

Los Angeles Unified School District  
**INTEROFFICE CORRESPONDENCE**

**TO:** All Faculty and Staff

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**SUBJECT: EMERGENCY TEAM STAFF ASSIGNMENT SURVEY**

Every year the [school name] \_\_\_\_\_ School Safety Committee must review our school's Integrated Safe School Plan (ISSP) emergency teams and procedures. As part of the review, the committee wants to ensure that it makes the best decisions as it assigns staff members to emergency response teams.

Please take a minute to complete this survey and share your preferences, training, skills, and aptitudes. The committee will use the responses to make sure that the school's ISSP reflects the best use of everyone's skills.

**Name:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**For each section, select all that apply.**

**I HAVE HAD THE FOLLOWING TRAINING:**

- |  |  |
|--|--|
| <input type="checkbox"/> Triage/First Aid/CPR/AED (Red Cross or AHA) | <input type="checkbox"/> Safety (Specify: _____)     |
| <input type="checkbox"/> Advanced First Aid                          | <input type="checkbox"/> Red Cross Disaster Class    |
| <input type="checkbox"/> Community Emergency Response Team (CERT)    | <input type="checkbox"/> Outdoor Survival Class      |
| <input type="checkbox"/> Military                                    | <input type="checkbox"/> Firefighter/Law Enforcement |
| <input type="checkbox"/> Amateur Radio (HAM)                         | <input type="checkbox"/> SEMS/NIMS/ICS               |
| <input type="checkbox"/> HAM DCS                                     | <input type="checkbox"/> Lifeguard                   |
| <input type="checkbox"/> Crisis Counseling                           | <input type="checkbox"/> Evacuation Chair            |
| <input type="checkbox"/> Other: _____                                |  |

**I HAVE THE FOLLOWING SKILLS:**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Construction/Hand Tools | <input type="checkbox"/> Rescue       |
| <input type="checkbox"/> Hazardous Materials     | <input type="checkbox"/> Other: _____ |

**I BELIEVE THAT MY SKILLS WOULD BEST SUPPORT THE FOLLOWING:**

- |   |   |
|---|---|
| <input type="checkbox"/> Triage Team                                | <input type="checkbox"/> Search & Rescue Team                 |
| <input type="checkbox"/> Security/Utilities Team                    | <input type="checkbox"/> Fire Suppression/HazMat Team         |
| <input type="checkbox"/> School Site Crisis Team                    | <input type="checkbox"/> Assembly Area Team                   |
| <input type="checkbox"/> Planning & Intelligence                    | <input type="checkbox"/> Request Gate Team                    |
| <input type="checkbox"/> Operations                                 | <input type="checkbox"/> Reunion Gate Team                    |
| <input type="checkbox"/> Logistics                                  | <input type="checkbox"/> Finance & Administration             |
| <input type="checkbox"/> Public Information Officer/Media Relations | <input type="checkbox"/> Access and Functional Needs Position |
| <input type="checkbox"/> Supply/Equipment Team                      | <input type="checkbox"/> Hygiene Team                         |

**For a description of each emergency team, please access <https://issp.lausd.net/>. From "Planning View," go to Step 4, Team Assignments.**

Please return this form to: \_\_\_\_\_ By: \_\_\_\_\_

Thank you.