

Section 5-2.1. Written school crisis and emergency plan required; safety audits required; Athletic Emergency Action Plan or Cardiac Emergency Response Plan; Definitions; Plan Requirements; Bleeding Control Program. — A. Each school shall

develop a written school crisis, emergency management and medical emergency plan as defined in this Article. The School Board includes the chief law-enforcement officer, the fire chief, the chief of the emergency medical services agency, the executive director of the regional emergency medical services council, and the emergency management official of the locality, or their designees, in the development of such plans. The School Board and the chief law-enforcement officer, the fire chief, the chief of the emergency medical services agency, the executive director of the regional emergency medical services council, and the emergency management official of the locality, or their designees, annually reviews each school's plan. The Department of Education and the Virginia Center for School and Campus Safety (VCSCS) will provide technical assistance to the school division in the development of the plans. In developing these plans, schools may consult the model school crisis, emergency management, and medical emergency response plan developed by the Board of Education and the VCSCS. Suffolk Public Schools has designated the Chief of Administrative Services as emergency manager.

B. Each school annually conducts school safety audits as defined herein and in collaboration with the chief law-enforcement officer of the locality or with that officer's designee. The results of such school safety audits will be made public within 90 days of completion. The School Board may withhold or limit the release of any security plans, walk-through checklists and specific vulnerability assessment components as provided in the Virginia Freedom of Information Act, Va. Code § 2.2-3705.2. The completed walk-through checklist will be made available upon request to the chief law-enforcement officer of the locality or his designee.

Each school maintains a copy of the school's safety audit, which may exclude such security plans, walk-through checklists and vulnerability assessment components, within the office of the school principal and shall make a copy of such report available for review upon request.

C. Each school submits a copy of its school safety audit to the superintendent. The superintendent collates and submits all such school safety audits, in the prescribed format and manner of submission, to the VCSCS and shall make available upon request to the chief law-enforcement officer of the locality the results of such audits for the officer's review and recommendation. The superintendent includes the designation of the division safety official, which includes a current mailing address, a current working daytime phone number, a current functional email address, and a current functional fax number, with the school safety audits when they are submitted to VCSCS.

D. The superintendent establishes a school safety audit committee to include, if available, representatives of parents, teachers, local law-enforcement, emergency services agencies, local community services boards and judicial and public safety personnel. The school safety audit committee reviews the completed school safety audits and submits any plans, as needed, for improving school safety to the superintendent for

submission to the School Board. The Superintendent or Superintendent's designee and the school safety audit committee may meet annually on the grounds of any public school in the school division with the chief law-enforcement officer of the locality or a designee from the local law-enforcement agency to discuss the school safety audit completed for such school.

E. "School crisis, emergency management, and medical emergency response plan" means the essential procedures, operations, and assignments required to prevent, manage, and respond to a critical event or emergency, including natural disasters involving fire, flood, tornadoes or other severe weather; loss or disruption of power, water, communications or shelter; bus or other accidents; medical emergencies, including cardiac arrest and other life threatening medical emergencies; student or staff member deaths; explosions; bomb threats; gun, knife or other weapons threats; spills or exposures to hazardous substances; the presence of unauthorized persons or trespassers; the loss, disappearance or kidnapping of a student; hostage situations; violence on school property or at school activities; incidents involving acts of terrorism; and other incidents posing a serious threat of harm to students, personnel or facilities. The plan includes a provision that the Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund shall be contacted immediately to deploy assistance in the event of an emergency as defined in the emergency response plan when there are victims as defined in Va. Code § 19.2-11.01, as well as current contact information for both.

"School safety audit" means a written assessment of the safety conditions in each public school to (1) identify and, if necessary, develop solutions for physical safety concerns, including building security issues and (2) identify and evaluate any patterns of student safety concerns occurring on school property or at school-sponsored events. Solutions and responses include recommendations for structural adjustments, changes in school safety procedures and revisions to the Standards of Student Conduct. The audit is consistent with a list of items by the VCSCS to be reviewed and evaluated. As part of each audit, the School Board creates a detailed and accurate floor plan for each school building or certifies that the existing floor plan is sufficiently detailed and accurate. Each audit shall include a review of the school's comprehensive plan for closures during public health emergencies.

F. Each school has contingency plans for emergencies that include staff trained or certified in cardiopulmonary resuscitation (CPR), the use of Automated External Defibrillators (AED), the Heimlich maneuver, and emergency first aid.

G. Each school, specifically including those that schools that have an athletic department or organized athletic program, develops and implements a cardiac emergency response plan or an athletic emergency action plan, as defined below, which address the appropriate use of school personnel to respond to incidents involving an individual who is experiencing sudden cardiac arrest or a similar life-threatening emergency while on school grounds or while such individual is attending or participating in an athletic practice or event sponsored by a school or conducted as a part of a school's athletic department or organized athletic program. Each school works directly with local

emergency service providers to integrate the school's athletic emergency action plan and cardiac emergency response plan into the local community's emergency medical services response protocols.

H. The following definitions apply to this policy:

"Athletic emergency action plan" or "athletic EAP" means an emergency action plan that establishes and details emergency management and response preparations, strategies, and guidelines specifically for emergencies that occur in an athletic setting, including sports-related health emergencies and physical injuries that occur in the course of participating in athletic practices, games, competition or other events."

"Cardiac emergency response plan" or "CERP" means a written document that establishes the specific steps to reduce death from sudden cardiac arrest that occurs on school grounds.

I. Each CERP and athletic EAP:

- (a) establishes a cardiac emergency response team, which team is activated in response to a sudden cardiac event;
- (b) is integrated into the local community's emergency medical services response protocols;
- (c) is practiced at least annually through the use of drills for responding to sudden cardiac arrest on school grounds;
- (d) ensures the placement and routine maintenance of AEDs in each school building including venues where school-sponsored athletic practices or competitions are held;
- (e) ensures each AED is identified with appropriate signage and is on-site or made available in an unlocked location on school property in a manner that the AED can be accessed and placed on an individual experiencing sudden cardiac arrest or a similar life-threatening emergency within three minutes;
- (f) ensures appropriate staff, including school nurses, athletic trainers, and coaches are properly trained in first aid, CPR, and the use of AEDs;
- (g) is reviewed and evaluated on an ongoing and annual basis and amended as necessary; and
- (h) is provided to appropriate individuals throughout the school community.

J. Subject to and with funds provided by the General Assembly for such purpose, the School Board develops a bleeding control program in each school in the division that requires bleeding control kits:

- (a) be placed in each school building in locations designated by the division safety officer or local first responders as being easily accessible;
- (b) be presented and used in all drills and emergencies;
- (c) be inspected annually to ensure the materials, supplies, and equipment contained therein are not expired;

- (d) have any expired materials, supplies, and equipment, replaced as necessary; and
- (e) be restocked and materials replaced in each kit after each use to ensure the kit contains all required materials, supplies, and equipment.

K. For the purposes of this policy, "bleeding control kits" means a first aid response kit that must contain at least:

- 1. (a) one tourniquet endorsed by the Committee on Tactical Combat Casualty Care of the federal Defense Health Agency.
- (b) one compression bandage,
- (c) one bleeding control bandage,
- (d) one pair of protective gloves and one marker,
- (e) one pair of scissors, and
- (f) one set of instructional documents developed by the Stop the Bleed national awareness campaign of the U.S. Department of Homeland Security or the American College of Surgeons' Committee on Trauma

and may contain:

- 2. (a) other tourniquets and bandages similar to those described above;
and
- (b) any additional items that are approved by local law enforcement or first responders, that can adequately treat a traumatic injury involving bleeding and can be stored in a readily available kit.

G. L. In addition, the school administration ensures that the school has:

- (a) written procedures to follow in emergencies such as fire, injury, illness, allergic reactions and violent or threatening behavior. The procedures include Policy 9-20.11: Administering Medicine to Students. The plan is outlined in the student handbook and discussed with staff and students during the first week of each school year;
- (b) space for the proper care of students who become ill;
- (c) a written procedure, in accordance with guidelines established by the School Board, for responding to violent, disruptive or illegal activities by students on school property or during a school sponsored activity; and
- (d) written procedures to follow for the safe evacuation of persons with special physical, medical or language needs who may need assistance to exit a facility. Each school building evacuation plan includes provisions that seek to maximize the opportunity for students with mobility impairments to evacuate the school building alongside their non-mobility-impaired peers; and
- (e) written procedures relating to the procurement, placement, maintenance, and replacement of opioid antagonists in each such school, and procedures relating to the possession and administration of an opioid antagonist in accordance with Va. Code § 22.1-274.4:1(B) and Policy Section 9-20.11:3; and

- (f) written procedures relating to the procurement, placement, use, inspection, and restocking of bleeding control kits in accordance with Va. Code § 22.1-274.7(B).

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Legal Authority - Virginia Code §§ 2.2-3705.2, 22.1-137.4, 22.1-206.01, 22.1-271.9, 22.1-274.4:1, 22.1-274.7, 22.1-279.8, 54.1-3408 and 8 VAC ~~20-131-260~~ 20-132-240 (1950), as amended.