

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

Please answer the questions below regarding critical incidents/emergency planning activities in your district. Once you have completed this questionnaire, please return by **January 15, 2000** to:

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

Via facsimile: (850) 410-1796

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) School Name: _____ District: _____
- 2) Name of person completing survey: _____
- 3) Phone number: _____ E-mail address: _____
- 4) Does your school currently have a critical incident/emergency plan? Yes No
- 5) If you answered "Yes" above, what year did your school develop its plan? _____
When did you last review/revise your school plan? _____
- 6) Did you have a team/group develop your school plan? Yes No
- 7) If you answered "No" above, who developed the school plan? _____

8) What agencies/organizations have participated in your district's planning process?
(check all that apply, write "N/A" if this question does not apply to your school):

- | | |
|---|---|
| <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): _____ |
-
-
-

9) 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): _____ | |
-
-
-

10) Who participated in preparing your school emergency plan?

- | | | |
|--|--|---|
| <input type="checkbox"/> School Staff | <input type="checkbox"/> Bus Drivers | <input type="checkbox"/> Administrators |
| <input type="checkbox"/> Crossing Guards | <input type="checkbox"/> Cafeteria Staff | <input type="checkbox"/> Parents |
| <input type="checkbox"/> School Volunteers | <input type="checkbox"/> Teachers | <input type="checkbox"/> Custodians/Maintenance |
| <input type="checkbox"/> Students | <input type="checkbox"/> Other (please specify): _____ | |
-
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-

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

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

What type of training did this person receive? _____

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

13) Name: _____

14) Phone number: _____ E-mail address: _____

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

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

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

17) Does the school have a trained crisis response team (school staff with designated critical incident/emergency response roles)?
 None Some Most All
What type of training did they receive? _____

18) Does the school have a post-event mental health/student services crisis intervention team?
 None Some Most All

19) Does the school maintain student emergency information on file? Yes No

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 does the school 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 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 |
| <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): _____ | |
-

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

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

- | | |
|--|--|
| <input type="checkbox"/> Emergency Preparedness Training | <input type="checkbox"/> Planning Guidelines/Standards |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Resource Telephone Numbers |
| <input type="checkbox"/> E-mail Discussion Group | <input type="checkbox"/> Evaluation of Existing Plans |
| <input type="checkbox"/> Crisis Intervention Team Training | <input type="checkbox"/> Conflict Resolution Training |
| <input type="checkbox"/> Technical Assistance from the Department of Education | |
| <input type="checkbox"/> Other: _____ | |
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Any additional comments: _____

Thank you for completing this survey. Please return by **January 15, 2000** to:

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