

**Documenting School Safety Drill Requirements**

Public Act 12 of 2014, Effective July 1, 2014

Name of School: **Sanilac ISD Special Education**

School Year: **2017-2018**

Person Responsible for conducting the drills: **Kim Alvarez, Principal**

Principal Must **sign at the completion of each drill** to confirm completion. Update and post on the school website within 30 school days of completing each drill. Maintain on website for at least three years. One of the drills MUST occur during lunch, recess, or another time when a significant number of students are gathered but not in a classroom. None may occur during mandated state testing.

**Fire Drills** (unbroken alarm)

*Must have a reasonable interval between each drill.*

#1, date:	time:	Confirmation signature _____
#1, date:	time:	Confirmation signature _____
#2, date:	time:	Confirmation signature _____
#2, date:	time:	Confirmation signature _____
#3, date:	time:	Confirmation signature _____
#3, date:	time:	Confirmation signature _____
#4, date:	time:	Confirmation signature _____
#4, date:	time:	Confirmation signature _____
#5, date:	time:	Confirmation signature _____
#5, date:	time:	Confirmation signature _____

**Tornado Drills** (broken alarm)

*At least one tornado drill must be held in March.*

#1, date:	time:	Confirmation signature _____
#1, date:	time:	Confirmation signature _____
#2, date:	time:	Confirmation signature _____
#2, date:	time:	Confirmation signature _____

**Lockdown Drills**

*Include security measures appropriate to an emergency such as the release of hazardous material or the presence of a potentially dangerous individual on or near the premises. At least one drill MUST occur by December 1 and at least one drill MUST occur after January 1. There must be a reasonable interval between drills.*

#1, date:	time:	Confirmation signature _____
#1, date:	time:	Confirmation signature _____
#2, date:	time:	Confirmation signature _____
#2, date:	time:	Confirmation signature _____
#3, date:	time:	Confirmation signature _____
#3, date:	time:	Confirmation signature _____

Sought input from local public safety officials. Superintendent Signature: \_\_\_\_\_

**Cardiac Emergency Response**

A written plan for cardiac emergency response is available and includes: (check off to confirm)

- \_\_\_\_\_ Use and maintenance of automated external defibrillator, if available
- \_\_\_\_\_ Activation of a cardiac emergency response team during an identified cardiac emergency
- \_\_\_\_\_ A plan for effective and efficient Communication throughout the school campus
- \_\_\_\_\_ A training plan for the use of an automated external defibrillator and CPR techniques (for schools that serve grades 9-12)
- \_\_\_\_\_ Incorporation and integration of the local emergency response system and emergency response agencies with the school's plan.
- \_\_\_\_\_ An annual review and evaluation of the cardiac emergency response plan 8/30/2017 (date completed)