

Notice Description	Distribution Date(s)	Template Attached (Yes or No)

- Neighboring homeowners and business owners must receive at least two weeks' notice of the training. Detail the steps that have been taken, and will be taken, to inform neighboring homeowners and business owners of this exercise. Provide any informational documents that have been, or will be, disseminated.

Notice Description	Distribution Date(s)	Template Attached (Yes or No)

- Indicate the number of approved student volunteers for the training and identify the criteria utilized during the selection/rejection process. Indicate further, who participated in that process. Remember: student volunteers must be at least 16 years of age and must submit a properly signed Informed Consent before participating in the active shooter training.

# Student Volunteers	Selection/Rejection Criteria	Name/Title of Screeners	# Informed Consents

- Provide the number of administration or adult volunteers that will be available during the exercise and identify the criteria utilized to approve them. Indicate whether they have passed a criminal background check, and identify who participated in the adult volunteer screening process. Adult volunteers must also submit a fully executed waiver and consent form before they can participate.

# Adult Volunteers	Selection Criteria	Background Check	Name/Title of Screeners	Waiver Consents

- The training event must have a student/adult ratio of 15:1. This event will have a student/adult ratio of _____.
- Protocols must be established for the identification of approved student/adult volunteers on the day of the event, i.e., wristbands, t-shirts, etc.

ID Method	Distribution Protocols	Individuals Responsible

- Protocols must be established for receiving, checking, and returning student volunteer cell phones.

Student Cell Phone Checking/Receiving Protocols	Individuals Responsible

- On-site grief counseling services should be staged on-site, away from the scenarios, and provided during and after this event to address emotional impact on all volunteers. Notification of these services shall be provided to all participants prior to the event.

Names of Counselors	On-Site Location	Event Protocols	Post-Event Protocols

- Identify who will have oversight over the on-site grief counseling services for the covered entity: _____

- Facility exits and entrances must be defined, and protocols must be established and provided for volunteer students and adults who want to quit the exercise after it has begun.

Physical Entrances/Exits	Volunteer Exit Protocols	Individuals Responsible

- The covered entity must establish and monitor the location(s) where approved student/adult volunteers will be picked up, dropped off, or where they will park their own vehicles.

Pick-up/Drop-off/Parking Location(s)	Individuals Responsible

- The covered entity shall provide a map that identifies all areas where student and adult volunteers will be located in the facilities, before, during, and after each scenario, including venues for instruction, on-site grief counseling, and on-site first responder services. Map attached: Yes____ No____
- The covered entity must provide training to all student and adult volunteers prior to the event regarding the inherent risks and protocols associated with the event and the safety rules with which all volunteers are expected to comply.

Description of Training/Content	Individual(s) Responsible

- The covered entity shall conduct a post-event debriefing with and for the student and adult volunteers immediately following the exercise. One or more of the grief counselors will participate in the debriefing with entity officials.

Description of Post-Event Debriefing/Content	Individual(s) Responsible

- Confirm who will be serving as the covered entity’s Public Information Officer before, during, and after the training: _____.
- During the event, the covered entity is expected to activate its communication systems: phone tree, texting systems, etc. Subsequent to the event, the covered entity shall assess the effectiveness of its communications systems.

Communication System	Activation Responsibility	Assessment Responsibility

- The covered entity is expected to identify the chain of command that will be responsible and accountable for oversight, implementation, safety, and training for this event.

Succession	Name	Title	Office & Cell Phone #'s
First			
Second			
Third			
Fourth			

- Access to the grounds and facilities (doors) during the event must be limited to agency representatives, adults, students, covered entity personnel, and volunteers who are identified herein via electronic signs, traffic control flaggers, law enforcement, or other appropriate means. One or more responsible individuals must be designated to control that access.

Access Control Measures	Individual(s) Responsible

- Unless recordings are components of the entity's communication/security systems, the covered entity should not photograph, videotape, or audiotape the exercise or allow the media to record the exercise in any manner without a properly signed consent form from the affected participants and volunteers.

Scenario	Recording Requester	Recording Means	Consent (Y or N)

- Personal protective equipment (safety glasses, hearing protection) will be provided to all student/adult volunteers who are actively involved in the scenario and to all volunteers who are close proximity of discharging firearms. Instructions will also be provided to all volunteers concerning this protocol.

Personal Protective Equipment	Distribution & Training Protocols	Individual(s) Responsible

- The covered entity must establish protocols and ensure EMT services are available on-site for all student and adult volunteers who may be injured during the event.

EMT Service Provider(s)	EMT Location	EMT Protocols

- The covered entity is expected to ensure that drinking water and restroom facilities are readily available for student/adult volunteers.

Drinking Water	Restroom Facilities	Individual(s) Responsible

- The covered entity is expected to conduct a tabletop exercise of all planned scenarios no less than one week prior to the training with representatives from Risk, USBA, participating law enforcement agencies, first responders, and on-site grief counselors. A tabletop exercise is defined as a discussion of each scenario and a verbal confirmation of the protocols identified above.

Date/Location of Tabletop Exercise:				
Scenario	Covered Entity Reps	Law Enforcement	1st Responder	Grief Counselors

After Action Report

Within two weeks after the event, the covered entity is expected to conduct an assessment relative to the effectiveness of the event. Within 30 days after the event, the covered entity will create an after-action report to identify corrective actions that should be undertaken to improve covered entity responsiveness, security, and communication, as well as student participation, preparation, and protection. The after-action report will be sent to Risk within 45 days after the event.



INFORMED CONSENT AND WAIVER ACTIVE SHOOTER TRAINING EXERCISE

This is an Informed Consent Form, including parent/guardian consent (for those under the age of 18) and Waiver (for those 18 years of age and older) for volunteers which identifies risks of participating in an Active Shooter Training Exercise. This Form must be completed to participate.

_____ (Agency Name) is facilitating an Active Shooter Training Exercise on (Date) MONTH, _____, 201? at _____. This informed consent informs the Volunteers participating in this exercise of the parameters of the exercise and what can be expected.

There have been dozens of school shootings, which have occurred all over the United States (Columbine, Virginia Tech, Nickel Mines (Amish School), to name a few). If/when one of these events happens in Utah, it will be important for local law enforcement and school personnel to be prepared. This Exercise is designed to help with that preparation.

Volunteers are being asked to carry out the role of students and others who might be involved in an active shooter situation at a school. The schedule is described below. Students and their parents/guardians should understand that the scenario will be as realistic as possible (while, of course, using blanks instead of live ammunition). Thus, there will be a mock shooting with student Volunteers taking on the role of victims, hostages, and others typically present in a school during a shooting and the subsequent rescue. Real weapons will be displayed and blank ammunition will be shot. There will be physical demands placed on the Volunteers including running, quick movements, evasive actions and other maneuvers that could lead to slips, trips and falls. There will be mental stress introduced during the Exercise which the Volunteers should be prepared for including mock hostage situations, being shouted at by hostile gunmen and being ordered to take actions by police officers. Although reasonable safety precautions will be undertaken, mental, emotional and physical injury may still result.

The Exercise will be recorded by the officials involved but any other recording or photographs are expressly prohibited. Volunteers may not bring cameras or camera phones or any type of recording device to the Exercise.

Volunteers will be expected to follow the script and to obey the Exercise director as well as his/her designees (attired in an orange vest).

(Modify as needed)

Location: _____

8:00AM - Law enforcement arrives and convenes in the auditorium for a pre-event meeting.

9:00AM - Law enforcement moves cars and convenes in a pre-determined "staging area".

9:15AM - All others (volunteers, administrators, observers, etc...) arrive and receive assignments.

10:30AM - Event begins.

1:00PM approximately - Event ends when situation is resolved.

1:30PM - Law enforcement teams gather for debriefing.

2:00PM - Lunch served to all participants (provided by USBA)

3:30PM - Law enforcement and administrators convene for a post event discussion and debriefing, where we will examine the day's activities and lessons learned.

Both a Volunteer who is under 18 years of age and their parent or guardian must sign below for the Volunteer to be allowed to participate

I, _____, acknowledge that I have familiarized myself with the Exercise and what is required as set forth on the preceding page, will follow the rules of conduct, and will obey the Exercise director and other designated officials. I will not record any part of the Exercise or take or attempt to take any photos. I will not take a cell phone, camera or other recording device into the Exercise. I understand and agree I may be photographed or recorded and consent to that and the subsequent use of photos or recordings for official purposes and review of the Exercise.

(Signature of Volunteer who is under 18 years of age)

The undersigned, the legal guardian of _____ (hereinafter "Volunteer") who is under eighteen years of age, in consideration of Volunteer's participation in the Active Shooter Training Exercise, does hereby agree to this consent.

I recognize that participation in the Exercise may involve moderate to strenuous physical activity and may cause physical, mental or emotional distress to Volunteer. There may also be associated health risks. I state that Volunteer is free from any known heart, respiratory or other health problems that could prevent him or her from safely participating in any of the activities.

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

Volunteer and his or her parent or guardian understands that news media will be present at the event and that the school district may also photograph or film the event. Consent is expressly given for Volunteer to be photographed or recorded and photos or recordings may be used for official purposes and review of the Exercise or in the media coverage of the event.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover Volunteer's participation in the above stated Active Shooter Training Exercise.

Printed Name _____ Date _____

Signature of Parent or Legal Guardian for Volunteer who is under 18 years of age

A volunteer who is 18 years of age or older must sign this Waiver

I, _____, am 18 years of age or older. I acknowledge that I have familiarized myself with the Exercise and what is required as set forth on the first page of this document, will follow the rules of conduct, and will obey the Exercise director and other designated officials. I will not record any part of the Exercise or take or attempt to take any photos. I will not take a cell phone, camera or other recording device into the Exercise. I understand and agree I may be photographed or recorded and consent to that and the subsequent use of photos or recordings for official purposes and review of the Exercise.

I hereby agree to assume all risks which may be associated with or may result from, my participation in this Exercise. I recognize that participation in the Exercise may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that I am free from any known heart, respiratory or other health problems that could prevent me from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that I receive. I agree to release (Agency Name), the Utah Division of Risk Management, the Utah School Boards Association, and other agencies involved in this Exercise and their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from the cost of any medical care that I receive as a result of participation in the event/program.

I further agree to release the (Agency Name), the Utah Division of Risk Management, the Utah School Boards Association, and other agencies involved in this Exercise and their agencies, departments, officers, employees, and agents from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my participation in the Exercise. This release extends to any claim made by my family, estate, heirs, or assigns arising from or in any way connected with the aforementioned activities.

(Signature of Volunteer 18 years of age and older)