer school.

EVENT: LOCK DOWN / SAFE SHELTER (Used to secure school during police action in the area or a campus intrusion emergency)

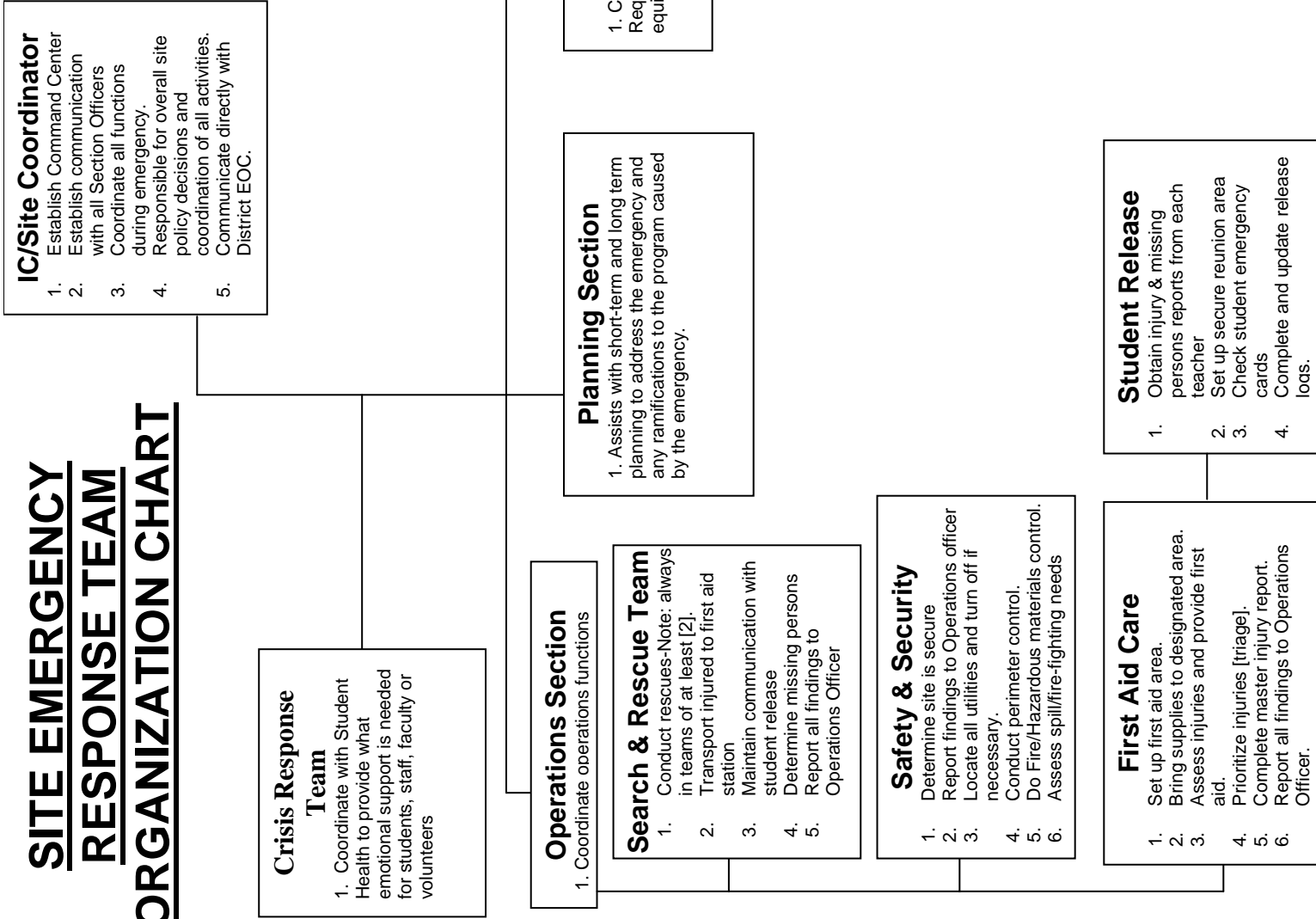
SIGNAL: One long continuous bell, intercom, word or mouth, or other system or warning that can be done safely. If using a verbal signal, "Code Red, Secure your Areas"

ACTION: Lock doors, close blinds, move away from windows. Outside, proceed to closest room if safe or drop and cover.

ALL CLEAR: One long bell (10 seconds) or oral notification by staff that drill is over.

FREQUENCY: Review/discuss once per semester and summer school.

# SITE EMERGENCY RESPONSE TEAM ORGANIZATION CHART





# SITE RESPONSE TEAM ORGANIZATION CHART

**School Site:**

**After School Program:**

**ASP Site Coordinator:**

**Hours:**

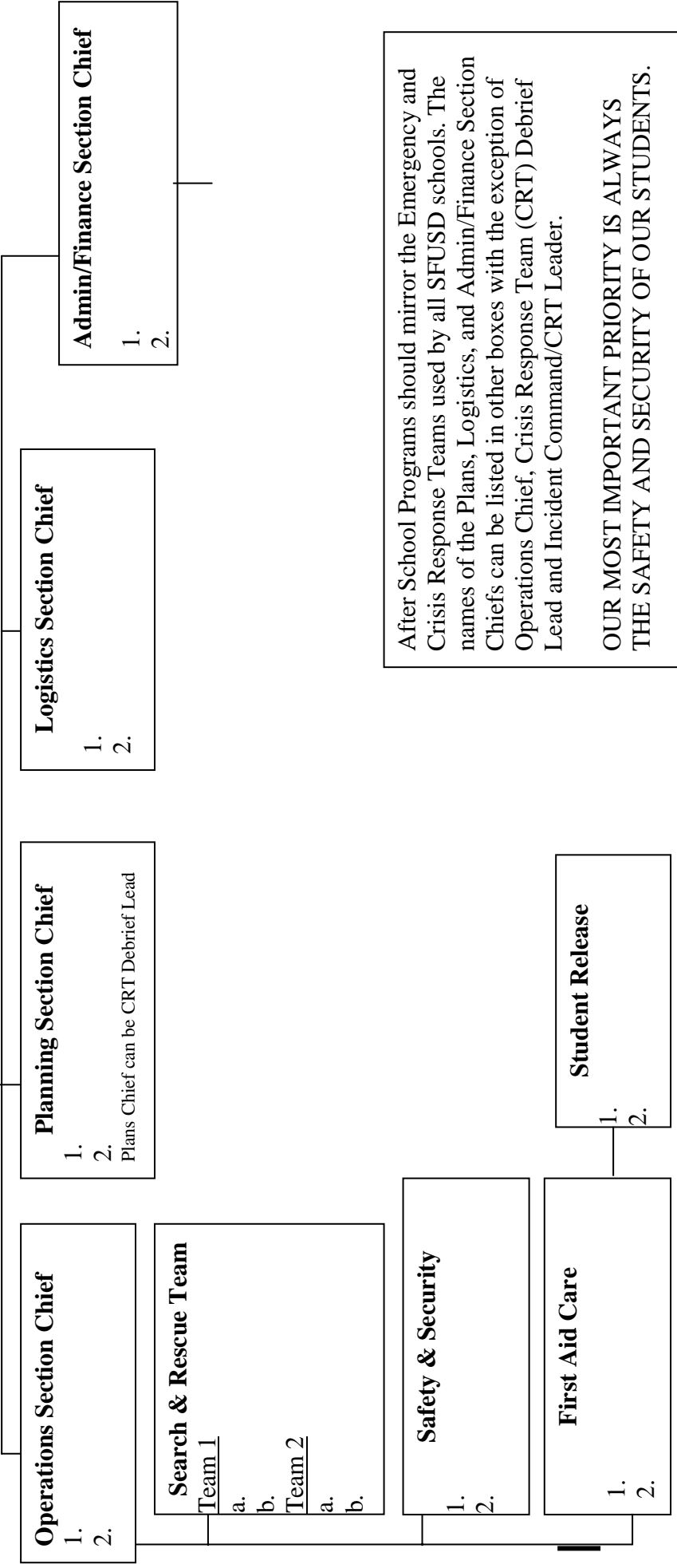
**Incident Commander and Crisis Response Team Leader**

- 1.
- 2.

**Crisis Response Team**

1. See Incident Commander and CRT Lead
2. See Public Info.
3. Debrief Lead

Debrief Lead can be Plans Chief



After School Programs should mirror the Emergency and Crisis Response Teams used by all SFUSD schools. The names of the Plans, Logistics, and Admin/Finance Section Chiefs can be listed in other boxes with the exception of Operations Chief, Crisis Response Team (CRT) Debrief Lead and Incident Command/CRT Leader.

**OUR MOST IMPORTANT PRIORITY IS ALWAYS THE SAFETY AND SECURITY OF OUR STUDENTS.**



## IMPORTANT CITY NUMBERS

Fire, Police, Paramedics	911 OR (SOME facilities dial 9-911)
PG and E Emergencies	800-743-5000
Abandoned Cars	553-9817
Animal Care and Control	554-6364
Blue Parking Zones/Placard Violators	554-9818
Building Permits	558-6070
Dumping, Illegal	28-CLEAN , 282-5326
Environmental Health	252-3800
Graffiti Removal	241-WASH , 241-9274
Hazardous Waste Disposal	554-3400
Mayor's Office, Neighborhood Services	554-6141
MUNI Information	673-6864
Noise from Building Construction	558-6096
Noise from Street Construction	554-7222
Odor Control	557-6833
Parking Violations (driveways, etc.)	553-1200
Parking Meter Repair	550-2739
Parking Permits (residential)	503-2020
Sewer Repairs	695-2096
Signs and Banners (illegally posted)	28-CLEAN , 282-5326
Spills, Non-Hazardous	28-CLEAN , 282-5326
Spills, Hazardous or Unknown	911 OR (SOME facilities dial 9-911)
Street and Sidewalk Defects	554-5810
Street Cleaning	28-CLEAN , 282-5326
Street Lighting	554-0730
Street Repairs (potholes)	695-2100
Towed Car Retrieval	553-1235
Traffic Signs (Knocked Down/Missing)	554-9780
Traffic Signals (out of order)	550-2736
Trees (need trimming, roots on sidewalk)	28-CLEAN , 282-5326
Water Department	550-4911
Mobile Assistance Program	431-7400
More City Info:	<a href="http://www.sfgov.org">www.sfgov.org</a>

## EMERGENCY PHONE NUMBERS

**\*PLEASE POST IN AFTER SCHOOL PROGRAM SPACE\***

In an emergency always contact the Site Coordinator, who will determine who to call and what other action is necessary.

If the emergency situation is critical (life threatening, severe injuries, or situation is out of control) go to the nearest phone and call 911 or 553-8090 from a cellular phone.

In a non-emergency where the police need to be contacted call

Local Police Station \_\_\_\_\_  
School Police Officer \_\_\_\_\_  
Building Security and Break Ins \_\_\_\_\_

The numbers listed below provide important services:

Poison Control Center	800-523-2222
American Red Cross	415-202-0600
Youth Crisis Hotline	800-448-4663
California Missing Children's Hotline	800-222-3463
Children's Emergency Services	800-856-5553
SF Suicide Prevention	415-781-0500
Talk Line for Parents	415-441-5437
Women Against Rape Crisis Line	415-647-7273
Support Services for Sexual Minority Youth	415-242-2615
SFUSD Nurse of the Day	415-242-2615
Principal Contact Number	_____

# ASTHMA EMERGENCY CARE PLAN

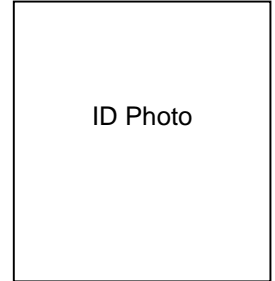
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Rm.: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (cell): \_\_\_\_\_



**Attach Student Emergency Card for additional emergency contacts.**

Health Care Provider Treating Student for Asthma: \_\_\_\_\_

Phone: \_\_\_\_\_

**Asthma Severity:** Mild Intermittent    Mild Persistent    Moderate Persistent    Severe Persistent

### To provide assistance to a pupil experiencing asthma symptoms:

<b><u>IF YOU SEE or HEAR THIS:</u></b>	<b><u>ACTIONS TO TAKE (Do this)</u></b>
<ol style="list-style-type: none"> <li>1. Noisy breathing (wheezing)</li> <li>2. Coughing</li> <li>3. Shortness of breath</li> <li>4. Complaining of chest tightness or pressure on chest</li> <li>5. Difficulty breathing</li> </ol> <p>OTHER</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ol style="list-style-type: none"> <li>1. Stay with student, speak softly, and stay calm.</li> <li>2. Keep person sitting upright and encourage slow deep breathing in through their nose &amp; out through their puckered lips.</li> <li>3. Give quick relief medication.                      Name of med: _____                      How to give: _____                      Amount: _____                      When to give/repeat: _____                      Location of med: _____  <i style="text-align: center;">(School to complete)</i> </li> <li>4. If no improvement in 5 minutes after medication administration or no medication available call for help: have helper call parents/guardian/ and school nurse or Nurse of the Day (242-2615).</li> <li>5. Repeat medication if so indicated above.</li> </ol>

### **CALL 911 IF YOU SEE**

- Breathing difficulty remains or worsens
- Continuous spasmodic coughs
- Increasing anxiety or confusion
- Stooped body posture
- Skin pulls in around collar bone and ribs with breathing
- Struggling or gasping
- Stops playing and can't start activity again
- Trouble talking or walking
- Asthma symptoms continue and parents cannot be reached (see # 5 above).
- Lips or fingernails turn/darken grey or blue

**Administer CPR if breathing stops! Continue until paramedics arrive!**



# ASTHMA EMERGENCY CAREPLAN

## Continued

### Factors that may cause an asthma episode:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Cold weather | <input type="checkbox"/> Respiratory infection |
| <input type="checkbox"/> Perfume      | <input type="checkbox"/> Strong odors          |
| <input type="checkbox"/> Dust mites   | <input type="checkbox"/> Pollens               |
| <input type="checkbox"/> Exercise     | <input type="checkbox"/> Mold                  |
| <input type="checkbox"/> Foods: _____ | <input type="checkbox"/> Other: _____          |

### If child is not experiencing asthma symptoms:

**PE and recess are OK. Just remember, do warm-up exercises!**

Medicine before PE or recess?  No  Yes

Name of medicine: \_\_\_\_\_

How to give: \_\_\_\_\_

Amount: \_\_\_\_\_

When to give: \_\_\_\_\_

Location of med: \_\_\_\_\_

*(School to complete)*

A completed and signed Medication Form must be on file at the school for each medication before medication can be administered at school.

**I authorize school personnel to implement this Asthma Emergency Plan as described.**

\_\_\_\_\_  
Health Care Provider Signature                      Date

**I give my consent for school authorities to take appropriate action for the safety and welfare of my child.**

**I give my consent for school authorities to communicate with the authorized health care provider when necessary.**

**My child does not need services**

\_\_\_\_\_  
Parent/Caregiver Signature                      Date



# ALLERGY EMERGENCY CARE PLAN

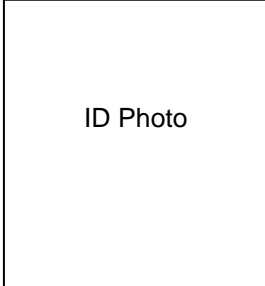
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (cell): \_\_\_\_\_



**Attach Student Emergency Card for additional emergency contacts.**

Health Care Provider Treating Student for Allergy: \_\_\_\_\_

\_\_\_\_\_ Ph: \_\_\_\_\_

Other Health Care Provider: \_\_\_\_\_ Ph: \_\_\_\_\_

**To provide assistance to a pupil experiencing an allergic reaction:**

<b>ACTIONS TO TAKE (Do this)</b>	
1. Type of allergy: _____	❖ <b>Stay calm.</b>
2. Identify the triggers which start an allergic reaction: _____	❖ Stay with the student and call for help
	❖ Give quick relief medication (if prescribed).
3. Possible allergic signs: _____	Name of med: _____
	How to give: _____
OTHER: _____	Amount: _____
	When to give/repeat: _____
	Location of med: _____
	❖ <b>Notify parents/guardian, and document what happened in child's file.</b>
	❖ <b>OTHER:</b>





# ALLERGY EMERGENCY CARE PLAN

Continued

## CALL 911 if...

- |   |  |
|---|--|
| *Difficulty/noisy breathing             | *Tightness of chest                        |
| *Swelling of tongue, eyes or lips       | *Swelling/tightness in throat              |
| *Difficulty talking and/or hoarse voice | *Wheeze or persistent cough                |
| *Loss of consciousness and/or collapse  | *Pale & Floppy (young child)               |
| *Vomiting, stomach cramps or diarrhea   | *Blue discoloration of lips or fingernails |

**I authorize school personnel to implement this Allergy Emergency Plan as described above.**

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

**I give my consent for school authorities to take appropriate action for the safety and welfare of my child.**

**I give my consent for school authorities to communicate with the authorized health care provider when necessary.**

**My child does not need services**

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date





# DIABETIC EMERGENCY CARD PLAN

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Rm: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Phone  
(home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone  
(work): \_\_\_\_\_

Email: \_\_\_\_\_ Phone  
(cell): \_\_\_\_\_



**Attach Student Emergency Card for additional emergency contacts.**

Health Care Provider Treating Student for Diabetes:

\_\_\_\_\_ Ph: \_\_\_\_\_

Other Health Care Provider: \_\_\_\_\_ Ph: \_\_\_\_\_

**FOR SIGNS OF HYPOGLYCEMIA:** Headache, tremors, cold sweat, hunger, irritability, nervousness, pale skin, confusion, drowsiness, weakness or fatigue, dizziness, tingling lips, poor coordination, inability to concentrate, slurred speech, combativeness, uncooperativeness, convulsions, unconsciousness.

**Emergency medications/food:**

What to give	Amount	When to give
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of medication/food: \_\_\_\_\_

Student can return to the classroom when: \_\_\_\_\_

\_\_\_\_\_





DIABETIC  
EMERGENCY CARE PLAN  
Continued

Emergency medication:

What to give	Amount	When to give
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of medication/food: \_\_\_\_\_

Student can return to the classroom when: \_\_\_\_\_

\_\_\_\_\_

CALL 911 WHEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

❖ Contact parent/caregiver

**I authorize school personnel to implement this Diabetic Emergency Plan as described above.**

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

**I give my consent for school authorities to take appropriate action for the safety and welfare of my child.**

**I give my consent for school authorities to communicate with the authorized health care provider when necessary**

**My child does not need services**

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date





# SEIZURE EMERGENCY CARE PLAN

School: \_\_\_\_\_

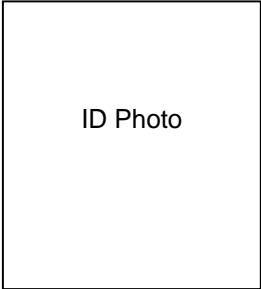
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (cell): \_\_\_\_\_



**Attach Student Emergency Card for additional emergency contacts.**

Health Care Provider Treating Student for Seizure: \_\_\_\_\_

Ph: \_\_\_\_\_

Type of seizure: \_\_\_\_\_

2. Identify the triggers which start a seizure: \_\_\_\_\_

3. Possible seizure signs: \_\_\_\_\_

4. Approximate length of time seizure may last: \_\_\_\_\_

5. Current treatment, medications, & possible side-effects: \_\_\_\_\_

6. Possible side-effects: \_\_\_\_\_

### ACTIONS TO TAKE (Do this)

- ❖ Stay calm.
- ❖ Help the student to the floor, and place student on his or her side, if drooling or vomiting.
- ❖ Clear any objects out of the way.
- ❖ Place something soft and flat under the student's head.
- ❖ Loosen any tight clothing.
- ❖ Don't put anything in the student's mouth.
- ❖ Monitor the student's breathing.
- ❖ Do not try to stop the seizure, or hold the child down.
- ❖ Look at the clock and see how long the seizure lasts.
- ❖ Stay with the student until the seizure ends, comfort and allow him or her to rest **afterwards**.
- ❖ If the child had a febrile seizure, be sure to begin to cool the child with cool cloths.
- ❖ Reorient the child.
- ❖ Notify parents, and document what happened in child's file.
- ❖ OTHER:



# SEIZURE EMERGENCY CARE PLAN

Other Health Care Provider: \_\_\_\_\_ Ph: \_\_\_\_\_

### CALL 911 if...

- ❖ Absence of breathing and/or pulse
- ❖ Seizure of 5 minutes or greater duration
- ❖ Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater
- ❖ Continued unusually pale or bluish skin/lips or noisy breathing AFTER the seizure has stopped

### To Be Completed by the Health Care Provider and Parent/Guardian

**I authorize school personnel to implement this Seizure Emergency Plan as described above.**

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

**I give my consent for school authorities to take appropriate action for the safety and welfare of my child.**

**I give my consent for school authorities to communicate with the authorized health care provider when necessary.**

**My child does not need services**

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date





## MEDICATION FORM (One Medication Per Form)

Dear Parent/Guardian/Caregiver:

California Education Code 49423 provides that students required to take medically prescribed or over-the-counter medications during the school day **MAY** be assisted by school personnel **ONLY** if the school district receives a specific written statement from the health care provider **AND** the parent/guardian/caregiver of the student. **Please complete this entire form and return it to the Principal.**

*IF POSSIBLE, PLEASE SCHEDULE MEDICATION OUTSIDE OF SCHOOL HOURS.*

**P l e a s e   p r i n t   l e g i b l y   i n   a l l   s e c t i o n s**

Student Name: Last	First	Date of Birth
Middle		(Month/Day/Year)

===== **HEALTH CARE PROVIDER** =====

**SECTION**

Health Condition for which medication is prescribed:	Medication: Dose: Frequency:_____Duration:_____
How is medication to be given? <input type="checkbox"/> By mouth <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> Topical <input type="checkbox"/> Other:_____	About what time does medication need to be given at school? _____ AM / PM
The medication is to be continued as above until: (please be as specific as possible about date)	Any precautions that school personnel need to know? Contraindications?
What are possible reactions/side effects?	What should be done in the event of reaction/side effect?
<p><b>Check appropriate boxes below:</b></p> <input type="checkbox"/> I authorize this student to <b>self-administer</b> the above medication. <input type="checkbox"/> I authorize designated school personnel to administer the above medication.	



San Francisco Unified School District  
INJURY, STUDENT REPORT

San Francisco Unified School District  
INFORMATION  
555 Franklin St. 3<sup>rd</sup> Floor  
San Francisco, CA 94102

**PRIVILEGED AND CONFIDENTIAL**

INSTRUCTIONS: Use this form to report accidents occurring to SFUSD students on school premises, on the way to or from school, or on a field trip. Send the original to the Legal Office with a copy to the Risk Management Office and keep a duplicate for your school file.

**STUDENT**

(Last)	(First)	(Middle Initial)	(Birth Date)	(Today's Date)
(Address) Number of Street		(Zip)	(Home Phone)	(School/Site)
(Parent/Guardian)			(Emerg. Phone)	(Relationship)

**DESCRIPTION OF INCIDENT**

(Injury Date) / /	(Time) :	(Place)	(Person in Charge)
----------------------	-------------	---------	--------------------

(Give circumstances of injury. If student was violating school rules, explain:)

(Apparent extent of injury)		(Describe emergency care given at injury)	
(If student was taken to doctor/hospital, give:) (Date) / /	(Time) :	(By Whom)	(Last name of doctor)
(Hospital)	(Address) Number and Street		(Zip) (Phone)
(If parent was notified, give:) (Date)	(Time)	(By Whom)	(Telephone called: )

**WITNESS INFORMATION (If necessary, use additional sheet for more information)**

(Witness Name)	(Address)	(Zip)	(Day Phone)	(Even. Phone)
1.				
2.				

**SIGNATURE INFORMATION**

(Principal/Site Manager)	(Title)	(Person reporting injury)	(Title)
--------------------------	---------	---------------------------	---------

**ROUTING INFORMATION:** The Principal or Site Manager shall make a Report of Student Injury on the day an accident occurs. In the case of a serious accident, the Principal or Site manager shall telephone immediately to the appropriate Area Superintendent. (or in the case of a Children's Center, to the office of the Administrator of the Children's Centers) giving details. For a serious accident, signed statements from witnesses must be forwarded to the Legal Office with a copy to the Risk Management Office within 48 hours.

# San Francisco Unified School District – Incident Report



School \_\_\_\_\_

Location of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

**Names of Persons Involved:**

Victim(s) & Ethnicity	Assailant(s) & Ethnicity	Witness(es) & Ethnicity
V1	A1	W1
V2	A2	W2
V3	A3	W3
V4	A4	W4

**CHECK ONE FROM THE FOLLOWING LIST:**

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Alcohol/drug possession | <input type="checkbox"/> Battery             | <input type="checkbox"/> Hate Violence*    | <input type="checkbox"/> Sexual Harassment**  | <input type="checkbox"/> Tobacco use/possession |
| <input type="checkbox"/> Alcohol/drug use        | <input type="checkbox"/> Burglary            | <input type="checkbox"/> Property Damage   | <input type="checkbox"/> Theft                | <input type="checkbox"/> Weapon possession      |
| <input type="checkbox"/> Arson                   | <input type="checkbox"/> Defiance/Disruption | <input type="checkbox"/> Robbery/Extortion | <input type="checkbox"/> Threats/Intimidation |   |
| <input type="checkbox"/> Assault w/deadly weapon | <input type="checkbox"/> Graffiti            | <input type="checkbox"/> Sex offense       | <input type="checkbox"/> Other _____          |   |

Describe Circumstances of Incident \_\_\_\_\_

Describe the Action Taken \_\_\_\_\_

Administrator Notified (name/title) \_\_\_\_\_ Date/Time \_\_\_\_\_

Caregiver notified \_\_\_ → Prior to calling SFPD? \_\_\_ Telephone \_\_\_\_\_ Name \_\_\_\_\_

Name/Title of Person Making Contact \_\_\_\_\_

If the caregiver was NOT contacted, explain \_\_\_\_\_

Police called \_\_\_\_\_ By whom (name/title) \_\_\_\_\_

SFPD Officer's Name \_\_\_\_\_ Star # \_\_\_\_\_ SFPD Report # \_\_\_\_\_

Names of persons present during police interview of student(s) \_\_\_\_\_

SFUSD Student Injury Report Completed \_\_\_ Attach if "Yes"

Name/Signature of Person Completing Report \_\_\_\_\_

Title/Position \_\_\_\_\_ Date/Time \_\_\_\_\_

Name/Signature of Administrator Reviewing Report \_\_\_\_\_

Title/Position \_\_\_\_\_ Date/Time \_\_\_\_\_

## Next Steps

1. FAX ONE COPY TO APPROPRIATE OPERATIONS OFFICE.
2. SEND ONE COPY TO PUPIL SERVICES BY THE CLOSE OF BUSINESS ON DATE OF INCIDENT.

\* Incident of Hate Violence requires a Hate Violence Report.

\*\* Incident of Sexual Harassment requires a Sexual Harassment Report.

CONFIDENTIAL







## **BEST PRACTICES AND QUICK TIPS FOR EMERGENCIES ...** *for SHPD ExCEL After School Programs*

All After School Staff are required to become familiar with the ASP Emergency Plans and Procedures, Crisis Response Manual and where the after school program copy is stored.

For detailed information on how to deal with any Emergency/Crisis refer to:

- Bilingual CPR Posters
- Crisis Manual
- Crisis Response Team
- SFUSD Emergency Procedure flip chart
- SFUSD Guidelines for School First Aid Procedures flip chart
- Updated After School Emergency Plan

### EARTHQUAKE RESPONSE

- Check for injuries. Do not move seriously injured persons unless they are in immediate danger of further injury. Cover injured with blankets and call immediately for first aid. First Aid should be administered by qualified individuals of the Emergency Response Team.
- If a person is not breathing open their airway and administer CPR. If a person is bleeding, pressure should be applied over the wound with a clean gauze or cloth to stop the bleeding.
- Stay calm and encourage others to do so until members of an Emergency Support Team, Fire Department, or other rescue workers have arrived.

### FIRE RESPONSE

- All fires should be reported to Principal, Site Coordinator, and all designated authorities.
- Sound building fire alarm and call 911. Fire Department is to be provided the following information;
  - Building address, including nearest cross street (s).**
  - School name, Exact location of fire within school premises.**
  - Name of person making 911 call & phone number where they can be reached.

### BOMB THREAT

- Try to ascertain as much information from the caller or source as possible, noting the caller's voice (sex, age, tone, and whether it is familiar or not).
- Upon discovery of a suspicious package, box, or strange device **Do Not Touch OR REMOVE.**
- The Site Coordinator will make the decision to evacuate building upon advice of the Fire Department or Police Department.



## **BEST PRACTICES AND QUICK TIPS FOR EMERGENCIES ...** *for SHPD ExCEL After School Programs*

### **INTRUDER PROCEDURES**

- All visitors should appropriately sign in prior to accessing the building and sign out prior to leaving the building. If an intruder has accessed the building, follow the lockdown procedures.

### **MISSING STUDENT PROCEDURES**

- Call the student's home to find out if s/he may have walked home or have been picked-up
- If the student's parent/caregiver is unsure of the student's whereabouts, call 911 (553-8090 from a cell phone)
- Activate the Crisis Response Team to assist with communication and other necessary activities.

### **ASTHMA PROCEDURES**

- Stay Calm
- Act Immediately
- Call for Help
- FOR SEVERE ATTACKS, GO TO THE EMERGENCY ROOM*

### **ALLERGIES**

- Stay calm
- Stay with the student and call for help
- Give quick relief medication (if prescribed)

### **SEIZURES**

- Stay Calm
- Help the student to the floor, and place student on his or her side, if drooling or vomiting.
- Clear any objects out of the way
- Stay with the student and call for help

### **DIABETES**

If any after school participants have been identified as diabetics, please review their files for an up to date emergency card and **DIABETIC EMERGENCY CARE PLAN AND MEDICATION FORM.**