

Support and Security

**A Manual For Kitsap County Schools
2010 - 2011**



KCDEM

Kitsap County Department of Emergency Management

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Support & Security Instructions

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Responsibilities of the Support and Security Team Checklist

- Meet at the emergency container or wherever emergency supplies are stored
 - Unlock and open the container or storage area.
 - Distribute supplies to teams that arrive at storage container/area.

- Set up toilet facilities
 - Set up indoor facilities only if building has been declared safe for entry.
 - Set up outdoor toilet facilities with hand washing station.

- Lock down and monitor school grounds
 - Prohibit non-school personnel from entering school grounds.
 - Monitor school property for theft or vandalism.
 - Direct emergency personnel to where they are needed as they arrive.
 - Assign volunteer jobs to those already at the school and those who arrive from the community including parents who may show up to get their children.
 - Have badges for your volunteers.

- Staff and Student welfare and supply distribution
 - Locate and gather food and water.
 - Establish food and water distribution points.
 - Distribute blankets and clothing as requested.
 - Deliver games, coloring books, cards, puzzles, etc. to the various teams so the children have something to occupy their time.

- Coordinate with the other response teams

- Know where the locations will be for:
 - Command Post (CP)
 - First aid/morgue/medication
 - Parent/student reunion
 - Counseling Support, if activated

Suggested Volunteer Job Assignments

For Support and Security

- Record Log of Actions Taken
- Remove waste from sanitation facilities. Seal, mark with a biohazard sticker and put in a designated area taped off with caution tape away from everyone.
- Check games out to teachers.
- Help team set up food station.
- Help team locate food and water.
- Help team set up shelters.
- Distribute clean clothing/coats to those who request them.
- Distribute blankets to those who request them.
- Hand out water at the water station.
- Hand out food at the food station.
- Help set up inside toilet facilities. (Put a black plastic bag into the toilet with the seat up. Tape edge of the bag to the outside of the toilet. Put the toilet seat down).
- Help set up the outside toilet facilities.
- Set up hand washing facilities near each emergency toilet facility. (Put Handi-Wipes or Purell type hand sanitizer and a garbage bag near the facilities).
- Runners as needed.



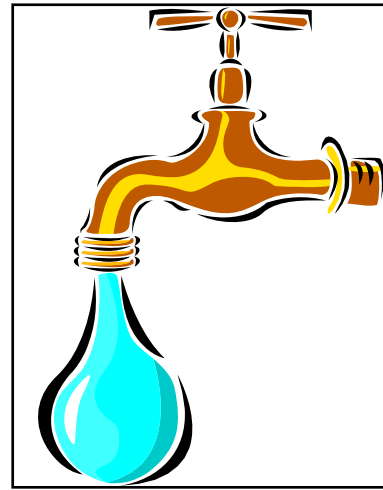
Additional Information

Outdoor Toilet Setup



Other Sources of Safe Water

In addition to the water that is stored there are other sources available. Water and other liquids normally found in the kitchen include ice cubes, milk, soft drinks, fruit and vegetable juices; water (20-60 gallons) in the hot water tank, water in the flush tanks (not bowls) of toilets, and water in the pipes of the plumbing system, are all possible sources. Even with main water valves closed, all the water pipes would still be full of water. To use this water, turn on the faucet that is located at the highest point in the system to let air into the system; then draw water as needed from the faucet that is located at the lowest point in the system.



Treating Water of Questionable Purity

If you are uncertain how pure your water source is, you should purify the water before consuming or storing it. To purify water, follow these steps:

1. Filter the water to remove as many solids as possible.
2. Bring the water to a rolling boil for a full 10 minutes.
3. Let the water cool at least 30 minutes.
4. Add 8 drops of liquid household bleach (do NOT use powdered bleach it is poisonous!) per gallon of cool water (Water must be cool or chlorine in the bleach will not work. The only active ingredient in the bleach should be 5.25% sodium hypochlorite. There should not be any added soap or fragrances).
5. Let the water stand 30 minutes.
6. If the water smells of chlorine, you can use it. If it does not smell of chlorine, add 8 more drops of chlorine bleach per gallon of water, let stand 30 minutes, and smell again. If it smells of chlorine, you can use it. If the water does not smell of chlorine this time, discard it and find another source.



*This information was excerpted from the American Red Cross Community Disaster Education Update, March 1994.

Rope Knots

Bowline Knot

This knot is used to make a non-slip loop in the end of a rope. Remember to end the knot with the tag end of the rope inside the loop. It is often called the king of knots. It will never slip or jam if properly made and, thus, is excellent for tying around a person in a rescue.

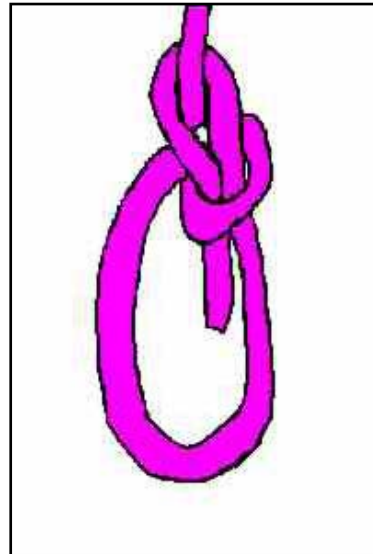
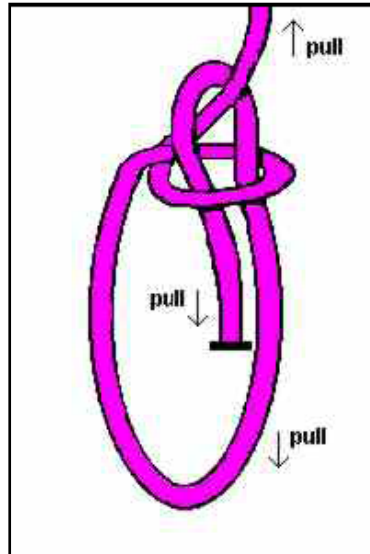
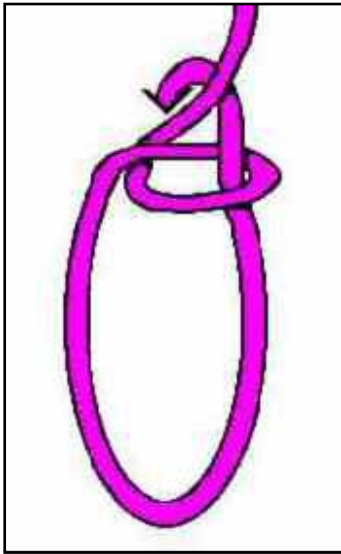
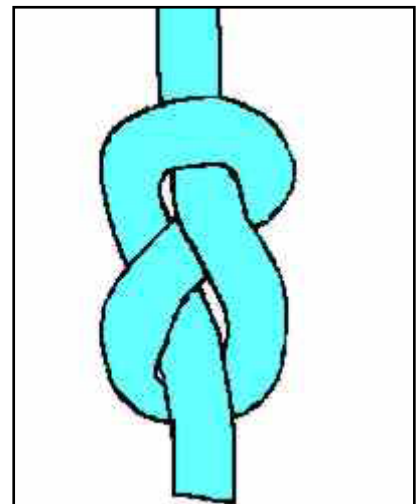
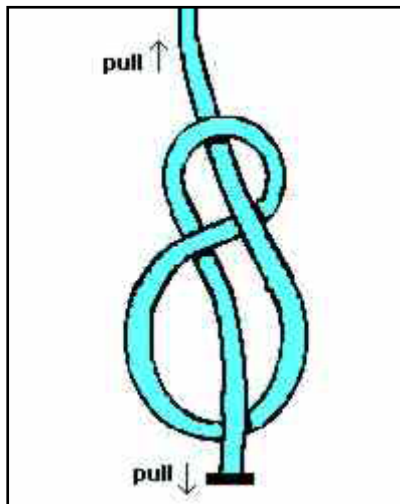
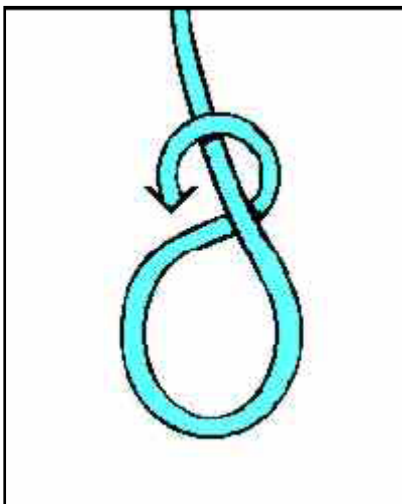


Figure 8 Knot

This knot is often used in such places as the end of a string when tying a package with a slipknot.



Forms

Disaster Release Form

(You will need 2 copies of this for every student)

Student's Last Name _____ First Name _____

Address _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Guardian's
Name _____ Phone _____

If I/we are unable to pick up our child, I/we designate the following three people to whom my child may be released in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Medical Alert:

Condition: _____ Medication _____

Condition: _____ Medication _____

Please send to school at least three full day's dosage of each medicine and include a letter from your physician giving the principal or designee permission to administer this medicine in the time of an emergency.

If telephone service is interrupted due to a major disaster, long distance service will be the first service repaired. Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name _____ Phone (____) _____

For School Use Only

The Student was released to: _____ By _____

Date: _____ Time: _____ (AM) (PM) Destination: _____

(If different than above)

One copy stays at request gate One copy goes with runner to release gate

Emergency Phone Numbers

School District Office	Number: _____
Local Fire Department	Business Number: _____ Emergency: 911
Local Police Department	Business Number: _____ Emergency: 911
Sheriff/Coroner's Office	Business Number: _____ Emergency: 911
Ambulance (Fire Department)	Name: _____ Number: _____
	Name: _____ Number: _____
	Name: _____ Number: _____

Local Hospitals

Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____

Local Emergency Services Office

Kitsap Dept. of Emergency Services Number: 307-5870

School Numbers

Superintendent	Office: _____	Home: _____
Principal	Office: _____	Home: _____
Emerg. Svcs. Coord.	Office: _____	Home: _____
School Nurse	Office: _____	Home: _____

Qualified Fire Aid Personnel

Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____

Utilities

Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____

Radio and TV Stations

Name: KIRO	Location: _____
Name: KOMO	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____
Name: _____	Location: _____

(Radio and TV stations may be requested to make announcements when students are to be sent home.)

**STATE OF WASHINGTON
EMERGENCY WORKER DAILY ACTIVITY REPORT**

County in which mission/incident took place:		Mission/Incident Number:	
Mission/Incident Name:		Date From:	Date To:
Unit Name:			
Unit Address:			

EMERGENCY WORKER NAME	CARD No.	ASSIGNMENT OR TEAM	DATE		DATE		DATE		TOTAL HOURS	ROUND TRIP MILES (DRIVER)
			IN	*OUT	IN	*OUT	IN	*OUT		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
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28.										
29.										
30.										

* The time a person could reasonably have expected to reach home without stopping enroute.

TOTAL PERSONNEL:	TOTAL HOURS:	TOTAL MILEAGE:
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THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.
By my signature below, I certify that these persons did participate in this mission/incident:

Print Name and Title	Signature
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EMD - 078 (02/00)

'Volunteer Assignment Log

(Copy onto Orange paper so everyone will know these are volunteers for Support/Security)

Volunteer Name	Time In/Initials	Team/Job Assigned	Time Out/Initials
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____