

Staff Skills Survey

Survey of Staff Emergency Skills, Devices, and Special Needs

Name: _____

Date: _____

During an emergency or disaster it is important to be able to draw from all available resources, to include those of the staff. Please check any of the following skills, training, capabilities or devices that you have that you would be willing to use during a school emergency or disaster. Also, please indicate if you would require special assistance during an evacuation, lockdown, or shelter situation so others can assist you in times of need. When finished, please return this survey to the office administrator.

- | | |
|--|---|
| <input type="checkbox"/> Cell phone (number) | <input type="checkbox"/> Emergency planning/management |
| <input type="checkbox"/> First Aid – Current card? | <input type="checkbox"/> Shelter management |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Bi/multi-lingual (specify below) |
| <input type="checkbox"/> No | <input type="checkbox"/> Sign language |
| <input type="checkbox"/> AED defibrillator – Current card? | <input type="checkbox"/> Ham radio operator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> CB radio |
| <input type="checkbox"/> No | <input type="checkbox"/> Bus and truck driver |
| <input type="checkbox"/> CPR – Current card? | <input type="checkbox"/> Mechanical ability |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Construction (electrical, plumbing, carpentry, etc.) |
| <input type="checkbox"/> No | <input type="checkbox"/> Structural engineering license |
| <input type="checkbox"/> EMT – Current card? | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> No | <input type="checkbox"/> Survival training and techniques |
| <input type="checkbox"/> Triage | <input type="checkbox"/> Food preparation |
| <input type="checkbox"/> Fire safety, firefighting, HAZMAT | <input type="checkbox"/> Special assistance accommodations needed (inform school nurse) |
| <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> EpiPen® training |
| <input type="checkbox"/> Critical incident stress debriefing | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Law enforcement (specify below) | |

Specify Below:
