# WV Schools Crisis Prevention & Response Plan Template

|  |
| --- |
| ***[Name]* County Schools** |
| ***[insert school name here]*** | ***[insert school phone number here]*** | ***[insert school fax number here]*** |
| ***[insert school address here]*** | ***[insert city name here]*** | ***WV, [insert zip code here]*** |
| **Law Enforcement Agency *[insert agency that reviewed plan here]*** |

|  |
| --- |
| **CRISIS RESPONSE PLANNING TEAM** |
| **Title** | **Name** | **Office Phone** | **Alternative Phone** | **Email** |
| Principal\* |  |  |  |  |
| School Counselor\* |  |  |  |  |
| Teacher #1 (Special Education)\*(Also serves as Special Needs Coordinator) |  |  |  |  |
| Teacher #2\* |  |  |  |  |
| Service Personnel\* |  |  |  |  |
| Parent/Family Representative #1\* |  |  |  |  |
| Parent/Family Representative #2\* |  |  |  |  |
| Student (Grade 10 or higher) |  |  |  |  |
| School Nurse (required if available) |  |  |  |  |
| School Based Community Mental Health Professional |  |  |  |  |
| School Resource Officer AND/OR Local Law Enforcement |  |  |  |  |
| County Board Member |  |  |  |  |
| Fire/Rescue |  |  |  |  |
| Local EMA Director |  |  |  |  |

### \*REQUIRED MEMBERS

* Parent/Family Representative must have a child attending the school. Preferably, one special education teacher should serve as a teacher representative.
* An alternate composition for the Crisis Response Planning Team is the members of the Local School Improvement Council. If the LSIC option is used, please note the student shall be grade 10 or higher, per WV Code.

|  |
| --- |
| **CRISIS RESPONSE TEAM** |
| **Title** | **Name** | **Office Phone** | **Alternative Phone** | **Email** |
| Principal |  |  |  |  |
| Asst. Principal/Head Teacher |  |  |  |  |
| Head Custodian |  |  |  |  |
| School Nurse |  |  |  |  |
| School Counselor |  |  |  |  |
| School Resource Officer OR Local Law Enforcement |  |  |  |  |
| Evacuation Coordinator/s |  |  |  |  |
| Reunification Coordinator/s |  |  |  |  |
| Transportation/Traffic Coordinator |  |  |  |  |
| Other |  |  |  |  |

### NOTES:

1. For schools with more than one Assistant Principal include all and add as many rows as necessary.
2. For schools that split the student population into more than one Evacuation/Reunification site, there must be a designated Coordinator for EACH site. Add as many rows as necessary.
3. “Other” - Consideration may be given to a transportation official, central office personnel, instructional aides, emergency services trained individuals, etc.

|  |
| --- |
| **SCHOOL MENTAL HEALTH RESOURCE TEAM*****In ADDITION to your School Crisis Planning Team, list additional persons who can help plan prevention activities and who will provide emotional support in response to a crisis.*** |
| **Title** | **Name** | **Office Phone** | **Alternative Phone** | **Email** |
| School Counselors (from other schools) |  |  |  |  |
| School Nurse |  |  |  |  |
| Special Needs Coordinator (Special Education Teacher) |  |  |  |  |
| Social Workers/School Psychologists |  |  |  |  |
| District leaders |  |  |  |  |
| Community Mental Health Representatives |  |  |  |  |
| Faith Based Representatives |  |  |  |  |
| School Counselors (from other counties) |  |  |  |  |
| Others? E.g. Prevent Suicide WV, WVDE, etc. (depending on scale and scope of incident) |  |  |  |  |

|  |
| --- |
| **STAFF, FACULTY, OR STUDENTS WITH MEDICAL OR MENTAL HEALTH TRAINING** |
| Name | Title | Certification | Expiration Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PRIMARY REUNIFICATION SITE** |
| Primary Site:***[insert site name here]*** | Phone:***[insert site phone number here]*** |
| Address:***[insert site address here]*** |
| Room/Area Located at the Site:***[insert room or area name here, e.g. gymnasium]*** | Room/Area Located at the Site:***[insert room or area name here, e.g. gymnasium]*** |
| Reunification Coordinator Assigned to this Site:***[insert coordinator name here]*** | Phones - Mobile and Landline:***[insert coordinator phone numbers here]*** |
| Is Transportation Needed to this Site? | Yes | No |
| Number of Regular Buses Needed: | Number of Special Buses Needed: |
| If the site is NOT a school (e.g. business, church, etc.), please ensure the following steps have been taken: |
| 1. County is required to provide reunification site information to BRIM.
2. A signed MOU must be completed with the manager/owner of the site/facility used for reunification.
 |

* A Sample MOU can be found in the Safe Schools Toolkit.
* Principals will notify parents of reunification site(s) at an appropriate time, to be determined by school administration and law enforcement.

|  |
| --- |
| **SECONDARY REUNIFICATION SITE** |
| Primary Site:***[insert site name here]*** | Phone:***[insert site phone number here]*** |
| Address:***[insert site address here]*** |
| Room/Area Located at the Site:***[insert room or area name here, e.g. gymnasium]*** | Room/Area Located at the Site:***[insert room or area name here, e.g. gymnasium]*** |
| Reunification Coordinator Assigned to this Site:***[insert coordinator name here]*** | Phones - Mobile and Landline:***[insert coordinator phone numbers here]*** |
| Is Transportation Needed to this Site? | Yes | No |
| Number of Regular Buses Needed: | Number of Special Buses Needed: |
| If the site is NOT a school (e.g. business, church, etc.), please ensure the following steps have been taken: |
| 1. County is required to provide reunification site information to BRIM.
2. A signed MOU must be completed with the manager/owner of the site/facility used for reunification.
 |

|  |
| --- |
| **TERTIARY REUNIFICATION SITE** |
| Primary Site:***[insert site name here]*** | Phone:***[insert site phone number here]*** |
| Address:***[insert site address here]*** |
| Room/Area Located at the Site:***[insert room or area name here, e.g. gymnasium]*** | Room/Area Located at the Site:***[insert room or area name here, e.g. gymnasium]*** |
| Reunification Coordinator Assigned to this Site:***[insert coordinator name here]*** | Phones - Mobile and Landline:***[insert coordinator phone numbers here]*** |
| Is Transportation Needed to this Site? | Yes | No |
| Number of Regular Buses Needed: | Number of Special Buses Needed: |
| If the site is NOT a school (e.g. business, church, etc.), please ensure the following steps have been taken: |
| 1. County is required to provide reunification site information to BRIM.
2. A signed MOU must be completed with the manager/owner of the site/facility used for reunification.

  |

|  |
| --- |
| **OTHER EMERGENCY CONTACTS** |
| Board of Education |  | Local Government Agencies |
| Main Number | (304) | City Government | school specific |
| Public Information Officer | (304) | County Government | (304) |
| Maintenance | (304) | Health Department | (304) |
| Transportation | (304) | Emergency Management Agency | (304) |
| Evacuation Sites | Health & Human Resources Office | (304) |
| [NAME] Primary | school specific | County Humane Society | (304) |
| [NAME] Secondary | school specific | Comprehensive Behavioral Health Disaster Coordinator | (304) |
| Law Enforcement | OR | (800) |
| Police Department | school specific | State Government Agencies |
| County Sheriff’s Office | (304) | Division of Highways | (304) |
| West Virginia State Police | (304) | Department of Natural Resources (DNR) | (304) |
| First Responders | WV Bureau for Behavioral Health Disaster Coordination | (304) 356-4788 |
| County EMS | (304) | WV Safe Schools Helpline | (866) 723-3982 |
| Fire Department | school specific | WV Fusion Center | (866) 989-2824 |
| Fire Department | school specific |  |
| Mental Health Provider | Other |
| Local Mental Health Provider | school specific | Railroad | school specific |
| Utilities | American Red Cross | (304) 340-3657 |
| [NAME] Natural Gas Provider | (304) | National Weather Service | (304) 746-0180 |
| [NAME] Electric Provider | (304) | Poison Control Center | (800) 222-1222 |
| [NAME] Water/Sewage Provider | (304) | Disaster Hotline | (866) 867-8290 |
| [NAME] Phone Service Provider | (304) | Suicide Hotline | (800) 273-8255 |
| [NAME] Internet (ISP) | (304) | Prevent Suicide WV | (304) 415-5787 |

|  |
| --- |
| **SCHOOL SPECIFIC INSTRUCTIONS FOR DRILLS** |
| **FIRE DRILL:** |
| **BOMB THREAT:** |
| **WEATHER/NATURAL DISASTERS:** |
| **MEDICAL:** |

|  |
| --- |
| **SCHOOL SPECIFIC INSTRUCTIONS FOR DRILLS** |
| **ACTIVE SHOOTER/ARMED INTRUDER:** |
| **PRECAUTIONARY LOCKDOWN:** |
| **LOCKDOWN:** |
| **OTHER (REGIONAL/GEOGRAPHICALLY SPECIFIC):** |

# ADDENDUMS

# **REQUIRED**

## CURRENT SCHOOL FLOOR PLANS, EVACUATION ROUTES (§8-9F-10. Plans must be sent to WV Homeland Security, local first responders and local law enforcement, by September 1 of every school year.)

## OPTIONAL

* **STUDENT SPECIFIC PLANNING (For students who require special assistance)\***
* **COPIES OF MEMORANDUMS OF UNDERSTANDING (MOU) FOR NON-SCHOOL EVACUATION SITES\***
* **DRILL AND INCIDENT REVIEW REPORTS\***

***\* Forms are available in the online toolkit, under “Crisis Planning Resources”***