



CRITICAL INCIDENTS/EMERGENCY PLANNING FOR  
FLORIDA'S SCHOOLS  
*District Office Survey*

Please answer the questions below regarding critical incidents/emergency planning activities in your district. Once you have completed this questionnaire, please return by **December 1, 2000**, to:

Via facsimile: (850) 410-1796  
Via U.S. Mail: Emergency Planning Survey/Office of Safe Schools  
Florida Department of Education  
325 West Gaines Street, Suite 301  
Tallahassee, Florida 32399-0400

The data gathered through this survey will provide guidance when determining the type of technical assistance and training to be provided to Florida's schools and school districts.

Please contact Julie Collins with any questions regarding this survey at (850) 414-7778 (SC 994-7778).

Please print the following:

- 1) District Name: \_\_\_\_\_
- 2) Name of person completing survey: \_\_\_\_\_
- 3) Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_
- 4) Does your district currently have a critical incident/emergency plan?  Yes  No
- 5) If you answered "Yes" above, what year did your district develop its plan? \_\_\_\_\_  
When was your district plan last revised? \_\_\_\_\_
- 6) Do schools within the district have critical incident/emergency plans? (check one):
  - Yes, one district-wide plan addresses all schools
  - Yes, each school has its own particular plan
  - No, schools within the district do not have emergency plans
  - Other: \_\_\_\_\_
- 7) Did you have a team/group develop your district plan?  Yes  No
- 8) If you answered "No" above, who developed the district plan? \_\_\_\_\_

9) What agencies/organizations have participated in your district's planning process?  
(check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Management       | <input type="checkbox"/> Local Media                            |
| <input type="checkbox"/> Local Hospital             | <input type="checkbox"/> Mental Health Service Provider         |
| <input type="checkbox"/> Law Enforcement            | <input type="checkbox"/> Planning Agencies                      |
| <input type="checkbox"/> Fire-Rescue Department     | <input type="checkbox"/> Social Service/Volunteer Organizations |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Students/Student Organizations         |
| <input type="checkbox"/> Parent Organizations       | <input type="checkbox"/> Local Health Department                |
| <input type="checkbox"/> Student Services Groups    | <input type="checkbox"/> Other (please specify): _____          |
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10) What hazards/incidents does your district emergency plan address?  
(check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Injury/Illness   | <input type="checkbox"/> Nuclear Accident              | <input type="checkbox"/> Guns/Weapons      |
| <input type="checkbox"/> Flood            | <input type="checkbox"/> Fire                          | <input type="checkbox"/> Evacuation        |
| <input type="checkbox"/> Trespasser       | <input type="checkbox"/> Terrorism                     | <input type="checkbox"/> Severe Weather    |
| <input type="checkbox"/> Lightning        | <input type="checkbox"/> Bomb Threat                   | <input type="checkbox"/> Riot/Disturbance  |
| <input type="checkbox"/> Kidnapping       | <input type="checkbox"/> Tornado                       | <input type="checkbox"/> Hurricane         |
| <input type="checkbox"/> Chemical Release | <input type="checkbox"/> Fatality/Suicide              | <input type="checkbox"/> Hostage Situation |
| <input type="checkbox"/> Bus Accident     | <input type="checkbox"/> Other (please specify): _____ |  |
- 
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11) What phases of a critical incident/emergency does your district plan address for the hazards you checked above?

- Preparedness (i.e., identifying the crisis team, planning, training, drills/exercises, etc.)
- Response (i.e., notifying the crisis team, warning, evacuation, etc.)
- Recovery (i.e., any activities to restore, rebuild, get back to normal functions, etc.)
- Mitigation (i.e., reduction of risk: prevention programs, security systems, shutters, etc.)

12) Does your school district have a designated critical incident/emergency coordinator?  Yes  No

13) If "Yes," what is the title of the person in charge of critical incident/emergency planning in your district?

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Please provide the following information about your district critical incident/emergency coordinator:

14) Name: \_\_\_\_\_

15) Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

16) What safety and security measures are generally available in the schools in your district?  
(check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nurses                                       | <input type="checkbox"/> First Aid/CPR-trained staff | <input type="checkbox"/> Video Cameras      |
| <input type="checkbox"/> First Aid Kit                                | <input type="checkbox"/> Defibrillator (AED)         | <input type="checkbox"/> Hurricane Shutters |
| <input type="checkbox"/> Student/Staff ID Badges                      | <input type="checkbox"/> School Resource Officers    | <input type="checkbox"/> Drug Dogs          |
| <input type="checkbox"/> X-Ray Inspection of Bags                     | <input type="checkbox"/> School Safety Officers      | <input type="checkbox"/> Intrusion Sensors  |
| <input type="checkbox"/> Metal Detectors                              | <input type="checkbox"/> Perimeter Fencing           | <input type="checkbox"/> Weather Radio      |
| <input type="checkbox"/> Lockdown Procedures                          | <input type="checkbox"/> School Safety Hotline       | <input type="checkbox"/> Two-way Radios     |
| <input type="checkbox"/> Visitor Access Control System                | <input type="checkbox"/> Uniforms/Dress Code         | <input type="checkbox"/> Visitor Badging    |
| <input type="checkbox"/> Video Cameras on Buses                       | <input type="checkbox"/> Mediation Programs          | <input type="checkbox"/> Safety Committee   |
| <input type="checkbox"/> Conflict Resolution Programs                 |  |   |
| <input type="checkbox"/> Counselors/Psychologists/Social Workers      |  |   |
| <input type="checkbox"/> Staff training in critical incident response |  |   |
| <input type="checkbox"/> Community Mental Health Agency               |  |   |
| <input type="checkbox"/> Other (please specify): _____                |  |   |

17) Does your district have a policy that requires posting the names and locations of individuals trained in First Aid/CPR?  Yes  No

18) Do schools in the district have a trained crisis response team (school staff with designated critical incident/ emergency response roles)?  
 None  Some  Most  All

19) Does your district have a post-event mental health/student services crisis intervention team?  
 None  Some  Most  All

20) Is critical student information (i.e., daily attendance, recent yearbook, list of students with special needs, emergency contacts, etc.) portable in the event of an evacuation?  Yes  No

21) On average, how many critical incident/emergency drills or exercises do schools within the district conduct each year? \_\_\_\_\_

22) Of those drills/exercises specified above, how many are fire drills? \_\_\_\_\_

23) What type of events have been experienced in your school district within the last three years?  
(check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Injury/Illness   | <input type="checkbox"/> Nuclear Accident              | <input type="checkbox"/> Guns/Weapons      |
| <input type="checkbox"/> Flood            | <input type="checkbox"/> Fire                          | <input type="checkbox"/> Evacuation        |
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| <input type="checkbox"/> Bus Accident     | <input type="checkbox"/> Other (please specify): _____ |  |

24) Does your district currently have a policy regarding cooperation with the news media during critical incidents?  Yes  No

25) What resources would assist your district and schools in emergency preparedness? (check all that apply):

- Emergency Preparedness Training
- Web Site
- E-mail Discussion Group
- Crisis Intervention Team Training
- Technical Assistance from the Department of Education
- Other: \_\_\_\_\_
- Planning Guidelines/Standards
- Resource Telephone Numbers
- Evaluation of Existing Plans
- Conflict Resolution Training

26) Are you aware of outstanding school critical incident/emergency management plans within your district?  Yes  No

27) If "Yes," who should we contact to find out more about such plans?

28) Name: \_\_\_\_\_

29) Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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