



FACILITY EMERGENCY PLAN

Department of School Safety and Security
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland

School Year 20__-20__



MCPS Form 236-5
 February 2018
 Page 1 of 7

MCPS Facility Information	Building Management Information
Name of Facility:	Building Administrator:
Address of Facility:	Phone Contact #:
	Building Administrator:
	Phone Contact #:
MCPS Facility Administrator:	Building Administrator:
Phone #1:	Phone Contact #:
Phone #2:	Building Administrator:
Days and hours of operations:	Phone Contact #:
	Address of Building Management:
Cluster Security Coordinator:	Location of Building Management Command Post:
Phone #:	
Location(s) of MCPS Offices:	
Location of MCPS Command Post:	Location and Address of Evacuation Site:
	Number of MCPS Employees:

Assignment	Full Name of Team Member	Name of Back-Up Team Member
Incident Commander (Facility Director/Designee)	1.	2.
		3.
Public Information Officer/ Communications Coordinator		
Operations Team		
Logistics Team		
Liaison Team		
Planning Team		
Finance/Administration Team		
Recorder/Tracking Coordinator		

ICS CHAIN OF COMMAND, COMMAND TEAM, AND OSET POSITIONS

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

Tasks that must be completed in the event of an Emergency:

<input type="checkbox"/> 1.	Contact 911/OCOO if needed.	<input type="checkbox"/> 6.	Establish/continue liaison with building management.
<input type="checkbox"/> 2.	Contact supervisor or main office.	<input type="checkbox"/> 7.	Check evacuation site if needed.
<input type="checkbox"/> 3.	Record who, what, why, how aspects of incident for documentation.	<input type="checkbox"/> 8.	Bring emergency contact information.
<input type="checkbox"/> 4.	Notify all staff of the emergency.	<input type="checkbox"/> 9.	Control access to site/buildings if needed.
<input type="checkbox"/> 5.	Establish staff accountability.		

Additional Information Forms

Special Needs: List all staff members who may require special assistance during an emergency. See page 3 of this document.

First Aid and/or CPR Trained Staff: See page 4 of this document.

Joint Occupancy User: List names and phone numbers of all joint occupancy users that are housed in this facility. See page 5 of this document.

Relocatable Buildings: List relocatable buildings and phone numbers. See page 6 of this document.

Additional Information Sheet: Click here to activate attached sheet. See page 7 of this document.

FACILITY FLOOR PLAN (8½" x 11"—one page per floor)

Each emergency plan must include the facilities floor plan indicating the following information: room numbers; gas, **main** electric, water, and HVAC emergency cut-off locations; and all relocatable buildings including their designated room numbers and locations of their exit doors.

Have there been any **physical changes** in your building and/or relocatable rooms? Yes No

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

Does your facility have an emergency generator? Yes No If yes, location? _____

Staff Who Request Special Assistance in an Emergency

20__ -20__

MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

This page must be attached to the emergency plan.

Facility Name _____

Name of Staff	Type of Assistance that is Required	Name of Staff Member Assigned to Assist	Name of Back-up Staff Member

Staff Trained to Render First Aid and/or CPR

20____-20____

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Facility Name _____

Name and Title	CPR	FA	Name/Title	CPR	FA

Joint Occupancy Users

20____-20____

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Facility Name _____

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

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

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

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

Relocatable Building(s)

20____-20____

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

Facility Name _____

Relocatable Building #	Cell Phone # (if assigned)		Relocatable Building #	Cell Phone # (if assigned)		Relocatable Building #	Cell Phone # (if assigned)

Specific Additional Instructions/Concerns/Details for this Facility

20____-20____

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Facility Name _____

Large empty rectangular box for additional instructions or concerns.