MISSION STATEMENT
CESA 10, in collaboration with member districts, is committed to providing visionary leadership and cost-effective services to maximize learning opportunities and school effectiveness.

Effective July 1, 2013
Revised August 20, 2013
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## Emergency Telephone Numbers

<table>
<thead>
<tr>
<th>Contact</th>
<th>Emergency</th>
<th>Non-Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bomb Squad</td>
<td>911</td>
<td>911</td>
</tr>
<tr>
<td>Charter/Telephone Provider</td>
<td>715-861-1396</td>
<td>715-861-1396</td>
</tr>
<tr>
<td>Chippewa County</td>
<td>715-726-7930</td>
<td>715-726-4597</td>
</tr>
<tr>
<td>Chippewa Falls EMS</td>
<td>911</td>
<td>715-723-5710</td>
</tr>
<tr>
<td>Chippewa Falls Fire Department</td>
<td>911</td>
<td>715-723-5488</td>
</tr>
<tr>
<td>Chippewa Falls Police Department</td>
<td>911</td>
<td>715-723-4424</td>
</tr>
<tr>
<td>Chippewa Falls Wastewater Treatment</td>
<td>715-726-2745</td>
<td>715-828-6432</td>
</tr>
<tr>
<td>Chippewa Falls Water Department</td>
<td>715-720-6981</td>
<td>715-828-6433</td>
</tr>
<tr>
<td>Haz Mat Response Team</td>
<td>911</td>
<td>715-723-5488</td>
</tr>
<tr>
<td>Mayo Clinic Health System Eau Claire</td>
<td>715-838-5222</td>
<td>715-838-3311</td>
</tr>
<tr>
<td>Radio Stations I-94 Radio &amp; WAXX 104.5</td>
<td>715-832-1530</td>
<td>715-832-1530</td>
</tr>
<tr>
<td></td>
<td>715-835-9299</td>
<td>715-835-9299</td>
</tr>
<tr>
<td>Sacred Heart Hospital</td>
<td>715-714-4222</td>
<td>715-717-4121</td>
</tr>
<tr>
<td>St. Joseph’s Hospital</td>
<td>715-717-7220</td>
<td>715-723-1811</td>
</tr>
<tr>
<td>Union Pacific Railroad</td>
<td>888-877-7267</td>
<td>888-877-7267</td>
</tr>
<tr>
<td>WiscNet Internet</td>
<td>608-265-6761</td>
<td>608-265-6761</td>
</tr>
<tr>
<td>Wisconsin State Patrol Eau Claire Post</td>
<td>715-839-3800</td>
<td>715-839-3800</td>
</tr>
<tr>
<td>WI Department of Safety &amp; Professional Services</td>
<td>608-266-2112</td>
<td>877-617-1565</td>
</tr>
<tr>
<td>WI Emergency Government</td>
<td>1-800-943-0003</td>
<td>608-242-3232</td>
</tr>
<tr>
<td>WQOW News 18</td>
<td>1-800-594-6721</td>
<td>1-800-594-6721</td>
</tr>
<tr>
<td>Xcel/Electric Provider</td>
<td>1-800-481-4700</td>
<td>1-800-895-1999</td>
</tr>
<tr>
<td>Xcel/Gas Provider</td>
<td>1-800-481-4700</td>
<td>1-800-895-2999</td>
</tr>
</tbody>
</table>

Agency Administrator will determine when Emergency Numbers will be contacted.
### Distribution List

<table>
<thead>
<tr>
<th></th>
<th>In-House Staff</th>
<th>Off-Site Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chippewa Falls Police Department</td>
<td>Chippewa Falls Fire and EMS</td>
</tr>
<tr>
<td></td>
<td>Insurance Representative</td>
<td>Employee Portal</td>
</tr>
</tbody>
</table>

### Preventative Measures

<table>
<thead>
<tr>
<th>Topic</th>
<th>Required Best Practice</th>
<th>Frequency</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens</td>
<td>Required</td>
<td>Annually</td>
<td>All Staff</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>Required</td>
<td>Annually</td>
<td>All Staff</td>
</tr>
<tr>
<td>Fire Extinguisher Training</td>
<td>Required</td>
<td>Annually</td>
<td>Staff Who Use Extinguishers</td>
</tr>
<tr>
<td>First Aid/CPR/AED</td>
<td>Required</td>
<td>Annually</td>
<td>Medical Emergency Team Members</td>
</tr>
<tr>
<td>General Safety</td>
<td>Best Practice</td>
<td>Annually</td>
<td>All Staff</td>
</tr>
<tr>
<td>Hazard Communication</td>
<td>Required</td>
<td>Annually</td>
<td>Staff Who Work With Chemicals</td>
</tr>
<tr>
<td>Workplace Inspection</td>
<td>Best Practice</td>
<td>Quarterly</td>
<td>Safety Committee</td>
</tr>
</tbody>
</table>
Communication Flow

The following individuals on the communication flow are the first to be informed in the event of a crisis, in addition to emergency personnel. They will be making any and all decisions regarding activating the emergency contact list and additional crisis response procedures. They should be contacted in the order they are listed. If none of the members of the communication flow are available, initiate contact with the CESA 10 Crisis Team listed on page 13. Emergency response personnel will handle management beyond initial response.
Business Services Telephone Tree

Randy
715-723-2728
715-559-3440

Brad
715-308-7318
715-308-3609

Maggie
715-382-4694

Angie
715-492-1514

Karen
715-379-8222

Chris
715-855-8988
715-864-3014

Adrian
715-830-9505

Kari
715-723-8796
715-829-9826

Mary Ann
715-933-0646
RtI Telephone Tree

Betty Holler  
715-404-5431

Kathy Ryder  
715-559-7554

Rachel Denning  
715-271-3051

Kate Higley  
715-415-4404

Jill Koenizter  
715-642-2102

Kent Smith  
715-301-0002

Katie Venit  
715-271-9242

Heidi Decker-Maurer  
715-497-3022

Linda Stead  
608-697-7549

Milaney LeVerson  
715-255-0874
## Crisis Team Members

<table>
<thead>
<tr>
<th>Contact</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
<th>Cell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Haynes Administrator</td>
<td>715-720-2079</td>
<td>231-675-8799</td>
<td>231-675-8799</td>
</tr>
<tr>
<td>Randy Bowe Business Services</td>
<td>715-720-2020</td>
<td>715-723-2728</td>
<td>715-559-3440</td>
</tr>
<tr>
<td>Candy Lund Instructional Services</td>
<td>715-720-2037</td>
<td>715-878-4256</td>
<td>715-579-1547</td>
</tr>
<tr>
<td>Vickie Waters Special Education</td>
<td>715-720-2053</td>
<td>715-267-6675</td>
<td>715-937-8341</td>
</tr>
<tr>
<td>Charlie Schneider Facilities Management</td>
<td>715-720-2176</td>
<td>715-235-2899</td>
<td>715-308-1401</td>
</tr>
</tbody>
</table>

## After Hours Call List

<table>
<thead>
<tr>
<th>Contact</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
<th>Cell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Haynes Administrator</td>
<td>715-720-2079</td>
<td>231-675-8799</td>
<td>231-675-8799</td>
</tr>
<tr>
<td>Randy Bowe Business Services</td>
<td>715-720-2020</td>
<td>715-723-2728</td>
<td>715-559-3440</td>
</tr>
</tbody>
</table>
# Medical Emergency Team Members

<table>
<thead>
<tr>
<th>Contact</th>
<th>Work Telephone</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maggie Baldeshwiler</td>
<td>715-720-2065</td>
<td>Business Services Program Assistant</td>
</tr>
<tr>
<td>Kathy Dean</td>
<td>715-720-2161</td>
<td>Facilities Management Program Assistant</td>
</tr>
<tr>
<td>Judy Doro</td>
<td>715-720-2038</td>
<td>Instructional Services Program Assistant</td>
</tr>
<tr>
<td>Terri Grzyb</td>
<td>715-720-2028</td>
<td>Educational Technology Services Program Assistant</td>
</tr>
<tr>
<td>Betty Holler</td>
<td>715-720-2075</td>
<td>RtI Program Assistant – Fiscal</td>
</tr>
<tr>
<td>Sandi Hysell</td>
<td>715-720-2055</td>
<td>Special Education Program Assistant</td>
</tr>
<tr>
<td>Roxane Williams</td>
<td>715-720-0341</td>
<td>Administrative Program Assistant</td>
</tr>
<tr>
<td>Connie Wislinsky</td>
<td>715-720-2078</td>
<td>Human Resource Specialist</td>
</tr>
</tbody>
</table>
# Safety Committee Members

<table>
<thead>
<tr>
<th>Contact</th>
<th>Work Telephone</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randy Bowe</td>
<td>715-720-2020</td>
<td>Business Services Director</td>
</tr>
<tr>
<td>Terri Grzyb</td>
<td>715-720-2028</td>
<td>Educational Technology Services Program Assistant</td>
</tr>
<tr>
<td>Mike Haynes</td>
<td>715-720-2079</td>
<td>Agency Administrator</td>
</tr>
<tr>
<td>Connie Wislinsky</td>
<td>715-720-2078</td>
<td>Human Resource Specialist</td>
</tr>
<tr>
<td>Heidi Wold</td>
<td>715-720-2058</td>
<td>Special Education Program Assistant</td>
</tr>
<tr>
<td>Carol Zabel</td>
<td>715-720-2145</td>
<td>Instructional Services AODA / Gifted &amp; Talented Educational Consultant</td>
</tr>
</tbody>
</table>
# ACCIDENT, INJURY, OR MEDICAL EMERGENCY

## ACCIDENT/INJURY/MEDICAL EMERGENCY OF STAFF MEMBER OR VISITOR

### AUTHORITY TO INITIATE

Any staff member or visitor involved in an accident, which may become injured, or may have a medical emergency, may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

### IMMEDIATE ACTIONS

- Evaluate the accident scene.
- If scene is safe, proceed to victim and utilize bloodborne pathogens procedure.
- Assess the severity of the injury.
- Call 9-911.
- Locate available trained staff (First Aid, CPR, AED).
- Isolate the area as much as possible.
- Stabilize victim in position found until emergency personnel arrive.
- Administer first aid / CPR if trained to do so.
- Remain with victim(s) until emergency personnel arrive.
- Assist emergency personnel by clearing away bystanders.

### PROTECTIVE MEASURES

- Bloodborne Pathogens Procedure and Personal Protective Equipment.

### ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Create list of injured/fatalities and their locations.
- Notify emergency contact.
- Arrange for welfare of all other personnel.
- Provide information to CESA 10 personnel to keep updated on situation.
- Address media.
- Secure confidential or time sensitive material for home, vehicle, or office.
- Remove items from office, home, and vehicle (mail, personal items, etc.).
- Discuss reassignment of immediate responsibilities.
- Refer to the Workers Compensation section of the Employee Handbook if injured.
- Refer to the Auto Safety Policy of the Employee Handbook for further instruction.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report (next page); send to human resource specialist.
ACCIDENT/INJURY REPORT & INVESTIGATION

INJURED PARTY INFORMATION

Employee Name: _________________________________
Job Title: _________________________________
Date/Time of Incident: ______________ Date Reported: ______________
Location of Incident: _________________________________
Job Performing at Time of Incident: _________________________________
Property Damage: Yes/No    Company Property: Yes/No    Vehicle Involved: Yes/No

SUPERVISOR INFORMATION

Supervisor: _________________________________
Name: _________________________________
Department: _________________________________
Telephone: _________________________________

Did you personally view the accident/incident site?  Yes/No

Describe the work area (include the location, configuration, equipment, housekeeping, and condition of the area.)


WORK RELATED ACCIDENT/INJURY INFORMATION

Was there any blood or body fluid exposed?  Yes/ No

NATURE OF ACCIDENT

___ Burn
___ Cut/Laceration
___ Abrasion/Scrape
___ Contusion/Bruise
___ Slip/Trip/Fall
___ Chemical Burn
___ Foreign Body in Eye
___ Strain (Muscle)
___ Pain
___ Property Damage

Check Which One(s) Apply:

_______ Remained at Work
_______ Sent to Medical Provider
_______ Intends to see Physician/Chiropractor
_______ Received First Aid Provided By: _________________

PART OF BODY AFFFECTED

___ Eye
___ Foot
___ Arm
___ Elbow
___ Fingers
___ Back
___ Hip
___ Neck
___ Toe
___ Knee
___ Ankle
___ Wrist
___ Leg
___ Trunk
___ Shoulder
___ Other

GENERAL QUESTIONS FOR EMPLOYEE

1. What general task were you performing at the time of the accident/incident?

2. What specific activity were you performing at the time of the accident/incident?
3. What tools, equipment, or chemicals were you using at the time of the accident/incident?

4. What personal protective equipment, if any, were you using at the time of the accident/incident?

5. Were you working: [ ] Alone [ ] With other team members [ ] Other

**WORK RESTRICTIONS**

(Document the modified duty requirements specified by the physician including physical restrictions and duration of restrictions.)

__________________________

**EMPLOYEE’S UNDERSTANDING TO COMPLY**

Employees recovering from work-related illnesses/injuries are expected to observe their medical restrictions and limitations at all times, both on and off the job. Any employee who disregards his/her restrictions or engages in conduct inconsistent with those restrictions will be subject to discipline, up to and including discharge, regardless of where or when such conduct occurs, particularly where such conduct may aggravate the employee’s condition and/or prolong his/her recovery, eligibility for restricted duty, or absence from work.

Employee’s Signature: ___________________________ Date: ________________

** A signed copy of this page must be turned in to the _________ within 24 hours of the first report.**

**EMPLOYEE STATEMENT**

Please describe the nature of the accident/injury in detail, include all contributing factors. Be specific and include part(s) of body affected, what happened, where it happened, and why it happened. Also describe your activities when the injury occurred, including details of how the event occurred. Be sure to identify the circumstances and equipment involved, the name(s) of other individuals involved, tools, machinery, and chemicals.

__________________________

__________________________

__________________________

Employee’s Signature: ___________________________ Date: ________________
WITNESS STATEMENT

Please describe the nature of the accident/incident, injury, or illness in detail, include all contributing factors. Be specific and include part(s) of the body affected, what happened, where it happened, and why it happened. Also describe your activities when the injury occurred, including details of how the event occurred. Be sure to identify the circumstances and equipment involved, the name(s) of other individuals involved, tools, machinery, and chemicals.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Employee’s Signature: _________________________________ Date: __________

QUESTIONS FOR THE IMMEDIATE SUPERVISOR

1. To your knowledge have other injuries or accidents/incidents similar to this in nature or location occurred? [ ] Yes [ ] No
2. What corrective action has been taken to prevent similar injuries from reoccurring?
3. Were photographs taken? [ ] Yes [ ] No (If yes, by whom?)________________________
4. Name of treating doctor: ______________________________________________________
5. Name of treating hospital: _____________________________________________________
6. Has this employee reported any accidents, incidents, or illness in the last year?
   Yes_____ No_____ Date(s): ______________________________________________________

ROOT CAUSE ANALYSIS SECTION

STEP 1: Use the listing below as an aid in identifying the factors that contributed to the accident. Check all that apply.

PROCEDURES
[ ] None developed
[ ] Developed but not followed
[ ] Developed but not trained
[ ] Developed but not understood
[ ] Developed but not accurate
[ ] Developed but unable to follow

TRAINING
[ ] Insufficient training
[ ] Issue not addressed in training
[ ] Tool used incorrectly
HAZARD
[ ] Created by man
[ ] Created by external factors
[ ] Documented but not repaired
[ ] Unidentified
[ ] Identified but accepted
[ ] Repaired but deficient repair
[ ] Condition changed w/o proper communication
[ ] Lack of documentation

OTHER FACTORS
[ ] Weather/Temperature
[ ] Working long hours
[ ] Physical overexertion
[ ] Personal protective equipment
[ ] Improper body position

IN A HURRY
[ ] Supervisor implied need
[ ] Employee perceived need
[ ] Friendly competition
[ ] Due to external factors
[ ] Workload too heavy
[ ] Lack of teamwork
[ ] Taking shortcuts

FACILITIES/EQUIPMENT
[ ] Faulty equipment
[ ] Poor design
[ ] Corrosion/Wear
[ ] Ergonomic factors

COMMUNICATION
[ ] Insufficient planning
[ ] Breakdown in communication between workers
[ ] Breakdown in communication between workers & supervisors
[ ] Breakdown in communication between work teams
[ ] Confusion after communication

STEP 2: From areas identified above choose the major cause.

[ ] Procedures
[ ] Communication
[ ] Training
[ ] Hazard
[ ] In a hurry
[ ] Other

CORRECTIVE ACTION
What corrective measures will be implemented to prevent recurrence and by what date will the corrective measures be implemented?

<table>
<thead>
<tr>
<th>Corrective Action</th>
<th>Responsible Party</th>
<th>Target Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Immediate Supervisor’s Signature: __________________________ Date: __________
Employee’s Signature: __________________________ Date: __________
# ALCOHOL AND OTHER DRUGS

## STAFF MEMBER OR VISITOR MAY BE UNDER THE INFLUENCE

### AUTHORITY TO INITIATE

Any staff member suspecting another staff member or visitor is under the influence of alcohol or other drugs or is in possession of a controlled substance may initiate the plan by notifying their supervisor immediately. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

### IMMEDIATE ACTIONS

- Assess seriousness of the incident.
- Determine the level of assistance needed.
- If scene is safe, proceed to staff member or visitor.
- Identify parties involved.
- Isolate the area as much as possible.

### PROTECTIVE MEASURES

- None.

### ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Isolate parties involved for interview and investigation.
- Determine disciplinary consequences.
- Determine what intervention/follow-up is necessary.
- Notify emergency contact (If CESA 10 employee).
- If a director has knowledge of possible AODA issues, they should refer to an assistance program for rehabilitation.
- Refer to the Employee Assistance Program section of the Employee Handbook.
- Refer to the Drug Free/Smoke Free Workplace section of the Employee Handbook for further instruction regarding Substance Abuse, Reasonable Suspicion Testing, and Searches.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
ASSAULT/HARASSMENT/SEXUAL ASSAULT

ASSAULT/HARRASSMENT/SEXUAL ASSAULT OF STAFF MEMBER OR VISITOR INCLUDING VERBAL THREATS, THREATENING BEHAVIOR, HAZING, OR INTIMIDATION

AUTHORITY TO INITIATE

Any staff member or visitor involved in an assault/harassment/sexual assault may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

IMMEDIATE ACTIONS

- Assess nature of incident/determine level of response.
- Secure nearest available assistance/call 9-911 if deemed necessary.
- Stay on the scene.
- Give specific verbal direction to diffuse the situation.
- If scene is safe, proceed to victim and utilize bloodborne pathogens procedure.
- If necessary, locate available trained staff (First Aid, CPR, AED).
- Isolate the area as much as possible.
- Stabilize victim in position found until emergency personnel arrive.
- Remain with victim(s) until emergency personnel arrive.
- Assist emergency personnel by clearing away bystanders.

PROTECTIVE MEASURES

- Bloodborne Pathogens Procedure and Personal Protective Equipment.

ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Identify parties involved.
- Secure scene/evidence.
- Assist police investigation as needed.
- Notify emergency contact person listed on employee card.
- Arrange for welfare of all other personnel.
- Determine disciplinary consequences.
- Determine what intervention/follow-up is necessary, (i.e. psychologist).
- Refer to the Hostile Work Environment and Sexual Harassment section of the Employee Handbook for further instruction.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
# BOMB THREAT

## AUTHORITY TO INITIATE

Any staff member or visitor who is made aware of a bomb threat may initiate the plan. Attemps will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

## IMMEDIATE ACTIONS (TELEPHONE THREAT)

- Engage caller and write down exact statements, if possible record conversation.
- Try to engage assistance while on the telephone.
- Do not interrupt the caller except to ask the following questions (below).
- Do not attempt to transfer the call.
- Write down all information obtained, in exact words.
- Leave the telephone off the hook; after caller hangs up, police will activate Star *69.

## QUESTIONS OF CALLER

- When is the bomb going to explode?
- Where is the bomb?
- What does it look like?
- What kind of bomb is it?
- What will cause it to explode?
- Why are you doing this?
- Who are you?
- Where are you calling from?

## QUESTIONS OF RECEIVER

- Origin of Call (if known)?
  - Local/Long Distance/Cellular/Landline?
- Description of caller’s voice?
- Male/Female?
- Estimate of age?
- Race?
- Accent?
- Other voice characteristics?
- Was caller familiar with facility?

## PROTECTIVE MEASURES

- Evacuation routes must be posted in all areas.
- All staff and visitors will evacuate immediately using the designated routes and report to the designated assembly area.
- Assemble according to on-site instructions.
- For telephoned bomb threats, refer to questions above.
BOMB THREAT

ADDITIONAL DUTIES

- Notify agency administrator.
- Call 9-911 to relay that a bomb threat has been received.
- Contact Crisis Team and formally meet with Crisis Team.
- Do not use electrical devices or cellular telephone.
- Isolate parties involved for interview and investigation.
- Law Enforcement will inform each other of such Bomb Threat calls and discuss the information; this will determine if the building will be evacuated.
- If it is determined that evacuation is necessary, Crisis Team will announce.
- After “All Clear” from emergency personnel, staff can return to office.
- If the building is not to be evacuated, law enforcement will search out the general areas of the building for the possible location of any foreign object.
- After searching the building, if no bombs are found, work will continue as usual. In the event any such objects are discovered, evacuation would go into effect.
- Crisis Team will debrief staff.
- Determine legal/disciplinary consequences.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
- For written threats discovered, immediately notify Crisis Team.
# CHEMICAL SPILL
## HAZARDOUS MATERIAL RELEASE

### CHEMICAL SPILL
#### HAZARDOUS MATERIAL RELEASE ON OR NEAR AGENCY PROPERTY

### AUTHORITY TO INITIATE
Any staff member that discovers a chemical spill or a hazardous material release may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

### IMMEDIATE ACTIONS
- Evaluate the level of hazardous exposure.
- Determine the level of assistance needed.
- Shut down Heating Ventilation Air Conditioning (HVAC).
- Avoid direct or indirect contact with released material; wind may be a factor.
- If chemical has contacted skin or eyes, flush for at least 15 minutes.
- Locate Safety Data Sheet (SDS).
- Do not attempt to clean up spilled chemical without reviewing labels, SDS, and obtaining proper protective equipment.
- If spill is too large to handle, contact main office.
- Keep staff away from spill/area.
- Identify parties involved.
- Isolate the area as much as possible.
- Evacuate or proceed to shelter area based upon Fire Department evaluation.

### PROTECTIVE MEASURES
- Train staff to shut down HVAC.
- Labels, SDS, Personal Protective Equipment.
- Evacuation routes must be posted in all areas.
- All staff and visitors will evacuate immediately using the designated routes and report to the designated assembly area.
- Assemble according to on-site instructions.

### ADDITIONAL DUTIES
- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Determine disciplinary consequences.
- Notify emergency contact person listed on employee card.
- If spill is too large to handle, call 9-911 for Hazardous Materials Spill Team.
- If staff is injured, send copy of chemical’s SDS along with victim to the hospital.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
**MEDICAL EMERGENCY TEAM**

**AUTHORITY TO INITIATE**
Any staff member that discovers a medical emergency may activate the team. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

**WISCONSIN GOOD SAMARITAN LAW**
Any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care. This immunity does not extend when employees trained in health care or health care professionals render emergency care for compensation and within the scope of their usual and customary employment or practice at a hospital or other institution equipped with hospital facilities, at the scene of any emergency or accident, enroute to a hospital or other institution equipped with hospital facilities, or at a physician's office.

**MEDICAL EMERGENCY TEAM MEMBERSHIP**
CESA 10 will have up to 8 members on the Medical Emergency Team. Four members of the Medical Emergency Team will be on-call at a time. Medical Emergency Team members will have specific assignments. Length of on-call status, rotation of duties, and re-assignments for vacations, sick days, etc. will be determined by the Medical Emergency Team members.

<table>
<thead>
<tr>
<th>Medical Emergency Team Member</th>
<th>Emergency Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Responder</strong></td>
<td>Reports to the scene. Directs activities, readjusts assignments, acts as resource, manages scene, and secures the building if necessary. Initiates CPR/First Aid.</td>
</tr>
<tr>
<td><strong>Response Team Member A</strong></td>
<td>Brings AED and AED supply kit to the scene. Assists with CPR/AED/First Aid.</td>
</tr>
<tr>
<td><strong>Response Team Member B</strong></td>
<td>Brings First Aid tote to the scene. Assists with CPR/AED/First Aid.</td>
</tr>
<tr>
<td><strong>Response Team Member C</strong></td>
<td>Reports to scene. Initiates CPR/First Aid.</td>
</tr>
</tbody>
</table>

Medical Emergency Team member duties are outlined on the red Medical Emergency Team Assignments hanging in Medical Response Team members work areas and in the staff lounge.
MEDICAL EMERGENCY TEAM TRAINING
1. Each Medical Emergency Team member will be certified in CPR/AED/First Aid.
2. The Medical Emergency Team will meet at least annually (in addition to CPR/AED/First Aid training) to review emergency training, review procedures, share information, etc.).

GENERAL INFORMATION
1. The AED (Automatic External Defibrillator) is located near Door Number 2 on the east wall (conference room side) of the foyer near the Teleconference Center. The AED supply bag located in the AED cabinet should always accompany the AED.
2. The First Aid tote is located in the kitchen.
3. EMS definition: Emergency Medical Services.

EMERGENCY SITUATION
1. When a medical emergency occurs, staff should contact the receptionist by dialing “0”. Staff will need to identify:
   - there is a medical emergency
   - location of emergency
   - the name of the victim
   - that the Medical Emergency Team is needed
NOTE: Staff may always activate EMS by calling 9-911 directly if needed, but should notify the receptionist if possible.
2. The receptionist will page the Medical Emergency Team. The receptionist will NOT activate EMS until specifically directed.
   - The receptionist will notify the agency administrator/designee and stay by the telephone to be updated on the situation.
   - The administrator/designee will collect the victim’s emergency contact information and make notifications as appropriate.
3. Response Team members will deliver the following items to the scene:
   - AED, with AED supply bag.
     - FYI: A loud AED cabinet alarm will sound.
     - A key in the AED cabinet will silence the alarm. The key is located on the upper left hand side of the interior of the AED cabinet.
   - First Aid tote which includes the First Aid Kit.
4. The Medical Emergency Team will check the victim, determine the care needed, provide CPR/AED, First Aid, keep the receptionist updated on the situation, and decide whether or not to activate EMS.
5. If EMS needs to be activated (Call 9-911), the Medical Emergency Team will alert the receptionist first by dialing “0”.
   - The receptionist will call 9-911; then update the agency administrator/designee.

MAINTENANCE
The AED Unit will be checked monthly by the Business Services Director. (See AED Maintenance Checklist/Statement available from Business Services Director).
**FIRST AID SUPPLIES**

<table>
<thead>
<tr>
<th>First Aid Tote Supplies</th>
<th>First Aid Kit Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blanket</td>
<td>Bag, red biohazard, 1</td>
</tr>
<tr>
<td>Paper Towels, 1 roll</td>
<td>Band, hair, elastic (ponytail), 3</td>
</tr>
<tr>
<td>Pillow</td>
<td>Bandages, self-adhesive, 1x3, 25</td>
</tr>
<tr>
<td>Water, bottled, 2</td>
<td>Bandages, self-adhesive, 2x4, 10</td>
</tr>
</tbody>
</table>

**DRILLS**

Drills will occur as scheduled by the Medical Emergency Team.
### MEDICAL EMERGENCY TEAM ROLES

#### RECEPTIONIST
- Activates response team by paging the building.
- Notifies agency administrator/designee of emergency.
  - Administrator/designee collects emergency contact information upon activation of EMS.
    - Makes emergency contact notifications as appropriate.
    - Provides emergency contact information for EMS staff.
- Calls 9-911 as directed by Medical Response Team.
  - Clearly identifies appropriate entrance for EMS.

#### LEAD RESPONDER
- Check with receptionist first: staffing, concerns.
- Manages scene. Assists as needed with CPR/AED/First Aid until medical emergency team members arrive at the scene.
- Designates staff member to meet EMS.
- May need to decide to evacuate, lockdown, etc.
- Notifies receptionist of situation and if EMS will be activated.
  - Calls 9-911 from scene if needed.

#### RESPONSE TEAM MEMBERS
- Member A: Brings AED with AED supply bag to the scene. Assists with CPR/AED/First Aid.
- Member B: Brings First Aid tote to the scene. Assists with CPR/AED/First Aid.
- Member C: Reports to the scene. Initiates CPR/AED/First Aid.

#### INFORMATION NEEDED BY 911 DISPATCHER
- Victim name
- Sex
- Approximate age
- Location
- Description
- Breathing
- Conscious
- Bleeding
**EMPLOYEE DEATH – ACCIDENTAL OR NATURAL**

**AUTHORITY TO INITIATE**
A director or agency administrator may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

**IMMEDIATE ACTIONS**
- Assess the situation.
- Send responsible party to call 9-911 if death occurs onsite.
- Secure/isolate area, remove and isolate witnesses with a responsible staff member.
- Protect evidence, cooperate, and facilitate investigations by the proper authorities.
- Remain with victim(s) until emergency personnel arrive.
- Create list of injured/fatalities/witnesses of the incident.

**PROTECTIVE MEASURES**
- Bloodborne Pathogens Procedure and Personal Protective Equipment.

**ADDITIONAL DUTIES**
- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Notify emergency contact.
- Prepare agenda for Crisis Response Team Meeting.
- Return to work areas after the “All Clear” has been announced.
- Communicate with news media.
- Evaluate if substitute staff will be needed to replace team members.
- Notify staff of available counseling/Employee Assistance Program.
- Communicate with family/staff.
- Securing confidential or time sensitive material for home, vehicle, or office.
- Discuss removal of items from office, home, and vehicle (mail, personal items, etc.).
- Discuss reassignment of immediate responsibilities.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.

**PREPARE AGENDA FOR CRISIS RESPONSE TEAM MEETING**
- Welcome.
- Description of known facts regarding the victim/accident.
- Write/review scripts on the death for staff information.
- Prepare appropriate news releases.
- Cover what’s been done.
- Review what hasn’t been done.
- Review what can be expected the following day.
- Questions and things missed.
EXPLOSION

AUTHORITY TO INITIATE

Any staff member that is made aware of an explosion will initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

IMMEDIATE ACTIONS

- Evaluate the level of hazardous exposure.
- Determine the level of assistance needed.
- Signal evacuation of building.
- Call 9-911 and give specific location if known.
- Follow fire drill procedures.
- Evacuate or proceed to shelter area based upon Fire Department evaluation.
- Shut down HVAC system.
- Keep staff away from area.
- Identify parties involved.
- Isolate the area as much as possible.
- Close door and turn off lights when leaving room.
- Reassemble at predetermined area and take roll.
- Report any missing employees/visitors.
- Await further instructions from Crisis Team.

PROTECTIVE MEASURES

- Evacuation routes must be posted in all areas.
- All staff and visitors will evacuate immediately using the designated routes and report to the designated assembly area.
- Assemble according to on-site instructions.

ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Notify emergency contact.
- Isolate parties involved for interview and investigation.
- Assist in evacuation of building.
- Assist in location of missing staff/visitors.
- Determine what follow-up is necessary.
- Reoccupy building when given “All Clear.”
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
## FIRE

### AUTHORITY TO INITIATE

Any staff member that discovers a fire can initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

### IMMEDIATE ACTIONS

- Evaluate the situation.
- Determine the level of assistance needed.
- Activate fire notification procedure.
- Call 9-911 and give specific location if known.
- Follow fire evacuation procedures.
- If safe, use fire extinguisher.
- Notify main office of location.
- Close door and turn off lights when leaving room.
- Keep staff away from area.
- Isolate the area as much as possible.
- Reassemble staff/visitors at predetermined area and take roll.
- Report any missing staff/visitors.

### PROTECTIVE MEASURES

- Evacuation routes must be posted in all areas.
- All staff and visitors will evacuate immediately using the designated routes and report to the designated assembly area.
- Assemble according to on-site instructions.
- Fire extinguisher training will be provided annually.

### ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Assist in evacuation of building.
- Assist in location of missing staff/visitors.
- If fire is extinguished, advise fire department.
- Determine what follow-up is necessary.
- Reoccupy building when given “All Clear.”
- Notify custodial staff to recharge/replace fire extinguishers.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
# GAS LEAK

## AUTHORITY TO INITIATE
Any staff member that discovers a gas leak may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

## IMMEDIATE ACTIONS
- Evaluate the situation and determine the level of assistance needed.
- Evacuate area.
- Use fire evacuation procedures.
- Call 9-911 and give specific location if known.
- If gas shut-off is located in the room, turn it off.
- Do not operate any electrical switches.
- Close door when leaving room.
- Isolate the area as much as possible.
- Reassemble staff/visitors at predetermined area and take roll.
- Report any missing staff/visitors.

## PROTECTIVE MEASURES
- Evacuation routes must be posted in all areas.
- All staff and visitors will evacuate immediately using the designated routes and report to the designated assembly area.
- Assemble according to on-site instructions.

## ADDITIONAL DUTIES
- Notify the agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Notify the gas company.
- Ventilate area via opening windows/doors.
- Shut off main gas lines.
- Assist gas company in location of leak.
- Assist in evacuation of building.
- Assist in location of missing staff/visitors.
- Determine what follow-up is necessary.
- Reoccupy building when given “All Clear.”
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
**LOCKDOWN**

- Hostile Intruder
- Potentially Armed Staff Member or Intruder
- Shooting
- Weapons in the Workplace
- Other Threat Inside the Building

**AUTHORITY TO INITIATE**
Any staff member may initiate a “Lockdown” by contacting the main office. The agency administrator or designee will initiate the lockdown.

**IMMEDIATE ACTIONS**
- Assess the seriousness of the situation.
- Determine level of assistance needed.
- If necessary, call 9-911, direct emergency personnel to specific entrance of the building if possible.
- Assign someone to meet police to give location.
- Report threatening person to office; give description, location, etc.
- Locate threatening person and assess situation.
- Activate notification system if necessary.
- If the person is uncooperative, determine the level of response which may include:
  *Isolate*  *Separate*  *Secure the work area*  *Evacuate*  *Lock-down*

**PROTECTIVE MEASURES**
- Staff members and visitors should immediately find shelter in the nearest place such as a closet, bathroom, or room with a door and away from windows.

**ADDITIONAL DUTIES**
- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- When shots are heard, tell staff and visitors to take cover.
- Identify source and location.
- Check for any injuries and/or missing staff/visitors.
- Cooperate and facilitate investigations by the proper authorities.
- Follow site plan for responding to family members, news media, and community.
- Remain in position until “All Clear.”
- Announce “All Clear” when situation is under control.
- Determine what intervention and follow-up is necessary.
- Refer to the Weapons in the Workplace section of the Employee Handbook.
- Determine disciplinary consequences.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
### MISSING PERSON

#### AUTHORITY TO INITIATE

Any director who has received notice of a missing person may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received, however, priority will be given to initiating the plan.

#### IMMEDIATE ACTIONS

- If a staff member (who has been present during work hours) is deemed missing, contact main office.
- If staff member returns, notify main office.
- Search building and grounds for missing staff.
- Announce missing staff’s name over the PA system.
- Contact police.

#### PROTECTIVE MEASURES

- None.

#### ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Seek information from staff to determine when the staff member was last seen.
- Call missing staff’s emergency contact and advise them the police have been notified.
- When police arrive, advise them of all known facts relating to the missing staff.
- If staff is located, contact emergency contact and police.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
# SUICIDE – VERBAL OR WRITTEN THREAT

## AUTHORITY TO INITIATE
Any staff member or visitor privy to a suicide threat may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

## IMMEDIATE ACTIONS
- Take all threats seriously and report.
- Isolate the area as much as possible.
- Do not negotiate.
- Call 9-911 and assist police in locating staff member/visitor.

### Minimum threat (rumor or hearsay)
- Immediate interview by member of Crisis Team.
- Consult with another member of Crisis Team for decision-making support.
- Document incident; send to human resource specialist.

### Moderate threat (person is in need of psychological consultation within a reasonable amount of time)
- Immediate interview by member of Crisis Team.
- Consult with another member of Crisis Team for decision-making support.
- Determine if police contact is necessary.
- Work with Crisis Team for arrangements for appropriate care.
- Secure permission to share information with treatment provider to further assist employee.
- Notify referral source to ensure that follow through has taken place.
- Document incident; sent to human resource specialist.

### Immediate threat (person in immediate danger of injuring self)
- Do not leave person unattended; access Crisis Team.
- Immediate interview by member of Crisis Team.
- Contact police.
- Request immediate conference with emergency contact.
- Support in decision-making and/or documentation of counseling plan.
- Secure permission to share information with treatment provider to further assist employee.
- Notify referral source to ensure that follow through has taken place.
- Document incident; send to human resource specialist.
## SUICIDE – VERBAL OR WRITTEN THREAT

### ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Notify emergency contact.
- Arrange for welfare of all other personnel.
- Provide information to CESA 10 personnel to keep updated on situation.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
# Tornado

## Authority to Initiate
Any staff member that has received word of a tornado sighting may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to sounding the alert through the building as soon as possible.

## Immediate Actions
- Activate notification system.
- Office staff should notify the Crisis Team if none are present when the NOAA Weather Radio sounds an alert.
- Evacuate.
- Proceed to shelter area designated by chart posted in work area.
- Assume ready position: sitting with knees up, hands around knees.
- Assume alert position: bring head to knees and hands behind head.

## Protective Measures
- All staff members and visitors will proceed to designated evacuation zones.

## Additional Duties
- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Shut down utilities.
- Await further instructions from law enforcement relative to response actions.
- Give further directions such as an “All Clear” when appropriate.
- Identify missing or injured staff/visitors.
- Restore calmness in building.
- Assess staff/visitor injuries, call for assistance (Medical Emergency Team/911).
- Monitor staff/visitors until further instructions.
- If building has been damaged, evacuate area cautiously.
- Continue to monitor weather conditions.
- Contact insurance company.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
## UTILITY FAILURE/LOSS OF ELECTRICITY

### AUTHORITY TO INITIATE
Any staff member that discovers a utility failure/loss of electricity may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

### IMMEDIATE ACTIONS
- Evaluate the situation.
- Determine the level of assistance needed.
- Remain in work area until further instructions.
- Determine extent of loss of electricity.
- Contact utility company.
- Assist utility company in restoration of electricity.
- Contact custodian regarding electric outage.

### PROTECTIVE MEASURES
- Evacuation routes must be posted in all areas.
- Exit signs must be in proper working order.

### ADDITIONAL DUTIES
- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Assist in evacuation of building if necessary.
- Bring generator online.
- Determine what follow-up is necessary.
- Reoccupy building when given “All Clear.”
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
VANDALISM

AUTHORITY TO INITIATE
Any staff member that discovers vandalism may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

IMMEDIATE ACTIONS
- Assess the seriousness of the situation.
- Determine the level of assistance needed.
- Call 9-911 if deemed necessary.
- Protect evidence/take pictures.

PROTECTIVE MEASURES
- None.

ADDITIONAL DUTIES
- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Identify parties involved if possible.
- Determine what follow-up is necessary.
- Determine disciplinary consequences.
- Determine monetary reward/restitution issues.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.
# VEHICLE ACCIDENT

## AUTHORITY TO INITIATE

Any staff member involved in a vehicle accident may initiate the plan. Attempts will be made to notify the agency administrator at the time the alert is received; however, priority will be given to initiating the plan.

## IMMEDIATE ACTIONS

- Assess the seriousness of the situation.
- Determine the level of assistance needed.
- Call 911 if deemed necessary.
- Seek medical assistance if necessary.
- Protect evidence/take pictures.
- Identify parties involved if possible.

## PROTECTIVE MEASURES

- Agency will perform annual MVR checks.
- Insurance cards must be available at all times.
- Employee Handbook Auto Safety Policy will be followed at all times.

## ADDITIONAL DUTIES

- Notify agency administrator.
- Contact Crisis Team and formally meet with Crisis Team.
- Determine what follow-up is necessary.
- Determine disciplinary consequences.
- Order drug/alcohol testing.
- Refer to Workers Compensation section of the Employee Handbook if injured.
- Refer to the Auto Safety Policy of the Employee Handbook for further instruction.
- Create list of witnesses of the incident and forward to human resource specialist.
- Gather correct information from witnesses.
- Complete incident report; send to human resource specialist.