Self-Assessment Emergency

Incident Planning Checklist

The checklist below sets out critical information which should be included in your plans as a minimum. If you answer NO to any of the questions below, you should review your plans/arrangements and consider developing them. Any residual risks should be recorded and managed appropriately.

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| **Critical/Emergency Incident Planning**  | **Yes/No** | **Comment/Action**  |
| **Site and building security checklist** |   |   |
| Are your buildings secure during operating hours? |   |   |
| Can public access be restricted? |   |   |
| Are your identification arrangements robust? |   |   |
| Do you have a process for dealing with a security alert?  |   |   |
| Do you regularly review your security arrangements?  |  |  |
| **Site plan** |   |   |
| Does your plan clearly mark all points of entry? |   |   |
| Does your plan include locations of hazardous chemicals, gas / electric / water shut of valves? |   |   |
| Does it clearly indicate safety equipment such as fire extinguishers, evacuation chairs etc? |   |   |
| Does your plan clearly identify safe zones / lockable rooms? |   |   |
| Does your plan indicate which areas are covered by CCTV? |  |  |
| Is your plan regularly reviewed?  |   |   |
| **Business Continuity plans** |   |   |
| Do these arrangements identify critical activities? |   |   |
| Do these arrangements identify contingency arrangements? |   |   |
| Are these arrangements reviewed (at least every 12 months) plus following activation and/or implementation? |   |   |
| Have these arrangements been tested/exercised in the last 12 months? |   |   |
| Do they include a Communications Plan? |   |   |
| Do they include a Short-term loss or shortage of staff or skills plan? |   |   |
| Do they include information about how a closure or partial closure of the premises / facilities would be managed? |   |   |
| Do they include a how you would manage a technology failure? |   |   |
| Do they include information about Suppliers and Contractors failure?  |   |   |
| Have these arrangements been tested? |   |   |
| Are these arrangements regularly reviewed?  |   |   |
| **Evacuation plans** |   |   |
| Are Incident Control Offices and deputies clearly identified? |   |   |
| Do these arrangements include on-site evacuation point(s)? |   |   |
| Do these arrangements include alternative off-site evacuation point(s)? |   |   |
| Are these arrangements regularly reviewed (at least every 12 months) and following an incident? |   |   |
| Are these arrangements regularly tested? |   |   |
| **Do your Bomb Alert plans include** |   |   |
| Do these arrangements include on-site evacuation point(s)? |   |   |
| Do these arrangements include alternative off-site evacuation point(s)? |   |   |
| Does your plan include Bomb Threat and Suspicious Package procedures? |   |   |
| Are these arrangements regularly reviewed (at least every 12 months) plus following activation and/or implementations? |   |   |
| Have these arrangements been tested? |   |   |
| **Shelter (Invacuation) Plan** |   |   |
| Do the arrangements include designated rooms? |   |   |
| Do they include actions to mitigate the risk of harm/injury? |   |   |
| Are these arrangements regularly reviewed (at least every 12 months) plus following activation and/or implementations? |   |   |
| Have these arrangements been tested? |   |   |
| **Lockdown plan** |   |   |
| Do the arrangements include designated rooms? |   |   |
| Do they include actions to mitigate the risk of harm/injury? |   |   |
| Do they include information about equipment that could be used as a weapon? |   |   |
| Are these arrangements regularly reviewed (at least every 12 months) plus following activation and/or implementations? |   |   |
| Have these arrangements been tested? |   |   |
| **Post Incident Support Checklist** |   |   |
| Do your arrangements clearly identify sources of help |   |   |
| Do your arrangements include communication plans?  |   |   |
| Do your arrangements include how you would support students, parents/carers and staff  |   |   |

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| **Summary** | **Yes/No** | **Comment/Action**  |
| Do you ensure that the following groups are aware of all of the above plans? |   |   |
| Staff (inc Volunteers) |   |   |
| Governors |   |   |
| Students |   |   |
| Contractors |   |   |
| Visitors |   |   |
| Do you ensure that the following groups are suitably trained to respond to incidents and emergencies? |   |   |
| Staff (inc Volunteers) |   |   |
| Governors |   |   |
| Students |   |   |
| Contractors |   |   |
| Is this training/information regularly reviewed including following activation/implementations of any of the above plans/arrangements? |   |   |