

REGIONAL SCHOOL PREPAREDNESS WORKSHOPS



Workshop Objectives

- Facilitate discussion on contemporary safety issues facing schools
- Provide information and tools to enhance all-hazard emergency response plans and school planning processes
- Provide information to strengthen community resilience
- Provide an opportunity to focus on local policies and response procedures through a TTX

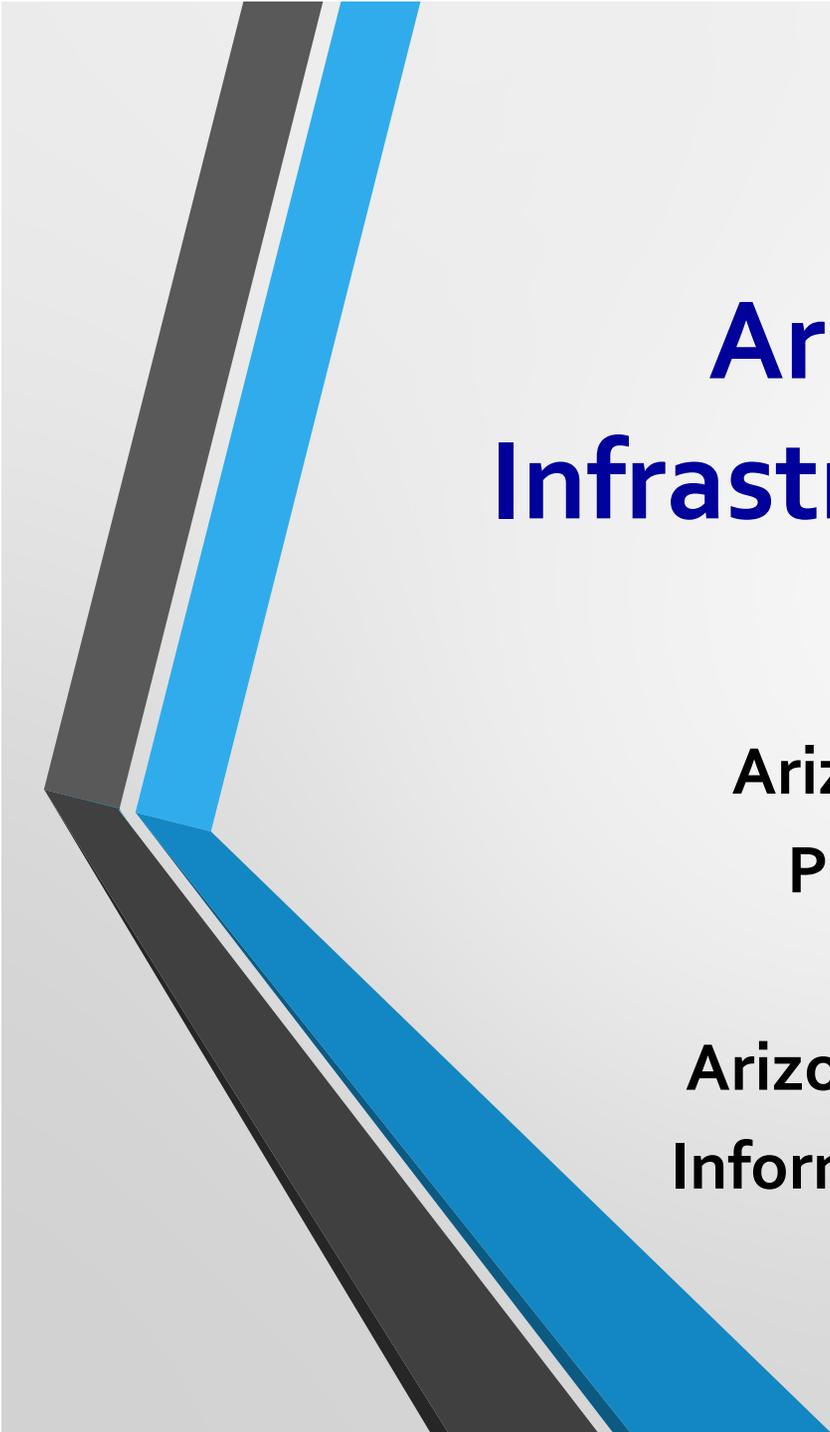
CURRENT ISSUES

Law Enforcement

Behavioral Health

Emergency Management

Public Health



Arizona Critical Infrastructure Database

**Developed by:
Arizona Department of
Public Safety (DPS)
&
Arizona Counter Terrorism
Information Center (ACTIC)**



Critical Infrastructure Defined:

“Critical infrastructure” means systems and assets, whether physical or virtual, that are so vital to this state and the United States that the incapacity or destruction of those systems and assets would have a debilitating impact on security, economic security, public health or safety. Schools are considered critical infrastructures.

Three different surveys--

- First Responder Survey
- Critical Infrastructure Survey
- Infrastructure Protection

First Responder Survey

1. Series of basic questions that have been developed that will assist the emergency responder when they arrive on the scene.
2. The information that is obtained is protected under A.R.S. Title 41 Chapter 12 Article 7.1 (41-1801-1805).
3. The information that is gathered will also be accessible in the field.

Critical Infrastructure Survey

1. A more in depth survey pertaining to the asset/facility
2. The end product of the Critical Infrastructure Database Survey can be viewed/printed by the asset/facility manager in the prepared report.

Infrastructure Protection

- The IP-RST is the Department of Homeland Security IPGateway scaled-down version of the full set of the IP Gateway question set. The information that is gathered will be entered into the federal database, comparing it to like assets/facilities across the nation. In short, Gateway is a measurement tool as to how your school/site compares to other schools across the nation.
- Updates can be provided that will track improvement in added security measures to the site.

How to Request A Survey

- CIKR Administrator: (602) 644 - 5757
- E-mail: CIKR@AZDPS.GOV

Options for Consideration

- Options for Consideration question set is designed to be completed by the Terrorism Liaison Officer.
- The report allows the Terrorism Liaison Officer to document and elaborate on options that will help improve the overall safety and security of the asset/facility through a first responder's point of view.

Workflow

- * Administrator
- * Set up users
- * Set up asset facilities

- * Asset Manager
- * Takes survey
- * Adds asset contacts

TLO

- * Approve survey
- * Provide feedback to asset manager

Arizona Critical Infrastructure Database



Arizona Department of Public Safety
Arizona Counter Terrorism Information Center

Watch Center: (877) 2SAVEAZ
Website: <http://azactic.gov>
CIKR Administrator: (602) 644 - 5757
E-mail: CIKR@AZDPS.GOV



Arizona Department of Public Safety
Phone: (602) 644-5757
Email: CIKR@AZDPS.GOV



Arizona Critical Infrastructure Database

Anticipated release date is June of 2015.
More information forthcoming.

CURRENT ISSUES

Law Enforcement

Behavioral Health

Emergency Management

Public Health



Public Health Update 2015: the Year's Top Stories

Candice L. Robinson, MD, MPH
Centers for Disease Control and Prevention
Arizona Department of Health Services
Maricopa County Department of Public Health

Ebola



Only three countries in Africa are affected by the Ebola outbreak: Guinea, Liberia & Sierra Leone



Ebola

Cases as of 5/26/15

Countries with Widespread Transmission		
Country	Total Cases	Total Deaths
Guinea	3641	2420
Sierra Leone	12706	3908
Total	16347	6328

Ebola

Cases as of 5/26/15

Countries with Widespread Transmission

Country	Total Cases	Total Deaths
Guinea	3641	2420
Sierra Leone	12706	3908
Total	16347	6328

Countries with *Former* Widespread Transmission (as of 5/9/15)

Country	Total Cases	Total Deaths
Liberia	10666	4806

Ebola

Cases as of 5/26/15

Countries with Widespread Transmission

Country	Total Cases	Total Deaths
Guinea	3641	2420
Sierra Leone	12706	3908
Total	16347	6328

Countries with *Former* Widespread Transmission (as of 5/9/15)

Country	Total Cases	Total Deaths
Liberia	10666	4806

Previously Affected Countries

Country	Total Cases	Total Deaths
US	4	1

Ebola

Cases as of 5/26/15

Countries with Widespread Transmission

Country	Total Cases	Total Deaths
Guinea	3641	2420
Sierra Leone	12706	3908
Total	16347	6328

Countries with *Former* Widespread Transmission (as of 5/9/15)

Country	Total Cases	Total Deaths
Liberia	10666	4806

Previously Affected Countries

Country	Total Cases	Total Deaths
US	4	1

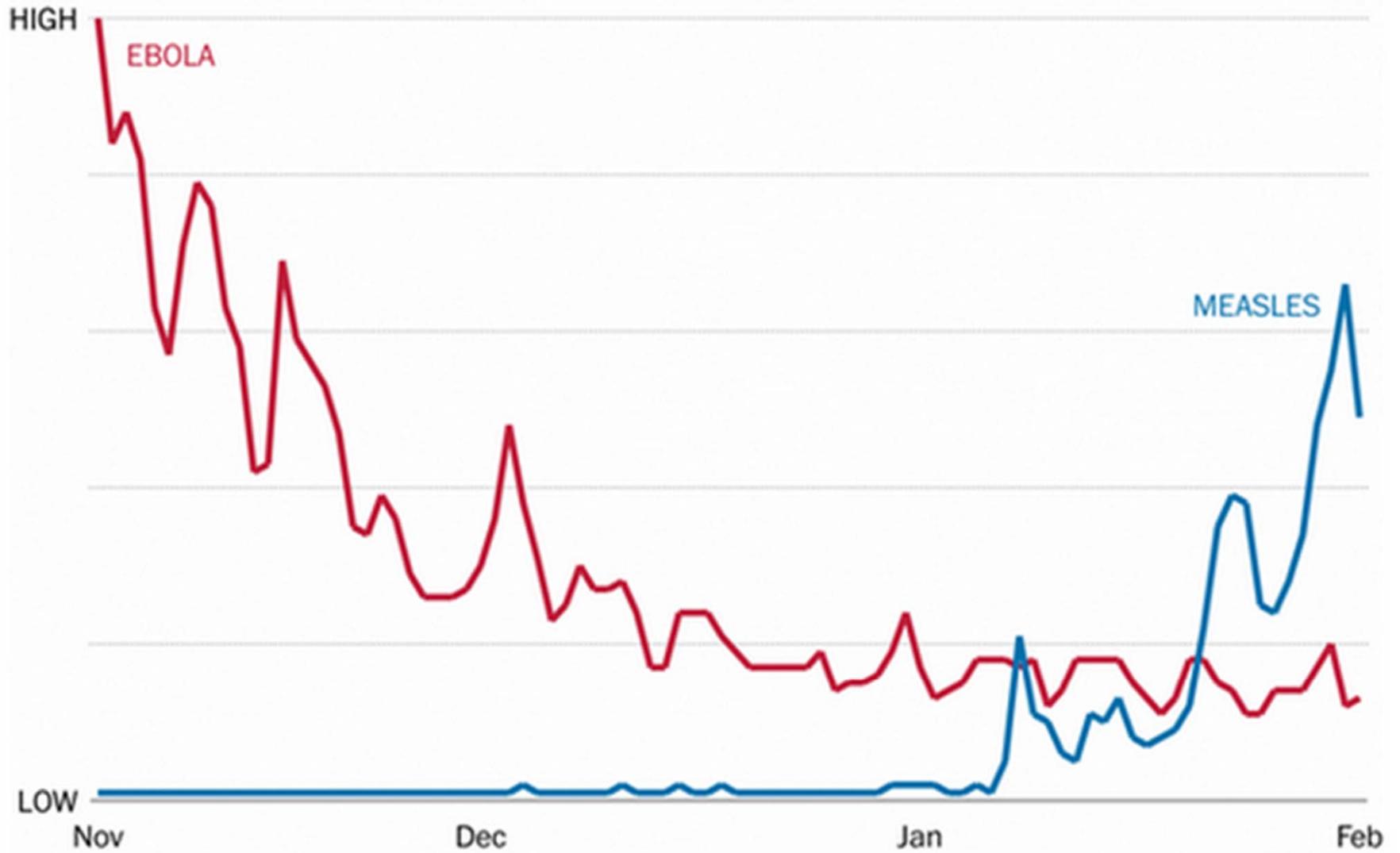
NO CASES in Maricopa County or Arizona

What did we do in Arizona?

- **Educated healthcare providers**
- **Shared CDC Guidelines on screening and infection control**
- **Worked with healthcare providers to evaluate suspect cases**
- **Active monitoring of travelers from Liberia, Sierra Leone, or Guinea**
 - **Daily temperature and symptom monitoring for 21 days**

Search interest in “Ebola” and “measles”

Over the past 90 days of data in the United States



SOURCE: GOOGLE TRENDS

Measles

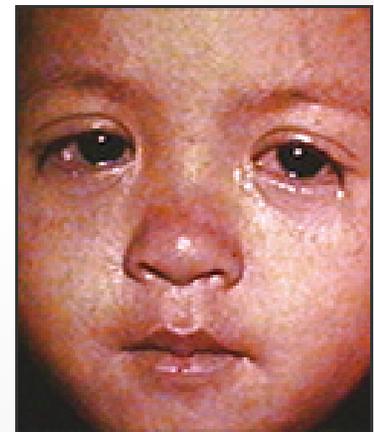
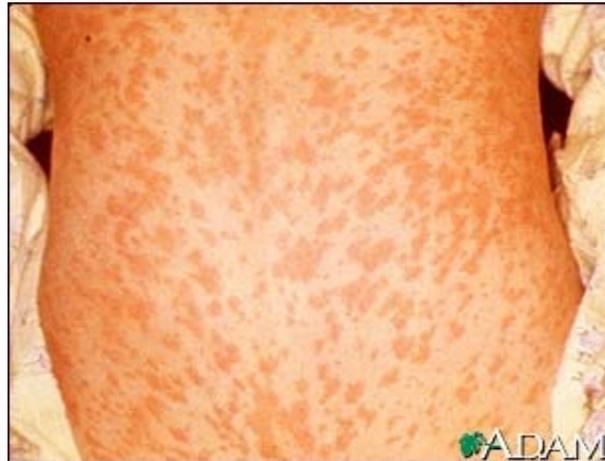


Measles

- Viral illness
- Highly contagious
- Air-borne transmission
 - Virus can remain in the air for 2 hours

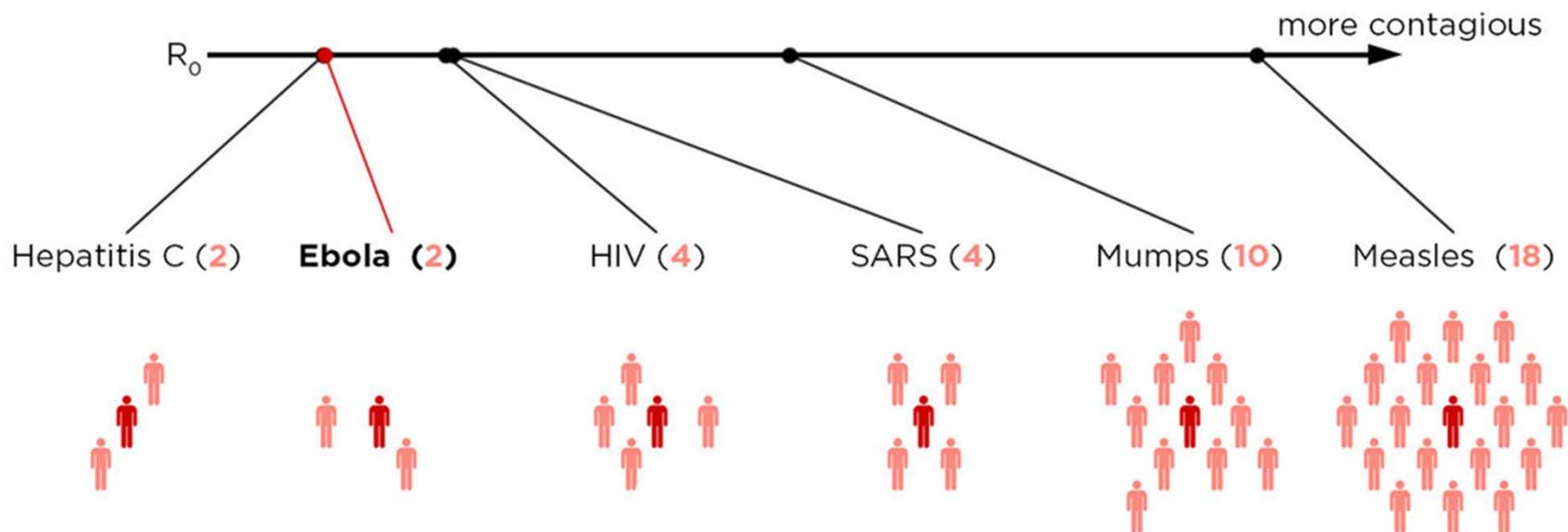


Courtesy: Immunization Action Coalition



How contagious is it?

The number of **people** that **one sick person** will infect (on average) is called R_0 . Here are the maximum R_0 values for a few viruses.



Measles

- **Signs and symptoms**
 - High fever ≥ 103
 - Three C's [cough, coryza (runny nose/congestion), conjunctivitis (red eyes)]

Measles

- **Signs and symptoms**
 - High fever ≥ 103
 - Three C's [cough, coryza (runny nose/congestion), conjunctivitis (red eyes)]
- **Complications**
 - Most common: Pneumonia, ear infections, diarrhea
 - Rare: Brain inflammation, permanent deafness/blindness, death

Measles

- **Signs and symptoms**
 - High fever ≥ 103
 - Three C's [cough, coryza (runny nose/congestion), conjunctivitis (red eyes)]
- **Complications**
 - Most common: Pneumonia, ear infections, diarrhea
 - Rare: Brain inflammation, permanent deafness/blindness, death
- **Timeline**

Measles

- **Signs and symptoms**

- High fever ≥ 103
- Three C's [cough, coryza (runny nose/congestion), conjunctivitis (red eyes)]

- **Complications**

- Most common: Pneumonia, ear infections, diarrhea
- Rare: Brain inflammation, permanent deafness/blindness, death

- **Timeline**



Measles

- **Signs and symptoms**

- High fever ≥ 103
- Three C's [cough, coryza (runny nose/congestion), conjunctivitis (red eyes)]

- **Complications**

- Most common: Pneumonia, ear infections, diarrhea
- Rare: Brain inflammation, permanent deafness/blindness, death

- **Timeline**

Incubation 7-21 days (usually 10-12 days)



Measles

- **Signs and symptoms**

- High fever ≥ 103
- Three C's [cough, coryza (runny nose/congestion), conjunctivitis (red eyes)]

- **Complications**

- Most common: Pneumonia, ear infections, diarrhea
- Rare: Brain inflammation, permanent deafness/blindness, death

- **Timeline**

Incubation 7-21 days (usually 10-12 days)



Contagious 4 days before rash – 4 days after rash

Measles Cases and Outbreaks

January 1 to May 1, 2015*

169

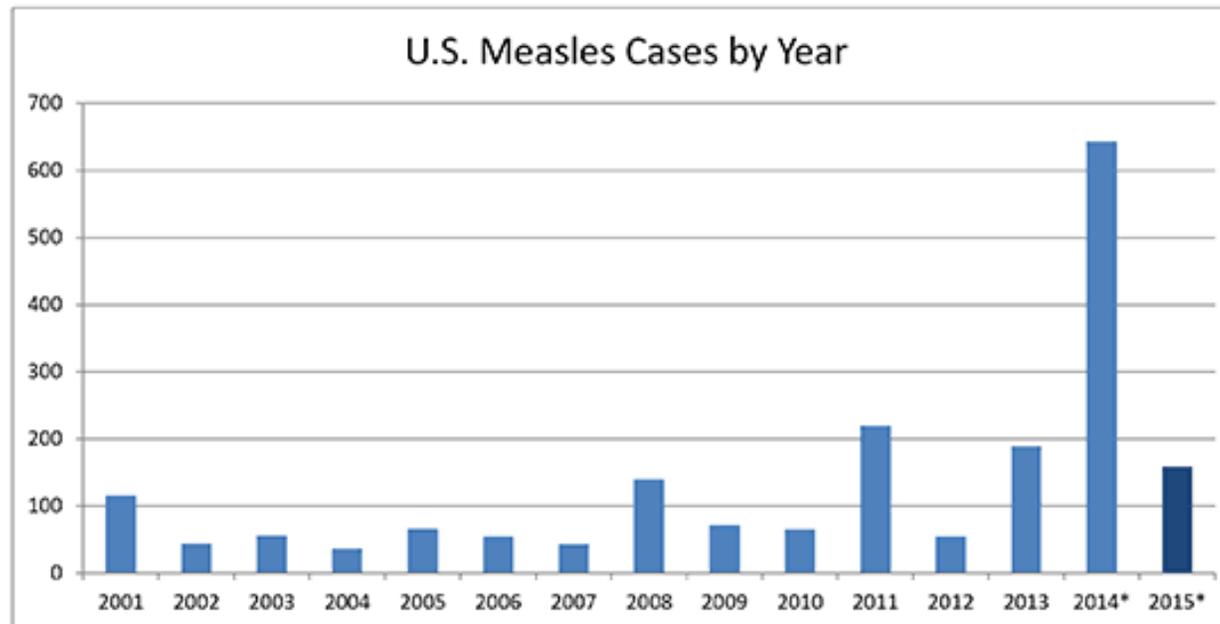
Cases

reported in 20 states and the District of Columbia: Arizona, California, Colorado, Delaware, Florida, Georgia, Illinois, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, Nevada, Oklahoma, Pennsylvania, South Dakota, Texas, Utah, Washington

5

Outbreaks

representing 89% of reported cases this year

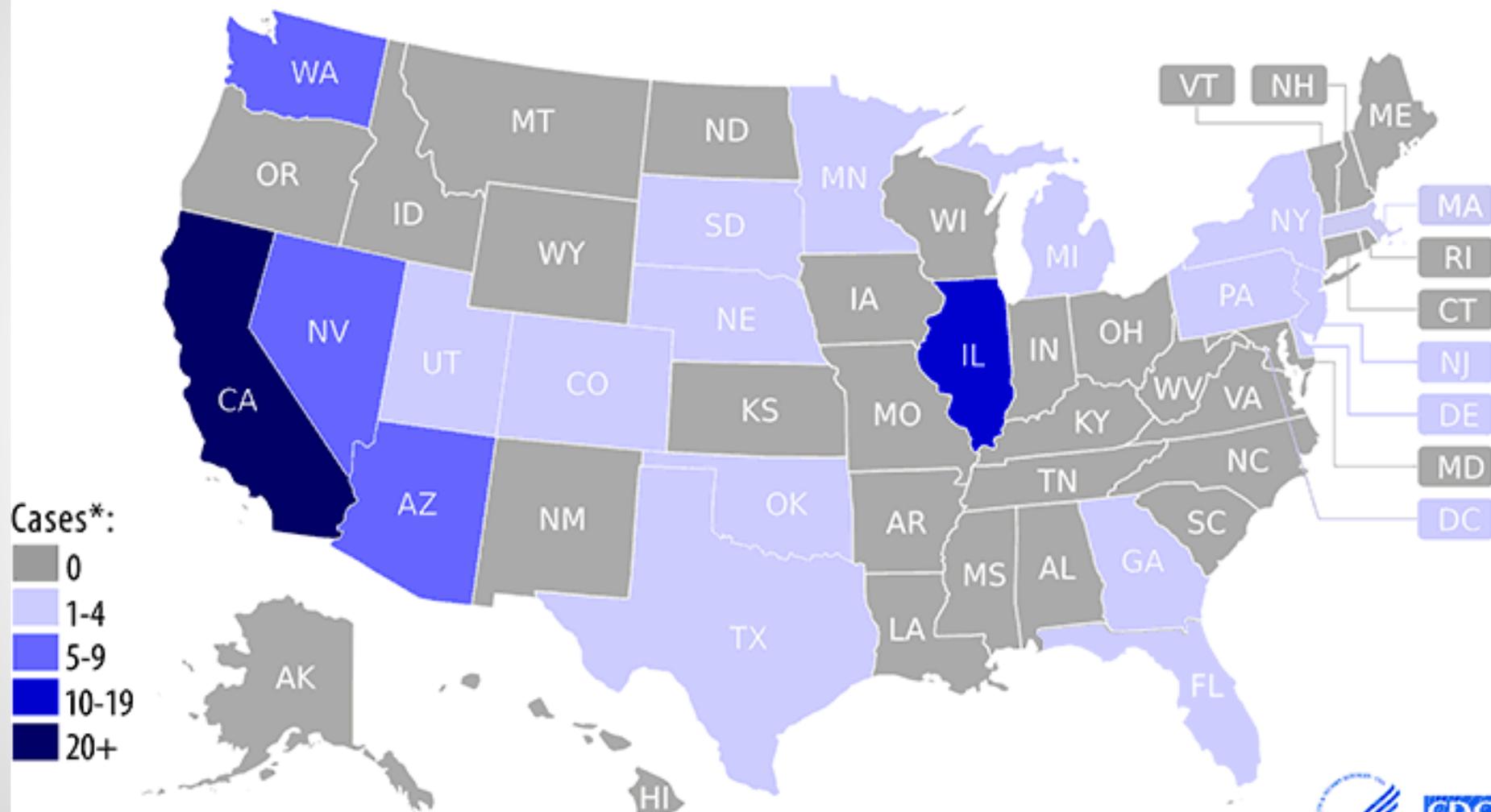


*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



2015 Measles Cases in the U.S.

January 1 to May 1, 2015

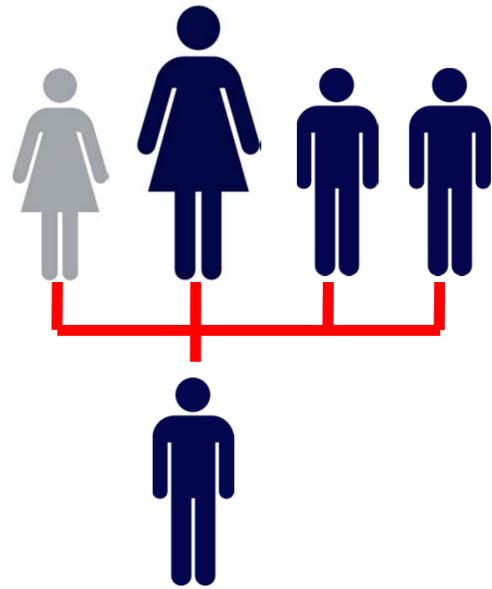


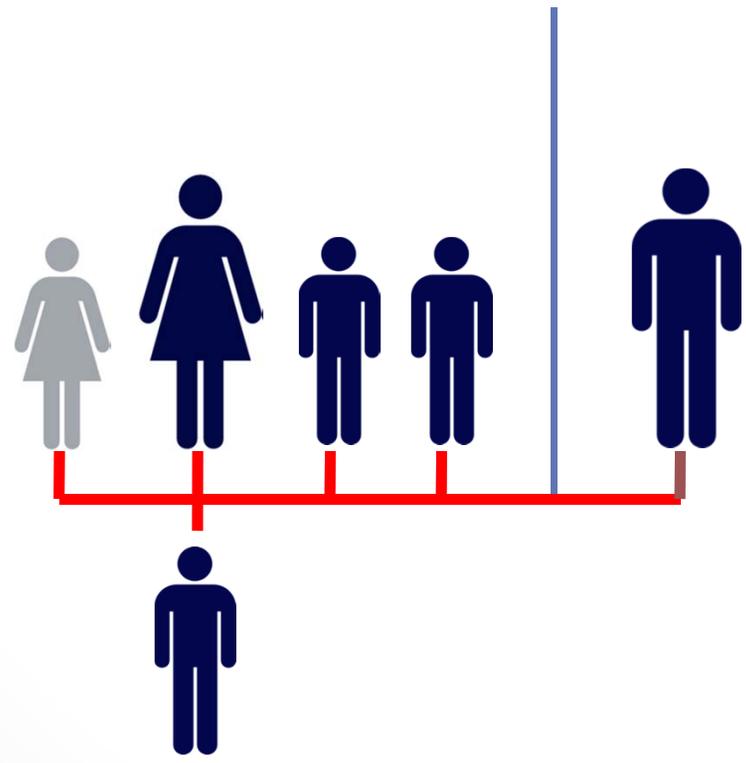
*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases

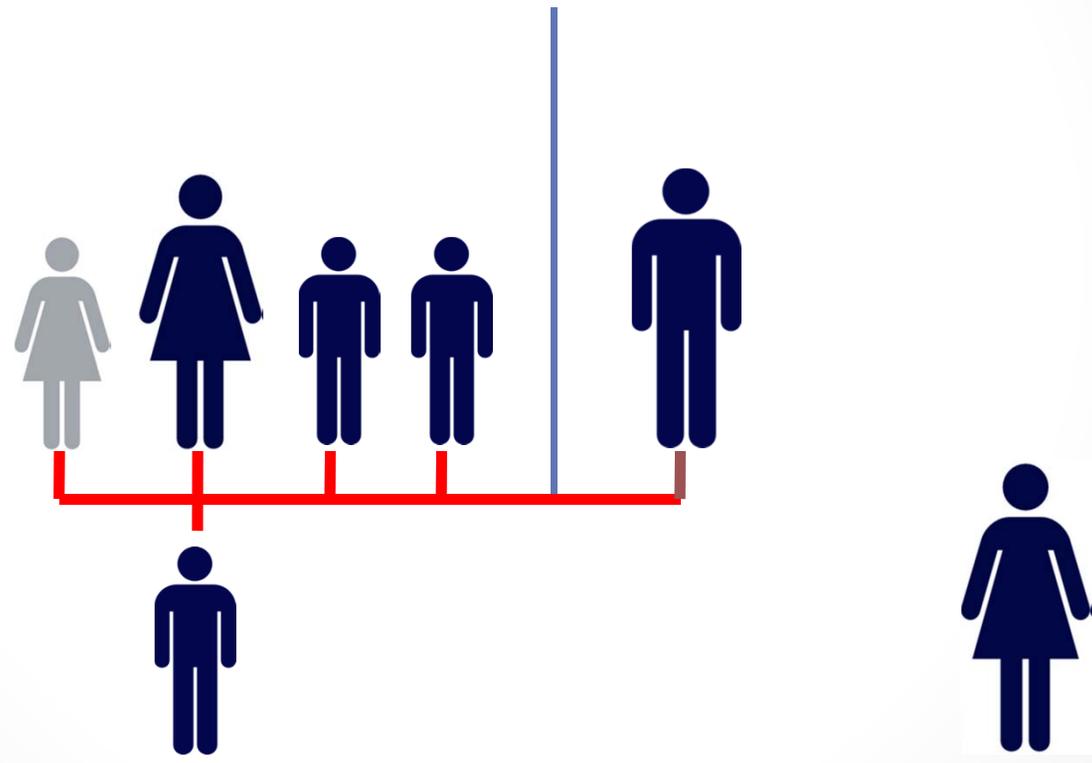


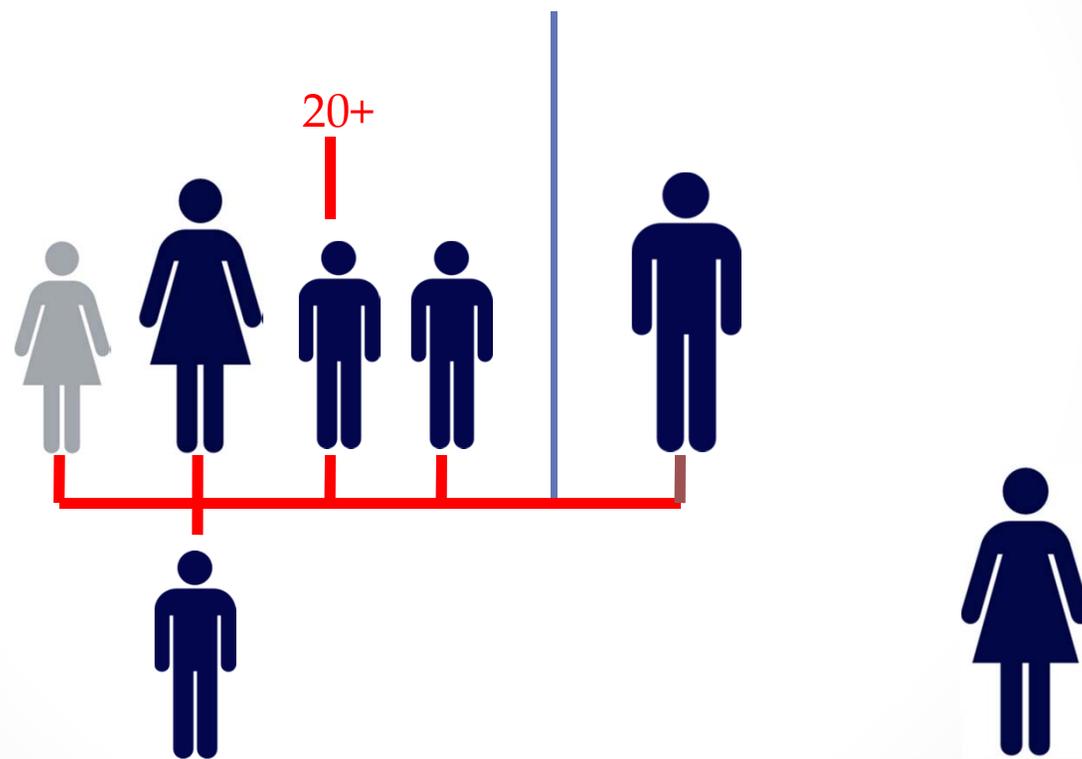
Arizona Measles Outbreak 2015

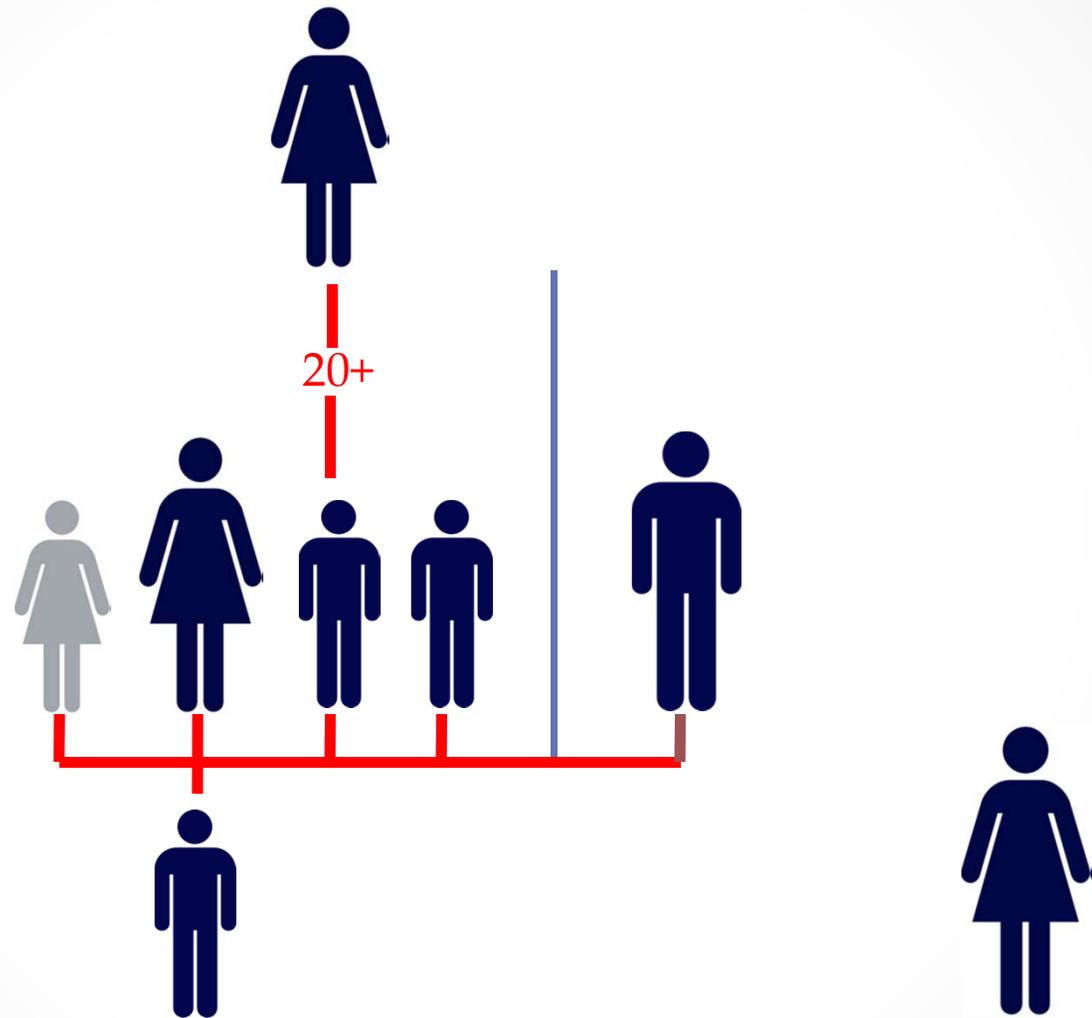


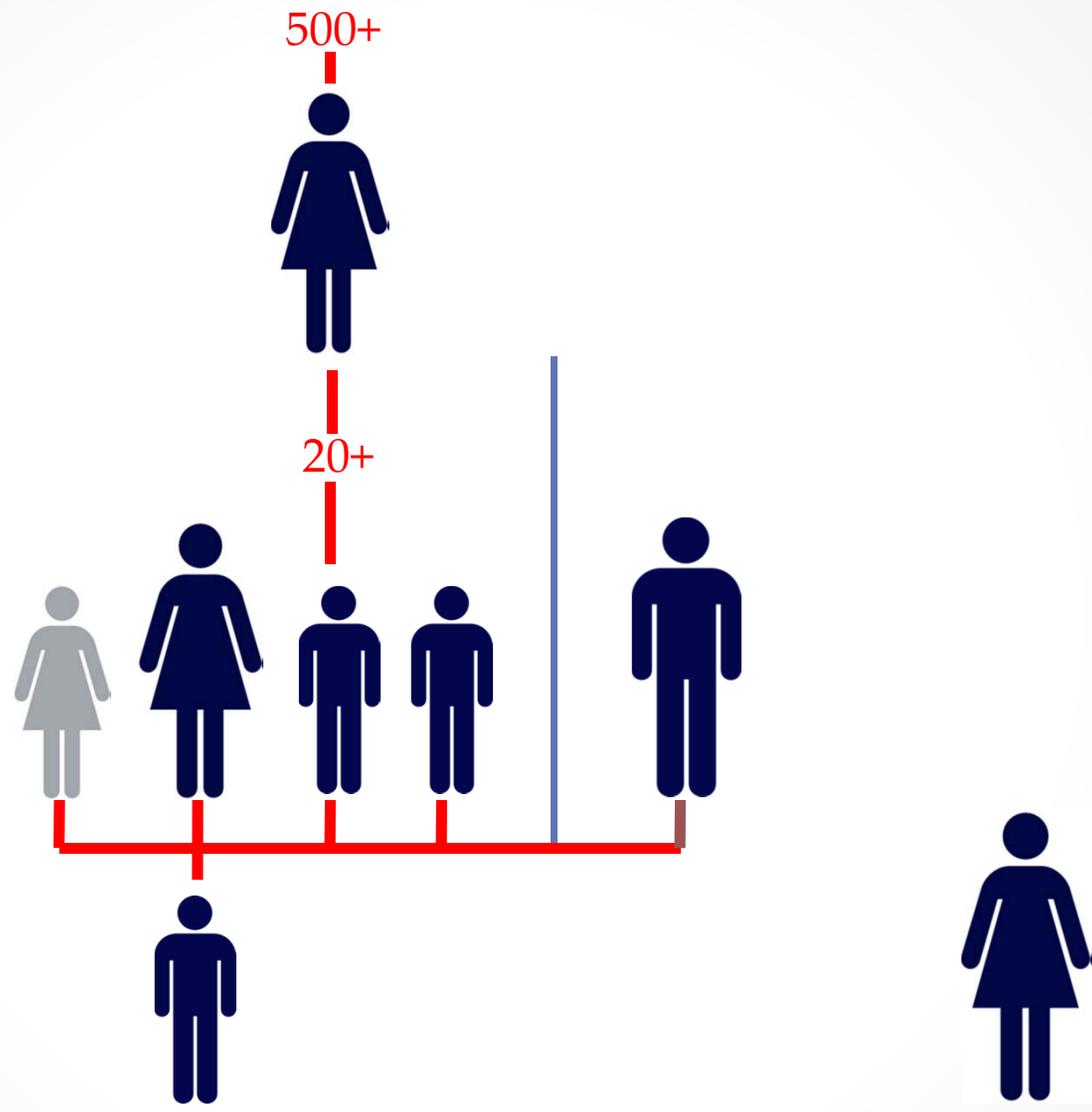


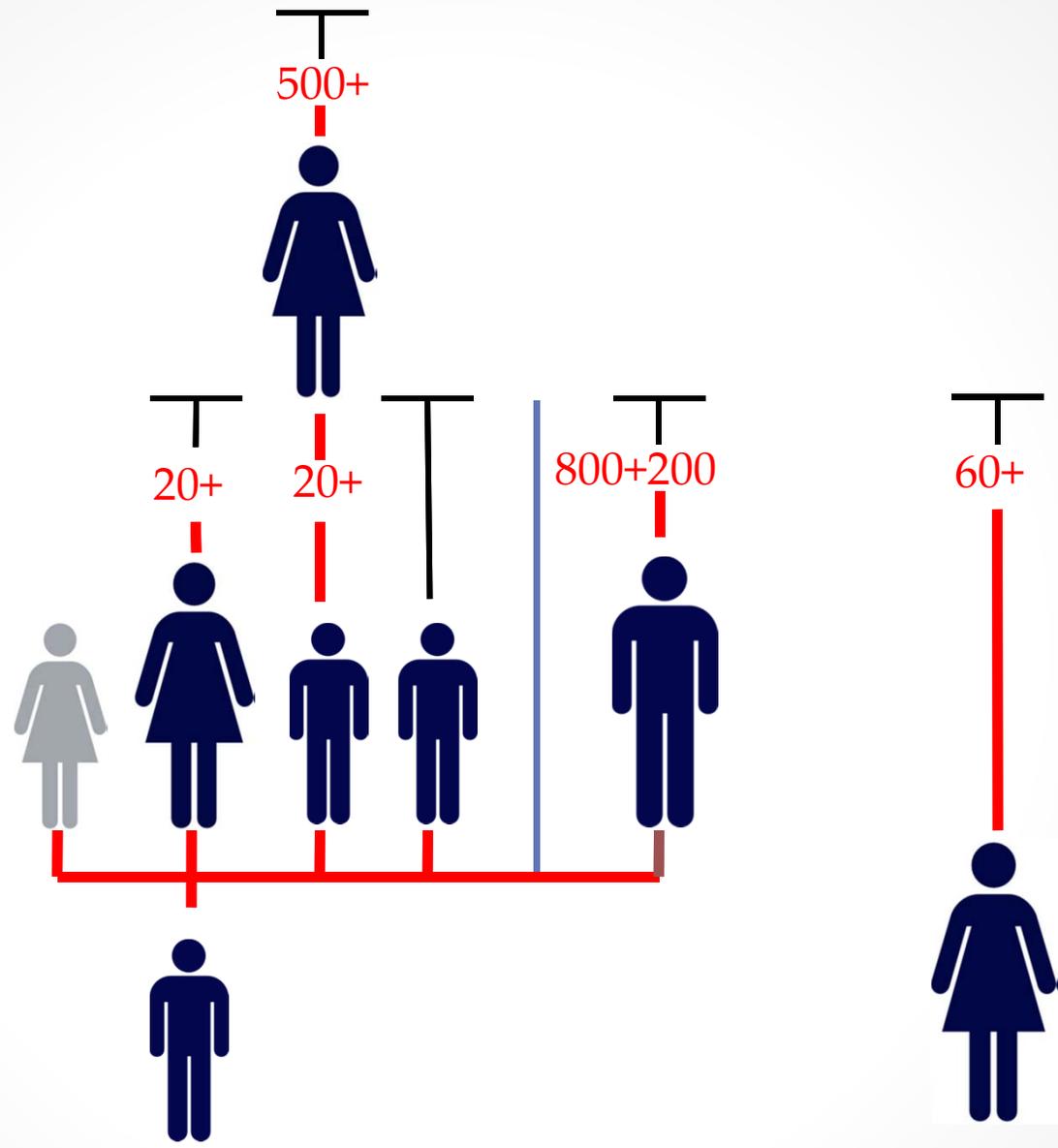






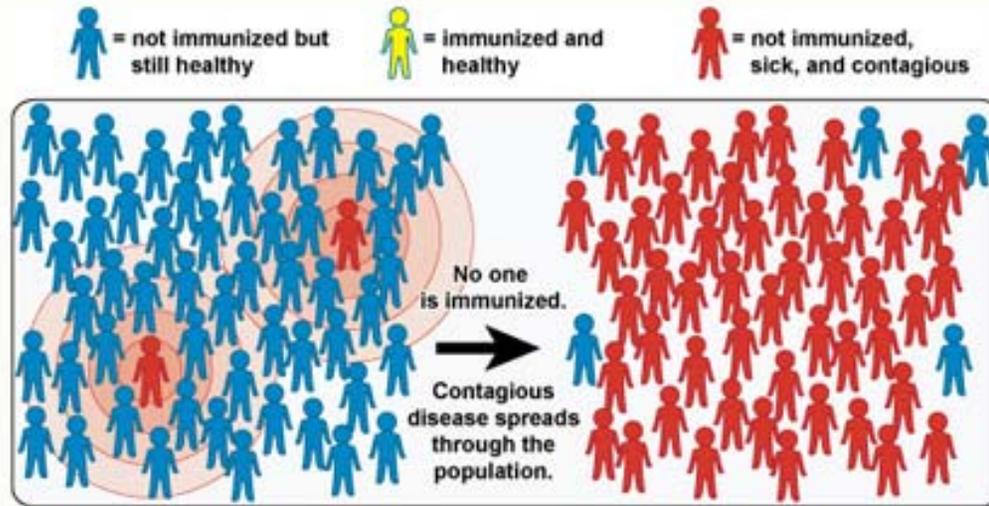




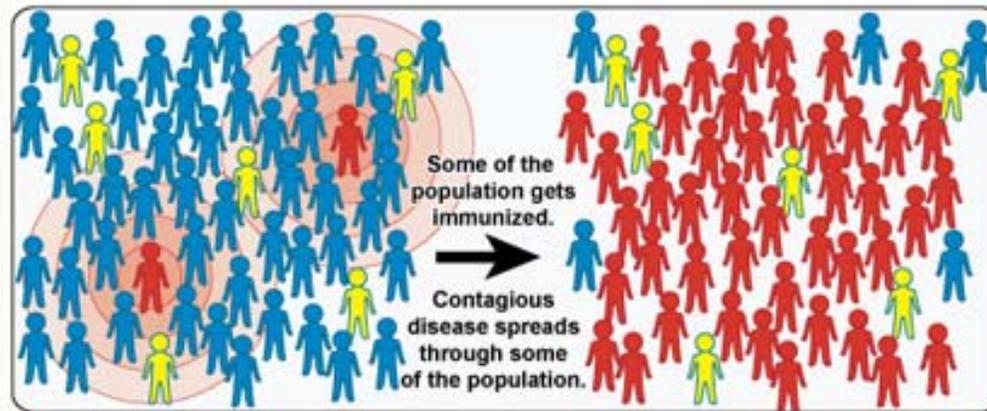
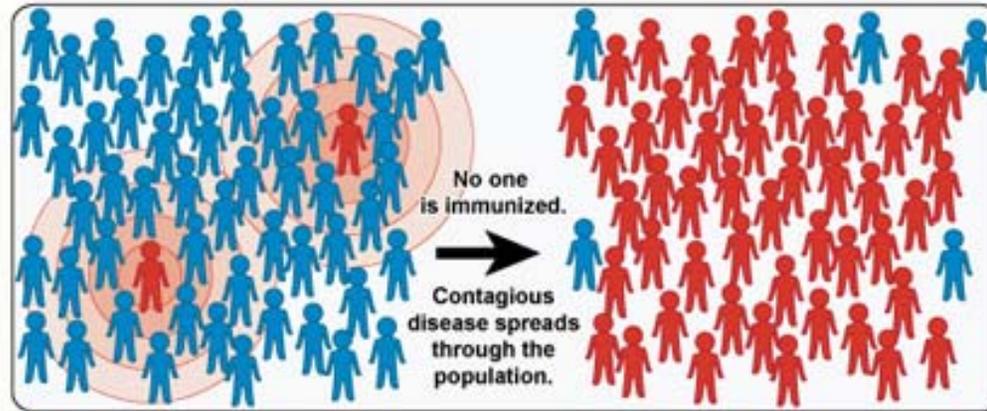


Herd Immunity

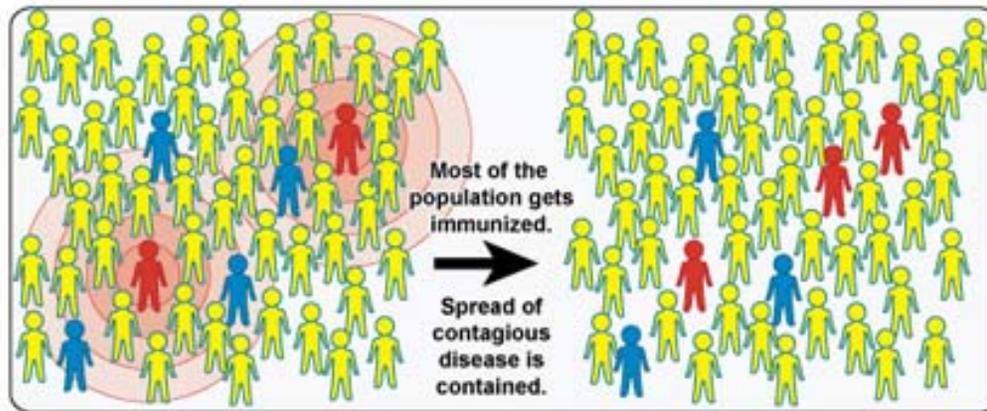
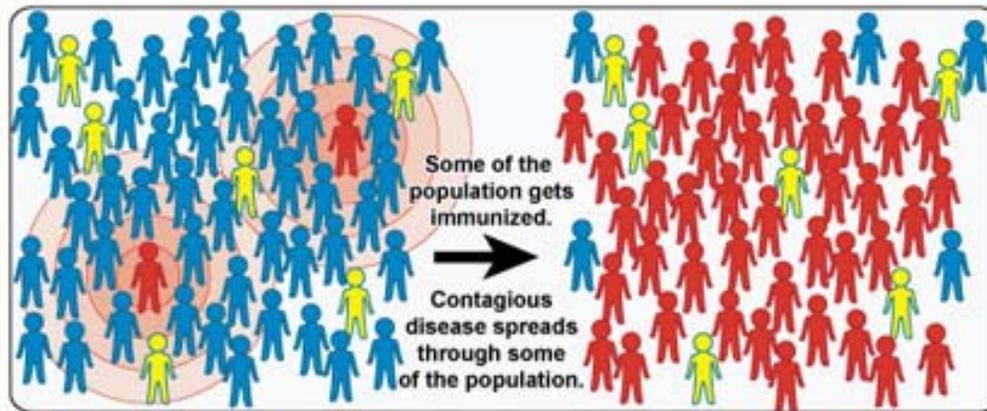
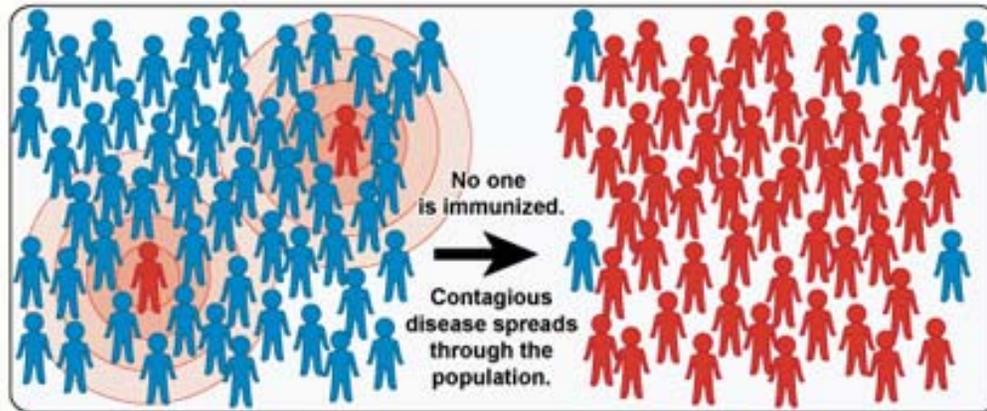




 = not immunized but still healthy  = immunized and healthy  = not immunized, sick, and contagious



 = not immunized but still healthy  = immunized and healthy  = not immunized, sick, and contagious



How many must be vaccinated to prevent disease?

Disease	R0	Threshold (%)
Mumps	4-7	75–86
Polio	5-7	80–86
Smallpox	5-7	80–85
Diphtheria	6-7	85
Rubella	6-7	83–85
Pertussis	12-17	92–94
Measles	12-18	83–94

2+ MMR Coverage among Kindergarteners

School year	Arizona	Maricopa	Coconino
2014-2015	94.2%	93.8%	94.1%
2013-2014	93.9%	93.7%	86.3%
2012-2013	94.5%	94.2%	93%
2011-2012	94.7%	94.8%	91.4%
2010-2011	96.6%	95.3%	93%

Arizona School/Childcare Immunization Requirements

- **Before a child may attend any AZ school or child care center AZ law requires an immunization record be presented to the school or child care center**
- **School must review each child's immunization record(s) at the time of enrollment.**
 - **If a child lacks any required immunization doses, the school must give the parent/guardian the Referral Notice of Inadequate Immunization for School stating which immunizations are needed**
 - **Children must obtain required immunization(s) prior to attending school**

Exemption Types

- **Medical Exemptions**
- **Religious Beliefs Exemption**
 - applies to child care centers, preschool and Head Start only
- **Personal Beliefs Exemption**
 - applies to schools grades K-12 only

Personal Belief Exemptions among Kindergarteners

School year	Arizona	Maricopa	Coconino
2014-2015	4.6%	5.1%	5.1%
2013-2014	4.7%	5.1%	6.4%
2012-2013	3.9%	4.3%	5.0%
2011-2012	3.4%	3.7%	6.2%
2010-2011	3.2%	3.4%	5.1%

Personal Belief Exemptions among Kindergarteners by School Type

	2014-2015
Public	3.5%
Charter	8.3%
Private	9.2%
Total	4.6%

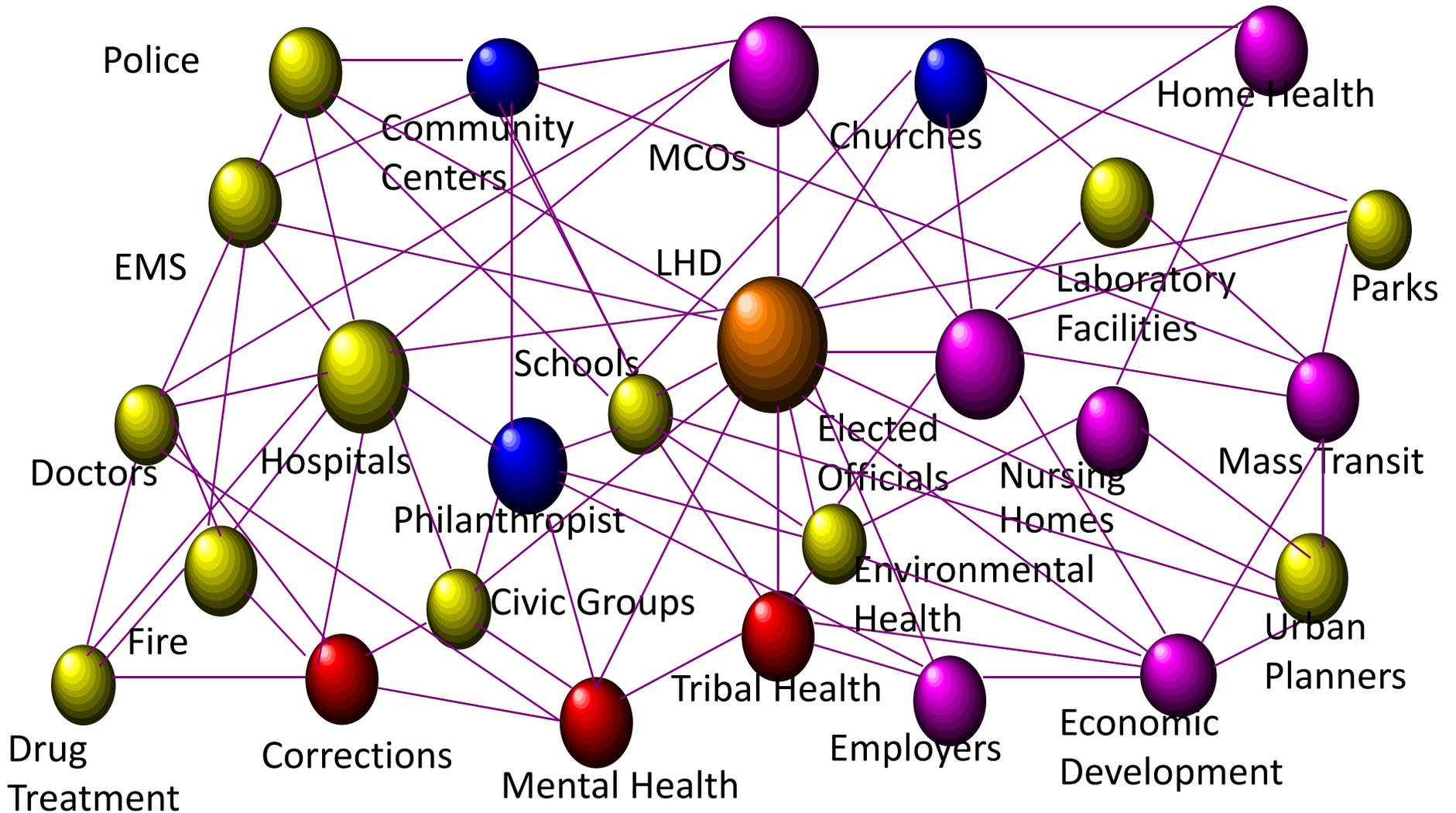
Exemption Types

- **Medical Exemptions**
- **Religious Beliefs Exemption**
 - applies to child care centers, preschool and Head Start only
- **Personal Beliefs Exemption**
 - applies to schools grades K-12 only
- **Note: In the event of an outbreak of a vaccine-preventable disease, children who are exempt may be excluded from school or child care until the risk period for exposure ends**
 - Schools and child care centers should seek guidance from their local county health department before excluding exempt children

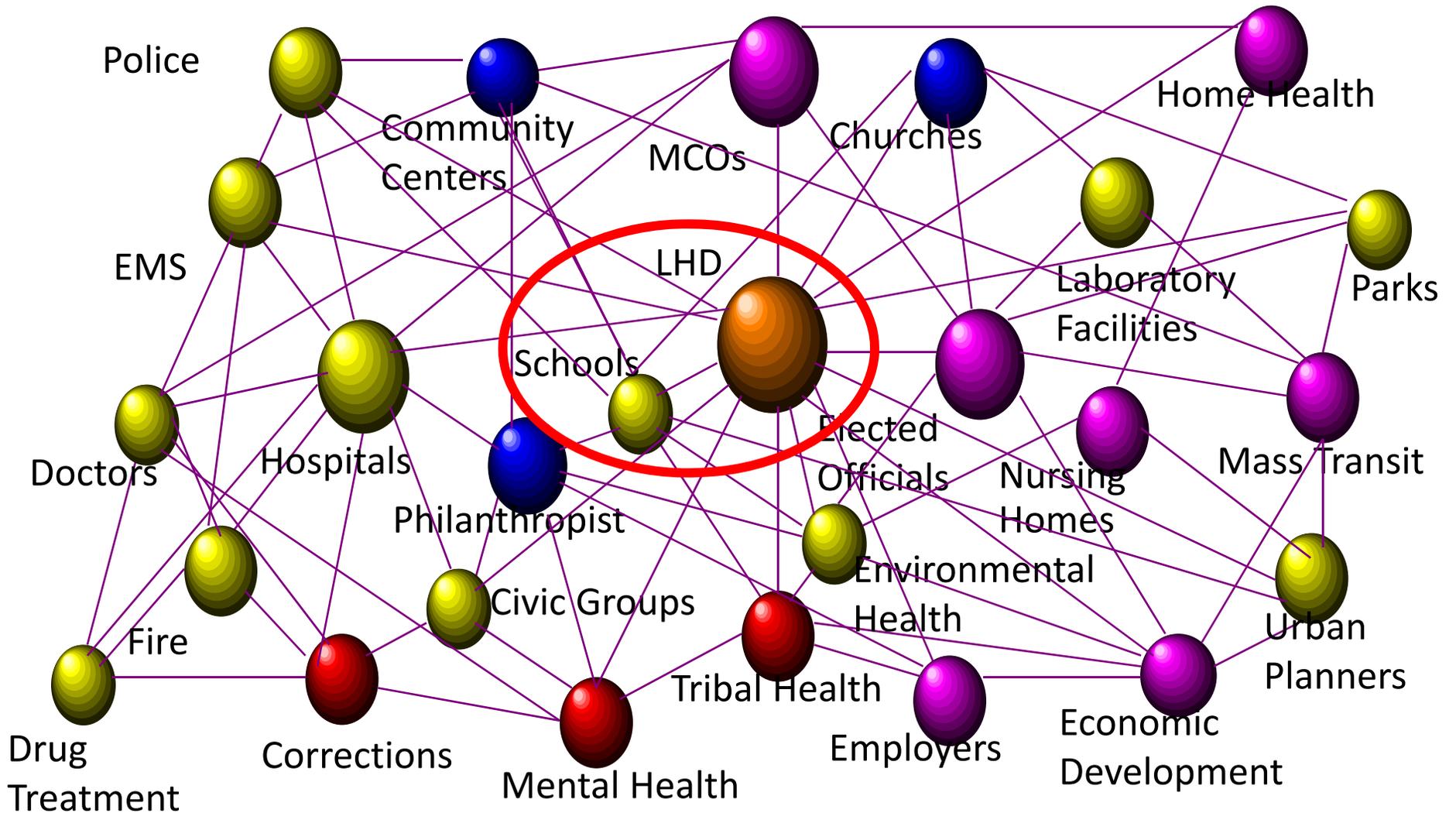
For more information

<http://azdhs.gov/phs/immunization>

Local Public Health System



Local Public Health System





SCHOOL SAFETY LIABILITY CONCERNS

Kay Hunnicutt, PhD, JD and Denise Birdwell, PhD
Arizona School Administrators (ASA)

Kaylee Sorenson, The Trust

DRILL AND EXERCISE GUIDANCE

Jean Ajamie and Linda Mason
Arizona Department of Education

2013 Documents

ARIZONA SCHOOL EMERGENCY RESPONSE PLAN	ERP MINIMUM REQUIREMENTS <small>Arizona Revised Statutes (ARS), 15-341 (A) (32)</small>
<hr/> ARIZONA SCHOOL EMERGENCY RESPONSE PLAN <hr/> MINIMUM REQUIREMENTS	
<small>Arizona Department of Education Arizona Division of Emergency Management Revised January 2013</small>	<small>Page 10</small>

SCHOOL NAME

BASIC PLAN

EMERGENCY RESPONSE PLAN (ERP) TEMPLATE

This template provides guidance that can be used by your district and schools in developing or revising each site's own comprehensive Emergency Response Plan (ERP). The template may be used in its entirety or in part. Districts and schools should work together to adapt the template to their own unique needs.

The process of developing, implementing, and maintaining a viable all hazards response capability is derived from the Federal Emergency Management Agency (FEMA). FEMA developed the *Comprehensive Preparedness Guide (CPG) 101, Version 2, November 2010*, which includes key elements of a viable ERP that have been incorporated in this template. The minimum requirements for school ERPs, per ARS 15-341 Part A. 32, may be found in the attached Minimum Requirements document.

In the current format, this template is public information; however, districts and schools should be aware of the need to protect specific emergency planning information and should redact information from the final ERP as necessary for the safety of the school.

Exercise Guidelines

- Includes best practices for optimal outcomes and to facilitate common approach for community-wide exercising
- Addresses Arizona Minimum Requirements for drills and exercises
- Promotes consideration of developmental levels and mental health concerns
- Promotes accommodation for access and functional needs of students and staff

Why Exercise Your Plan?

- Test and validate ERPs
- Provide low-risk environment to test capabilities and identify gaps and areas for improvement
- Familiarize personnel with roles and responsibilities
- Foster meaningful interactions and communication within school, district and across organizations

Exercise Cycle



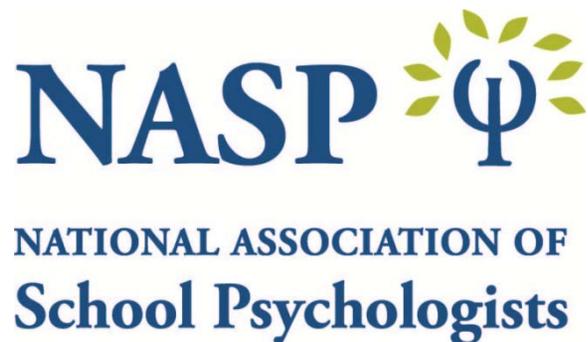
Progression of Exercises

- Discussion-based
 - Seminars
 - Workshops
 - Tabletop Exercises
- Operations-based
 - Drills
 - Functional Exercises
 - Full-Scale Exercises

Exercise Dynamics

- Exercise Design and Development
- Conduct
- Evaluation Process and Improvement Planning

Best Practice Considerations for Armed Assailant Drills



Ensure physical and psychological safety of students and staff through use of a multi-disciplinary exercise planning team

Multi-Disciplinary Team Roles

- Administrator
- School mental health personnel
- School nurse
- Security personnel
- Teachers
- Special education and 504 representative
- Parents
- SRO
- Community representation as appropriate (law enforcement, fire, public health, emergency management, other)

Developmental Considerations for Children and Youth

- Impact of adult behavior on children's behavior
 - Trained adults that are calm and confident
- Typical knowledge/understanding and capabilities for developmental levels
 - NASP/NASRO document Appendix 4

Mental Health Considerations

- Research estimates that 1 in 4 children experience at least one traumatic event by age 16
- In one nationally representative study
 - 39% of 12-17 year olds reported witnessing violence
 - 17% reported physical assault
 - 8% reported sexual assault
- 75-93% of youth in the juvenile justice system are estimated to have experienced some type of trauma

Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense, 2010

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that had lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

Potential Impact of Trauma on School Performance

- Decreased reading ability
- Lower GPA
- Higher rate of absences
- Increased dropout
- More suspensions and expulsions
- Decreased reading ability

Goal is to minimize
the negative effects
and
improve preparedness

Access/Functional Needs

- Physical disabilities that might impede mobility
- Physical disabilities that might impede access to instructions, e.g., hearing or sight impairment
- Sensory disabilities that might heighten a distress reaction and/or impede response to instruction, e.g., autism
- Cognitive disabilities that might impede understanding a situation and/or instructions

Disability or Special Needs	Factors that Elevate Risk
Autism	May panic, run, not understand direction or other behaviors. May be non-verbal or use argumentative communication.
Emotional/Mental Health	May disobey or resist direction, may panic.
Hearing Impairment	Needs specialized communication for direction in an emergency, may not respond to oral language or auditory clues.
Language	Has limited understanding of the English language.
Medical	Is medically fragile, has need for medical devices.
Orthopedic	Has an injury or physical disability that limits mobility.
Severe Cognitive Disability	Has limited ability to understand environmental events, situations, or procedures. May be non-verbal.
Vision	Is blind or has a visual impairment that limits the speed of movement or requires guidance from a sighted person.
Wheelchair	Requires the use of a wheelchair or cannot negotiate stairs and is dependent on an elevator.

TABLETOP EXERCISE

James Dorer, Scottsdale Unified District

Jim Lee, Arizona Department of Education

Tabletop Objectives:

- Demonstrate the activation and use of the Incident Command System to exercise your existing emergency response plans and procedures.
- Identify additional campus mitigation and preparedness needs.
- Provide input for continued emergency operations planning.

Tabletop Processes:

- A scenario and update statements will be used to generate discussion of probable response actions.
- Participants will provide situational responses based on established procedures and plans.
- The tabletop exercise will conclude with development of action steps needed to support future mitigation and preparedness efforts.

Ground Rules:

- This is not a test of current capabilities and plans. It is a discussion of probable responses to a hypothetical emergency and consequent cascading events.
- The exercise will be an open dialogue. All ideas and input are welcome.
- The scenario will be accepted as is.
- No hypothetical resources are available.
- There should be no expectation of issue resolution.

Background Information:

Jimmy Smith attended your school but was recently expelled by the Governing Board for making threats of shooting students and staff members while at school. He also stated that he would throw explosive devices during the planned event. The school team completed an informal threat assessment in which they determined the student to be an imminent risk for carrying out an act of violence. Law enforcement was notified and the student admitted to making the threats with no remorse. He was arrested for making a threat to an educational institution, taken into custody, and later released to the custody of his parents pending a hearing in juvenile court.

The student was suspended for 10 days pending the completion of a formal threat assessment and the results of a district-level hearing for consideration of expulsion. The student's parents consented to the completion of a formal threat assessment. The formal threat assessment also identified the student's behavior indicated a potential to do harm. The district hearing was conducted with a recommendation to the Governing Board for expulsion. The student's parents appealed the decision to the Governing Board who upheld the hearing officers recommendation.

Inject 1

It is 30 minutes before the start of school and five weeks after the student was expelled from the school district. Buses are making their morning runs and will be arriving at school shortly. A faculty meeting is in progress and scheduled to end in approximately 15 minutes.

There are some before school programs in progress located in different areas of the school. For example, the student government is conducting a meeting in the media center. Band practice is taking place on the practice field. Breakfast is being served in the cafeteria. Student walkers are beginning to arrive on campus as well as parents dropping off their students for the school day.

A student reported to the office that they saw Jimmy enter a side hallway door to the school. The time of the reported event was just before the start of the faculty meeting. The student making the report knew that Jimmy had been expelled from the district for making threats of violence to other students and was very concerned. The student also reported that Jimmy was last seen entering Mr. Smith's classroom.

Inject 1 Discussion Questions:

1. What immediate course of action should be taken?
2. What are your initial concerns when receiving the information?
3. What course of action do you take at this point relative to:
 - a) Walkers arriving to school?
 - b) Students arriving on buses?
 - c) Students currently at school including in the cafeteria for breakfast?
 - d) Internal and external communication to your parent community?

Inject 2

It is now ten minutes since receiving information that Jimmy was seen entering Mr. Smith's room. The school administration realized that Mr. Smith was not in attendance for the faculty meeting. Other staff members reported seeing Mr. Smith walking down the hallway toward his classroom just prior to the start of the faculty meeting.

Discussion Questions:

1. Consider the course of action you decided to take after reading Inject 1.
2. Does this information change your course of action?

Inject 3

Police were called and three squad cars reported immediately to the school. The officers were provided a picture and description of Jimmy as to what he was wearing when the student saw him. The police officers went to Mr. Smith's room where they observed Jimmy holding Mr. Smith hostage at gunpoint. The police are handling this as a barricade situation. Meaning, they are clearing and securing the immediate area and calling for hostage negotiators. They advised the principal that this could be a drawn out event.

Discussion Questions:

1. How does this information change your responses to Inject 1?
2. Does this information impact your decision on holding school for the day?
3. What other considerations should be made relative to your response?

Inject 4

It has been one hour since the start of the hostage situation. Police are advising that there are no immediate signs of resolution. This event could take numerous hours to resolve.

Discussion Questions:

1. What course of action do you take at this point?
2. Do you consider doing an off site relocation and parent-student reunification for those students on campus? If doing so, what are your challenges with the off site relocation and reunification?

Summary of Tabletop:

- Did this exercise increase your awareness of your school's/district's mitigation and preparedness needs? How?
- Will this exercise provide input for continued emergency operations planning? How?
- What action steps should this group take now?

THANK YOU!
