



# **National Academies Public Information Gathering Session on the Impact of Active Shooter Drills on Student Health and Wellbeing**

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# OBJECTIVES

- Highlight practices to mitigate potential negative impact of drills on student mental wellness
- Discuss common considerations for special needs students when conducting active shooter drills
- Explore considerations for specific populations of special needs students

# MITIGATING POTENTIAL NEGATIVE IMPACTS OF DRILLS

- Adults well trained, confident, and emotionally regulated
- Additional practice with tiered drills (i.e. piece of drill, table top exercises)
- Drills differentiated for the student's needs (i.e. social stories)
- Language simple and consistent
- Families informed, part of planning, educated
- Self-regulation exercises practiced during and after drills
- Access to mental health support before, during and after drill
- Debrief after each drill amongst staff and with students

# COMMON CONSIDERATIONS

- Multidisciplinary team for planning including mental health professional
- Caregiver communication and education
- Special education students will require additional adult-guided, specialized training in multiple settings
- Regular and graduated practice
- Training developmentally appropriate and in addition to adult trainings
- Practice drills at different times of day, season, location
- Evaluate effectiveness of drill and modify as needed

# GRADUATED PRACTICE

- Discussion-based exercises (i.e. orientation to layout of school and evacuation routes; low-stress discussions of scenarios with multidisciplinary staff team)
- Options-based drills (i.e. practice steps and actions to be performed in full drill)
- Advanced options-based drills (i.e. full drill)

# COMMON CONSIDERATIONS

- Trauma Informed Practices
- Psychological needs for prolonged lock down (i.e. strategies for emotional regulation, quietness)
- Staff trained to recognize signs of mental stress and fostering resiliency
- Schedule drills early in day to allow time to assess negative reactions and provide support
- Students and staff trained in de-escalation strategies
- Balance request to “opt-out” with need for preparedness

# COMMON CONSIDERATIONS

- Practice with technology aids (i.e. communication devices, alternative power sources, mobility devices)
- Multiple assistants trained
- Physical needs for prolonged lock down (i.e. 72 hours of medication, nutrition)
- Facility considerations for accessibility and loss of power
- Personalized preparedness kits
- Individualized emergency plans



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# INDIVIDUALIZED EMERGENCY PLANS

Suggested Category	Concise details related to level of need and care during emergency
Demographic Information	Name; Age; Grade; Teacher; School
Student Strengths	i.e. able to follow single step instructions
Medical Needs	i.e. medication, dosage, and timing; nutritional needs
Mobility Needs	i.e. assistance in needing to relocate; location of assistive devices
Communication Needs	i.e. devices, picture cards
Sensory Needs	i.e. tactile stimulation, sensory devices
Emotional/Behavioral Needs	i.e. triggers; regulation strategies
Preferred Emotional Regulatory Strategies	i.e. stress ball, weighted blanket, headphones with soft music
Emergency Kit Contents	Contents of go-kits and stay-kits



# AUTISM

Significant, graduated practice with concrete procedures

Provide social stories (or scripts) that describe crisis response drills

Be mindful of, practice with and build tolerance for sounds, lights, smells that may trigger strong emotional reactions (i.e. recording of fire alarm)

Students practice with assistive devices (i.e. earplugs, noise cancelling headphones, sunglasses)

Practice with soothing resources (i.e. weighted vest, pop up tent)



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# BLINDNESS/VISUAL IMPAIRMENTS

Provide students with a sighted person and/or service animal to guide them through emergency drills

Information and instructions provided in Braille

Tactile supports throughout classroom and evacuation route

# DEAFNESS/HEARING IMPAIRMENT

Access to visual information and instructions

Written instructions, sign language, or other specialized communication

Non handheld light source to illuminate specialized communication

# EMOTIONAL DISTURBANCE

May have difficulty understanding or complying with directions

Likely to have ACEs and potential for trauma response is great

Additional practice and instruction

Repetition of instructions frequently throughout drill can help increase compliance

Reducing or regulating sensory input can help to keep calm

Self select and practice self-regulating techniques

# INTELLECTUAL DISABILITY

These students may have difficulty learning and struggle to generalize information

Explicitly teach and practice in small increments

Repetition

Concrete, simple, clear instructions

May not understand the drill status:

Clearly communicate that they are physically safe

# MOBILITY ISSUES

Staff regularly assess evacuation routes and reunification sites to ensure they are accessible and have surfaces that can accommodate mobility devices

Slides and other assistive devices should be practiced by adults. When adults are fluent in use, practice with students

Regular drills are a great time to check on specialized needs such as extra batteries, access to manual wheelchairs, ability of individuals to push wheelchair with dead battery

# RESOURCES

A Framework for Safe and Successful Schools – ASCA; NASRO; NASP; SSWAA; NASSP

Best Practice Considerations for Armed Assailant Drills in Schools – NASP; Safe and Sound Schools; NASRO

Especially Safe: An Inclusive Approach to Safety Preparedness in Educational Settings – Safe and Sound Schools

Equity: Emergency Preparedness and Students with Disabilities – Sharp & Zee

PREPaRE 1 & 2 - NASP



## CONTACT INFORMATION

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