

DOCUMENTING SCHOOL SAFETY DRILL REQUIREMENTS

Public Act 12 of 2014, Effective July 1, 2014

Name of school: **HURON AREA TECHNICAL CENTER**

School Year: **2023-2024**

Person Responsible for conducting the drills: **LANE WALKER, PRINCIPAL**

Principal **MUST sign at the completion of each drill** to confirm completion. Update and post on 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.

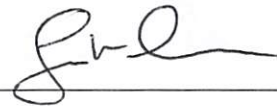
Fire Drills

Must have a reasonable interval between each drill.

- #1, date: 9/13/23 time: 1:00pm (Held by December 1). Principal confirmation: 
- #2, date: 10/10/23 time: 1:00p.m. (Held by December 1). Principal confirmation: 
- #3, date: 11/10/23 time: 9:30Am (Held by December 1). Principal confirmation:  X
- #4, date: _____ time: _____ (Held after December 1). Principal confirmation: _____
- #5, date: _____ time: _____ (Held after December 1). Principal confirmation: _____



Tornado Drills

At least one tornado drill must be held in March.

- #1, date: 11/8/23 time: 1:00 (Held by December 1). Principal confirmation: 
- #2, date: _____ time: _____ (Held in March). Principal confirmation: _____

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 during which occupants are restricted to the interior of the secured building. At least one drill **MUST** occur by December 1 and at least one drill **MUST** occur after January 1. Ensure reasonable interval between drills.

- #1, date: 10/24/2023 time: 9:30 Type of Drill: Safety (safe mode) Principal confirmation: 
- #2, date: 10/24/2023 time: 1:00 Type of Drill: SAFE MODE Principal confirmation: 
- #3, date: _____ time: _____ Type of Drill: _____ Principal confirmation: _____
- #4, date: _____ time: _____ Type of Drill: _____ Principal confirmation: _____

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 defibrillators, 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 _____ (date completed)