

# EMERGENCY PLAN

<b>PROGRAM NAME</b>	
<b>PROGRAM DIRECTOR &amp; ON-SITE NUMBER</b>	
<b>PROGRAM DATES</b>	

<b>IN CASE OF EMERGENCY CONTACTS</b>	
Immediate Emergency Call Number	9-1-1
UT Tyler Dispatch (Emergency / After-Hours)	903-566-7300
UT Tyler Campus Police (Non-Emergency)	903-566-7060
Program Medication Supervisor Name & Number	
Program CPR/First Aid/AED Trained Staff Name & Number	
Crowd Manager Cell or On-Site Name & Number	
Assistant Director, Youth Programs, Camps and Conferences	Ashleigh Dinkins, 903-565-5723

<b>NEAREST HOSPITALS (UT Tyler Main Campus)</b>		
CHRISTUS Mother Frances	903-593-8441	800 E Dawson St, Tyler, TX 75701
UT Health East Texas	903-531-8890	1000 S Beckham Ave, Tyler TX 75701

<b>OTHER CONTACTS</b>	
Environmental Health and Safety	903-566-7011
Physical Plant	903-566-7291
On-Campus Housing (Patriot Village, Ornelas Hall)	903-262-7880
University Pines Housing	903-316-5379
Title IX Office	903-565-5760

<b>COMMUNICATION PLAN</b>		
<p>A communication plan provides camp staff with pre-determined dialogue to be spoken or sent during emergencies and provides parents with contact information to reach participant. Participant Communication should describe how the participants will be made aware of emergency situations, i.e. fire alarm sounds, who they should follow in emergency situations, and the dialogue used to communicate with them.</p>		
Parent/Guardian/Emergency Contact Communication	How can parents contact a program? (i.e. By phone, Adam Smith, 123-456-7890, or email, as@test.com)	
	How will parents be contacted in an emergency situation? (i.e. email or phone and by whom)	
Staff Communication	How will staff be notified of an emergency? (i.e. cell phones, walkie talkies, bells, air horn, etc.)	
	Dialogue to use in a fire drill or evacuation	
	Dialogue to use when sheltering in place	
Participant Communication	How will the participant be notified of an emergency? (i.e. flash cards, spoken, etc.)	
	How will the participants be taught appropriate responses for emergency situations?	

<b>MEDICAL INFORMATION</b>	
<p>This section provides information on the person responsible for maintaining medications, where, and how they are kept secure. Please see above information for emergency contacts.</p>	
Designated Individual Responsible for Medication & Number	

Location of Medication	
How are medications secured?	
How are medications being tracked/logged?	

**SUPERVISION PLAN**

Each program must establish a plan for adequate supervision considering the number and average age of Youth Participants, the program activity, and whether overnight accommodations are involved. Programs are not permitted to have any unsupervised free time. A Code of Conduct for youth participants that details appropriate and inappropriate behaviors is required. It is the program director's responsibility to discuss the Code of Conduct with their participants. Incident reports for emergencies and Code of Conduct violations is in ARMs. Emergencies that require immediate medical or police attention should be directed to 911 first.

Person Responsible for all Designated Individuals	
Proposed Minor to Adult Ratio	
Youth Program Identification Type	
Code of Conduct	
Curfew for overnight programs	
Overnight Round Schedule	

**TRANSPORTATION PLAN**

Each program must establish a procedure for the pick-up and drop-off of Youth Participants, specifying times and locations, and assure that no Youth Participant is released to any person other than their parent/legal guardian without specific written authorization. Any Youth Program which provides for transportation of Youth Participants by Designated Individuals after drop-off by parent/legal guardian to the campus or other site must be approved by the Youth Protection Coordinator in advance.

Check-In Location and Time	
Procedure for Check-In	
Check-Out Location & Time	
Procedure for Check-Out	
Transportation Off Campus Details	

**EVACUATION MEETING LOCATIONS**

In the event that a building needs to be evacuated (fire, bomb threat, etc.), programs must have a primary meeting location and a secondary meeting location in case the primary is unaccessible. Meeting locations should be specific areas where people can gather, i.e. Parking Lot 2, Patriot Plaza, Harvey Deck, etc. Someone from your staff should be assigned to perform a headcount once you are safely outside.

Primary Location	
Secondary Location	

**FIRE EXIT LOCATIONS**

In case of a fire emergency, programs must specify a primary (nearest) fire exit and secondary (next closest) fire exit in case of inaccessibility. Someone from your staff should be assigned to perform a headcount once you are safely outside.

Primary Location	
Secondary Location	

**SHELTER IN PLACE LOCATIONS**

In the event of a shelter in place emergency, for example a tornado, programs must have a primary and secondary shelter in place location specified. Someone from your staff should be assigned to perform a headcount once you are safely inside your location.

Primary Location	
Secondary Location	

**REUNIFICATION LOCATIONS - FOR PROGRAMS WITH MINORS**

In the event that a normal dismissal process is prevented due to an emergency, programs must have a reunification plan to safely reunite youth participants with a parent/guardian/emergency contact. This must include three separate locations. Location 1, Parent/Guardian Check-In, where adults meet for check-in with valid ID and to verify which youth participant they are picking up. Location 2, Student Supervision, where youth participants are located with staff supervision. Location 3, Family Waiting, where verified adults wait to reunite with their youth participant. Both parties need to be supervised by a staff member who verifies identities again and signs off on release form, before releasing the student.

Parent/Guardian Check-In Location	
Student Supervision Location	
Family Waiting Location	

**Template Reunification Release Form**

Parent/Guardian Name:			
Participant Name:			
Identification Provided:			

	Check-In Staff Initials		Family Waiting Staff Initials		Parent Signature
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**PLAN REVISION HISTORY/ANNUAL REVIEW**

Version	Date	Comments
After-	Date (DD/MM/YY)	NOTES