

DESIGNING AN EMERGENCY PREPAREDNESS PLAN

PLAN

DO

CHECK

ACT

TEMPLATES



I N S T I T U T E O F
child nutrition
R E S O U R C E S • T R A I N I N G • R E S E A R C H

Institute of Child Nutrition

The University of Mississippi

The Institute of Child Nutrition was authorized by Congress in 1989 and established in 1990 at the University of Mississippi in Oxford and is operated in collaboration with The University of Southern Mississippi in Hattiesburg. The Institute operates under a grant agreement with the United States Department of Agriculture, Food and Nutrition Service.

PURPOSE

Improve the operation of child nutrition programs through research, education and training, and information dissemination.

VISION

Lead the nation in providing research, education, and resources to promote excellence in child nutrition programs.

MISSION

Provide relevant research-based information and services that advance the continuous improvement of child nutrition programs.

Institute of Child Nutrition

The University of Mississippi

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CHAIN OF COMMAND

To reduce possible confusion, identify the chain of command early in the development stage. Provide a copy of the chain of command to school administrators and school nutrition personnel. Identify the Emergency Preparedness Team coordinator(s) or other school officials who will determine when to activate plan. Include a calling system to ensure a method for contacting everyone. Post the chain of command in a common location at each school nutrition operation. Designate specific responsibilities for each of the Emergency Preparedness Team coordinators.

1 Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2 Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

3 Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

4 Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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DELEGATION OF TASKS

This list provides routine tasks of the foodservice operation. Use this list during the time of foodservice disruption. If the designated individual is unavailable to perform the task, the Emergency Preparedness Team coordinator(s) should delegate the task to another individual.

Feeding Site _____

Food Service Director or Manager _____

Task	Responsible Individual(s)
Manages the foodservice operation	_____
Communicates with:	
Local officials	_____
State officials	_____
Public officials	_____
Monitors food safety	_____
Answers phones	_____
Checks e-mail	_____
Schedules employees	_____
Maintains inventory of food, supplies, and bottled water	_____
Assists in menu planning based on inventory, available utilities, water supply, and storage space	_____
Reports and documents any loss of food, supplies, and/or equipment	_____
Maintains reimbursement records	_____
Determines available storage space for donations	_____
Schedules clean-up	_____
Schedules volunteers	_____
Writes thank-you notes to contributors and volunteers	_____
Prepares and presents certificates of appreciation	_____

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DRIVERS AND TRANSPORTERS

Identify local individuals that can assist in transporting food and supplies for the school nutrition operation in an emergency. Some examples are bus drivers, truck drivers, food vendors, and factory workers.

1 Name _____
Company _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2 Name _____
Company _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

3 Name _____
Company _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

4 Name _____
Company _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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EMERGENCY PREPAREDNESS TEAM COORDINATORS

Identify Preparedness Response Team coordinators who can respond in the event of a school nutrition disruption. Indicate the chain of command. Consider alternate communication measures such as carriers as part of the Emergency Preparedness Team.

Feeding Site _____

School Nutrition Director or Manager _____

SCHOOL NUTRITION DIRECTOR

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

MEAL PRODUCTION COORDINATOR

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

INVENTORY/ RECORD COORDINATOR

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

FIRST AID COORDINATOR

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

KITCHEN CLEAN-UP CREW COORDINATOR

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

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EMERGENCY PREPAREDNESS TEAM COORDINATORS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

**MESSAGES
COORDINATOR** Name _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
E-mail _____
Home Address _____

**PUBLIC
RELATIONS
COORDINATOR** Name _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
E-mail _____
Home Address _____

**DONATIONS
COORDINATOR** Name _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
E-mail _____
Home Address _____

**VOLUNTEERS
COORDINATOR** Name _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
E-mail _____
Home Address _____

**OTHER
COORDINATOR** Name _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
E-mail _____
Home Address _____

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KEY HOLDERS TO SCHOOL NUTRITION OPERATION

Identify the individuals who will have keys to the school nutrition operation. Post this list in a common location.

Feeding Site _____

Food Service Director or Manager _____

**SCHOOL
NUTRITION
OPERATION
MASTER
KEY(S)**

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

**SCHOOL
NUTRITION
OFFICE
KEY(S)**

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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KEY HOLDERS TO SCHOOL NUTRITION OPERATION (CONTINUED)

Feeding Site _____

Food Service Director or Manager _____

REFRIGERATOR KEY(S)

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

MILK COOLER KEY(S)

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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KEY HOLDERS TO SCHOOL NUTRITION OPERATION (CONTINUED)

Feeding Site _____

Food Service Director or Manager _____

STOREROOM KEY(S)

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

FREEZER KEY(S)

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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LOCAL PUBLIC HEALTH AND STATE AGENCY EMERGENCY CONTACTS

Identify local and State contacts who will assist the school nutrition operation in an emergency. Some examples are public health officials and State agency personnel. Post this list in a common location.

PUBLIC HEALTH OFFICIAL(S)

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

STATE AGENCY

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS

Identify school district contacts who will assist the school nutrition operation in case of case emergency. Some examples are principals, teachers, computer support staff, nurses, clerical support staff, bus drivers, student and parent organizations, and custodians.

Feeding Site _____

School Nutrition Director or Manager _____

ADMINISTRATORS

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

TEACHERS

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

3. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

4. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

**COMPUTER
SUPPORT STAFF**

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

**CLERICAL
SUPPORT STAFF**

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

**SCHOOL
NURSE(S)**

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

**MAINTENANCE
FOREMAN**

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

CUSTODIAN(S)

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

BUS DRIVER(S)

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

3. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

4. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

PARENT ORGANIZATION

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

STUDENT ORGANIZATION

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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SCHOOL DISTRICT EMERGENCY CONTACTS (CONTINUED)

Feeding Site _____

School Nutrition Director or Manager _____

OTHERS

1. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4. Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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UTILITY AND COMMUNITY RELIEF ORGANIZATION EMERGENCY CONTACTS

Identify local and State contacts who will assist the school nutrition operation in an emergency. Some examples are public health officials and State agency personnel. Post this list in a common location.

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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UTILITY AND COMMUNITY RELIEF ORGANIZATION EMERGENCY CONTACTS (CONTINUED)

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

1. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

2. Name _____
Position _____ E-mail _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Home Address _____

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EMERGENCY PREPAREDNESS EVALUATION QUESTIONS (TEMPLATE)

1. Was the Emergency Response Team available when contacted?
2. Did the contact directory contain current names and phone numbers?
3. Did foodservice employees know what to do during the emergency?
4. What measures were taken to ensure food safety?
5. Was the amount of food and water adequate?
6. Were additional food and supplies available from the community resources?
7. Were volunteers helpful?
8. How can the existing plan be improved?



STANDARD OPERATING PROCEDURES (SOP) (TEMPLATE)

Instructions: Choose one disruption from your list and practice writing an SOP for that disruption.

Purpose:

The purpose statement indicates why the Standard Operating Procedure is essential and how it fits into the emergency preparedness plan.

Instructions:

The instructions provide a step-by-step description of procedures that should be followed.

Monitor Procedures:

Monitoring is the process of ensuring an operation is following Standard Operating Procedures.

Corrective Actions:

Corrective actions are specific, pre-planned actions that must be taken if a Standard Operating Procedure is not followed.

Suggested Record-Keeping Documents:

Record-keeping is needed to document monitoring and corrective actions taken. Records should be retained for one year (or longer if required by your state).

Verification Procedures:

Verification is the procedure that confirms that an emergency preparedness plan is working according to plan. The supervisor or kitchen manager plays an important role in verification by checking and ensuring that monitoring and documentation are done. The verification process will identify changes that need to be made in the emergency preparedness plan so that it will be effective.





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